

## Level 1 Plan TABLE OF COVER correct from June 17<sup>th</sup> 2012

This table of cover must be read in conjunction with your member certificate and membership handbook.

IN PATIENT BENEFITS	Level 1 Plan
<b>Hospital cover:</b>	
Consultants fees	Covered
Inpatient scans	Covered
<b>Public Hospital</b>	
Semi-private room	Covered
Private room	Semi private rate
Day case	Covered
<b>Private Hospital</b>	
Semi-private room	75% cover
Private room	Cover for 75% of semi-private rate
Day case	60% cover
<b>High-tech Hospital</b>	
Semi-private room	25% cover
Private room	Cover for 25% of semi-private rate
Day case	35% cover
Listed cardiac procedures	35% cover
Listed special procedures	35% cover
<b>Maternity:</b>	
Public hospital cover for maternity	3 nights accommodation
Grant-in-aid amount / home births	Covered up to €1,000
Inpatient maternity consultant fees	As per schedule of benefits for professional fees <sup>1</sup>
Newborn free until next renewal	Yes
Post natal home help (PNHH)	Covered for up to 2 days domestic home help
Alternative amount for post natal home help	€120
Cord blood stem cell preservation	€600 contribution single child & identical twins €900 contribution non identical twins
<b>A&amp;E abroad:</b>	
Hospital bill for inpatient treatment	Covered up to €100,000
Repatriation expenses	Covered up to €1 million
Expenses for companion who remains with you	Covered up to €1,000
Companion repatriation expenses	Covered up to €1,000
24 hour telephone assistance	Yes
<b>Elective overseas referral:</b>	
Benefit abroad for surgical procedures that are not available in Ireland	Yes – up to the amount for the most similar surgical procedure to treat the same condition in Ireland
<b>Psychiatric treatment:</b>	
Not related to substance abuse	100 days
Related to substance abuse	91 days per 5 years
<b>Other inpatient benefits:</b>	
Oncotype DX	Covered
Convalescence benefits	€30 x 14 days
Cancer Support Benefit (for accommodation expenses when travelling more than 50km)	Up to €100 per day up to a maximum of €1500 per calendar year
Medical ambulance costs	Covered, if certified as being medically necessary

OUT PATIENT BENEFITS – not subject to excess	Level 1 Plan
Nurse-on-call	Yes
Health screen at any centre	€100 every 2 years
Out-patient scan cover (in approved centres):	
PET-CT	Covered
MRI	Covered
CT	Covered

OUT PATIENT BENEFITS – subject to excess	Level 1 Plan
Individual outpatient excess	€200
Family outpatient excess	€200 per person
Maximum amount of outpatient benefits per member per policy year	€4,000
Public A & E cover	€60 x 3 visits
Home nursing	€40 x 20 days
Pre/Post natal medical expenses	€300
Medical and surgical appliances	As per specified list <sup>2</sup>
Manual lymph drainage	€50 x 5 visits
Emergency dental care	€450
Consultant fees	€60 per visit
Pathology – cost of test	50% cover
Pathology – consultant fees	50% as per schedule of benefits for professional fees <sup>1</sup>
Radiology – cost of test	Covered
Radiology – consultant fees	50% as per schedule of benefits for professional fees <sup>1</sup>
Scans	
MRI: non approved centre	€200
CT: non approved centre	€150
PET-CT: non approved centre	Not covered

MEMBER BENEFITS	
Aviva Dental Package at Smiles and Town Dental clinics	Health checks
Laser eye surgery at Optical Express	4 D scans
Cervical cancer vaccination at Point of Care Centres	U Mama
Health screening	Back up
<b>For full details on the above member benefits please visit the 'Member Benefits' section on <a href="http://www.avivahealth.ie">www.avivahealth.ie</a></b>	

<sup>1</sup>For the schedule of benefits for professional fees please contact Aviva on 1890 717 717

<sup>2</sup> For the medical and surgical appliances list please contact Aviva on 1890 717 717 or visit [www.avivahealth.ie](http://www.avivahealth.ie)

**Please refer to terms and conditions in the membership handbook. June 2012**