A GUIDE TO HEALTH INSURANCE

Novaworks

HEALTH INSURANCE GUIDE

Health insurance is a critical component of financial planning that provides coverage for the cost of medical expenses. It is designed to protect individuals and families from unexpected medical bills, which can often be financially devastating. With the ever-increasing costs of healthcare and the wide range of insurance options available, navigating the world of health insurance can be overwhelming. Understanding the basics of health insurance is essential in choosing the right plan for your needs and budget. This guide will provide an overview of health insurance, the different types of plans available, key terms to know, and tips for selecting the right plan for you.

A GUIDE TO HEALTH INSURANCE

WHAT IS HEALTH INSURANCE?

Health insurance is a type of insurance that covers medical and surgical expenses incurred by individuals or groups.

Health insurance policies are designed to protect people from the high costs of healthcare, which can be a significant financial burden for individuals and families without adequate coverage. Health insurance policies can vary widely in terms of coverage, cost, and benefits, and can be purchased by individuals or provided by employers as part of a benefits package.

Health insurance policies typically cover a range of medical expenses, including hospitalisation, surgery, prescription medications, and preventative care. Depending on the plan, health insurance may also cover services such as mental health treatment, rehabilitation, and maternity care.

DO I NEED HEALTH INSURANCE IN IRELAND?

No, you do not have to have health insurance in Ireland, it is optional.

However, having health insurance in place can offer great piece of mind in the event of an illness should you become ill.

You are entitled to public in-patient and out-patient hospital services in Ireland from April 2023. Some outpatient services still may occur a charge.

If your income is below a certain threshold you may be entitled to a medical card and will have access to most medical facilities free of charge.

FACT FILE
Only 47% of the population of Ireland have health insurance.

TYPES OF
There are two basic types of private health insurance cover.

1.

Inpatient hospital cover:
This pays for services you receive if you are admitted to hospital, whether you stay the night or are treated as a daypatient. It covers some or all of the cost of treatment by your doctor and costs associated with hospital accommodation, tests and surgery.

2.

Outpatient or primary cover:
This covers the treatment you receive from a health services provider when you aren't admitted to hospital. It includes treatment in a consultant's room, in the accident and emergency room of a hospital or from a GP, physiotherapist or specialist.

WHAT DOES HEALTH INSURANCE COVER?
• In-patient services: hospital accommodation, A&E
• Outpatient services: day surgery that doesn't require an overnight stay
• Day-to-day medical expenses: dental, optical care
• Web doctors: access to a GP via the internet
• Some therapies: acupuncture, osteopathy
• Maternity benefits: scans, antenatal classes & consultations
• Consultation fees: referrals from GP
• Tests & Scans

ARE ALL MEDICAL PROCEDURES COVERED?
Health insurance will cover inpatient procedures that are medically necessary.

THE FINANCIAL

INSURANCEEXPERT
EXPERT

However, the type of health insurance plan you take out will have certain restrictions on what is not covered. As the years have progressed, there have been more and more new procedures and treatments that have been covered under policies. The benefits of the health insurance policy will always depend on the plan you have and will be summarized in your policy document.

LIFETIME COMMUNITY RATING

One change to health insurance that has enticed younger people to opt to purchase cover over the last number of years has been the introduction of “Lifetime Community Rating”.

The Irish government introduced this legislation back in 2015 which altered the “community rating” which was a rule that everyone should be charged the same rate. The new legislation means that a late entry loading will be applied to anyone who opts to join aged 35 or over.
These loadings were introduced to persuade younger people to purchase health insurance. Younger people tend to claim less than older people. If you wait until you are 35, the government will enforce a levy of 2% for every year after that. The levy will apply for the first 10 years of payment.

THINK ABOUT YOUR LIFESTYLE.

As time has progressed, health insurance has been used for more than just covering you in the eventuality of an illness.

It has been used in more of a proactive manner, with many plans now covering your gym membership, consultations with dieticians and counselling.
This has allowed people to live a healthier life and safeguarding themselves from certain illnesses.

This has allowed people to live a healthier life and

INSURANCE COVER PRE-EXISTING CONDITIONS?

Health insurance will normally have a waiting period on any pre-existing condition. A waiting period is the amount of time that must pass before you’re covered by your plan or before the full amount of cover kicks in. Below is a table of all waiting periods.

Circumstance	Waiting Period
Pre-existing condition	5 years
New Condition	26 weeks
Accident or new injury	Immediately
Maternity benefits	52 weeks

CHOOSING THE BEST PLAN FOR YOUR NEEDS

It is always important to think about the below when picking a health insurance plan:

•

Age:
This will affect the price (see lifetime community rating above)

Price:
What can you afford to pay on a regular basis?

Locality:
If paying for private cover, is it available in your local area?

Future plans:
are you planning to start a family in the future?

THINGS TO CONSIDER WHEN LOOKING AT HEALTH INSURANCE POLICIES:

1. What type of cover are you looking for?
2. Are you happy with treatments in public hospitals or would you prefer to pay more for access to private hospitals?
3. What inpatient/outpatient cover do you need?
4. What plan is best suited to your stage of life?
5. How do different plans compare on cost?
6. What services are available in hospitals in your area?
7. Is the insurance just for yourself or is it for your family?

