

# PRISON OFFICERS' MEDICAL AID SOCIETY



**Benefits and Subscriptions  
with effect from  
1st October 2010**

**This brochure together with claim forms may be  
viewed/downloaded  
from the website  
[www.pomas.ie](http://www.pomas.ie)**

# ANNUAL CLAIMS

## OUT-PATIENT ONLY

PAY THE FOLLOWING and submit THE RECEIPTS

**BETWEEN 1st JANUARY AND 31st MARCH (USE BLUE FORM)**

### DOCTOR (GP)

Maximum per visit: €45.00

### CONSULTANT

Maximum per visit: €90.00

### DENTAL

*(Dental charts / itemised receipts must accompany claims)*

SCALING AND POLISHING Maximum: €25.00

FILLINGS (*Permanent teeth*) Single: €40.00

(*Routine fillings including pin-retained*) Double: €45.00

& acid-etch technique fillings) Treble: €55.00

Root Canal treatment €63.00

Fissure sealants (*Permanent teeth*) Per Tooth: €13.00

**EXTRACTIONS** Per Tooth: €40.00

**X-RAYS** 90% to Max: €19.00

**ANAESTHETIC** 90% to Max: €44.00

### **DENTURES**

**Note: If work is carried out by a dental technician, the receipt may be submitted immediately for benefit.**

(a) Full upper or lower: 90% to Max: €225.00

(b) Full upper and lower: 90% to Max: €450.00

*(Limited to one payment every 5 years for Adults and every 2 years for Dependants under 15 years of age).*

(c) Acrylic Partial: 90% to Max: €190.00

(d) Chrome Cobalt Partial: 90% to Max: €190.00

(e) Relining/Rebasing (*Full Dentures*) 90% to Max: €51.00

(f) Repair/Addition with impression: 90% to Max: €25.00

(g) Repair 90% to Max: €19.00

**CROWNS** (*Permanent Teeth*) Maximum per Crown: €300.00

### **ORTHODONTIC TREATMENT** (*to 18 years of age*)

Maximum €508 per 12 month period (**LIMITED TO 3 YEARS**)

#### **Annual claims subject to excess as follows:-**

Claims up to €250.00: €20

Claims over €250.00: €40

- NOTES:** (1) Prior approval for IN-PATIENT Dental treatment must be obtained. Medical evidence is required.  
(2) School children are entitled to Dental Treatment Free of Charge from the Health Board.

## **REGULAR CLAIMS**

### **IN-PATIENT HOSPITALISATION**

**DO NOT PAY THE FOLLOWING** but submit  
**THE BILLS** within 3 months of  
termination of treatment (USE GREEN FORM)

### **PUBLIC + PRIVATE HOSPITALS / PRIVATE CLINICS**

(Except Blackrock Clinic and Mater Private Hospital)

- (a) Semi-private accommodation fully covered  
(No cover for private accommodation except where no semi-private accommodation is provided by the hospital)
- (b) Fees:- Fully covered

### **BLACKROCK CLINIC/MATER PRIVATE HOSPITAL**

- (a) Accommodation and ancillary charges - 60% of cost  
(Fully covered if treatment relates to Heart/Cancer).
- (b) Fees:- Fully covered

*(Accommodation limited to 180 days per illness in any 12 month period)*

### **AMBULANCE - INTER HOSPITAL ONLY**

### **MATERNITY**

*(Covered up to 5 days. Confinement in excess of 5 days must be certified as medically necessary)*

Maintenance: Semi-private accommodation fully covered  
(No cover for private accommodation)

Fees: as per participating rates agreed elsewhere

Gynaecologist / Obstetrician: Maximum €1500.00 *(incl. scans)*  
*(Benefit is available immediately to new-born babies provided they are registered within 13 weeks of birth)*

### **PSYCHIATRIC**

*(90 days in-patient treatment in any three year period)*

Maintenance: *(including fees)* Maximum per day €570.00

### **SUBSTANCE ABUSE**

35 days in-patient treatment *(in approved centres)* in any five year period.

Members must show evidence of attendance at a full after-care programme.

Each case will be subject to the strictest Committee examination and **Rule 11** may be invoked at any stage.

Maintenance: Maximum per day €285.00

### **CONVALESCING**

Registered nursing homes only.

Maintenance - €100.00 per day to a maximum €1400.00 p.a.  
- must be certified as medically necessary.

### **NOTE:**

Members should check hospital bills before signing the hospital claim form.

