

Laya Connect Choice	Laya Flex 500 Explore	Laya Flex 250 Explore	Laya Flex 175 Explore	Laya Flex 125 Explore
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Cost per Adult	1100	630	804	899	1130
Public Hospital Private Room	Yes	Yes	Yes	Yes	Yes

Day Case Public Hospital	Yes	Yes	Yes	Yes	Yes
Day Case Private Hospital -Excess per Claim	125	500	250	75	125

Private Hospital Semi Private Room

Excess per Claim €	125	500	250	175	125
Orthopaedic Cover	100%	100%	100%	100%	100%

Private Hospital Private Room

Excess per Claim €	125	500	250	175	125
Excess per night €	165	100	100	100	100
Orthopaedic Cover	100%	100%	100%	100%	100%

Blackrock/Mater Private Cardiac Cover	100%	100%	100%	100%	100%
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Blackrock/Mater Private Special Procedures

Excess per Claim €	125	500	250	175	125
Excess per night €	175	200	200	200	200

Outpatient Individual Annual Excess €	€1	150	150	150	150
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Outpatient Radiology Cover

Private Hospitals	100%	100%	100%	100%	100%
Public Hospitals	100%	100%	100%	100%	100%

VHI PMI 36 13	VHI Company Plan Starter
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1175	775
Yes	Yes

Yes	Yes
75	No cover

	No cover
75	
80%	

Semi Rate	No cover
75	
Semi Rate	
80%	

€75 Excess	No cover
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	No cover
75	
Nil	

€1	25
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100%	66%
100%	100%