

# 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. Issued date 01-01-2025

### 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

#### 2) Hospital Cover - Private Hospitals

- ✓ Day-case / Out-patient surgical: Full cover, no excess
- ✓ Semi-private: Full cover
- ✓ Participating Consultant's Fees: Full cover - over 2,500 Consultants
- ✓ Specified Orthopaedic & Ophthalmic Procedures: No excess or shortfall applies

#### 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
- ✓ Full cover for specialist cardiac procedure in ALL Hi-tech hospitals - no excess
- ✓ Full cover for specialist oncology - no excess
- ✓ Medical costs of in-patient 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 and Hope House

#### 5) Accident & Emergency and Urgent Care

- ✓ Public A&E: Up to €70 per visit
- ✓ Urgent Care & Minor Injury Clinics: Up to €300 per visit
- ✓ Emergency Departments in Private Hospitals: Up to €300 per visit
- ✓ Consultant only fee incurred in Private Hospital A&E - 50% refund to a max of €150

#### 6) POMAS Direct Payment for Walk-In Minor Injury Clinics

##### Locations

- ✓ **Cork:** The Elysian, Eglinton Street
  - ✓ **Dublin:** Unit D1, Tallaght Cross East, Dublin 24
  - ✓ **Dublin:** Building 1, Swift Square, Northwood Business Park, Santry
  - ✓ **Donegal:** Letterkenny,
- ##### Key Details
- ✓ Open 10am – 8pm, 7 days a week, no appointment necessary
  - ✓ Branded as Irish Life Express Care Clinics but POMAS members have free access

- ✓ POMAS covers consultation costs for you and insured family members
- ✓ Diagnostic tests (MRI, CT, X-ray) on the same day are also covered.
- ✓ Where applicable, members will need to pay the following expenses but can submit them on the regular form for a refund):

**Stitches:** €65

**Cast:** €65

**Crutches:** €40

**Boot immobiliser:** €70

## 7) Convalescence

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

## 8) Cancer Care Benefits—Outpatient Treatment

- ✓ Breast prosthesis and hairpiece (following cancer treatment): 75% of cost to a max of €400 each
- ✓ Manual lymph drainage: Up to €500 per year
- ✓ Eyebrow tattooing (following cancer treatment): Full refund up to €300 per 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

## 9) Maternity Benefits

- ✓ Maternity in-patient hospital delivery: Full cover for 3 nights in a hospital
- ✓ Maternity out-patient consultations: Up to €1,500
- ✓ Caesarean Section: up to 5 nights in-patient and in-patient surgical fees paid in addition to outpatient consultation fees up to €1,500

## 10) Child Healthcare Benefits

- ✓ Orthodontic Treatment (to 18 years of age): Up to €1,500 (max €750 per year over 2 years)
- ✓ Speech Therapy – Up to €750 per year 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 year per family
- ✓ Cognitive Behavioural Therapy / Counselling: €50 per visit to a max of €500 per year per family
- ✓ Orthotics (Up to age 18): 75% of the cost to a max of €300 per year
- ✓ Optical Benefit every 12 months (up to age 18): 90% of the cost up to €120
- ✓ Baby Massage – €25 per session for up to 6 sessions
- ✓ **Unique to POMAS Children on the plan – pay the child rate ONLY up to the age of 21**

## 11) Fertility Benefit

- ✓ Fertility Treatment: Up to €2,000 payable for first round of fertility treatment and up to €1,500 for second round (fertility benefit not available in year 1 of membership unless transferring from another insurer)
- ✓ Fertility Preservation: €1,000 per lifetime for egg freezing or €150 per lifetime for sperm freezing at approved centres
- ✓ Fertility Tests: up to €160
- ✓ Full benefit available when member and partner are insured adults on the plan. 50% of benefit applicable to one insured adult member.

## 12) Health Screening

- ✓ Up to €300 refund of costs for various tests in cardiovascular centres in private facilities. Payable as an outpatient benefit.
- ✓ Cancer screening diagnostic tests in approved centres
- ✓ Direct settlement in approved facilities for the following scans – MRI, CT, PET CT, DEXA, Mammogram, Ultra-sound, X-ray, Cardiac MRI, Cardiac CT – full list of centres on POMAS website
- ✓ Should you choose to have the scan at a centre other than on the approved list, the following benefits apply:
  - X-Ray:** 90% of the cost to a maximum of €60
  - Ultra-sound:** 90% of the cost to a maximum of €90
  - Dexa Scan:** 90% of the cost to a maximum of €75
  - MRI/CT Scan:** 90% of the cost to a maximum of €200
  - ECCG:** 90% of the cost to a maximum of €60
  - Echo:** 90% of the cost to a maximum of €215
  - Stress Test:** 75% of the cost to a maximum of €160
  - Holter Monitor:** 90% rebate applies to a cap on usage from 1 to 3 days €140
  - Mammogram:** 90% of the cost to a maximum of €140

## 13) Everyday Medical Expenses

- ✓ Drugs / Prescribed Items: Up to €50 per family / per month
- ✓ GP Visits: €40 per consultation up to a max of 25 visits per family / per year
- ✓ 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% refund per visit to a max of €150, no limit on number of visits
- ✓ Hospital A&E charges: €70 public; €300 private
- ✓ Adult Counselling / Psychologists: €50 per visit per family to a max of €500 per year
- ✓ Dietician: 50% of costs up to 4 visits per year
- ✓ Chiropody / Podiatry: €15 per visit
- ✓ Hearing Tests: 90% of costs to a max of €25
- ✓ Hearing Aids (left or right ear): €200 per hearing aid every 5 years
- ✓ Optical / Sight Test: €15 per visit every 24 months
- ✓ Glasses / Contact Lenses: 90% of cost to a max of €120 every 24 months
- ✓ Hormone Replacement Therapy for Gender Dysphoria: 50% of costs up to €300 per lifetime
- ✓ Blood Tests: Up to €20 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, Osteopaths, Reflexology & Acupuncture: €30 per treatment to a maximum of €500 per family per year
- ✓ Hairpiece (medically confirmed Alopecia): 75% of cost to a max of €400

## 14) Dental

- ✓ Scaling & Polishing / Deep Cleaning: €25 per sitting up to two treatments per person per annum
- ✓ Fillings: €35 per tooth
- ✓ Root Canal: €100 per tooth
- ✓ Crowns: €200 per tooth to a max of 3 per year
- ✓ Fissure Sealants: €20 per tooth
- ✓ Extractions: €40 per tooth
- ✓ Dental X-ray: €25 per x-ray
- ✓ Dental Sedation: €60 per sitting

## 15) Dentures

- ✓ Full upper or lower dentures: up to 90% of cost to a max of €225
- ✓ Full upper & lower dentures: up to 90% of cost to a max of €450
- ✓ Acrylic partial: up to 90% of cost to a max of €100
- ✓ Chrome cobalt partial: up to 90% of cost to a max of €100
- ✓ Relining / rebasing: up to 90% of cost to a max of €50
- ✓ Repairing: up to 90% of cost to a max of €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
- ✓ You are obliged to report any other accident/incident (sporting, road traffic accident) that you are receiving treatment for and may in the future seek compensation. Disclosure on all claim forms related to it are necessary.



## 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@pomas.ie](mailto:info@pomas.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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