



PRISON OFFICERS' MEDICAL AID SOCIETY



Benefits and Subscriptions with effect from 1st January 2015

*This brochure together with claim forms
may be viewed/downloaded
from the website
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)

Benefit to cover a maximum of 25 visits per family per year

Maximum per visit: €40.00

OUT-PATIENT CONSULTANT

Out patient visits inclusive of pre-operative and post-operative consultations

Maximum per visit: €80.00

DENTAL

(Dental charts / itemised receipts must accompany claims)

SCALING AND POLISHING Maximum per visit: €25.00
(2 treatments per year, per family member)

FILLINGS(Permanent teeth) €35.00
(Routine fillings including pin-retained & acid-etch technique fillings)

ROOT CANAL TREATMENT Per Tooth: €100.00

FISSURE SEALANTS (Permanent teeth) Per Tooth: €13.00

EXTRACTIONS Per Tooth: €40.00

X-RAYS 90% to Maximum: €19.00

ANAESTHETIC 90% to Maximum: €44.00

DENTURES

Note: If work carried out by a **Dental Technician** the receipt may be submitted immediately for benefit.

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

(b) Full upper and lower: 90% to Maximum: €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 Maximum: €190.00

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

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

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

(g) Repair 90% to Maximum: €19.00

CROWNS (Permanent Teeth) Maximum per Crown: €200.00

ORTHODONTIC TREATMENT (to 18 years of age)

Maximum €508.00 per 12 month period (LIMITED TO 3 YEARS)

ANNUAL CLAIMS SUBJECT TO EXCESS AS FOLLOWS:

Claims up to €250.00: €25

Claims over €251.00 - €650.00: €50

Amounts over €651.00: 8% applied

The excess thresholds are to ensure equity among claimants in the scheme.

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

(With the exception of Blackrock Clinic and Mater Private)

The Society provides full cover for a multi-occupancy room (Semi-private) in all public hospitals (University, Voluntary and Regional) at the current rate determined by the Minister of Health. These charges are paid in full in respect of consultant led acute care. Cover is limited to 180 days hospitalisation in a rolling 12 month period.

All professional, pathologist and radiologist fees will be fully covered while you are an in-patient.

If you choose to occupy a **PRIVATE** or single occupancy room you are **liable** for the extra charges in the period.

PRIVATE HOSPITALS

The Society provides full cover for a multi-occupancy room (Semi-private) in all private hospitals in the state. Liability for the extra costs associated with a **PRIVATE ROOM** rests with the member.

All professional, pathologist and radiologist fees will be fully covered while you are an in-patient.

If you choose to occupy a **PRIVATE** or single occupancy room you are liable for the extra charges in the period.

BLACKROCK / MATER PRIVATE HOSPITALS

The Society provides full cover for all in-patient hospitalisation in the Mater Private and the Blackrock clinic for cardiac and oncology procedures **ONLY**.

Accommodation is provided at the SEMI-PRIVATE level of cover.

All professional, pathology radiologist fees while you are an in-patient will be covered in full, if your treatment relates to Coronary (Heart) and Oncology (Cancer) specialities.

All other treatments in the Mater Private and the Blackrock Clinic will be covered at the level of **60% for Accommodation and Ancillary charges**, such as theatre charges / Pharmacy consumables.

All professional fees are covered in full.

AMBULANCE - Inter hospital only

MATERNITY

The Society provides full cover for the duration of your confinement in a multi-occupancy room (Semi-Private room) up to 3 days in all public hospitals in the state. Confinement in EXCESS of 3 days must be certified as medically necessary by the treating obstetrician. Benefit payable for obstetrician (Gynaecologist fees, checkups during the various trimesters of confinement, scans, blood tests & delivery fee) payable as follows:

- Normal Delivery €1,500.00
- Caesarean Section €1,800.00
Subject to a letter from the Gynaecologist confirming the medical need of the section.
- Benefit is available to your new-born immediately provided that the baby is registered with the Society within 13 weeks of birth.

PSYCHIATRIC

(Excluding Senile Dementia, Eating Disorder/ Substance Abuse)

ADULT TREATMENT The Society provides benefit to the level of €480 per day for treatment in a private psychiatric hospital for up to 90 days in a 3 year period.

CHILD/ADOLESCENT The Society provides benefit to the level of €480 per day for treatment in a private psychiatric hospital for up to 90 days in a 3 year period.

Treatment Centres must be registered as Centres defined within the Mental Health Act 2001 and registered with the Mental Health commission.

Note: There are currently 4 separate HSE run specialised treatment Centres for Children/ Adolescent in the country, these are regionally based and access to the Services can be initiated through your family GP.

SUBSTANCE ABUSE

Treatment for Alcohol Substance Abuse is covered by a contribution of €285.00 per day to a maximum of 35 days treatment in approved centres in any 5 year period

Members must show evidence of attendance at a full aftercare programme.

