

# Private Health Insurance

## Insurance Product Information Document

### Prison Officers Medical Aid Society —A Restrictive Health Insurer



This document and the cover detailed within it, is a summary and for your guidance only. You may read this document in conjunction with our rule book and other documents issued by the Society.

### What is this type of insurance?

This is private health insurance offered to Prison Officers, Retired Officers and their families. This is a private insurance contract. Private health insurance is insurance that helps cover all or part of medical costs incurred. Other benefits may also be provided as part of your membership.

**We are a not for profit Society dedicated to offering exceptional health insurance to Members of the Prison Service.**



### What is Insured?



#### 1) Hospital Cover — Public Hospitals

- ✓ Day-case / Out-patient surgical: Full cover
- ✓ Semi-private / In-patient: Full cover
- ✓ Accident and Emergency: Full cover (pay and reclaim)

#### 2) Hospital Cover — Private Hospitals

- ✓ Day-case/Out-patient surgical: Full cover, no excess
- ✓ Semi-private: Full cover
- ✓ Accident and Emergency: up to €200 per attendance (pay and reclaim)
- ✓ Participating Consultant's fees: Full cover—over 2,500 Consultants
- ✓ Specified Orthopaedic & Ophthalmic Procedures: No excess or shortfall applies for orthopaedic or ophthalmic procedures

#### 3) Hospital Cover — Hi-Tech Hospitals

- ✓ Blackrock Clinic, Mater Private & Beacon Hospital
- ✓ Day-case/Out-patient surgical: Full cover, no excess
- ✓ Semi-private: Full cover for extensive list of procedures
- ✓ Participating Consultant's fees: Full cover—over 2,500 Consultants
- ✓ Full cover for specialist cardiac procedure in ALL Hi-tech hospitals—no excess
- ✓ Full cover for specialist oncology—no excess
- ✓ Medical costs of inpatient diagnosis and tests covered

#### 4) Hospital Cover — Mental Health

- ✓ Psychiatric treatment: Full cover up to 42 days per annum in St John of God, St Patrick University Hospital and Highfield Care—90 days in a 3-year period
- ✓ Drug, alcohol, gambling & substance abuse: Full cover up to 35 days every 5 years in approved private centres: Aiséirí, Rutland Centre, Smarmore, Bushy Park, Taber Lodge & Cuan Mhuire

#### 5) Convalescence

- ✓ Convalescence care: Up to €140 per day for 14 days per annum

#### 6) Cancer Care Benefits—Outpatient Treatment

- ✓ Breast prosthesis or hairpiece (following cancer treatment): 75% of cost up to a cap of €400 for each
- ✓ Manual lymph drainage: Up to €500 per year
- ✓ Eyebrow tattooing (following cancer treatment): Full refund up to €300 once per membership year
- ✓ Genetic screening for cancer risk: 50% cover in the Mater Private Dublin (pay and reclaim)
- ✓ Genetic testing consultation for cancer: 50% for initial consultation
- ✓ New advanced biological treatments in cancer care

## 7) Maternity Benefits

- ✓ Maternity in-patient hospital delivery: Full cover for 3 nights in a public hospital (No private hospital in Ireland provide private maternity care)
- ✓ Maternity out-patient consultations: Up to €1500
- ✓ Caesarean Section: up to 5 nights in-patient and in-patient surgical fees paid in addition to out-patient consultation fees up to €1500

## 8) Child Healthcare Benefits

- ✓ Orthodontic Treatment (to 18 years of age) up to €1,524 – Cap of €508 per 12-month period (over 3 year period of treatment)
- ✓ Speech Therapy – Up to €750 per annum per family
- ✓ Child Psychology – Up to €750 per annum per family (can be used for educational psychological report)
- ✓ Child Occupational therapy – Up to €750 per annum per family therapy
- ✓ Cognitive Behavioural Therapy / Counselling: – €50 per visit to a cap of €500 per family per annum.
- ✓ Orthotics (Up to age 18): 75% of the cost to a cap of €300 per annum
- ✓ Optical Benefit payable annually – child up to the age of 18
- ✓ Unique to POMAS Children on the plan – pay the child rate ONLY up to the age of 21

## 9) Fertility Benefit

- ✓ Fertility benefit: Up to a maximum of €2,000 payable per round of fertility treatment. 1 round claimable per lifetime.
- ✓ Fertility preservation: €1,000 per lifetime for egg freezing or €150 per lifetime for sperm freezing at approved centres
- ✓ Fertility tests: up to €160

## 10) Health Screening

- ✓ Direct payment MRI, CT & PET scans: Full cover in over 45 healthcare approved centres
- ✓ Direct payment mammogram: Full cover in approved direct payment mammogram centres
- ✓ Direct payment bone density/dexa scan: Full cover in approved direct payment density/dexa scan centres
- ✓ Women's cancer screening: 50% refund of cost
- ✓ Men's cancer screening: 50% refund of cost
- ✓ Up to €200 refund of costs for various tests in cardiovascular centres in private facilities. Payable as an outpatient benefit

