



Member's Guide to Benefits and Subscription Rates

From 1st April 2018

mpf 
Our Expertise for Your Care



HERE FOR YOU

The MPF Administration Office is based in the ESB complex at Rosbrien, Limerick. All claims and membership correspondence should be forwarded to:

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MPF Claim Forms can be downloaded from the intranet and www.esbmpf.ie

Please note that MPF health insurance plans are totally separate from ESB Medical

Benefits which can be contacted on 01 7026699, Opt. 3.

Dear Member,

Welcome to MPF!

We are providing you with this booklet to make you aware of all benefits and entitlements associated with the scheme and to answer any questions you may have.

To your right is a table of contents, where you should find all relevant information, as well as a comparison table of the various MPF schemes and a glossary of terms.

For those new to the scheme, MPF is a non-profit contributory medical insurance scheme founded in 1955 for ESB members and their families. Since then, it has been providing reliable, value-for-money medical insurance to ESB staff for over 60 years.

The MPF vision is simple: 100% focus on individual care. Ultimately, the key objective of MPF is to offer members the highest standard of service at an affordable cost. Should a healthcare situation arise, MPF prioritises guiding you through the process in a knowledgeable, calm manner, offering you peace of mind when you need it most.

While there are many health insurers on the Irish market, MPF is more than just a healthcare package. Instead, membership of MPF means you are part of a community: one where your care is what we care about most.

If you have any questions about MPF which are not answered in this booklet, do not hesitate to contact the office at 061 430561 or email mpf@esb.ie.

Yours sincerely,

John Conneely
April 2018

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TABLE OF CONTENTS



1 Membership Guidelines & Subscription Rates	4
2 Comparing MPF Plans	6
3 Summary of Excluded Treatments	8
4 In-Patient Hospital Benefits	9
5 Out-Patient Treatment	13
6 Annual Out-Patient Claim	15
7 Other Benefits	16
8 Third Party Medical Expenses	17
9 Treatment Outside ROI	17
10 MPF Member Tools	18
11 Scan Providers	20
12 Payment of Claims	21
13 Glossary	22

Please treat this guide as confidential to Members.

1 MEMBERSHIP GUIDELINES & SUBSCRIPTION RATES 2018

Membership Guidelines

1.1 GENERAL

- ▶ Membership is open to eligible staff of ESB Group.
- ▶ Additional associate members can be added to your cover at any time during the year.
- ▶ Newborn children of existing members are covered immediately provided you arrange enrolment within 13 weeks of birth.

1.2 WAITING PERIODS

- ▶ A waiting period of 26 weeks, during which no benefit is payable, will apply to all new entrants who do not currently hold a relevant private health insurance contract with a licensed insurer within the State.
- ▶ In relation to Maternity Benefits, a waiting period of 52 weeks, during which no benefit is payable, will apply to all new entrants, who do not currently hold a relevant private health insurance contract with a licensed insurer within the State.

Those who have been insured abroad but are first time applicants for health insurance within the State are also subject to the above waiting periods.

1.3 BREAK IN COVER

If there is a break of more than 13 weeks in your health insurance cover with MPF, or any registered insurer in the State, an application to join/rejoin MPF will be treated as a new application.

1.4 PRE-EXISTING MEDICAL CONDITIONS

No benefit is payable in the case of any medical condition existing prior to being accepted for membership. Cover for that particular condition will only commence after five years.

1.5 UPGRADING COVER TO A HIGHER PLAN

If you wish to upgrade cover a waiting period of 2 years will apply. During this period benefits will continue to be payable at the Lower Plan. When you transfer to a Higher Plan, any medical condition, which is subject to a waiting period under the Lower Plan will also be excluded in the Higher Plan, until the balance of that waiting period has expired.

1.6 TRANSFER FROM OTHER INSURANCE COVER

If you are transferring from another health insurer, please contact the MPF office for information on transfer criteria and waiting periods.

1.7 CONTINUATION OF COVER - VOLUNTARY SEVERANCE / RESIGNATION

If you leave on Voluntary Severance from ESB Group and continue to receive ongoing pay or pension, you can maintain membership and subscriptions will continue to be deducted at source.

If you resign and are not in receipt of an ongoing payroll payment you can, on request to the Trustees, remain in the Fund provided you have preserved pension rights. You are required to provide written confirmation from the Pensions Office of your preserved pension status at this time and if requested at any time subsequently. Decisions on continuity of cover and subscription payment arrangements (direct debit mandate etc.) should be completed before you leave the company. It is your responsibility to contact the MPF Office before leaving to ensure continuity of cover.

1.8 REMOVAL OF MEMBER FROM COVER

Please note that you must inform MPF in writing or e-mail of any proposed removal of an associate member from your policy. The Trustees reserve the right to inform the individual concerned that he/she is no longer covered.

1.9 CHILD ASSOCIATE MEMBERSHIP

Membership beyond age 18 may continue if:

- ▶ Attending a full-time (day) educational establishment and during attendance is mainly dependent on and maintained by you or
- ▶ He/She continues to be mainly dependent on you, up to 30 years of age.

Do you have any questions about this? Then please email mpf@esb.ie



1 MEMBERSHIP GUIDELINES & SUBSCRIPTION RATES 2018

Subscription Rates

The following are the annual subscription rates, per person, applicable for this benefit year.

	MPF Intro Scheme		MPF Premium Scheme		MPF Premium Plus Scheme	
	Gross	After Tax	Gross	After Tax	Gross	After Tax
Adult >=25	€768.75	€615.00	€1,529.16	€1,329.16	€2,771.52	€2,571.52
Adult 18 - 21	€384.38	€307.50	€666.48	€566.48	€1,140.84	€1,040.84
Adult 21 - 22	€461.25	€369.00	€917.49	€733.99	€1,662.91	€1,462.91
Adult 22 - 23	€538.13	€430.50	€1,070.41	€870.41	€1,940.07	€1,740.07
Adult 23 - 24	€615.00	€492.00	€1,223.33	€1,023.33	€2,217.21	€2,017.21
Adult 24 - 25	€691.88	€553.50	€1,376.25	€1,176.25	€2,494.37	€2,294.37
Child Under 18	€384.38	€307.50	€471.65	€377.32	€884.75	€784.75

BENEFITS OF MPF?

