

## Net Most 300 ILH

### Table of Cover effective from June 12<sup>th</sup> 2018

This table of cover must be read in conjunction with your member certificate and Tailored Health Plans membership handbook effective from June 2018. The hospitals and treatment centres covered on this plan are set out in List B 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	Semi-Private Rate
Day case	Covered
Private Hospital (In selected hospitals only)	
Semi-private room	Covered subject to €300 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures <sup>1</sup>
Private room	Semi-Private Rate subject to €300 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures <sup>1</sup>
Day case	Covered subject to €50 excess per claim
High-tech Hospital (In selected hospitals only)	
Semi-private room	Not covered on this plan
Private room	Not covered on this plan
Day case	Covered subject to €50 excess per claim, excluding listed cardiac procedures <sup>1</sup>
Listed cardiac procedures <sup>1</sup>	Not covered on this plan
Listed special procedures <sup>1</sup>	90% Cover subject to €2,000 co-payment on certain orthopaedic procedures <sup>1</sup>
Maternity	
Public hospital cover for maternity	3 nights accommodation in a private room
Inpatient maternity consultant fees	Covered up to €865
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)
Minor Injury Clinic Cover	70% cover up to €200
Convalescence benefits	€26 x 14 days
Cancer Support Benefit (for accommodation expenses when travelling more than 50km)	Up to €100 per day for up to a maximum of €1500 per calendar year
Medical 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 <a href="http://irishlifehealth.ie">irishlifehealth.ie</a> for further information.
HPV Vaccine	50% up to €200 per policy year
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	€4,000
Consultant fees (non-maternity)	€60 per visit
GP Visits	€20 per visit
Public A&E cover	€60 x 1 visit
Medical and surgical appliances	As per specified list <sup>2</sup>
Manual Lymph Drainage	Up to €300
Pathology: Cost of test	50% Cover
Pathology: Consultant fees	50% per consultant fee
Radiology: Cost of test	50% Cover
Radiology: Consultant fees	50% 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

Choice of 3 Personalised Packages from range of 8

### MEMBER BENEFITS

Allen Carr Smoking Cessation

Back up

Laser Eye Surgery

Smiles Dental Access Package

For full details on the above and all member benefits available to you please visit the 'Member Benefits' section of [www.irishlifehealth.ie](http://www.irishlifehealth.ie)

### Footnotes

- (1) All procedure lists are available on [www.irishlifehealth.ie](http://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](http://www.irishlifehealth.ie) or available on request by calling Irish Life Health on 1890 717 717.