## **REGULAR CLAIMS**

### **OUT-PATIENT ONLY**

**PAY THE FOLLOWING and submit THE RECEIPTS within 3 months of payment (USE PINK FORM)**

#### **OUT-PATIENT TREATMENT**

- (A) Out Patient Hospital (where no bed charges apply)  
+ Consultant fees 75% of Cost
- (B) MRI/CT Scans  
(Consultant referral required for MRI Scan) 90% of Cost
- (C) X-rays (Plain Film), ECG EEG, Laboratory tests 90% of Cost
- (D) Radium treatment, Dialysis, etc. 100% of Cost
- (E) Physiotherapy €25 per visit to a maximum of €500.00  
per annum per family
- (F) Chiropody €15 per visit to a maximum of €225.00  
per annum per family
- (G) Hearing Test: (Once every 2 Years)  
90% of cost to maximum €25.00
- (H) Hearing Aid: (Once every 5 Years)  
90% of cost to maximum €750.00 each
- (I) Speech Therapy: (for dependants up to age 10)  
Maximum €750.00 per annum per family
- (J) Child Psychology: (for dependants up to age 18)  
Maximum €750.00 per annum per family
- (K) Fertility Tests:- 90% of cost to a maximum of €127.00  
per annum per family
- (L) Casualty Charge:- €100.00 (applies to public and private  
hospitals and clinics such as SwiftCare,  
Beacon, etc.)

**USE ONLY REGISTERED PRACTITIONERS.**

**TREATMENT BY NON MEDICAL PERSONS IS NOT COVERED.**

**IF YOU HAVE ANY DOUBT AS TO YOUR ENTITLEMENT TO ANY BENEFIT PLEASE  
CONTACT THE MANAGER/ASSESSOR BEFORE YOU COMMIT YOURSELF TO  
EXPENDITURE WHICH MAY NOT BE RECOVERABLE  
FROM THE SOCIETY.**

## **REGULAR CLAIMS**

### **OUT-PATIENT ONLY**

**PAY THE FOLLOWING and submit THE RECEIPTS within 3 months of payment (USE PINK FORM)**

#### **DRUGS**

*(N.B. Please claim at the end of the month for drugs purchased during that month).*

Per family per month €100.00

Only prescribed drugs, which are approved by the General Medical Services Payments Board are covered. Payment for proprietary articles will not be refunded.

#### **OPTICAL**

(Once every 2 years - Adults)

(Annually-dependants to 18 years):

Sight Test: Maximum €15.00

Spectacles/Contact Lenses: 90% to maximum €160.00

Claims will be for Spectacles or Contact Lenses **but not both.**

No cover for loss or damage to Spectacles or Contact Lenses.

#### **GENERAL MEDICAL AIDS**

**(A)** These claims will be considered by the Committee

**(B)** Artificial Limbs and Eyes: 100% of Cost.

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#### **WARNING**

DO NOT WRITE ON RECEIPTS OR BILLS OR ALTER THEM IN ANY WAY.

ENSURE THAT ALL DOCUMENTS IN SUPPORT OF YOUR CLAIM ARE IN ORDER AS YOU WILL HAVE TO ACCEPT RESPONSIBILITY FOR THEM

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#### **NOTES:-**

Certain medical expenses (*which exceed these benefits*) may be allowable for income tax purposes. Please ask your tax office for Forms MED 1 and 2.

If travelling outside 26 Counties (*but within the E.U.*) you should get a European Health Insurance Card from your local health board or apply online at **[www.ehic.ie](http://www.ehic.ie)**.

In cases of on-going treatment please notify the Assessor.

***Photocopies of bills will not be accepted.  
Original bills cannot be returned.***

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## **EXCLUSIONS**

As you would expect it is not possible to cover every eventuality and some limits must apply.

These exclusions include, but are not limited to, the following:-

1. Charges incurred for a service or treatment which in the opinion of the Committee's medical advisors are not medically necessary. The term "medically necessary" generally means that the service or treatment is essential and accords with accepted medical practice. The purpose of this rule is to maintain cover for medically necessary treatments but at the same time to ensure that the members insurance fund is spent wisely.
2. Services which are preventative in nature, that is, not provided for investigation or treatment of an illness or injury, such as check ups and screenings.
3. The cost of medical reports for any reason.
4. Cosmetic treatment.
5. Reversal of contraceptive measures.
6. Injury, illness or disablement directly or indirectly caused by war or civil disturbance.
7. Nursery fees.
8. Treatment or programmes which are in any way related to eating disorders or weight reduction including the surgical management of obesity.
9. Alternative medicine or treatments. Cover is not provided for alternative therapies which are outside of orthodox medical practice. These include, but are not limited to:- acupuncture, aromatherapy, chiropracty, homeopathy, reflexology, osteopathy, spinology and herbalists.
10. Long term convalescence.