Managed and run by ESB Staff

Simplicity of plans
– MPF has only 3 plans

Competitive Rates

Direct payment for most hospitals

Deductions made directly
from your salary

You are not tied into a contract.

NOTES



- ▶ The after-tax subscription rate, which is highlighted, will be deducted from your salary or bank account. Claiming tax relief by way of your P60 no longer applies.
- ▶ Subscriptions for under 18's are only required for the first 4 children but all children must be registered as an associate member to obtain benefit cover.
- ▶ The child premium will move from under-18 rate to Youth rate on 1st April after reaching 18 years of age.
- ▶ It is your sole responsibility to ensure that you are paying the correct subscription, taking account of the persons you are agreeing to cover.
- ▶ If paying by direct debit, do not forget to inform the MPF office of any change of bank account.
- ▶ In May 2015 Lifetime Community Rating was introduced. Any person aged 35 and over who takes out private health insurance for the first time must now pay a loading on their premium. For more details on LCR please contact the MPF office.

2

COMPARISON BETWEEN MPF PLANS

	MPF Intro	MPF Premium Scheme	MPF Premium Plus Scheme
Public Hospitals			
Private Patient in a multi-occupancy (which may include semi-private) room in a public hospital and Daycase	Covered	Covered	Covered
Public Hospital Private Room	Semi-Private Room rate	Semi-Private Room rate	Covered
Non Hi-Tech Private Hospitals			
Private Hospital Semi-Private Room	Not covered	Full cover for semi-private accommodation, 85% cover Whitfield clinic, Waterford	Covered
Private Hospital Private Room	Not covered	Semi-Private rate	Covered
Daycase Private Hospitals	Not covered	Covered	Covered
Hi-Tech Private Hospitals			
(Blackrock Clinic, Beacon Clinic, Mater Private, Galway Clinic)	Not covered	70% cover based on semi-private accommodation rates	100% cover based on semi-private accommodation rates
Special Procedures	Not covered	70% cover based on semi-private accommodation rates	100% cover based on semi-private accommodation rates
Certain Cardiac Procedures	Not covered	70% cover based on semi-private accommodation rates	100% cover based on semi-private accommodation rates
Certain Orthopaedic & Ophthalmic Procedures	Not covered	70% cover based on semi-private accommodation rates	100% cover based on semi-private accommodation rates
Daycase procedures Galway Clinic	Not covered	Covered in full	Covered in full
Daycase procedures other Hi-Tech hospitals	Not covered	70% Cover	Covered in full
Maternity Cover			
Public Hospitals costs up to 4 nights	Semi-Private (up to 3 nights)	Semi-Private	Private
Maternity Professional Fees (delivery and out patient costs)	Part of the overall Gynae Fee - €300 allowed	€800 towards total cost	€1000 towards total cost
Home Births	MPF will pay up to €400 towards the cost of home births	€800 towards costs	€1200 towards costs
Other Benefits			
Parent accompanying child	Max €100 in any fund year	Max €250 in any fund year	Max €300 in any fund year
Consultant Fees	50% of cost to max of €50 x 7 per year, not subject to excess or annual claim	60% of cost to max of €55 x 7 per year, not subject to excess or annual claim	70% of cost to max of €70 x 10 per year, not subject to excess or annual claim
Physiotherapists (Chartered Only)	€20 x 8 in year	€20 x 10 in year	€25 x 12 in year
Out patient Services - all pathology, radiology and other non-procedure services	50% of cost, 55% if carried out in G.P. Surgery	70% of cost, 75% if carried out in G.P. Surgery	90% of cost, 95% if carried out in G.P. Surgery

2 COMPARISON BETWEEN MPF PLANS

	MPF Intro	MPF Premium Scheme	MPF Premium Plus Scheme
MRI and CT costs	80% in approved centres 50% to a max of €100 in non approved centres	100% in approved centres 70% to max of €130 in non approved centres	100% in approved centres 90% to max of €170 in non approved centres
Cardiac MRI/CT	With consultant referral - full cover to max of €200	With consultant referral - full cover to max of €400	With consultant referral - full cover to max of €600
Dexa Screening	100% cost to max €30	100% cost to max of €50	100% cost to max of €90
Fertility tests	Not covered	70% of costs - once off contribution	90% of costs - once off contribution
Nursing Home cover (subject to post operative convalescence, following major surgery and medically certified by attending Consultant)	Not covered	€70 a day to maximum continuous stay of 12 days	€100 a day to maximum continuous stay of 14 days
Oncotype test for Breast Cancer	Not covered	75% of cost to max €2300	90% of cost to max €2700
Cyberknife treatment in Approved Centres	Not covered	95% of cost	100% of cost
Annual Outpatient Claim (based on Calendar year)			
Excess Family	€360	€360	€360
Excess Single	€280	€280	€280
Allowable costs (subject to excess)			
GP visits	Up to €25 per visits to a max of 4 visits	€30 x 10 in year	€40 x 12 in year
Prescribed Drugs under DPS Scheme	Not covered	to max €60 per calendar month	to max €60 per calendar month
Accident and Emergency visits (public & private)	€50	€50	€65
Alternative medicine (Acupuncture, Chiropractic, Osteopathy, Physical Therapy)	€15 per visit to a max of 10 combined visits. Only registered therapists covered	€15 x 18	€20 x 18
Clinical Psychologists	Up to €25 per visit to a max of 8 visits	€35 x 10	€40 x 12
Dieticians (Consultant referral required), Audiologists, Orthoptists	€15 per visit	€20	€25
Max Refund (70% of costs over excess)			
Single	70% of costs in excess of €280 to a max payment of €420 per fund year	€420	€420
Family	70% of costs in excess of €360 to a max payment of €675 per fund year	€675	€675

If you'd like further information about the difference between MPF schemes, please email mpf@esb.ie



3 SUMMARY OF EXCLUDED TREATMENTS

The fund does not cover:

