

Table of Benefits – One Plan 500

Applicable to new registrations or renewals on/or after 1st April, 2021.

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.

	Benefit Provision	Benefit
	Section 1 - Hospital charges	
A	Public 1 & 2 hospitals H <ul style="list-style-type: none"> ● Day care, side room, semi-private & private accommodation 	Full cover
B	Private hospitals and treatment centres	
	Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) <ul style="list-style-type: none"> ● Day care, side room & semi-private accommodation ● Private accommodation ● Radiotherapy (day care & out-patient) ● The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> - Day care & side room - €150 per claim - In-patient admissions - €500 per claim (payable only on the first 2 in-patient claim per member per renewal year under Section 1b and 1c) 	Full cover Semi-private rate Full cover
	Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) <ul style="list-style-type: none"> ● Day care, side room, semi-private & private accommodation ● Radiotherapy (day care & out-patient) 	0% 0%
C	Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)	
	Private 3 & 4 hospitals <ul style="list-style-type: none"> ● Day care & in-patient cardiac FPPs Level 1 <ul style="list-style-type: none"> - Beacon Hospital - Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic & Galway Clinic ● Day care & in-patient non-cardiac FPPs Level 1 (other than Radiotherapy & Chemotherapy, refer to Section 1B) ● In-patient cardiac FPPs Level 2 ● The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> - Day care & side room - €150 per claim - In-patient admissions - €500 per claim (payable only on the first 2 in-patient claim per member per renewal year under Section 1b and 1c) 	Full cover 0% 0% 0%

H 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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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 <ul style="list-style-type: none"> Day care, side room & semi-private accommodation Private accommodation 	60% 60% Semi-private rate
	Private 4 hospitals <ul style="list-style-type: none"> Day care, side room, semi-private & private accommodation 	0%
	When carried out as a Fixed Price Procedure (contact us for details) <ul style="list-style-type: none"> Private 3 & 4 hospitals 	0%
Section 2 - Consultants' fees/GP procedures		
A	In-patient treatment, day-care/side room/out-patient & GP procedures <ul style="list-style-type: none"> Participating consultant/GP Non-participating consultant/GP 	Full cover Standard benefit
Section 3 - Psychiatric cover (read in conjunction with Section 1)		
A	In-patient psychiatric cover	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
Section 4 - Maternity		
A	Normal confinement <ul style="list-style-type: none"> Public hospital benefit 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
Section 5		
A	Convalescent care - first 14 nights towards the cost of semi-private or private room accommodation	€30 per night
B	Cancer care support - one night's accommodation up to €100, for each treatment	€1,500 per calendar year
C	Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)	€1,000 per member year
D	Vhi Hospital@Home	Full cover
Section 6 - Transport costs		

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A	Transport costs (covered in accordance with our rules)	Agreed charges
Section 7 - Cover outside Ireland		
A	Emergency treatment abroad	€65,000
B	Elective treatment abroad (subject to prior approval) <ul style="list-style-type: none"> • Surgical procedures available in Ireland (as per level of cover in Ireland) • Treatment not available in Ireland 	€65,000 €65,000
Section 8 - Out-patient scans, covered in accordance with our rules (refer to the Directory of Approved Out-patient Scan Centres)		
A	MRI scans <ul style="list-style-type: none"> • Centres with direct pay arrangements (Vhi pay directly) • Pay & claim back centres (subject to an excess of €125 per scan) 	Full cover Covered
B	PET-CT scans (covered in accordance with our rules)	Full cover
C	CT scans <ul style="list-style-type: none"> • Non-oncology direct pay centres (Vhi pay directly) • Oncology direct pay centres (Vhi pay directly) 	Full cover Full cover
Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)		
A	Consultant consultation	€60
B	Pathology - consultants' fees (per referral)	€60
C	Radiology - consultants' fees for professional services (per procedure)	€60
D	Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements	€850 per year
E	Vhi SwiftCare minor injury clinic* <ul style="list-style-type: none"> • Initial consultation (unlimited visits) (subject to an excess of €50 per visit) • Follow-up treatment package after this consultation for x-rays, tests & medical aids (maximum you will pay is €150 for this follow-up treatment) 	100% 50% of total costs
F	Vhi Online Doctor – 6 visits (available through the Vhi App)*	Full cover
G	Vhi HealthCheck@Home – in each 24 month period, covered in accordance with our rules (contact us for details), subject to an excess of €75	Full cover
	The annual excess payable by the member – per member, per year is €250	
	The annual maximum – per member, per year is €1,000	
	* These benefits are not subject to the annual excess or annual maximum	

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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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