Out-patient treatment courses for these conditions or after-care consultations/ meetings are not covered and any costing/payment of such should be negotiated between the member/member's family directly.

PRIOR APPROVAL FOR TREATMENT IS REQUIRED FROM POMAS

CONVALESCING

Registered nursing homes only - Licenced with the Health Information Quality Authority.

The Society provides benefit of a respite grant/maintenance in a nursing home up to a level of €2,000.00 per annum. Payment will be assessed on a receipted invoice and 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) 75% of Cost
Consultation Benefit €80.00
Consultation fee as per benefit applicable to out-patient
- (B) MRI/CT Scans/X-Ray/DEXA/ULTRA-SOUND**
The Society has direct payment arrangement with 25 approved providers nationwide, listed in the MRI and CT listing on our website (www.pomas.ie)
Should you choose to have the scan/imaging at a centre other than on the approved list, the following benefits apply:
X-Ray: 90% of the cost to a maximum of €60.00
Ultra-Sound: 90% of the cost to a maximum of €90.00
DexaScan: 90% of the cost to a maximum of €75.00
MRI/CT Scan: 90% of the cost to a maximum of €200.00
EEG/ECG: 90% of the cost to a maximum of €120.00
Mamogram: 90% of the cost to a maximum of €140.00
- (C) Blood Tests** arranged through your GP Service Maximum of €30.00
If you have your Bloods done on a regular basis and live in the Dublin Area why not ask your GP Service to set you up for "Swift Queue"- this facility will allow you book your Blood Tests at the following facilities - Beaumont , Peamount , Mater , St James, Vincents & Tallaght Hospitals .
You can book your appointment on line and have your bloods done - No Cost , No sitting in waiting rooms & Faster Response , All done at a time that is convenient for you !
- (D) Specialist Phlebotomy Test** 90% of the cost to a maximum of €120.00
- (E) Radium treatment, Dialysis, etc.** 100% of Cost
- (F) Physiotherapy** €25.00 per visit to a maximum of €500.00 (per annum per family)
Only treatment provided by a physiotherapist registered with the Irish Society of Chartered Physiotherapists will be re-imbursed.
Is your Physio chartered? - check on the following website www.iscp.ie or the professional letters after their name is M.I.S.C.P.
- (G) Chiropody** €15.00 per visit to a maximum of €225.00 (per annum per family)
- (H) Orthotics** (No orthotic benefit applicable to adults)
Orthotics for children up to the age of 18 will be covered annually @ 75% of the cost to a maximum of €300.00
- (I) Hearing Test:** (Once every 2 Years) 90% of cost to maximum €25.00
Hearing Aid: (Once every 5 Years) 90% of cost to maximum €500.00 each
- (J) Speech Therapy** Maximum €750.00 per annum per family (for dependants up to age 10)

(K) Child Psychology Maximum €750.00 per annum per family
(for dependants up to age 18)

(L) Fertility Tests: (Which includes consultation/investigations)
(per annum per family) 90% of cost to a maximum of €160.00

The Society pays a once off grant of €2,000 per couple for IVF treatment it is not available for the first year of membership unless transferring from another insurer and is confined to a once off payment.

DRUGS / PRESCRIPTIVE ITEMS

Drugs / Prescriptive Items

Per Family per Month €80.00

- Please submit your claim at the end of the month for drugs purchased during the month-numerous drug claims will not be processed during the month
- Only items that have a listed drug code will be re-imbursed Any Government levies that are applied on the dispensing of prescribed drugs is not re-imbursable by the Society.

OPTICAL

Optical benefit is available once every 2 years for adults.

Optical benefit is available annually for child dependants up to the age of 18.

Sight Test

Maximum of €15.00

Spectacles/Glasses/Contact Lenses 90% to a maximum of €160.00

A member can only claim for glasses/contact lenses but not both

No benefit is available for laser eye treatment

ACCIDENT AND EMERGENCY CHARGE

(Casualty Charge)

The Society pays €100 for A&E in a public hospital and a contribution of €200 only towards a private hospital/swift care clinic.

You will incur major expenses in attending a PRIVATE A&E facility as each item of investigation/consulting is charged separately.

We will apply €200 to the total cost of the receipted invoice and it will not be analysed per diem.

GENERAL MEDICAL AIDS

(A) These claims will be considered by the Committee

(B) Artificial Limbs and Eyes

100% of Cost.

NOTE:

Income tax relief is available on Medical Expenses incurred and not refunded by the Society or any other party. Your local revenue office will provide you with the detail of the benefit and the method of reclaiming same or visit www.revenue.ie

If you register for PAYE anytime you may also elect to claim medical benefit online from the Revenue. It is a requirement to keep a copy of all your receipts if you are claiming medical relief from Revenue. So please retain a copy prior to submitting to POMAS for benefit.

