

GloHealth Table of Benefits - Good

<i>In-Patient Benefits</i>	Level Of Cover
<i>Consultants fees</i>	<i>Covered</i>
<i>In-patient scans</i>	<i>Covered</i>
<i>Public Hospital - Semi-private room</i>	<i>Covered</i>
<i>Public Hospital - Private room</i>	<i>Covered</i>
<i>Public Hospital - Day case</i>	<i>Covered</i>
<i>Private Hospital - Semi-private room</i>	<i>60% of semi-private rate</i>
<i>Private Hospital - Private room</i>	<i>60% of semi-private rate</i>
<i>Private Hospital - Day case</i>	<i>Covered - €75 excess</i>
<i>High-tech Hospital - Semi-private room</i>	<i>35% cover</i>
<i>High-tech - Private room</i>	<i>35% of semi-private rate</i>
<i>High-tech - Day case</i>	<i>Covered - €75 excess</i>
<i>High-tech - Listed cardiac procedures</i>	<i>35% cover</i>
<i>High-tech - Listed special procedures</i>	<i>35% cover</i>
<i>Maternity</i>	
<i>Public hospital cover - private room</i>	<i>3 nights</i>
<i>In-patient maternity consultant fees</i>	<i>€865</i>
<i>Newborns free until next renewal</i>	<i>Covered</i>
<i>Children go free until 3</i>	<i>Not covered</i>
<i>Out-Patient Benefits</i>	
<i>Individual out-patient excess</i>	<i>€150</i>
<i>Family out-patient excess</i>	<i>€200</i>
<i>Maximum amount of out-patient benefits per policy year</i>	<i>€2,500</i>
<i>Consultant fees (non-maternity)</i>	<i>€60 per visit</i>
<i>A&E charge</i>	<i>€60 x 1 each year</i>
<i>Medical & surgical appliances</i>	<i>Covered as per list</i>
<i>Pathology - cost of test</i>	<i>€20 per test</i>
<i>Pathology - consultant fees</i>	<i>€25 per consultant fee</i>
<i>Radiology - cost of test</i>	<i>€20 per test</i>
<i>Radiology - consultant fees</i>	<i>€25 per consultant fee</i>
<i>Scans - Out-Patient</i>	
<i>MRI - Approved centres</i>	<i>Covered - direct settlement</i>
<i>CT and PET CT - Approved centres</i>	<i>Covered - direct settlement</i>
<i>MRI & CT - Non-approved centres</i>	<i>Up to €250 subject to out-patient excess</i>
<i>Stress & Psychiatric</i>	
<i>Not related to substance abuse</i>	<i>100 days</i>
<i>Related to substance abuse</i>	<i>91 days over 5 years</i>
<i>Other</i>	
<i>Convalescence benefits</i>	<i>€26 x 14</i>
<i>Cancer Support Benefit</i>	<i>Not covered</i>

