

## **Net One ILH**

## Table of Cover effective from November 1st 2017

This table of cover must be read in conjunction with your member certificate and Tailored Health Plans membership handbook effective from November 2017. The hospitals and treatment centres covered on this plan are set out in List D in part 12 of your Tailored Health Plans membership handbook.

| In Patient Benefits                             |  |  |
|---|--|--|
| Hospital cover                                  |  |  |
| Consultants fees (In selected hospitals only)   | Covered  |  |
| Inpatient Scans (In selected hospitals only)    | Covered  |  |
| Public Hospital (In selected hospitals only)    |  |  |
| Semi-private room                               | Covered  |  |
| Private room                                    | Covered  |  |
| Day case  | Covered  |  |
| Private Hospital (In selected hospitals only)   |  |  |
| Semi-private room                               | Not covered on this plan   |  |
| Private room                                    | Not covered on this plan   |  |
| Day case  | Not covered on this plan   |  |
| High-tech Hospital (In selected hospitals only) |  |  |
| Semi-private room                               | Not covered on this plan   |  |
| Private room                                    | Not covered on this plan   |  |
| Day case  | Not covered on this plan   |  |
| Listed cardiac procedures <sup>1</sup>          | Not covered on this plan   |  |
| Listed special procedures <sup>1</sup>          | Not covered on this plan   |  |
| Mater   | nity   |  |
| Public hospital cover for maternity             | Covered up to €385   |  |
| Inpatient maternity consultant fees             | Covered up to €296   |  |
| Newborn free till next renewal                  | Yes  |  |
| Psychiatric Treatment                           |  |  |
| Not related to substance abuse                  | 100 days (up to the level of Hospital Cover provided under your plan)            |  |
| Related to substance abuse                      | 91 days per 5 years (up to the level of Hospital Cover provided under your plan) |  |
| Other Benefits                                  |  |  |
| Health in the Home                              | Covered (Immediately following an inpatient stay)                                |  |
| Convalescence benefits                          | €26 x 14 days  |  |
| Medicall ambulance costs                        | Covered (refer to Membership Handbook)   |  |
| Employee assistance program                     | Covered for 6 face to face visits  |  |



| Outpatient Benefits (not subject to excess)                      |  |
|--|--|
| Nurse on call  | Covered  |
| Digital Doctor   | Unlimited. See irishlifehealth.ie for further information. |
| MRI Scan: approved centre  | Covered  |
| CT Scan: approved centre   | Covered  |
| PET-CT Scan: approved centre                                     | Covered  |
| Outpatient Benefits (subject to excess)                          |  |
| Outpatient excess per person                                     | €125   |
| Maximum amount of outpatient benefits per member per policy year | €2,500   |
| Consultant fees (non-maternity)                                  | €40 per visit  |
| Public A&E cover   | €60 x 1 visit  |
| Medical and surgical appliances                                  | As per specified list <sup>2</sup>                         |
| Pathology: Cost of test  | €20 per test   |
| Pathology: Consultant fees                                       | €25 per consultant fee                                     |
| Radiology: Cost of test  | €20 per test   |
| Radiology: Consultant fees                                       | €25 per consultant fee                                     |
| MRI Scan: non approved centre                                    | Not covered on this plan                                   |
| CT Scan: non approved centre                                     | Not covered on this plan                                   |
| PET-CT Scan: non approved centre                                 | Not covered on this plan                                   |

| Personalised Packages   |  |  |
|---|--|--|
| International Health And Travel   |  |  |
| Additional costs arising from in-patient claim                                    | €1,500   |  |
| Additional costs arising from out-patient claim                                   | €500   |  |
| Companion expenses  | €1,000   |  |
| In-patient A&E abroad   | €100,000   |  |
| Nurse 24/7 International  | Covered  |  |
| Out-patient A&E abroad  | 50% up to €1,000   |  |
| Prescriptions abroad  | €15 x 1 prescription   |  |
| Repatriation expenses   | €1,000,000   |  |
| Travel Consultation   | €30 contribution with our provider partner                                 |  |
| Travel vaccine  | €50 contribution with our provider partner plus 10% point of sale discount |  |
| Elective Treatment abroad - up to the amount that would have been paid in Ireland | Covered  |  |

| MEMBER BENEFITS   |                              |  |
|---|------------------------------|--|
| Allen Carr Smoking Cessation  | Back up                      |  |
| Laser Eye Surgery   | Smiles Dental Access Package |  |
| For full details on the above and more please visit the 'Member Benefits' section on www.irishlifehealth.ie |                              |  |



## **Footnotes**

- (1) All procedure lists are available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.
- (2) The medical and surgical appliances list is available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.

As a member on this Plan, if you have your treatment carried out in a private or high tech hospital, Irish Life Health will pay up to a maximum of 66% of your total hospital treatment charge, not exceeding the total benefit listed on your table of cover.