- ▶ Chiropody, Podiatry, Orthotic devices.
- ▶ Vaccinations and routine or preventative medical examinations, including general health screenings, holiday vaccinations and check-ups.
- ▶ Geriatric, Senile Dementia, Alzheimer's and long term nursing care.
- ▶ Treatment/Programmes relating to eating disorders or weight reduction.
- ▶ Costs that are normally covered by the Long Term Illness Scheme of the State.
- ▶ Treatment or maintenance cost (inpatient or outpatient) which is not medically necessary.
- ▶ Dental or orthodontic treatment, consultations or any work associated with temporo mandibular joints (jaws).
- ▶ Spectacles, contact lenses, dentures, orthodontic appliances.
- ▶ Laser treatment to correct short-sightedness, long-sightedness or astigmatism.
- ▶ Alternative medical treatments or therapies by (but not limited to) Reflexologists, Homeopaths, Aromatherapists, Herbalists, who are non-medical practitioners. See Section 6.4 above for alternative treatment cover.
- ▶ Treatment which is in any way related to male or female birth control, infertility or any form of assisted reproduction.
- ▶ Counselling services such as Psychotherapy. See Section 6.5 for cover in this area.
- ▶ Cosmetic treatment, except the correction of accidental disfigurement or significant disfigurement present at birth.
- ▶ Cost of medical reports.
- ▶ Injury caused by war or civil disturbance.

The decision of the Trustees as to whether benefits shall be paid in respect of any particular claim shall be final.





In-Patient Hospital Benefits

Definition

In-Patient:

Treatment received during an in-patient stay in hospital, e.g. side-room, daycase or overnight.

4

IN-PATIENT HOSPITAL BENEFITS

The range of benefits provided is reconciled with available funding and the provision of reserves to ensure the long-term viability of the Fund. The levels of benefit payable comply fully with the requirements of the Health Insurance Acts. A maximum of 180 days' accommodation (in-patient plus daycases) is covered per year. This includes any days covered under our TCP Homecare cover. Payment ceases by MPF from the date you are declared fit for discharge from an acute hospital facility.

4.1 HOSPITAL COVER

(for consultant-led acute care only)

Public Hospitals

(Health Board Regional, Voluntary and Teaching Hospitals)

- ▶ **MPF Intro:** Multiple Occupancy (public or semi-private ward) accommodation is covered in full.
- ▶ **MPF Premium:** Multiple Occupancy (public or semi-private ward) accommodation is covered in full.
- ▶ **MPF Premium Plus:** All types of accommodation are covered in full.

Private Hospitals

Please check that MPF has a contract for cover in place with the hospital/clinic in advance of attending. Cover is normally confined to elective treatments. The following specific arrangements apply:

- ▶ **MPF Intro:** No cover.
- ▶ **MPF Premium:** Semi-private accommodation covered in full except for the following:
 - ▶ In Whitfield Clinic, Waterford the cover for inpatient treatment is 85% of cost. Daycase and side-room procedures are covered in full.
 - ▶ In the high-tech hospitals Mater Private, Blackrock Clinic and Beacon Hospital, MPF will pay 70% of Hospital charges. The same arrangements apply with Galway Clinic except that full cover applies for daycase/side-room procedures. You are responsible for any shortfall.
- ▶ **MPF Premium Plus:** Both private and semi-private accommodation is covered in full with the exception of Blackrock Clinic, Beacon Hospital and Mater Private, where semi-private cover only applies.

4.2 IN-PATIENT CONSULTANTS' FEES

Consultants' fees for in-patient or day-care treatment in hospital will be paid in line with the normal participating rates. The consultant must hold a current full registration with the Irish Medical Council. If you attend a consultant who charges more than the normal participating rates for the procedure, you will be liable for the excess amount. Consultants normally inform patients as to whether they are participating or non-participating but please check in advance. Specific benefit limits apply to:

- ▶ Maternity Benefit (See Section 4.3)
- ▶ Approved Dental Procedures (See Section 4.6)
- ▶ Out-patient Consultations (See Section 5.1)

ADMISSION TO A PUBLIC HOSPITAL VIA A & E - Know Your Rights!!

Do you know that by signing the Private Insurance Patient Form in this instance you are paying over 10 times more for the same service as someone who has no private health insurance?

This is what is happening when you are admitted to a Public Hospital via A&E. **Same treatment, no additional services.** MPF is charged €813 a day on your behalf instead of €80 a day (which is fully covered on your policy). Patients are being advised by the hospitals that the charge is fully covered by their insurers, and there will be no cost to them at all.

But this is completely misleading, as you are paying for this indirectly through higher premiums. **Please realise that you are under no obligation to sign this form.** When you are asked to sign the form to switch to private patient status, you should ask what additional services you are going to receive. If you are being treated as a public patient, with no private or semi-private bed and no treatment from a consultant of your choice, then there is no benefit in signing this form.

Know your rights – it is your choice. If you require any further information or clarification on this matter please don't hesitate to contact the MPF office.



Benefits towards maternity charges apply where the mother has been an MPF member for 52+ weeks.

Other matters to note concerning in-hospital treatment:

- ▶ Special arrangements apply for Psychiatric and Substance abuse treatment. See sections 4.4 and 4.5 of this Guide.
- ▶ Cover for Maternity is outlined under Section 4.3 on the following page.
- ▶ MPF does not cover the surcharge for hospital beds and services arising out of road traffic accidents.
- ▶ When claiming benefits the Trustees may require that you furnish such medical certificates or reports or such other information as they shall request. This can include referral to a Medical Adviser.
- ▶ Cover for radiotherapy cancer treatment is normally provided on an out-patient basis, unless pre-certified by a consultant for other than geographical reasons.
- ▶ Intensity-Modulated Radiation Therapy (IMRT), Intense Guided Radio Therapy (IGRT) & Brachytherapy. These are advanced radiation treatments. 100% cover applies for such treatment if you are a member of the MPF Premium Plus Scheme. For Premium Scheme 100% cover applies in Public Hospitals and 90% elsewhere.

	Normal Birth	Caesarean Birth
Gynaecologist (Intro Scheme)	Up to €300	Up to €300
Gynaecologist (Premium Scheme)	Up to €800	Up to €800
Gynaecologist (Premium Plus Scheme)	Up to €1000	Up to €1000
Pathology, Paediatrician, Radiology	Participating Rates	Participating Rates
Anaesthetist	N/A	Participating Rates
Epidural	Participating Rates	Participating Rates

4.3 MATERNITY BENEFIT

Hospital Maintenance

- ▶ *MPF Intro* - Full semi-private cover in public hospitals up to three nights.
- ▶ *Premium Scheme* - Full semi-private cover in regional/general hospitals.
- ▶ *Premium Plus Scheme* - Full cover (private or semi-private) applies for all regional/general public hospitals.