Remember it is only the amount of the excess that no benefit is payable against that you can claim tax relief on.

DISCOUNTS TO YOUNG ADULTS

POMAS as a society dedicated to its members has continued to maintain the child rate up to the age of 21. The Society has strived to maintain this rate for young adults as it feels it co-insides when many adult children are attending college and continuing their education.

*In line with recent amendments to the Health Insurance Act – POMAS will extend a **FULL range of DISCRETIONARY DISCOUNTS to young Adults when they have turned 21.***

You can continue to cover young ADULTS within the scheme, until they turns 26 years of age – there is **NO** requirement for them to be in full time education or dependant on you .

They will continue to have the full benefit of an extensive range of both Hospital & Everyday Medical Dental & Optical cover .

At the Age of:	Discount	Premium Cost
21+	45%	€800.80
22+	35%	€946.40
23+	25%	€1,092.00
24+	15%	€1,237.60
25+	9%	€1,324.96

The option of continuing your young Adults within POMAS , will also ensure them equal access to a high level plan in the market place when they leave at 26 without having to serve any additional waiting periods.

NEW LOADINGS (with Effect from May 1st 2015)

If you haven't **JOINED** us yet or would like to **REJOIN** - it is important to become a member before the 1st of MAY 2015.

Do you have a colleague or a spouse who does not have Health Insurance ?

From May the 1st 2015 anyone over the age of 35 will pay a **LOADING** for the rest of their life that they have Health Insurance for . The table below lists the Loadings that will apply.

This **LOADING** is to introduce Life Time Community Rating into the Health Insurance Market - Under lifetime community rating (LCR), your policy is modified to reflect the age at which you take out cover. The older you join, the more loading you pay.

The loading is to help to offset the claim costs of those who leave it till later in life to take out Health Insurance , to encourage younger members to join earlier and to continue to maintain their Insurance .

Age	Loading
35	2%
36	4%
37	6%
38	8%
39	10%
40	12%
45	22%
50	32%

New Loadings apply to all Health Insurers in the market.

Prison Officer's Medical Society – YOUR society dedicated to providing comprehensive Health Insurance for the members and families of the Prison Service.

EXCLUSIONS

● Treatment Outside the State

In order to be eligible for cover under a policy, a member must first be resident in Ireland for at least 180 days in any calendar year. If a member is not resident in Ireland for 180 days or more in any calendar year, the Society can't provide Health Insurance to you .

The Society is precluded from providing medical insurance cover for holidays abroad. Before travel members are advised to take out adequate travel/medical insurance.

When doing so it is most important that you inform the provider that your medical insurance with the Society does not provide any cover for medical emergencies or treatment while on holiday abroad and also to disclose any pre-existing medical condition.

If travelling within the EU you are advised to apply for a European Health Insurance Card (E.H.I.C.) from your local HSE Office.

Cover is not provided for treatment abroad.

In cases where it is certified by a consultant that the treatment required is not available within the State the HSE are obliged to pay the cost of acquiring such treatment abroad. If you reside or live part-time in an EU country and you inform and agree terms and conditions with the Society, the Society will cover benefits up to the level available in the State.

● Weight Management Programmes

Inclusive of surgical procedures such as Gastric Band, Gastric Bypass and liposuction are not covered by the Society.

● Cosmetic Procedures

Any treatment of a cosmetic nature

● Medical Reports

The cost of acquiring medical reports for independent verification of ones condition for third party or other use.

● Medical Screening

The Society does not cover medical screening of any form including those advertised by private hospitals or check ups or vaccinations for travelling abroad

● Contraceptive Reversal

Any procedure carried out to reverse previous permanent contraceptive measures

- **Alternative Medical Treatments**

The Society does not cover alternative medical treatments or therapy provided by a Homeopath, Aromatherapist, Herbalist, Reflexologist, Spinologist, Hypnotherapist, Physical Therapist, Chiropractor, Craniologist or other such alternative practitioners defined by the Committee

- **Long-Term Convalescence**

Long term stay in nursing homes

- **Nursery Fees**

- **Home Care Packages**

- **Dental Examination / Consultation / Checkup**

- **Purchase of Medical Devices / Monitors**

- **The Society does not make any contribution to home care packages that a member may require.**

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 June 2014)

Serving and Retired Members and Relicts of Deceased Members:

	Per Week
Single:	€28.00
Single: (with up to 2 dependants)	€33.80
Single: (with 3 or more dependants)	€36.70
Married: (no dependants)	€56.00
Married: (with up to 2 dependants)	€61.80
Married: (with 3 or more dependants)	€64.70

(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 are covered under the scheme with a range of Discretionary Discounts applied to the Adult Premiums.

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.

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.

HOW TO CLAIM

Claim forms may be viewed / downloaded from the website - 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