## 11) Everyday Medical Expenses

- ✓ Drugs / prescribed Items: Up to €50 per family / per month
- ✓ GP Visits: €40 per visit up to a cap of 25 visits per annum / per family
- ✓ Menopause: 75% of the first consultation at a specialist clinic— e.g. the 'Menopause Hub'; 50% of the cost of subsequent consultations
- ✓ Consultation visits: 50% of costs
- ✓ Hospital A&E casualty charges: €100 public; €200 private
- ✓ Radiologist fees (professional fees): 50% of out-patient costs in approved hospitals or out-patient centres
- ✓ Pathologist fees (professional fees): 50% of out-patient costs in approved hospitals or out-patient centres
- ✓ Adult counselling–Psychologists: €50 per visit per family capped at €500 per annum
- ✓ Dietician: 50% of costs up to 4 visits per year
- ✓ Chiropody/ Podiatry: €15 per visit
- ✓ Hearing Tests: 90% of costs up to cap of €25
- ✓ Hearing Aids (left or right ear): 90% of cost up to cap of €500 every 5 years
- ✓ Optical / Sight Test: €15 per visit every 24 months
- ✓ Glasses / Contact Lenses: 90% of cost to a cap of €120 every 24 months
- ✓ Hormone Replacement Therapy for Gender Dysphoria: 50% of costs up to €300 per lifetime
- ✓ Blood Tests: up to €30 through GP service (pay and reclaim)
- ✓ Specialist Blood Tests: up to €120 (pay and reclaim)
- ✓ Approved Appliances: Refund on pre-approval basis
- ✓ Physiotherapists, Physical therapists , Chiropractors and Osteopaths: €30 per treatment – to a cap of €500 per family per annum

## 12) Dental

- ✓ Scaling & polishing: €25 per sitting up to two treatments per year
- ✓ Fillings: €35 per tooth
- ✓ Root Canal: €100 per tooth
- ✓ Crowns: €200 per tooth
- ✓ Fissure Sealants: €13 per tooth
- ✓ Extractions: €40 per tooth
- ✓ Dental X-ray: €19 per x-ray
- ✓ Dental sedation: €44 per sitting

## 13) Dentures:

- ✓ Full upper or lower dentures: up to 90% of cost capped at €225
- ✓ Full upper & lower dentures: up to 90% of cost capped at €450
- ✓ Acrylic partial: up to 90% of cost capped at €190
- ✓ Chrome cobalt partial: up to 90% of cost capped at €190
- ✓ Relining / rebasing: up to 90% of cost capped at €51
- ✓ Repairing: up to 90% of cost capped at €25



## **What is not insured?**

- ✗ Benefits which are not included under 'What is insured' on this document are not eligible for benefit under our scheme
- ✗ Normal waiting periods apply to the cover listed, i.e. once your waiting periods have passed you can claim the benefits included on your plan
- ✗ Upgrade period of 2 years transferring to POMAS plan from a lower grade plan



## **Where am I covered?**

- ✓ You are covered for all approved procedures in Public Hospitals
- ✓ You are covered for all approved procedures in Private Hospitals that we have listed on contracts
- ✓ Please check the procedure code provided by your consultant prior to treatment
- ✓ You are covered for approved procedures in Hi-Tech Hospitals listed on our contract
- ✗ No cover for treatment overseas without prior approval



## **What are my obligations?**

- ✓ You are required to provide us with any information or material facts necessary to facilitate your cover
- ✓ You are required to act honestly and within the terms of your membership
- ✓ You are required to make agreed subscription
- ✓ You are obliged to respond fully and truthfully to any questions that have been posed by us.
- ✓ You are obliged to report any incident or injury on duty that you are receiving treatment for and seeking compensation and disclose on all claim forms





## Are there any restrictions on cover?

- a. When possible, you should tell us about any treatment you are going to have so we can tell you if you can claim for benefits.
- b. We will not pay benefits while you are breaking any of the terms of your membership.
- c. You should send your claims to us as soon as possible. We will only pay benefits if we receive all the following:
  - All outpatient claims to be sent in within 3 months of occurrence
  - A written claim within 12 months of the date of any non-surgical out-patient treatment and six months of the date of any other treatment (unless this was not reasonably possible)
  - You must make the claim in the way that we reasonably ask you
  - Any proof we reasonably need to help us to decide if you are entitled to benefits. This can include: any medical reports and other information to do with the treatment
  - The results of an independent medical examination which we may ask you to undergo
  - Original accounts and invoices for the benefits you are claiming / no alteration to invoices or receipts
- Written confirmation from you as to whether or not you think you can recover the cost of the benefits from another person or are pursuing a case for an injury at work — **please complete declaration on Section B of our claim forms**
- Details of any Health Insurance Contract under which you were covered prior to becoming a member of the scheme
- d. We shall only pay benefits for out-patient treatment provided that your subscription is up to date
- e. In order to process a claim we require a fully completed claim form.
- f. All out-patient receipts are assessed in date order received and treatment date.
- g. We may end your membership of the scheme by writing to you if you do not pay any or part of your subscriptions on the date they are due. Refer to rule book
- h. Cover is only available to those resident in the Republic of Ireland. Your membership of the scheme will end immediately if you stop living in Ireland for a consecutive six-month period.



## When and how do I pay?

- Your subscription payments will be automatically deducted from your payroll or pension payment



## When does cover start and end?

- Your subscription starts from the day that you sign your membership form and continues until you inform us that you would like to cancel. Your membership will automatically roll-over. Failure to act within the rules published on the society's website will result in the termination of your membership and associated policy.



## How do I cancel the contract?

You can cancel your policy by emailing:

[info@pomass.ie](mailto:info@pomass.ie)

or by writing the us at: **397E North Circular Road, Phibsborough, Dublin 7 D07TAC9, Ireland.**

We will not remove any dependents unless we receive written instruction. Young adults continue to be insured to their **29th birthday**.



## You get more with POMAS

### Our Extras:

- ✓ Unique to POMAS Drug Benefit up to €600 per year
- ✓ Children charged at child rates from 18 to 21 year of age
- ✓ Outpatient claims paid weekly
- ✓ **A Plan that is in the top 3% of Health Insurance in the country and costs less than half**

### CONTACT US

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