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***For specific benefits covered  
please refer to pages 1,2,3 and 4.***

## **EXTRACTS FROM THE CURRENT RULE BOOK**

### **Subscriptions**

It is the responsibility of each member to ensure that his/her subscription is at all times up to date (**Rule 10**).

### **Benefits**

Benefits are confined to fully paid-up members and their registered dependants. Determination as to the validity of claims shall be at the discretion of the Committee (**Rule 11**).

### **Waiting Periods**

Before coming into benefit, members and registered dependants may have to serve a waiting period as prescribed by the Committee after becoming a member or being registered as a dependant (*as the case may be*) (**Rule 8**).

### **Third Party Claims**

Where a member, member's spouse / partner or dependant incurs medical expenses for which a third party is liable to compensate them and where such expenses have been or will be defrayed by the Society they shall be refundable, in full, to the Society out of any award of compensation ordered by a court of competent jurisdiction or other relevant deciding body or out of any settlement sum agreed, regardless of the amount actually attributed to such medical expenses in any award of compensation made or settlement sum agreed. Any sums refundable to the Society under this Rule shall be paid to the Society within 7 days of the date upon which the member, member's spouse / partner / dependant receives the payment of the settlement sum or award of compensation, as the case may be.

The Society may request any information from any source which it considers relevant in respect of any claim under this Rule. It is the sole responsibility of the member to ensure that all medical expenses defrayed by the Society are included in the claim for compensation or settlement sum, as the case may be. The member, member's spouse/ partner and their Solicitor shall sign an Undertaking prior to any defrayal of medical expenses. The said Undertaking shall be returned to the Society within 21 days of the date upon which it was furnished to the member. The Society may, in its sole and absolute discretion, suspend the payment of subsequent benefits, pending a satisfactory resolution to any issue relating to medical expenses which are considered by the Society to be owing to it.

Where a member, member's spouse/partner/dependant's claim against a third party results in the payment of a settlement sum or award of compensation and he/ she fails or refuses to refund such medical expenses to the society in accordance with this rule, the committee, having investigated all aspects of the matter, may expel the member from the society. In the event of the society incurring costs administrative, legal or otherwise in seeking repayment of monies due to it under this rule, the member in default shall repay to the society, in full, all such costs. Any member, member's spouse/ partner subsequently repaying monies which have been misapplied and not used for the purpose for which the monies were paid to the member, member's spouse/partner under these rules, may still be liable for criminal prosecution in respect of any such misapplication. (**Rule 13**).

**Note: If you are injured/assaulted on duty you should claim, in the first instance, through official channels i.e. Departments of Justice and Social Welfare (Occupational Injuries Section).**

**NETT PREMIUMS (From 1 October 2010):**  
**Serving and Retired Members and Relicts of Deceased Members:**

	<b><u>Per Week</u></b>
Single:	€25.00
Single: (with up to 2 dependants)	€30.00
Single: (with 3 or more dependants)	€31.25
Married: (no dependants)	€50.00
Married: (with up to 2 dependants)	€55.00
Married: (with 3 or more dependants)	€56.25

**(Note: Retired Members and Relicts of Deceased Members aged 70 years and over receive a 10% discount on above premiums)**

**Dependants Aged 18 - 21**

Dependants aged 18 years but not aged over 21 years, will be covered by the scheme at no extra cost.

**Dependants Aged 21 - 26**

Dependants aged 21 years but not aged over 26 years, will be covered by the scheme. The single premium applies.

**Retiring?**

If you are retiring and you wish to continue your membership of POMAS please advise the Secretary, in writing, so that arrangements can be made to deduct your subscription from your pension.

**Career Breaks**

Cover will be considered by the Committee. Please apply in writing to the Secretary and include a copy of the letter from the Department confirming your career break.

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**Note**

If you ask us to remove a dependant from cover, we reserve the right to inform that dependant that he/she is no longer covered.

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**HOW TO CLAIM**

Claim forms may be viewed/downloaded from the website - **[www.pomas.ie](http://www.pomas.ie)**

**Both sections A & B of the claim form must be fully completed, otherwise it will be returned.**

Claim Forms must be **SIGNED BY THE MEMBER** and transmitted to:-

**The Secretary  
POMAS  
397e North Circular Road  
Dublin 7.  
Tel: 01 830 8963**