



# Optional Preventive Care Cover

April 2020

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 <b>treatment</b> on referral by <b>your family doctor</b> . That is chiropractic, acupuncture, homeopathic or osteopathic <b>treatment</b> given by a qualified practitioner who is registered to practice as a chiropractor, acupuncturist, homeopath or osteopath where the <b>treatment</b> is given. This benefit is payable in addition to any similar benefit in <b>your benefits table</b> as applicable to <b>your plan</b> .	Up to €125
(d) Prosthetic appliances not forming an integral part of a <b>surgical procedure</b>	75% of the cost incurred up to a maximum of €250
(e) Outpatient clinic fee	Up to €5 per visit

*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), (d) and (e) PLUS benefits (f), (g), (h) and (i)	
(f) 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
(g) 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
(h) Bone densitometry for members aged 45 years or over	Up to €110 every two years
(i) Stress electrocardiogram (ECG) for members aged 45 years or over	Up to €145 every two years

*Benefits (h) & (i) 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.*

### Contact us:

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