Benefits towards maternity charges are paid where the mother has been insured with MPF for more than 52 weeks. Please note that a limit of four days' stay applies for normal births and that nursery fees and other charges, unless listed above, are excluded from cover.

Pregnancy Complications

- ▶ *Pre-Natal*: Treated as a standard hospital claim.
- ▶ *Post-Natal*: Where confinement in hospital is in excess of four days after the birth, payment for the extra days will only be considered if medical certification is provided.
- ▶ *Infants*: Newborn babies are covered immediately,

provided they are insured within 13 weeks of date of birth. It is the responsibility of the member to register the baby with MPF.

- ▶ *Home Births*: MPF will pay a grant towards the cost of home births. The amounts payable are:
 - ▶ **MPF Intro**: €400
 - ▶ **MPF Premium**: €800
 - ▶ **MPF Premium Plus**: €1,200.

Please note that tax relief is claimable on maternity costs not covered by MPF. Your Tax Office will provide details.

Need more information about MPF's Maternity Benefits? Please email mpf@esb.ie





4.4 PSYCHIATRIC CARE

(Contracted Treatment Centres only)

First period of in-patient hospitalisation in any 12-month period (from first date of admission) is covered in full to a maximum of 45 days. Additional periods of hospitalisation within the same 12-month period subject to an overall maximum of 100 days are covered as follows:

- ▶ **MPF Intro:** 70% of hospital charges.
- ▶ **MPF Premium:** 70% of hospital charges.
- ▶ **MPF Premium Plus:** 80% of hospital charges.

Cover is not provided for senile dementia, Alzheimer's or geriatric conditions. Psychiatric treatment is not covered in Mater Private/Beacon Hospitals or Blackrock/Galway Clinics. Please contact MPF office for names of contracted hospitals/centres.

4.5 SUBSTANCE ABUSE

(Contracted Treatment Centres only)

Substance abuse is covered as follows:

Full cover applies for the first period of hospitalisation to a

maximum of 28 days from first date of admission (including initial detoxification). Overall cover is subject to a cumulative maximum period of 90 days in a 5-year period. This 5-year period starts from the date of the first admission. Further admissions within that 5 years will be 80% covered in the Premium Plus Scheme and 70% covered in the Intro and Premium Schemes. Once this limit is reached, no payment will be considered for any in-patient treatment until 5 years after that date. If you abandon a prescribed course of treatment before completion, you will be responsible for costs incurred to that date. Please contact the MPF office for names of contracted hospitals/centres.

4.6 SURGICAL DENTAL TREATMENT

Cover for dental treatment is confined to a small number of surgical dental procedures, e.g. surgical removal of wisdom/impacted teeth. All such treatments must be pre-certified by our Dental Adviser. Cover is a fixed contribution towards Surgeon, Anaesthetist and Hospital Charges, where applicable. Dental x-rays and pre/post consultations are not covered. Cover does not apply to fillings, extractions, cleaning, root canal treatment, crowns, dentures or any other routine treatment.



Out-Patient Treatment

Definition

Out-Patient:

Treatment which does not involve in-patient or day care procedures, and includes consultations with complementary and alternative medicines.

5 OUT-PATIENT TREATMENT

5.1 FEES FOR OUTPATIENT CONSULTATIONS

If you attend a Consultant as an outpatient, you should pay the consultation fee directly and then submit the claim, with receipts to MPF. The benefits are:

- ▶ **MPF Intro:** 50% of fee up to a max €50 per visit to a max of 7 visits a year
- ▶ **MPF Premium:** 60% of fee up to a max €55 per visit to a max of 7 visits a year
- ▶ **MPF Premium Plus:** 70% of fee up to a max of €70 per visit to a max of 10 visits a year.

- ▶ Specialist G.P.s or other practitioners, who are specialising in different fields of medicine but are not registered with the Irish Medical Council, are not covered under this claim. In such cases cover is provided as part of the annual outpatient claim - see section 6.1
- ▶ GP referral will be required in respect of the initial treatment of psychiatric and addictive substance abuse conditions.
- ▶ For Eye Specialist consultations, cover relates to diseases of the eye but not to sight testing.
- ▶ Cover is not provided for consultation fees charged by Emergency Departments in Private Hospitals.
- ▶ Only original receipts containing details of the patient's full name, address and date of visit are acceptable.

Please note in all of the circumstances referred to above, cover for ongoing, repeat consultations will only be payable, if specially approved by the Trustees.

5.2 SCANS

MRI/CT

GP or Consultant referral required for single scan. If a GP requests multiple scans, the reason for doing so must be outlined on the referral note submitted with each claim. The following general arrangements apply:

1. A number of hospitals and specialist institutions have preferred provider status with MPF and this allows for direct billing. Please see Section 11 of this Guide for details.
2. If you attend elsewhere you must pay directly and make a subsequent claim from MPF. The benefit payable is:
 - ▶ **MPF Intro:** 50% to max of €100
 - ▶ **MPF Premium:** 70% to max of €130
 - ▶ **MPF Premium Plus:** 90% to max of €170.

Dexa Screening

For DEXA Screening (Bone Density Scans) the benefit is:

- ▶ 100% of cost subject to a max of €30 for the Intro Scheme
- ▶ 100% of cost subject to a max of €50 for the Premium Scheme
- ▶ 100% of cost subject to a max of €90 for Premium Plus Scheme.

Pet Scanning

PET scanning (Positron Emission Tomography) for Oncology, Cardiology and Neurology is covered subject to completion of a payment pre-certification form by the consultant. Cover with agreed providers is confined to one scan per diagnosis, whether on an in-patient or out-patient basis. 100% cover applies if you are a

member of the Premium Plus Scheme and 80% for the Intro and Premium Scheme.

Cardiac MRI/CT

Cover applies (with consultant referral only) with approved providers.

- ▶ **MPF Intro:** Full cover up to max of €200.
- ▶ **MPF Premium:** Full cover up to a max of €400
- ▶ **MPF Premium Plus:** Full cover up to a max of €600

Please check with the MPF Office in advance of making arrangements.

5.3 OTHER OUT-PATIENT SERVICES

This section refers to all blood tests, x-rays and other non-procedure tests performed in the Republic of Ireland.

