

# The Health Insurance Authority

## Select

Irish Life Health

Current Version Commenced:02/03/2019

### Prices Per Annum

	Per year
<b>Adult</b>	€737.10
<b>Child 1</b>	€245.60
- Child 1 (0-4yrs)	€245.60
- Child 1 (5-17yrs)	€245.60
<b>Child 2</b>	€245.60
- Child 2 (0-4yrs)	€245.60
- Child 2 (5-17yrs)	€245.60
<b>Child 3</b>	€245.60
- Child 3 (0-4yrs)	€245.60
- Child 3 (5-17yrs)	€245.60
<b>Child 4</b>	€29.20
<b>Young Adult</b>	€737.10
- Young Adult (18-20yrs)	€737.10
- Young Adult (21yrs)	€737.10
- Young Adult (22yrs)	€737.10
- Young Adult (23yrs)	€737.10
- Young Adult (24yrs)	€737.10
- Young Adult (25yrs)	€737.10
N/A	

### In Patient

#### **A Multi-Occupancy or Semi-Private room in a Public Hospital and Day Case.**

<p>Covered in select public hospitals. Please contact your insurer for details</p>

#### **Public Hospital Private Room and Day Case**

<p>Covered in select public hospitals. Please contact your insurer for details</p>

#### **Private Hospital Semi-Private Room**

Not covered

#### **Private Hospital Private Room**

Not covered

Not covered

#### **The Blackrock Clinic, the Mater Private and the Beacon Hospital, certain Cardiac Procedures**

## In Patient

---

Not covered

**The Blackrock Clinic, the Mater Private and the Beacon Hospital, certain Special Procedures**

Not covered

**The Blackrock Clinic, the Mater Private and the Beacon Hospital procedures other than Cardiac and Special**

Not covered

**Day Case Private Hospitals**

Not covered

**Day Case The Blackrock Clinic, the Mater Private and the Beacon Hospital**

Not covered

**Convalescence**

<p>€26 x 14 days</p>

**Cancer Accommodation Support**

Not covered

## Maternity

---

**Hospital Costs Up To 3 Nights**

<p>€400</p>

**Home Births**

Not covered

**Delivery Consultant Fees**

<p>Covered up to €300</p>

**Outpatient Maternity Consultant Care**

Not covered

**Postnatal Home Help**

Not covered

**Postnatal Home Nursing**

Not covered

**Child Home Nursing**

Not covered

**Pre & Postnatal Care**

Not covered

**Child Healthcare Benefit**

Not covered

**Parent Accompanying Child**

Not covered

**Partner Benefit**

Not covered

**Breastfeeding Consultancy**

Not covered

**Other Maternity Benefits**

<p>Access to GentleBirth app</p>

## Out-patient Benefits

---

### Individual Excess

<p>€150 per member</p>

### Family Excess

<p>€150 per member</p>

### Consultant Fees

<p>€50 per visit; International Second Opinion Service</p>

### GP Visits

<p>GP Visits €15 x 4 visits subject to excess; Female Health Consultation - 50% cover x 4 consultations per year with our provider partner; Digital Doctor, unlimited; Nurse on call covered</p>

### Physiotherapist

Not covered

### Emergency Dental Care

<p>€250</p>

### Non Emergency Dental

Not covered

### Home Nursing

<p>Home Recovery Benefit - €80 x 10 days; Care connect</p>

### A&E Charge

<p>Minor Injury Clinic 50% up to €100 per visit (HSE), no excess</p>

### Alternative Medicines-Acupuncture, Chiropractor, Osteopath

Not covered

### Dietician, Occupational Therapist, Chiropodist, Speech Therapist

Not covered

### Other Day To Day Practitioners

Not covered

### Cancer Support Benefit

<p>Cover for Breast Prosthesis 50% up to €1,000; Cover for wig following cancer treatment 50% up to €1,000</p>

### Psycho-Oncology Counselling

Not covered

### Manual Lymph Drainage

<p>€50 x 5 visits</p>

### Hearing Test

Not covered

### Optical

Not covered

### Prescription Costs

Not covered

### Employee Assistance Programme

<p>Healthy Minds benefit - up to 6 counselling sessions via phone, chat, video or face to face.</p>

### Child Speech And Language Therapy

Not covered

### Vaccinations

## Out-patient Benefits

---

<p>HPV vaccine 50% up to €200 per year, no excess</p>

### Outpatient Policy Limit

<p>€2,500</p>

### Hormone Replacement Therapy for Gender Dysphoria

Not covered

## Out-patient Radiology

---

### Approved Centres

<p>MRI, CT and PET-CT Covered, not subject to outpatient excess</p>

### Non-Approved Centres

Not covered

### Radiology Consultants' Fees

<p>50% as per schedule of benefits for professional fees - not subject to outpatient excess</p>

### Radiology Test Fees

<p>50% Cover - not subject to outpatient excess</p>

### Health Screening

<p>Oncotype DX covered, no excess; Cardiac Screening 50% cover, no excess</p>

## Overseas

---

### Benefit Abroad For Surgical Procedures Available In Ireland

Not covered

### Benefit Abroad For Surgical Procedures Not Available In Ireland

Not covered

### Hospital Bill

<p>€55,000</p>

### Repatriation Expenses

<p>€1,000,000</p>

### Companion Repatriation Expenses

<p>€1,000</p>

### 24 Hour Telephone Assistance

Covered

### Expenses For Companion

<p>€1,000</p>

### Gender Affirmation

Not covered

## Psychiatric Cover

---

### Inpatient Psychiatric Non Alcohol Drug

<p>120 days, public hospital only as per your plan's hospital list</p>

### Inpatient Psychiatric Alcohol Related

<p>91 days over 5 years, public hospital only as per your plan's hospital list</p>

## **Psychiatric Cover**

---

### **Outpatient Mental Health Care**

---

Not covered

---

## **Fertility Benefits**

---

### **Infertility Benefit**

---

Not covered

---

### **Fertility Preservation**

---

Not covered

---

### **Fertility Support Services**

---

Not covered

---