*(for accommodation expenses when travelling more than
50km)*

Nurse 24/7

Covered

Medical ambulance costs

Covered if medically necessary

GloHealth Table of Benefits - Better

<i>In-Patient Benefits</i>	Level Of Cover
<i>Consultants fees</i>	<i>Covered</i>
<i>In-patient scans</i>	<i>Covered</i>
<i>Public Hospital - Semi-private room</i>	<i>Covered</i>
<i>Public Hospital - Private room</i>	<i>Covered</i>
<i>Public Hospital - Day case</i>	<i>Covered</i>
<i>Private Hospital - Semi-private room</i>	<i>Covered subject to €100 excess per claim and a €2,000 co-payment on certain orthopaedic procedures</i>
<i>Private Hospital - Private room</i>	<i>Covered subject to a €200 excess per night and a €2,000 co-payment on certain orthopaedic procedures</i>
<i>Private Hospital - Day case</i>	<i>Covered - €50 excess</i>
<i>High-tech Hospital - Semi-private room</i>	<i>50% cover for a semi-private room</i>
<i>High-tech - Private room</i>	<i>50% cover for a semi-private room</i>
<i>High-tech - Day case</i>	<i>Covered - €50 excess</i>
<i>High-tech - Listed cardiac procedures</i>	<i>90% cover subject to a €150 excess per claim</i>
<i>High-tech - Listed special procedures</i>	<i>90% cover subject to a €150 excess per claim and a €2,000 co-payment for certain orthopaedic procedures</i>
<i>Maternity</i>	
<i>Public hospital cover - private room</i>	<i>3 nights</i>
<i>In-patient maternity consultant fees</i>	<i>€865</i>
<i>Newborns free until next renewal</i>	<i>Covered</i>
<i>Children go free until 3</i>	<i>Covered</i>
<i>Out-Patient Benefits</i>	
<i>Individual out-patient excess</i>	<i>€150</i>
<i>Family out-patient excess</i>	<i>€200</i>
<i>Maximum amount of out-patient benefits per policy year</i>	<i>€4,000</i>
<i>Consultant fees (non-maternity)</i>	<i>€60 per visit</i>
<i>A&E charge</i>	<i>€60 x 1 each year</i>
<i>Medical & surgical appliances</i>	<i>Covered as per list</i>
<i>Pathology - cost of test</i>	<i>€20 per test</i>
<i>Pathology - consultant fees</i>	<i>€25 per consultant fee</i>
<i>Radiology - cost of test</i>	<i>€20 per test</i>
<i>Radiology - consultant fees</i>	<i>€25 per consultant fee</i>
<i>Scan - Out-Patient</i>	
<i>MRI - Approved centres</i>	<i>Covered - direct settlement</i>
<i>CT and PET CT - Approved centres</i>	<i>Covered - direct settlement</i>
<i>MRI & CT - Non-approved centres</i>	<i>Up to €250 subject to out-patient</i>

excess

Stress & Psychiatric

<i>Not related to substance abuse</i>	100 days
<i>Related to substance abuse</i>	91 days over 5 years

Other

<i>Convalescence benefits</i>	€26 x 14
<i>Cancer Support Benefit (for accommodation expenses when travelling more than 50km)</i>	€100 per day x 15 days
<i>Nurse 24/7</i>	Covered
<i>Medical ambulance costs</i>	Covered if medically necessary

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<i>Public Hospital - Private room</i>	<i>Covered</i>
<i>Public Hospital - Day case</i>	<i>Covered</i>
<i>Private Hospital - Semi-private room</i>	<i>Covered subject to a €2,000 co-payment on certain orthopaedic procedures</i>
<i>Private Hospital - Private room</i>	<i>Covered subject to a €200 excess per night and €2,000 co-payment on certain orthopaedic procedures</i>
<i>Private Hospital - Day case</i>	<i>Covered</i>
<i>High-tech Hospital - Semi-private room</i>	<i>50% cover for a semi-private room</i>
<i>High-tech - Private room</i>	<i>50% cover for a semi-private room</i>
<i>High-tech - Day case</i>	<i>Covered</i>
<i>High-tech - Listed cardiac procedures</i>	<i>Covered</i>
<i>High-tech - Listed special procedures</i>	<i>90% Cover subject to a €2,000 co-payment for certain orthopaedic procedures</i>
<i>Maternity</i>	
<i>Public hospital cover - private room</i>	<i>3 nights</i>
<i>In-patient maternity consultant fees</i>	<i>€865</i>
<i>Newborns free until next renewal</i>	<i>Covered</i>
<i>Children go free until 3</i>	<i>Covered</i>
<i>Out-Patient Benefits</i>	
<i>Individual out-patient excess</i>	<i>€150</i>
<i>Family out-patient excess</i>	<i>€200</i>
<i>Maximum amount of out-patient benefits per policy year</i>	<i>€5,000</i>
<i>Consultant fees (non-maternity)</i>	<i>€60 per visit</i>
<i>A&E charge</i>	<i>€60 x 1 each year</i>
<i>Medical & surgical appliances</i>	<i>Covered as per list</i>
<i>Pathology - cost of test</i>	<i>50% per test</i>
<i>Pathology - consultant fees</i>	<i>50% per consultant fee</i>
<i>Radiology - cost of test</i>	<i>50% per test</i>
<i>Radiology - consultant fees</i>	<i>50% per consultant fee</i>
<i>Scans- Out-Patient</i>	
<i>MRI - Approved centres</i>	<i>Covered - direct settlement</i>
<i>CT and PET CT - Approved centres</i>	<i>Covered - direct settlement</i>
<i>MRI & CT - Non-approved centres</i>	<i>Up to €250 subject to out-patient excess</i>
<i>Stress & Psychiatric</i>	

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<i>Related to substance abuse</i>	91 days over 5 years
<i>Other</i>	
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