These services, which may be provided either in a hospital or GP surgery, may be claimed on an ongoing basis. You must pay direct and reclaim from MPF. Cover is as follows:

- ▶ **MPF Intro:** 50% of cost increasing to 55% if carried out in a GP surgery
- ▶ **MPF Premium:** 70% of cost increasing to 75% if carried out in a GP surgery
- ▶ **MPF Premium Plus:** 90% of the cost increasing to 95% where carried out in a GP surgery.

5.4 MINOR SURGERY

Please note that where minor surgery is carried out by a GP, the procedure and its code must be stated on the Invoice/Receipt. Payment will be directly in line with participating rates.

5.5 PHYSIOTHERAPISTS

(Chartered only)

Benefit:

- ▶ **MPF Intro:** Up to €20 per visit to a max of 8 visits a year
- ▶ **MPF Premium:** Up to €20 per visit to a max of 10 visits a year
- ▶ **MPF Premium Plus:** Up to €25 per visit to a max of 12 visits a year

- ▶ It is not intended for ongoing treatment of a repetitive nature such as pain relief, arthritis etc.
- ▶ Any similar treatment carried out by other than a chartered physiotherapist is not covered.
- ▶ For physical therapy, please see alternative medicine (Section 6.4).

5.6 ONCOTYPE TEST FOR BREAST CANCER

- ▶ **MPF Intro:** No cover
- ▶ **MPF Premium:** 75% of cost to a max of €2,300
- ▶ **MPF Premium Plus:** 90% of cost to a max of €2,700.

5.7 CYBERKNIFE

This is a non-invasive treatment for people suffering from cancerous/non-cancerous tumours and other medical conditions.

Cover is:

- ▶ **MPF Intro:** No cover
- ▶ **MPF Premium:** 95% of cost
- ▶ **MPF Premium Plus:** 100% of cost.

6 ANNUAL OUT-PATIENT CLAIM (BASED ON CALENDAR YEAR)

This annual out-patient claim covers GP Fees, Prescribed Pharmacy Costs, Public Hospital A&E/Private Hospital and Clinic Emergency Room Charges, Alternative Medical treatments, Psychologists and certain other Practitioners' fees.

The overall limits covering this claim are:

Family

70% of costs in excess of €360 (allowable benefits) to a maximum payment of €675 per fund year.

Sole Member

70% of costs in excess of €280 (allowable benefits) to a maximum payment of €420 per fund year.

Allowable benefits are the amounts allowed in calculating your claim. The individual allowable amounts are stated under each of the expense headings from 6.1 to 6.6 below.

6.1 GENERAL PRACTITIONER CHARGES

(Part of Annual Claim)

Subject to the overall limits outlined in 6 above, GP fees are claimable as follows:

- ▶ **MPF Intro:** €25 per visit to a max of 4 visits
- ▶ **MPF Premium:** €30 a visit to a maximum of 10 visits
- ▶ **MPF Premium Plus:** €40 a visit to a maximum of 12 visits

This covers any consultation, examination, testing or treatment other than minor surgery. Only original receipts containing details of the patient's name and date of visit are acceptable.

6.2 PRESCRIBED DRUG COSTS

(Part of Annual Claim)

Subject to the overall limits outlined in 6 above, drugs obtained on prescription and having an Irish State registered drugs code are claimable to a maximum of €60 in respect of any calendar month. No drugs cover for MPF Intro.

6.3 OUTPATIENT (A&E) HOSPITAL CHARGE

(Part of Annual Claim)

Benefit:

- ▶ **MPF Intro:** Up to €50 per episode
- ▶ **MPF Premium:** Up to €50 per episode
- ▶ **MPF Premium Plus:** Up to €65 per episode

Public Hospitals

This benefit is in respect of the statutory charge, which is payable for out-patient visits to public hospitals. Only one fee is chargeable for treatment of the condition, even if you are required to return to the A&E Department.

Private Hospitals

Some private hospitals have opened Emergency Departments. The above benefit will also apply for the initial visit. These institutions levy other charges such as x-rays, blood tests, etc, and also charge for return visits/consultations. These extra charges are not covered. In this regard, please also see Section 4.1. Please be aware that you may incur major expense in attending an Emergency Department in

a private hospital as compared to a public hospital A&E.

6.4 ALTERNATIVE MEDICINE

(Part of Annual Claim)

Acupuncture, Osteopathy, Chiropractic and Physical Therapy.

Subject to the overall limits outlined in section 6 above, the following cover is allowable for the above mentioned alternative treatments:

- ▶ **MPF Intro:** €15 per visit to a max of 10 combined visits
- ▶ **MPF Premium:** €15 per visit to a max of 18 combined visits
- ▶ **MPF Premium Plus:** €20 per visit to a max of 18 combined visits.

Only alternative practitioners registered as full members of the following Irish Organisations are covered for benefit:

- ▶ **Acupuncture:** A.C.M.O. and The Acupuncture Foundation
- ▶ **Chiropractic:** Chiropractic Association of Ireland
- ▶ **Osteopathy:** Irish Osteopathic Association
- ▶ **Physical Therapy:** Irish Association of Physical Therapists

6.5 CLINICAL PSYCHOLOGISTS (REGISTERED)

(Part of Annual Claim)

Benefit:

- ▶ **MPF Intro:** €25 per visit to a max 8 visits a year
- ▶ **MPF Premium:** €35 per visit to a max of 10 visits a year
- ▶ **MPF Premium Plus:** €40 per visit to a max of 12 visits a year

Cover is subject to GP referral. Psychological assessments/tests for educational purposes are excluded.

6.6 OTHER PRACTITIONERS

(Part of Annual Claim)

Benefit:

- ▶ **MPF Intro:** €15 per visit
- ▶ **MPF Premium:** €20 per visit
- ▶ **MPF Premium Plus:** €25 per visit

- ▶ Outpatient Dietician Fees, where consultant referral applies
- ▶ Audiology Tests
- ▶ Orthoptist Fees

Please retain receipts in respect of fees and charges referred to under 6.1 to 6.6 above and submit with your overall claim in January. Only original receipts with name and date of treatment are acceptable.

