



# PRISON OFFICERS MEDICAL AID SOCIETY



## **Benefits and Subscriptions with effect from January 2nd 2020**

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

# SUMMARY OF MEMBERSHIP RULES

## Membership

All the following persons are eligible to be members of the Society:-

- (i) All Serving Prison Officers
- (ii) All Retired Prison Officers
- (iii) All Recruit Officers of the Service
- (iv) All Staff Members of the office of the Prison Officers Medical Aid Society, as per their terms and conditions of employment contracts

In addition to members, such persons as are registered as dependants of members may also receive relief and benefit from the Society.

The following persons are eligible for registration as a dependant:-

- (i) Spouses or partners of members or deceased members
- (ii) Children of members and orphans of former members who have not yet attained their 27th birthday. Children includes adopted or foster or step children.

## Initial Waiting Periods

An initial waiting period from the date the contract commences during which no benefit is payable, will apply to all new entrants to the Society, who do not currently hold or held within the previous thirteen weeks a private health insurance contract with a licensed medical insurer within the State such as VHI, LAYA or IRISH LIFE.

New Member Initial Waiting Period of 26 weeks applies (6 months)

Standard Maternity Cover Initial Waiting Period of 52 weeks applies (1Year) Standard

New born children - Immediate on registration (provided they are registered within 13 weeks)

## Pre-existing Condition Waiting Period

A pre-existing condition waiting period of five (5) years from the date the contract commences during which no benefit is payable, will apply to all new entrants to the Society, who do not currently hold or held within the previous thirteen weeks a private Health Insurance contract with a licensed Health Insurer within the State (VHI, LAYA or IRISH LIFE).

A pre-existing condition means an ailment, illness or condition, the signs or symptoms of which existed at any time in the six month period prior to becoming a new entrant to the Society. Health Insurance cover for that particular ailment, illness or condition will only commence after five years of continuous health insurance cover.

POMAS offers a comprehensive level of cover for everyday medical expenses - moving from some of the main providers may mean that you are upgrading your policy. In this instance you may be upgrading your cover.

## Upgrading Cover

On transferring from another Health Insurer a "waiting period" of two years will apply to any enhanced inpatient hospital benefits (where you are admitted as an In-Patient to a hospital) or enhanced health services provided by the Society over and above that provided under your previous Health Insurance contract for pre-existing illness.

What this means is that we cover you while in hospital or for hospital treatment at the same level as your previous Insurer did for pre-existing conditions for 2 years, after 2 years has past any pre-existing conditions - no restrictions will apply.

We automatically give you the monthly Drug refund benefit, GP Benefit & Optical Benefit after 6 months regardless if they are relevant to pre-existing condition or not.

## 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: €25.00

Claims over €250.00 - €700.00: €60.00

Claims over €701.00: 15% 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)*

#### PUBLIC HOSPITALS

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 Consultant 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.

All Consultant 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.

#### How do I check that I am covered for a specific treatment?

##### - PLANNED SURGERY

If you need to check cover for in-patient treatment, the easiest thing for you to do is to give us a ring on 01 830 8963 (regular landline). We can tell you over the phone. When you call, it would be easier if you had these two things to hand please:-

1. The Hospital you are attending
2. The Procedure Code (your consultant's secretary will be able to give you this)

This is a uniform standard across the whole Insurance Industry as there are over 4,000 different surgical procedures. All of our Assessors can search by surgical procedure name by hospital and by code. We want to ensure that we provide you with the most relevant information.

#### BLACKROCK / MATER PRIVATE HOSPITALS

The Society provides full cover for approved Oncology and Coronary procedures as per our list in the Mater Private Hospital Dublin and the Blackrock Clinic Dublin.

The Society also provides for other listed specialties at these Hospitals. It is important that you check your proposed treatment with the Society prior to admission to ensure that you have full cover.

Certain investigations, surgeries and treatments are covered at 60% participating rate at the Mater Private Hospital.

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

**AMBULANCE** - Inter Hospital only - prior approval required.

## 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.

A standard 52 week waiting period applies to new members and re-joiners to avail of the Society's Maternity grant.

## 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/ADOLESCENTS** 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 by Consultant.

## REGULAR CLAIMS (Out-Patient Only)

Pay the Following and submit the Receipts within 3 months of payment (USE PINK FORM)

### OUT-PATIENT TREATMENT

**(A) Day Care / Side Room self-pay** 75% of Cost

**(B) MRI/CT Scans/X-Ray/DEXA/ULTRA-SOUND**

The Society has direct payment arrangement with 46 approved providers nationwide, listed in the MRI and CT listing on our website ([www.pomas.ie](http://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:             | 90% of the cost to a maximum of €120.00                               |
| Echo:            | 90% of the cost to a maximum of €215.00                               |
| Stress Test:     | 75% of the cost to a maximum of €160.00                               |
| Holter Monitors: | 90% rebates apply to a cap based on<br>usage from 1 to 3 days €140.00 |
| Mammogram:       | 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)  
Treatment provided by a registered Chartered Physiotherapist or Physical Therapist will be re-imbursed.

