

## Table of Benefits – FirstCare 250 Day-to-Day

Applicable to new registrations or renewals on/or after 1<sup>st</sup> December, 2020.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

	<b>Benefit Provision</b>	<b>Benefit</b>
	<b>Section 1 - Hospital charges (read in conjunction with Your Hospital List)</b>	
A	Public Hospitals included in your plan	Full cover
B	Private hospitals and treatment centres (other than for specified Orthopaedic & Ophthalmic procedures referred to in Section 1c)	
	Private hospitals and treatment centres included in your plan <ul style="list-style-type: none"> <li>• Radiotherapy (day care &amp; out-patient)</li> <li>• Day care, side room &amp; semi-private accommodation</li> <li>• Private accommodation</li> </ul>	Full cover Full cover Semi-private rate
	Private hospitals with partial cover in your plan <ul style="list-style-type: none"> <li>• Radiotherapy (day care &amp; out-patient)</li> <li>• Day care, side room &amp; semi-private accommodation</li> <li>• Private accommodation</li> </ul>	75% 75% 75% Semi-private rate
	Hospital excesses (per claim - except maternity & certain cancer treatments) <ul style="list-style-type: none"> <li>• Day care &amp; side room</li> <li>• In-patient admissions</li> </ul>	€125 €250
C	Specified Orthopaedic & Ophthalmic procedures - contact us for details of these	
	Private hospitals <ul style="list-style-type: none"> <li>• Day care, side room &amp; semi-private accommodation</li> <li>• Private accommodation</li> </ul>	60% 60% Semi-private rate
D	Hospitals excluded from your plan <ul style="list-style-type: none"> <li>• Public &amp; Private hospitals</li> </ul>	0%
	<b>Section 2 - Consultants' fees/GP procedures</b>	
A	In-patient treatment, day-care/side room/out-patient & GP procedures <ul style="list-style-type: none"> <li>• Participating consultant/GP</li> <li>• Non-participating consultant/GP</li> </ul>	Full cover Standard benefit
	<b>Section 3 – Mental Health cover (read in conjunction with Section 1)</b>	

**■** Denotes benefit changes to this plan since the last renewal date. If you have moved to or purchased this plan for the first time, benefit differences with your old plan, if applicable, are not highlighted.

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A	In-patient psychiatric treatment	100 days
B	Day care psychiatric treatment for approved day care programmes	Contact us for further details
C	In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period	91 days
<b>Section 4 - Maternity</b>		
A	Maternity hospital charges <ul style="list-style-type: none"> <li>Public hospital benefit</li> </ul> Caesarean delivery (as per hospital benefits listed)	€400 Refer Section 1
B	In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)	Agreed charges
<b>Section 5</b>		
A	Convalescent care - first 14 nights towards the cost of semi-private or private room accommodation	€40 per night
B	Cancer care support - one night's accommodation up to €100, for each treatment	€1,000 per calendar year
C	Vhi Healthcare approved medical and surgical appliances (contact us for details of eligible appliances)	50% per year- Max €1,000
D	Vhi Hospital@Home	Full cover
E	Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)	Full cover
<b>Section 6 - Transport costs</b>		
A	Transport costs (covered in accordance with our rules)	Agreed charges
<b>Section 7 - Cover outside Ireland</b>		
A	Emergency treatment abroad	€65,000
<b>Section 8 - Out-patient scans, covered in accordance with our rules (refer to the Directory of Approved Out-patient Scan Centres)</b>		
A	MRI scans <ul style="list-style-type: none"> <li>Centres with direct pay arrangements (Vhi pay directly)</li> <li>Pay &amp; claim back centres (subject to an excess of €125 per scan)</li> </ul>	Full cover Covered
B	PET-CT scans (covered in accordance with our rules)	Full cover
C	CT scans <ul style="list-style-type: none"> <li>Non-oncology direct pay centres (Vhi pay directly)</li> <li>Oncology direct pay centres (Vhi pay directly)</li> </ul>	Full cover Full cover
<b>Section 9 – Consultant &amp; diagnostics benefits</b>		
A	Consultant visits	€60

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B	X-rays & Scans <ul style="list-style-type: none"> <li>X-rays &amp; Scans - in an approved centre</li> <li>X-rays &amp; Scans - reporting and interpreting results (consultant fee)</li> </ul>	€40 €60
C	Blood Tests <ul style="list-style-type: none"> <li>Blood Tests - in an approved centre</li> <li>Blood Tests - reporting and interpreting results (consultant fee)</li> </ul>	€40 €60
	Annual excess - per member, per year	€100
	Annual maximum for section 9 and section 10 combined - per member, per year	€1,000
	<b>Section 10 – Day-to-day benefits</b>	
A	General practitioner – 6 visits	€20
B	Dental practitioner – 6 visits	€20
C	Physiotherapist – 6 visits	€20
D	Practice nurse visit – 6 visits	€20
E	Chiropractor / Occupational Therapist / Chiropodist / Podiatrist / Orthoptist / Dietician / Nutritionist / Osteopath / Physical Therapist / Acupuncture / Reflexologist / Strength & conditioning coach visit / Speech therapy – 6 combined visits	€20
F	Vhi Online Doctor – 6 visits (available through the Vhi App)*	Full cover
G	Optical <ul style="list-style-type: none"> <li>Eye test</li> <li>Glasses/contact lenses</li> </ul>	€30 in each 24 month period €20 in each 24 month period
H	Health screening – in each 24 month period, covered in accordance with our rules (contact us for details)* <ul style="list-style-type: none"> <li>Vhi HealthCheck@Home *subject to an excess of €75</li> </ul>	100%*
I	STI Screening	Up to €50 per year
J	Accident & emergency cover – 1 visit	€50
K	Vhi SwiftCare benefit – unlimited visits (minor injury clinic) *subject to an excess of €75	100%*
L	Vhi SwiftCare appointment services* <ul style="list-style-type: none"> <li>Consultant consultation (orthopaedic, oral maxillofacial &amp; sports medicine) – 3 visits</li> </ul>	50%
M	Travel vaccinations – up to 3 vaccines	€20 per vaccine
	Annual excess - per member, per year	€1
	Annual maximum for section 9 and section 10 combined - per member, per year	€1,000

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	* These benefits are not subject to the annual excess or annual maximum	
	<b>Additional notes</b>	
A	This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444	
B	Cover for Fixed Price Procedures (FPPs) is included within Section 1B - Private hospitals with partial cover in your plan. Where treatment for a FPP is carried out cover is provided up to private accommodation.	

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