

Intermediate Scheme – Table of Benefits

Day-case & In-patient Treatment	
1a. Hospital accommodation, including intensive care, nursing care & ward prescribed drugs	Up to €210 per night Max. 7 nights per episode Up to €140 per episode for day surgery
b. Accommodation for 1 adult relative staying with a child under 16	Up to €45 per night Max. 7 nights per episode
2. Operating theatre charges, drugs and surgical dressings, eligible prosthesis	Major Operation: €500 Intermediate operation: €380 Minor operation: €270 Eligible Prosthesis: €550
3. Surgeons & Anaesthetists' fees for surgical procedures	Per operation up to: Major operation: €1,350 Intermediate operation: €1,000 Minor Operation: €550
4. Consultant Physicians visits and medical consultations	Up to €110 per day Max. 6 days per episode
5. Specialist consultations , Pathology, radiology diagnostic tests and physiotherapy	Up to €350 per policy year
6. Computerised Tomography Scan (CT Scan) and Magnetic Resonance Imaging (MRI), PET Scans	Up to €300 per episode
7. Psychiatric, Nervous & Mental conditions (Treatment is paid only with our prior approval after 6 months of cover)	Up to €260 per night Max. 7 nights per episode
Cancer Treatment	
8. Consultant Oncologist fees for all the active phase of the cancer treatment and hospital charges for cancer tests and drugs, including chemotherapy and radiotherapy for each course of treatment	Up to €600 for each course of treatment
Out-patient Treatment	
9. Professional fees for specialist consultations, diagnostic procedures including pathology, physiotherapy, radiology and ECG	Up to €350 per policy year
10. CT Scans and MRI's referred by a Specialist	Up to €300 per policy year
11. Oncology-related CT Scans; MRI and PET Scans	Up to €470 per policy year
12. Consultant Oncologist fees for chemotherapy and radiotherapy for all the active phase of the cancer treatment including for cancer tests and drugs, for each course of treatment	Up to €650 each course of treatment
13. Mini Minor procedures performed by a General Practitioner under local anaesthetic	Up to €100 per procedure
14. Out-Patient psychiatry (requires pre-authorisation)	€240 per policy year (payable out of benefit 9 above)
15. Out-Patient Surgical procedures	Payable out of Benefits 1 and 2
Emergency Road Ambulance	
16. Emergency local road ambulance up to:	€800 per policy year
Nursing Care	
17. Home nursing by a professional nurse following a surgical intervention and if prescribed by a specialist up to:	€1,450 per episode. After the first 7 days up to €50 per day

Alternative Therapy	
18. Osteopathy, Homeopathy, Acupuncture, Chiropractic Treatment provided by Qualified Practitioners	Up to €240 per policy year
Emergency Dental Treatment	
19. Emergency Dental Treatment necessary to restore or replace sound natural teeth lost or damaged following an accidental injury	Up to €470 per policy year
General Practitioners' charges	
20. General Practitioners' charges up to:	€150 per policy year
Cash Benefit	
21a. Cash benefit – for treatment received in a State or private hospital for a medical condition as a non-paying patient	€40 per night for up to 40 nights each policy year
b. Day-case – following day surgery as a non-paying patient	€28 per episode
22. Maternity Cash Benefit (payable to the mother after 10 months of membership)	€220 per pregnancy
Other Additional Benefits	
23. Prescribed drugs following a surgical procedure	Up to €125 each policy year
24. Cover for funeral expenses	Up to €1,200
25. Second Medical Opinion	Included in cover
Annual overall Max. payable per person	€250, 000
Territorial Scope:	Worldwide
Purpose of policy	
<p>The purpose of the policy is to provide cover for the customary and reasonable fees of recognised treatment, which is medically necessary for acute medical conditions and injuries.</p> <p>This policy is not intended to cover experimental or unproven Treatment but should such situations arise we will discuss these with the beneficiary's specialist and decide whether the cost of the proposed treatment is covered. Claims will be paid for those items specified in the policy benefits (up to the amounts stated, if applicable).</p>	
<p>Note: Full Refund means as per MMS Schedule of Customary and Reasonable fees maximum benefits which can be viewed on MMS website or at our offices: also refer to policy definitions</p>	

Routine & Preventive Care Cover

1. Routine eyesight testing by an optometrist	Up to €60 per policy year
2. Skin cancer screening	Up to €60 per policy year
3. Cervical Cancer screening	Up to €50 per policy year
4. Routine tests for the monitoring of a Chronic Medical Condition	Up to €120 per policy year
5. Routine mammography/ultrasound examination for a woman aged 40 years or over, annual prostate examination and PSA test for men aged 40 years or over	Up to €80 every 2 years
6. Liver Function Tests and Lipid Profile; Complete Blood count; Blood Glucose Test and Urine Analysis for members aged 40 years or over	Up to € 130 per policy year
7. Bone densitometry for members aged 40 years or over	Up to €130 every two years
8. Stress ECG for members aged 40 years and over	Up to €150 every two years

Benefits 7 & 8 are not payable when incurred within the first twelve months of being registered for these optional benefits. Benefits are per policy year unless otherwise stated.

Dental Benefit

Dental Benefit:	€150 per policy year

Our Dental Benefit covers:

- Routine Treatments – reimbursement towards your regular treatments such as scale and polish and x-rays.
- Restorative Treatments – reimbursement towards more expensive treatments such as crowns and bridges.

Exclusions and limitations of our Dental benefit:

- Restorative treatment which is diagnosed in your first examination after you take out the policy if you have not had an exam two years prior to taking the policy out.
- Claims under the Injury or Emergency benefits for treatment required as a result of an incident which took place prior to the start date of the policy.
- Treatments in connection with Dental Injury which commenced more than 6 months from the date of the Injury or completed more than 18 months from the date of the original incident.
- Any treatment relating to damage or injury caused while participating in contact sports (including training).
- Dental implants and all costs associated with the preparation and fitting of such a device.
- Treatment for mouth cancer diagnosed before or within 90 days after you joined or for which tests or consultations began within those 90 days even if the diagnosis is not made until later.
- Orthodontics (braces).
- Drugs and dressings except for that provided under emergency dental treatment.