**(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  
**Child Occupational Therapy** Maximum €750.00 per annum per family  
(for dependants up to age 18)

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

IVF Treatment / Other Fertility Type treatments  
The Society pays a once off grant of €2,000 per couple for fertility treatment. It is not available for the first year of membership unless transferring from another insurer and is confined to a once off payment. The €2,000 grant is available when Member and Partner (Spouse) are insured Adults on the plan for more than 1 year. Check with the office for approved treatments.

**(M) Cognitive Behavioural Therapy:** €50 per visit Maximum €500  
(per annum per family)

**(N) Wig:** (Benefit applies if Wig is required as a result of Cancer treatment)  
75% of cost to a maximum of €400

## DRUGS / PRESCRIPTIVE ITEMS

**Drugs / Prescriptive Items** Per Family per Month €60.00

An amount **up to €720.00 per annum** can be reclaimed on this benefit alone.

- 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 pre-approved by the Committee**

**(B) Artificial Limbs and Eyes** 80% of the cost to a fixed monetary amount applies to this benefit

## INCOME TAX RELIEF

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](http://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

From age 18-21 POMAS only charges the child rate for your young adult. From age 21 to 27th birthday we give maximum discounts. Significant savings and benefits continue to apply to young adults on the plan. As your child turns 21 we continue to insure them until we have written instruction to remove them.

### SAVINGS TABLE

| At the Age of: | Discount (Savings) Per Fortnight | Cost Per Fortnight | Standard Adult Cost Per Fortnight |
|----------------|----------------------------------|--------------------|-----------------------------------|
| 21             | -€34.00                          | €30.00             | €64.00                            |
| 22             | -€28.00                          | €36.00             | €64.00                            |
| 23             | -€20.80                          | €43.20             | €64.00                            |
| 24             | -€13.00                          | €51.00             | €64.00                            |
| 25             | -€6.00                           | €58.00             | €64.00                            |
| 26             | €0.00                            | €64.00             | €64.00                            |

## OVER 70's MEDICAL CARD ELIGIBILITY

From August 5th 2015 all Members over 70 are eligible for free GP Care regardless of Income - Tel 1890 252 919 for registration.



## NEW LOADINGS (with Effect from May 1st 2015)

From May 1st 2015 anyone over the age of 34 taking out Health Insurance for the first time will pay a LOADING on their policy for a 10 year period. This Loading is to introduce Life Time Community Rating (LCR) into the Health Insurance Market. Under 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 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.

If you have previously had Health Insurance you may be entitled to a credit off the LOADING - email [info@pomas.ie](mailto:info@pomas.ie) with your details to verify.

| 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 Officers Medical Aid Society – YOUR society dedicated to providing comprehensive Health Insurance for the members and families of the Prison Service.

### **ARE YOU RETIRING IN THE NEAR FUTURE FROM SERVICE - WHAT TO DO!**

On your correspondence with the Pension Section – please indicate that you wish to have POMAS as a deduction from your fortnightly pension.

Contact POMAS in writing & inform us of your intended retirement date - email [info@pomas.ie](mailto:info@pomas.ie), provide your NAME, PAY Number.

When your first pension payment is ready to be processed, the Pension payroll department contact us and we advise them of your fortnightly deduction.

They will commence this deduction once you have indicated that as a deduction item from your pension.

On receipt of the first pension payment we reconcile the intervening period of non-receipt of pension normally about 6 to 8 weeks and then we write to you and ask you to make a direct payment for this amount.

You will always remain insured once you have indicated that you wish to have your cover continued.

## 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.

### ● Travel Vaccinations

### ● 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

### ● Contraceptive Reversal

Any procedure carried out to reverse previous permanent contraceptive measures

### ● Alternative Medical Treatments

The Society does not cover alternative medical treatments or therapies

### ● Dental Examination / Consultation / Checkup

### ● Purchase of Medical Devices / Monitors

## 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).

### 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 January 2nd 2020)

### Serving and Retired Members and Relicts of Deceased Members:

|  | Per Week |
|--|----------|
| Single:  | €32.00   |
| Single: (with 1 child to 21 years)             | €37.80   |
| Single: (with 2 children to 21 years)          | €40.00   |
| Single: (with 3 or more children to 21 years)  | €44.00   |
| Married: (Member + Partner)                    | €64.00   |
| Married: (with 1 child to 21 years)            | €69.80   |
| Married: (with 2 children to 21 years)         | €72.00   |
| Married: (with 3 or more children to 21 years) | €76.00   |

### 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 - 27th Birthday

Dependants are covered under the scheme with maximum discounts applied to the Adult Premiums.

### Career Breaks

Cover will be considered by the Committee. Please apply in writing to the Secretary and include a copy of the letter from IPS confirming your Career Break. Members will have to serve the standard waiting periods on non-paid Career Breaks when recommencing service.

### 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](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 D07TAC9  
Tel: 01 830 8963