7 OTHER BENEFITS

7.1 POST-OPERATIVE CONVALESCENCE IN A STATE REGISTERED NURSING HOME

MPF makes a contribution to post-operative convalescence, which immediately follows major surgery and where the need is medically certified by the attending consultant. This benefit is:

- ▶ **MPF Intro:** No cover
- ▶ **MPF Premium:** Up to €70 a day for a maximum of 12 days
- ▶ **MPF Premium Plus:** Up to €100 a day for a maximum of 14 days

It is your responsibility to pay the Nursing Home and then submit receipts to claim benefit.

7.2 FERTILITY TESTING

Fees for tests are covered once.

MPF Premium Plus: 90%

MPF Premium: 70%

MPF Intro: No cover

7.3 PARENT ACCOMPANYING A CHILD UNDER TWELVE YEARS OF AGE

To a maximum of €300 in any fund year for MPF Premium Plus and to a maximum of €250 for MPF Premium. No cover in MPF Intro.

7.4 SPEECH THERAPY

- ▶ **MPF Intro:** Up to €20 per visit for a maximum of 12 visits.
- ▶ **MPF Premium:** Up to €30 per visit for a maximum of 12 visits
- ▶ **MPF Premium Plus:** Up to €40 per visit for a maximum of 12 visits.

Subject to Doctor's Certification. Covered only in the case of stroke or accident for a period of no more than one year from commencement of therapy.

7.5 AMBULANCE COSTS

Ambulance costs will be covered in the following circumstances only:

- ▶ Where a hospital consultant certifies that it is medically necessary because the member is seriously ill or disabled and where the ambulance is used to transfer a member between hospitals. The transfer to a Nursing Home is only covered if the convalescence care has been pre-approved by MPF as outlined in Section 7.1 of the Guide. Cover is not provided for transfers to/from Emergency Department in Private Hospitals.

7.6 MEDICAL AND SURGICAL APPLIANCES

A claim for any such appliance must be supported by a doctor's certificate indicating the medical condition involved and the necessity for the appliance.

Ostomy goods ▶ **Premium Plus:** 80% to maximum of

€1,100 per year

Hearing Aid ▶ **Premium Plus:** Maximum of €400 per aid (Cost of replacement aid can only be claimed after a period of 4 years has elapsed.)

Nebulizer ▶ **Premium Plus:** Full cover to a maximum of €140

Hairpiece/Wig ▶ **Premium Plus:** €500 maximum for 1st wig, €400 maximum for 2nd wig. (For cancer patients only.)

▶ **MPF Premium:** €400 maximum for 1st wig, €250 maximum for 2nd wig. (For cancer patients only.)

7.7 OPHTHALMIC TREATMENT / PROCEDURES

- ▶ Surgical procedures and treatment for eye diseases are covered, including use of laser technology for correction of cataracts, corneal scars and corneal astigmatism following trauma.
- ▶ Routine sight testing and the supply of spectacles or contact lenses are not covered.
- ▶ Benefit is not payable for laser treatment/procedures to correct short-sight, long-sight or astigmatism - conditions normally corrected by wearing spectacles or contact lenses.

7.8 TCP HOME CARE SERVICE

TCP HomeCare is a Nurse Led Home IV Infusion Service, including Wound Management in certain pre-agreed geographies within the Republic of Ireland.

Nurse Advisors visit the patient in their home, administer their prescribed antibiotic and / or provide wound management services where a patient has been initiated on Negative Wound Pressure Therapy (NWPT).

This allows suitable patients to be treated in their own homes rather than remaining in Hospital.

These Services are provided to all Hospitals both Public & Private in the Greater Dublin Region, Galway / Roscommon Region and in the North East (Drogheda, Dundalk, and Cavan & Monaghan) by TCP Homecare.

Who is covered for Home Treatment?

ESB Medical Provident Fund members insured under the following Plans will be fully covered for the service, subject to the terms and conditions of their insurance as detailed in the Schedule of Benefits and Terms and Conditions applicable to their Plan:

- ▶ **MPF Intro**
- ▶ **MPF Premium**
- ▶ **MPF Premium Plus**

8 THIRD PARTY MEDICAL EXPENSES

Medical expenses recoverable from a third party

8.1 THIRD PARTY ACCIDENTS AND OCCUPATIONAL INJURIES

If you claim benefits for treatment, which arises because of injury through the fault of some other person, you must complete the Injury Section on the Claim form for every claim related to that injury. MPF will pay the treatment costs as an "advance" strictly on the basis that you:

- ▶ Complete a written undertaking (indemnity) to include the amounts so advanced in any claim being made against the party who caused the injury and to repay to MPF the amount recovered in respect of such payments advanced by MPF and
- ▶ Advise the MPF Office on the progress and outcome of the claim. You are responsible for ensuring that repayment is made promptly to MPF when the claim is settled.

8.2 BENEFITS CLAIMABLE FROM OTHER SOURCES

If you or any associate member are entitled to claim benefits from an alternate source such as under another insurance policy, this should be done at the outset. An example would be injury insurance provided by sporting bodies. If full cover is not provided, a subsequent claim for any outstanding amounts can be submitted to MPF. Details of other insurances should be declared to MPF.