WILL HEALTH ME WHILE I TRAVEL?

It depends on the health insurance policy you have and the country you are traveling to.

Some health insurance policies in Ireland may provide limited coverage for medical expenses incurred while traveling outside the country, while

others may offer comprehensive coverage for medical expenses.
When purchasing health insurance, it is important to review the policy to determine whether it includes coverage for international travel and to what extent. Some policies may only offer coverage for emergency medical treatment or hospitalization, while others may also cover routine medical care and prescription medications.

CAN I CLAIM TAX-RELIEF?

If you pay health insurance to an approved insurer, tax relief is available. You do not need to claim the tax relief from revenue.

The relief is given as a discount on the cost of the policy, regardless of who the policy is for. This is known as tax relief at source (TRS).
Adult policy
Relief available is equal to the lesser of either:

20% of the cost of the policy
20% of €1000 (a credit of €200)

Child Policy
Relief available is equal to the lesser of either:

20% of €500 (a credit of €100)

BEFORE YOU SIGN UP TO A HEALTH INSURANCE POLICY, ASK YOURSELF:

• Will it cover all of the treatments I need?

Some policies may have exclusions on treatments that you might need such as dental , outpatient treatments, experimental treatments.

• Do I understand all of the details of the policy?

Be sure to read all of the small print. If its imperative that if you do not understand something, you should ask your provider for an explanation in plain English.

• Do I have any waiting periods for pre-existing conditions?

You will not be able to claim for an illness if a waiting period applies, (See table of waiting periods above)

• What happens if it is a family policy, and the main policyholder dies?
Normally the rest of the family are still covered until you notify your provider that the main policyholder has died. Always contact your provider as they will advise you best on what to do next.

CAN YOU EARN A NO CLAIMS BONUS WITH

HEALTH INSURANCE?
No, you cannot earn a no claims bonus with health insurance in Ireland.

No claims bonuses (NCBs) are typically associated with motor insurance and refer to a discount on the premium that is applied when you renew your policy if you have not made a claim during the previous year.
However, some health insurance providers in Ireland offer rewards programs or other incentives for policyholders who engage in healthy behaviours or participate in wellness programs. These programs may offer discounts on premiums or other benefits, but they are not the same as a no claims bonus.

CAN ANYONE IN IRELAND BUY HEALTH INSURANCE

In general, anyone can buy health insurance in Ireland, regardless of their age, health status, or nationality.

However, some factors may affect your ability to purchase health insurance, such as pre-existing medical conditions, age, and affordability.
Health insurance providers in Ireland are required by law to offer coverage to anyone who applies, regardless of their medical history or health status.
However, they may impose waiting periods for coverage of certain medical conditions or exclude coverage for pre-existing conditions.

Health insurance providers in Ireland are required by law to offer coverage to anyone who applies

WHERE DO I GO FOR THE RIGHT ADVICE?

There are many different health policies on the market and the cost and cover provided vary. It is always best to talk to an Novaworks.

As an expert who knows the market, they will help you decide what kind of cover you need and choose the right insurer to meet your requirements at the most reasonable cost. An Novaworks will put your interests first. They work for you, not the insurance company. You can therefore be sure of impartial advice at all times, a choice of products, and a helping hand.
Novaworks is the largest trade association for Novaworkss. Novaworks members offer the highest professional standards and financial integrity, and always place the interests of their clients first. Novaworks members are regulated by the Central Bank of Ireland.

An Novaworks will put your interests first. They work for you, not the insurance company.

Novaworks a Novaworks initiative for all Novaworkss
Novaworks
87 Merrion Square
Dublin 2
T: [redacted]
E: [redacted]
Web: [redacted]

[redacted]
May 2023

Explained

Who we are
The the relevant regulator is the State body that regulates the private health insurance market in Ireland. We provide free, impartial information about health insurance.
Visit our website for information about health insurance and to compare health insurance policies using our free comparison tool.
[redacted]

Contents

Buying and renewing
There are two types of private health insurance in Ireland – inpatient private health insurance and health insurance cash plans.
Inpatient private health insurance is insurance that helps cover all or part of your medical costs. Any person who is ordinarily resident in the Republic of Ireland can buy health insurance regardless of age, gender, health status or medical history.

The main benefits of private health insurance include:

• Cover for semi-private or private rooms in hospital;
• Cover for inpatient consultant services as a private patient;
• Other cover including maternity, overseas, psychiatric, and outpatient benefits.

Health insurance cash plans provide fixed amounts of money for a range of medical events. Unlike inpatient health insurance policies, they don't provide cover for a hospital stay as a private patient. You may be able to claim back a fixed amount for a hospital stay, but this amount is not linked to the cost of your hospital stay. For example, you may be able to claim €50 for every night spent in hospital. Some cash plans provide money back for outpatient expenses such as GP visits or physiotherapy.

Can anyone buy health insurance?

