Table of Benefits - PMI 46 10

Applicable to new registrations or renewals on/or after 1st October, 2023.

This Table of Benefits must be read in conjunction with your Company Plan Terms and Conditions and the Directory of Approved Medical 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.

| | Benefit Provision | Benefit |
|---|--|--------------------|
| | Section 1 - Hospital charges | |
| Α | Public 1 & 2 hospitals | |
| | Day care, side room, semi-private & private accommodation | Full cover |
| В | Private hospitals and treatment centres | |
| | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) | |
| | Day care, side room & semi-private accommodation | Full cover |
| | Private accommodation | Semi-private |
| | Dadiatherany & Chematherany | rate Full cover |
| | Radiotherapy & Chemotherapy The following hospital excesses are payable by the member (except for | . a 55751 |
| | maternity & certain cancer treatments) | |
| | - Day care & side room - €125 per claim | |
| | - In-patient admissions - €125 per claim | |
| | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) | |
| | Day care & side room | Full cover |
| | Semi-private accommodation | 45% |
| | Private accommodation | 35% |
| | Radiotherapy & Chemotherapy | Full cover |
| | The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) | |
| | - Day care & side room - €125 per claim | |
| | - In-patient admissions - €125 per claim | |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details) | |
| | Private 3 & 4 hospitals | |
| | Day care & in-patient cardiac FPPs Level 1 | Full cover |
| | Day care & in-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) | Full cover |
| | In-patient cardiac FPPs Level 2 | 0% |
| | The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) | |
| | - Day care & side room - €125 per claim | |
| | - In-patient admissions - €125 per claim | |

| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these | |
|---|--|---------------------------|
| | Private 1, 2 & 3 hospitals | |
| | Day care, side room & semi-private accommodation | 80% |
| | Private accommodation | 80% Semi- private rate |
| | The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) | |
| | - Day care & side room - €125 per claim | |
| | - In-patient admissions - €125 per claim | |
| | Private 4 hospitals | |
| | Day care & side room | 80% |
| | Semi-private accommodation | 45% |
| | Private accommodation | 35% |
| | The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) | |
| | - Day care & side room - €125 per claim | |
| | - In-patient admissions - €125 per claim | |
| | When carried out as a Fixed Price Procedure (contact us for details) | |
| | Private 3 & 4 hospitals | 80% |
| | The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) | |
| | - Day care & side room - €125 per claim | |
| | - In-patient admissions - €125 per claim | |
| Е | Day Hospitals & Centres (refer to the Directory of Approved Day Hospitals & Centres) | |
| | • Level 1 approved day hospitals & centres - €125 excess per claim | Full cover |
| | Specified orthopaedic & ophthalmic procedures (contact us for details of these) - €125 excess per claim | 80% |
| | Level 2 approved day hospitals & centres | 75% |
| | Specified orthopaedic & ophthalmic procedures (contact us for details of these) | 75% |
| | Section 2 - Consultants' fees/GP procedures | |
| Α | In-patient treatment, day-care/side room/out-patient & GP procedures | |
| | Participating consultant/GP | Full cover |
| | Non-participating consultant/GP | Standard |
| | - Iton participating concumulation | benefit |
| | Section 3 - Mental Health cover (read in conjunction with Section 1) | |
| Α | Benefit towards annual subscription for Meditation Apps – (details available at Vhi.ie/emotional-wellbeing) | €30 per year |
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| В | Psychologist / Counsellor / Psychotherapist - combined visits | Refer Section 9 |
|---|---|--------------------------------------|
| С | Neurodiversity assessment | Refer Section 9 |
| D | Out-patient mental health treatment | |
| | Mental health assessment in every 24 month period in an approved out-patient mental health centre | €100 |
| | Out-patient mental health therapy - 12 visits in an approved out-patient mental health centre | €75 per visit |
| Е | Day care psychiatric treatment for approved day care programmes | Contact us for further details |
| F | In-patient psychiatric treatment | 100 days |
| G | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period | 91 days |
| | Section 4 - Maternity & Baby | |
| Α | Normal confinement | |
| | Public hospital benefit (up to 3 days) | Full cover |
| | Caesarean delivery (as per hospital benefits listed) | Refer Section |
| | Home birth benefit | €3,400 |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees) | Agreed charges |
| С | Post-natal home nursing | |
| | Following 1 nights stay | €1,200 |
| | Following 2 nights stay | €600 |
| D | Vhi Fertility Programme | |
| | Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre. Benefits listed are once per lifetime unless otherwise specified. | |
| | Initial consultation | €100 |
| | Fertility tests | €100 |
| | Egg freezing | €1,000 |
| | Sperm freezing | €125 |
| | IUI - up to 2 treatments per lifetime | 50% up to €1,000 per treatment |
| | IVF or ICSI - up to 2 treatments per lifetime | 50% up to €1,000 per treatment |
| | Preimplantation Genetic Testing (PGT) | €500 |
| | Frozen Embryo Transfer – up to 2 treatments per lifetime | 50% up to €500 per treatment |