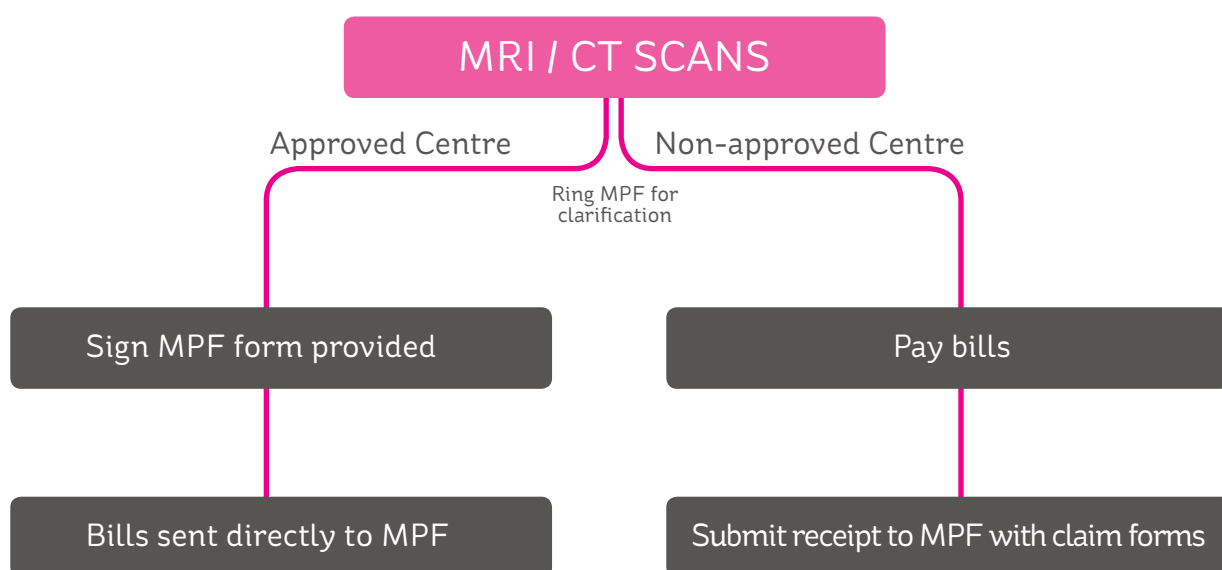
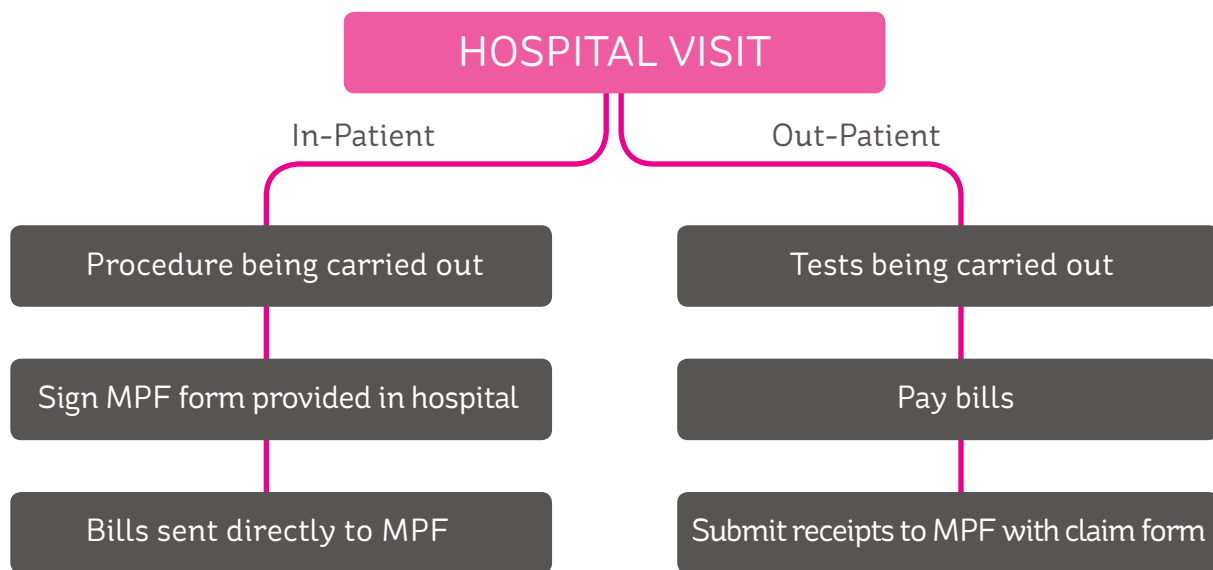
9 Treatment outside Republic of Ireland

- ▶ MPF benefits are designed to cover treatment within the State. The cost of medical treatment outside the Republic can be substantially higher than MPF benefit. Members are advised to take out adequate travel insurance before going abroad. If you are travelling within the EU, you should get an EHIC card from your local Health Board.
- ▶ Treatment received for an unexpected illness or injury during a temporary stay abroad may be covered in line with charges for corresponding treatment received within the State, subject to special approval of the Trustees. Any benefit considered will be reduced by amounts recoverable from other insurers.
- ▶ Cover will not be provided if a member opts to travel abroad for treatment. In exceptional cases a contribution may be made towards treatment abroad where it is medically certified by a consultant that the treatment is not available in the State. All such cases must be cleared with MPF before the treatment commences.
- ▶ All benefits for treatment abroad will be paid in euro only.



10 MPF MEMBER TOOLS

Decision Trees



10 MPF MEMBER TOOLS

Annual Claim Sample Calculation

In the calculation of the claim please note it is the allowable costs (listed below) that are used and not what is actually paid.

	MPF Intro	MPF Premium	MPF Premium Plus
GP Fees	€25 x 4 visits per person	€30 x 10 visits per person	€40 x 12 visits per person
Prescribed Pharmacy	No cover	Max €60 per month	Max €60 per month
Accident & Emergency	€50 per episode	€50 per visit	€65 per visit
Alternative Medicine*	€15 x 10 visits per person	€15 x 18 visits per person	€20 x 18 visits per person
All Others**	Please consult MPF Guide		
Family Excess	€360		
Sole Member Excess	€280		

Sample calculation for family claim, all on MPF Premium cover

GP costs	8 visits x €30	€240.00
Prescribed Pharmacy	6 months x €60	€360.00
A & E Charges	2 visits x €50	€100.00
Acupuncture	5 visits x €15	€75.00
Total Cost		€775.00
Less family excess		€360.00
		€415.00
Net payment x 70%		€290.50

Sample calculation for sole member, on MPF Premium Plus cover

GP costs	7 visits x €40.00	€280.00
Prescribed Pharmacy	8 months x €60.00	€480.00
Total Cost		€760.00
Less single excess		€280.00
		€480.00
Net payment x 70%		€336.00

*Alternative Medicine includes Acupuncture, Chiropractor, Osteopath & Physical Therapy

**All Others include Clinical Psychology, Dietician Fees, Audiology and Orthoptist Fees



11 MPF DIRECTORY OF APPROVED OUTPATIENT SCAN PROVIDERS

The following are the recommended independent centres:

Alliance Medical MRI Centre at
Barrington's Hospital, Limerick 061-490590

Alliance Medical MRI Centre at
Bon Secours Hospital, Tralee 066-7164500

Alliance Medical MRI Centre at
Clane General Hospital 045-989750

Alliance Medical Merlin Park,
Galway 091-761850

Alliance Medical MRI Centre at
Lourdes Hospital, Drogheda 041-9805700

Alliance Medical MRI Centre at
Portiuncula Hospital, Ballinasloe 0909-624653

Alliance Medical MRI Centre at South Tipperary
General Hospital Clonmel 052-6188243

