



Optional Preventive Care Cover

January 2019

Insured by:



Reinsured by:



Preventive Care

Benefits	Limit
(a) Annual dental check examination/routine eyesight testing by an optometrist	Up to €40
(b) Skin cancer screening	Up to €40
(c) Alternative or complementary treatment on referral by your family doctor . That is chiropractic, acupuncture, homeopathic or osteopathic treatment given by a qualified practitioner who is registered to practice as a chiropractor, acupuncturist, homeopath or osteopath where the treatment is given. This benefit is payable in addition to any similar benefit in your benefits table as applicable to your plan .	Up to €125
(d) Prosthetic appliances not forming an integral part of a surgical procedure	75% of the cost incurred up to a maximum of €250

*Please note that benefits (c) alternative or complementary **treatment** on referral of **your family doctor**, and (d) provision of prosthetic appliances, are governed by all the benefits exclusions and conditions of **your policy** including clause 2.1.*

Preventive Care Plus

Benefits	Limit
All the above Preventive Care benefits (a), (b), (c) and (d) PLUS benefits (e),(f), (g) and (h)	Up to €40
(e) Routine cervical cancer screening; routine mammography/breast ultrasound examination for women aged 45 years or over, annual prostate examination and prostate specific antigen (PSA) test for men aged 45 years or over	Up to €160
(f) Liver function test, lipid profile, complete blood count, fasting blood glucose test and urine analysis for members aged 40 years or over	Up to €110
(g) Bone densitometry for members aged 45 years or over	Up to €110 every two years
(h) Stress electrocardiogram (ECG) for members aged 45 years or over	Up to €145 every two years

*Benefits (g) & (h) are not payable when incurred within the first twelve months of being registered for this optional benefit. Benefits are per **policy year** unless otherwise stated.*

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