| | Fertility counselling - 5 sessions per treatment carried out in a Vhi Participating Factility Treatment Centre Tr | €50 per session |
|---|---|--|
| | Fertility Treatment Centre Fertility support services - Acupuncturists & Dietitians visits | Refer Section 9 |
| E | Maternity & Baby Bundle Maternity Yoga and Pilates classes One maternity scan Breast-feeding consultations Baby massage classes Baby swim classes Ante natal course | 75% cover up to a combined limit of €500 and no excess |
| | Section 5 - Cancer care and other benefits | |
| A | Genetic testing for cancer Initial visit for genetic testing for cancer * Genetic test - for specified genetic mutations to be carried out in an approved clinic * Preventative (Prophylactic) treatment following on from the genetic test * These benefits are available immediately for existing Vhi customers with no waiting periods. There is a 26 week new conditions waiting period for new joiners. | €125 Full cover Covered up to the levels for hospital treatment listed in Section 1 |
| В | Mammogram in an approved mammogram centre | Full cover (one per renewal year) |
| С | Cancer Care Support - Accommodation, travel & parking costs | Up to €100 per treatment |
| D | Manual lymph drainage - 10 visits | €50 per visit |
| F | Additional cancer support benefits Wig/ hairpiece, sleeping cap, post-mastectomy bra, swimsuit, surgical prosthesis following cancer treatment No excess applies, but subject to the benefit maximum for medical and surgical appliances set out below Other benefits in Section 5 | Full cover |
| | Gender affirmation supports (contact us for details of eligibility) | 50% up to €3,000 per lifetime |
| | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances) | €6,500 per member year |
| | Convalescent care - first 14 nights towards the cost of semi-private or private room accommodation | €30 per night |
| | Vhi Hospital@Home | Full cover |
| | | |

| | Child home nursing - 28 days per calendar year | €100 per day |
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| | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital | €100 per day |
| | Return home benefit | €100 per claim |
| | Section 6 - Transport costs | |
| Α | Transport costs (covered in accordance with our rules) | Agreed charges |
| | Section 7 - Cover outside Ireland | |
| Α | Emergency treatment abroad | €100,000 per calendar year |
| В | Elective treatment abroad including gender affirmation surgery (subject to prior approval) | |
| | Surgical procedures available in Ireland (as per level of cover in Ireland) | €100,000 per calendar year |
| | Treatment not available in Ireland | €100,000 per calendar year |
| | Section 8 - Out-patient scans, covered in accordance with our rules (refer to the Directory of Approved Out-patient Scan Centres) | |
| Α | MRI scans | |
| | Centres with direct pay arrangements (Vhi pay directly) | Full cover |
| | Pay & claim back centres (subject to an excess of €125 per scan) | Covered |
| В | PET-CT scans (covered in accordance with our rules) | Full cover |
| С | CT scans | |
| | Oncology direct pay centres (Vhi pay directly) | Full cover |
| | Cardiac direct pay centres (Vhi pay directly) | No cover |
| | CT Scans other than Oncology and Cardiac - direct pay centres (Vhi pay | Full cover |
| | directly) For CT scans not covered under this section - please refer to section 9 | |
| D | Dexa scans in an approved direct pay dexa scan centre | 50% cover (one per renewal year) |
| | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated) | |
| Α | General practitioner - unlimited visits | 75% |
| В | Consultant consultation - unlimited visits* | 75% |
| С | Pathology - consultants' fees* | 75% |
| D | Radiology - consultants' fees for professional services* | 75% |