Alliance Medical MRI Centre at Midland Regional
Hospital Tullamore 057-9358337

20:20 Imaging at
Mercy Hospital, Cork 021-4935004

Charter Medical Diagnostic Imaging,
Smithfield, Dublin 01-6579001

Affidea Dundrum, Dublin 01-2135959

Affidea Cork - The Elysian, Eglinton Street,
Cork 021-4319995

Affidea Northwood Imaging,
Santry, Dublin 01-8627333

Affidea at
Sligo General Hospital 071-9136868

Scancor Ltd. at
Cork University Hospital 021-4341155

Southscan MRI at South Infirmary Hospital,
Cork 021-4322632

Affidea Vista Naas, Naas,
Co Kildare 045-881184

Limerick Clinic, Raheen,
Limerick 091-785590

Affidea Dublin City, The Meath Primary Care Centre
01-6678888

Affidea Letterkenny, Scally Place, Justice Walsh Rd,
Letterkenny 074-9188456

MPF also has contracts for full cover with certain hospitals. Please check with MPF Office in advance of attending for a scan. Additions/changes may be made to this list. If in doubt, please check with the MPF Office in Limerick. Please see Section 5.2 of this Guide for rules re scan cover.



12 PAYMENT OF CLAIMS

12.1 PAYMENT OF CLAIMS

The procedures to follow in making the different types of claim are set out below. Please note that MPF has a direct pay arrangement in place with most hospitals, which means we pay the relevant hospital charges including in-patient consultant fees direct to the hospital and service providers. This may require you to sign a claim form on admission which will be forwarded directly to the MPF Office by the hospital. In cases where the bills are given directly to you, please remember to:

- ▶ Enter your Name, Staff No., Membership type, Nature of Illness and Signature on each claim. If the claim arises from an accident the relevant section of the form must also be completed.
- ▶ Check the facts re dates, treatment etc. and if correct, submit the claim to MPF. Please do so promptly, as some hospitals tend to issue reminders and final notices as a matter of routine. (Even where direct billing and payment exists, you are entitled to ask for a copy of any bills you wish to see for your own records.) Please do not write on receipts or invoices or alter them in any way.



Please note that claims cannot be accepted later than two years after treatment date.

12.2 GUIDE TO MAKING A CLAIM

Claim type	Procedure to follow	MPF Action
In-Patient Services (See Section 4)	<ul style="list-style-type: none"> ▶ Use "Hospital Claim Form" ▶ Submit all bills unpaid 	Direct Payment
Out-Patient Consultant Fees (See Section 5.1)	<ul style="list-style-type: none"> ▶ Use "Benefit Claim Form" ▶ Member pays consultant ▶ Submit receipts 	Refund to Member
Out-Patient Scans (See Section 5.2)	<ul style="list-style-type: none"> ▶ Use "Benefit Claim Form" or "Hospital Claim Form" ▶ Submit invoice or receipt as appropriate 	Direct Payment to Contracted Providers OR Refund to Member
Out-Patient Services (Sections 5.3, 5.4 & 5.5)	<ul style="list-style-type: none"> ▶ Use "Benefit Claim Form" ▶ Submit receipt for costs 	Direct Payment to Contracted Providers OR Refund to Member
In-Patient Maternity Benefit (See Section 4.3)	<ul style="list-style-type: none"> ▶ Use "Hospital Claim Form" ▶ Submit all bills unpaid 	Direct Payment
GP Fees/Prescribed Drugs/Hospital A&E charge / Psychologists / etc (See Section 6)	<ul style="list-style-type: none"> ▶ Use "Annual Claim Form" ▶ Submit receipts after 1 January for preceding calendar year 	Refund to Member

- ▶ Separate form should be used for each individual for whom you are making a claim in all cases except for the annual claim.
- ▶ Please check the accounts you get from hospitals or other providers.
- ▶ Complete and sign the claim form and attach accounts.
- ▶ If you require assistance making a claim please contact the MPF office.

13 GLOSSARY OF TERMS

Allowable amount/expenses

Usually you can only claim for a portion of the cost of the visit to your practitioner. For example, a GP's visit may cost €55 but you may only be allowed to claim €20. The €20 is the allowable amount/expenses.

Benefit

What you may claim for under your policy.

Certain orthopaedic and ophthalmic procedures

Hip, knee and shoulder replacement surgery, and cataract (eye) surgery respectively.

Day-to-day benefits

Benefits which cover medical expenses, which involve seeing a doctor/specialist in their own rooms or practice e.g. physiotherapy, GP visits or osteopathy.

Excess

This is the first part of any insurance claim that you have to pay yourself.

Exclusions

These are conditions or treatments for which you are not covered under your health insurance plan.

Hi-tech hospital

The Blackrock Clinic, the Mater Private, the Galway Clinic and the Beacon Clinic are considered hi-tech hospitals.

In-patient

Treatment received during an in-patient stay in hospital, e.g. side-room, daycase or overnight.

Lifetime Cover

It guarantees you the right to renew your policy irrespective of your risk status, age, sex or claims history.

Out-patient

Treatment which does not involve in-patient treatment or day care procedures, and includes consultations with complementary and alternative medicine practitioners.

Policy limit

This is the maximum amount you can claim on your policy for out-patient benefits.

Pre-existing condition

Any disease, illness or injury which started before you took out the health insurance contract. You do not have to have presented any symptoms, been diagnosed or have been

aware of the presence of this condition prior to taking out insurance for the condition to be classified as pre-existing.

Premium

This is the amount you pay per year for your health insurance policy.

Private room

A private room will contain a single bed.

Semi-private room

A semi-private room will contain up to 5 beds.

Tax relief

Tax Relief is an amount that can be claimed against your health insurance premium to reduce the cost of the premium. In the case of health insurance, this is carried out at source by the insurer, so the premium quoted will be inclusive of any tax reliefs available.

Waiting periods

A waiting period is the amount of time that must pass from the start date of a health insurance policy before full cover is available.





Thank You



mpf⁺

Our Expertise for Your Care