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| E | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements* | 50% of agreed charges |
| F | Pre- and post-natal care (combined visits) | €350 |
| G | Dental practitioner - 7 visits | €30 |
| Н | Emergency dental treatment | Up to €250 per accident |
| ı | Practice nurse - unlimited visits | 50% |
| J | STI screening | Up to €100 per year |
| K | Physiotherapist - 7 visits | €30 |
| L | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists - unlimited visits | 50% |
| М | Chiropodists/Podiatrists, Dietitians, Occupational therapists, Speech therapists, Orthoptists - unlimited visits | 50% |
| N | Optical | |
| | Eye testGlasses/contact lenses | €30 in each 24 month period 75% of |
| | | charges up to €100 in each 24 month period |
| 0 | Hearing test in each 2 year period | €40 |
| Р | Accident & emergency cover - 2 visits | €75 |
| Q | Prescription costs | Up to €25 per year |
| R | Foetal screening (per renewal year) | €100 |
| S | Psychologist / Counsellor / Psychotherapist - 12 combined visits | €30 per visit |
| Т | Neurodiversity assessment | Up to €250 per lifetime |
| U | Travel vaccinations | €60 per year |
| V | Physio Check Programme** | |
| | Full body screening carried out by a Physiotherapist employed by The Physio Company in each 12 month period, covered in accordance with our rules (subject to €50 co-pay). To make a booking contact The Physio Company at (01) 518 0011 | Full cover |
| | Physiotherapy carried out by a Physiotherapist employed by The Physio Company subject to referral from Physio Check full body screening - up to 5 visits | Full cover |

| W | Galway Clinic Emergency Department (minor injuries only)** | Full cover, subject to an excess of €75 per visit |
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| Χ | Strength & Conditioning Coach – 3 visits | €30 |
| Y | Intrauterine system (IUS) hormonal coil (see additional notes section) | 50% up to €300 per lifetime |
| Z | Paediatrician benefit in addition to the Vhi paediatric clinic benefit - 1 visit in the year of the birth | 50% |
| | The annual excess payable by the member – per member, per year is €1 | |
| | The annual maximum – per member, per year is €3,200 | |
| | * These benefits are not subject to the annual maximum | |
| | **These benefits are not subject to the annual excess or annual maximum | |
| | Section 10 | |
| Α | Fitness screening and Personalised Exercise Programme, carried out in the Sports Surgery Clinic, Santry (1 visit per 3 year period) | Full cover |
| | Section 11 - Workplace benefits | |
| Α | Employee Assistance Programme | |
| | Telephone or face-to-face counselling 6 calls/visits per issue, per calendar year | Full cover |
| | Section 12 - Vhi Digital Health Services (available through the Vhi App) | |
| Α | Vhi Online Physiotherapy, Speech & Language Therapy and Dietitian - 12 combined visits | Full cover |
| | Section 13 - Vhi Clinical Services (including Vhi SwiftCare & Vhi 360 Health Centres, benefit is per visit unless otherwise indicated) | |
| Α | Vhi Core Services, subject to an excess of €75 per visit | |
| | Urgent Care | Full cover |
| | Paediatric Clinic | Full cover |
| | 360 Health Clinics | Full cover |
| | Health screening - HealthCheck, in each 24 month period | Full cover |
| В | Vhi Personalised follow up package following referral from a Vhi Core Service – 4 visits per referral. Details available at Vhi.ie/360health | Full cover |
| С | Additional follow on visits/care in a Vhi 360 Health Centre. Details available at Vhi.ie/360health | |
| | • Consultant and Specialist led care, subject to an excess of €75 per visit | Full cover |
| | Primary care practitioners, subject to an excess of €25 per visit | Full cover |

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| D | Vhi 360 Health Centre diagnostics (X-ray & ultrasound) following GP referral, subject to an excess of €75 per visit | Full cover |
|---|---|------------|
| | Additional notes | |
| Α | Hospitals not covered on this plan - Bon Secours Hospital Cork, Whitfield Clinic Waterford | |
| В | You have the option to change your cover at your renewal date and in certain additional circumstances (as determined by us) during your contract year. This is subject to Terms and Conditions and waiting periods may apply. Further information is available on our website at www.vhi.ie/midterm-planchanges.pdf or you can contact us if you would like to discuss this option. | |
| С | If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of an Intrauterine system (IUS) hormonal coil where the coil/system is either a Mirena, Jaydess or Kyleena Intrauterine System. Treatment must be carried out by a General Practitioner, Consultant or Nurse. | |

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

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