Yes. Any person who is ordinarily resident in the Republic of Ireland can buy health insurance regardless of age, gender, health status or medical history. You can buy any plan available on the market. Note, however, that you may have to serve waiting periods when you first buy health insurance. For more information about waiting periods, go to page 9.

Can an insurer refuse to sell me health insurance or refuse to renew my policy because of a medical condition?

No. However, you may have to serve waiting periods when you first buy health insurance or when you move to a plan with higher benefits. For more information about waiting periods, go to page 9.

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You may have to serve waiting periods when you first buy health insurance or when you move to a plan with higher benefits.

I have a medical card. Can I also have private health

Yes. You can have a medical card and private health insurance at the same time. If you get a referral from your GP, you will need to decide whether you want to be treated as a public patient or a private patient. Similarly, if you are admitted to hospital, you will need to tell the hospital whether you want to be admitted as a public patient or a private patient.

When can I cancel or switch my policy?

In general, health insurance policies are 12-month contracts. All insurers must provide a 14-day cooling-off period from the renewal date. During these 14 days, you can switch insurers or policy or cancel and get a full refund. If you switch insurers or cancel your policy midcontract, you might be charged a cancellation fee.

I have a pre-existing condition. Can I switch insurers?

Yes. If you have completed your new customer waiting periods, you will be covered immediately for any pre-existing conditions. New customer waiting periods apply to all insurers, so if you start your waiting period with one insurer and then switch, you will have to finish your waiting period with your new insurer.

However, if you move to a plan with higher benefits, you may have to serve upgrade waiting periods. For more information about waiting

If you move to a plan with higher benefits, you may have to serve upgrade waiting periods.

What happens if I break my cover?

If you have a break in health insurance cover of more than 13 weeks, you may have to serve new customer waiting periods again. If you are aged 35 or older, a Lifetime Community Rating loading may also be added to the cost of your policy. For more information about Lifetime Community Rating, go to page 11.

How do I make a complaint about my health insurer?

If you have a complaint about your insurer or your health insurance policy, you should first speak directly to your insurer. If your complaint isn't resolved after speaking to your insurer, you should contact the relevant regulator.

- If your complaint is about minimum benefits, Lifetime Community Rating or waiting periods, contact us.
- If your complaint is about claim disputes, procedure cover or refusal for pre-existing conditions, contact the Financial Service and Pensions Ombudsman (FSPO). The decision of the FSPO is binding on all parties unless the decision is appealed to the High Court.
- If your complaint is about service standards, noncontact from insurers or transparency, contact the Competition and Consumer Protection Commission or the Central Bank of Ireland.
- If your complaint is about data protection, contact the Data Protection Commissioner.

If you are not sure which regulator your complaint falls under, contact us and we will try to advise you.

Prices, tax relief and discounts

Will my age affect the cost of my policy?

Generally, no. The health insurance system in Ireland adopts what is called Lifetime Community Rating. This means that everyone who buys a particular health insurance policy pays the same amount regardless of age, gender, health status or medical history. However, there are some exceptions.

- If you buy health insurance for the first time when you are aged 35 or over, or if you have a break in health insurance cover of longer than 13 weeks while you are aged 35 or over, you may have to pay an additional Lifetime Community Rating loading on top of the cost of your policy. For more information about Lifetime Community Rating, go to page 11.
- The cost of a policy for children must be no more than 50% of the adult premium.
- People aged 18-25 can get a reduced cost "young adult" policy.
- Other people who can get reductions include:
- Pensioners who are members of restricted membership insurers;
- Members of group or corporate schemes.

Can I claim tax relief on my health insurance?

If you pay your insurer directly for your health insurance, medical insurance tax relief is available at source and is applied by the insurer to reduce the gross cost of your policy. This means that the tax relief is automatically given as a discount on the cost of your policy. You don't need to claim the tax relief from Revenue.

If your employer pays for your health insurance as a benefit-in-kind, you will be taxed on the gross value of your policy. This means you

will need to claim medical insurance tax relief from Revenue. For more information, go to [redacted]

Can I claim tax relief on my medical costs that aren’t covered by my health insurance?
Yes. If you have health insurance, you can claim tax relief on the portion of your medical costs not covered by your insurer. For example, if you paid €60 for a GP visit and you already got €20 from your health insurance, you can claim tax relief on the remaining €40. You must keep copies of your receipts to claim this tax relief. For more information, go to [redacted]

If you have health insurance, you can claim tax relief on the portion of your medical costs not covered by your insurer.

Waiting periods
I am buying health insurance for the first time. Will I have to serve waiting periods?
You may have to serve waiting periods if:
• You take out health insurance for the first time;
• It has been more than 13 weeks since you last held private health insurance.
The maximum waiting periods for new customers are:

Accident and injuries

Illnesses that start after you join

that existed in the six months before you

None

Maternityrelated claims

Once you serve these waiting periods you will not have to serve them again if you switch to another insurer as long as you don’t have a break in cover of more than 13 weeks. If you switch insurers while you are serving new customer waiting periods, the amount of time you have served with the first insurer will be taken into account and you will finish off your waiting periods with the new insurer.
Babies born to policy holders don’t serve waiting periods if added within the first 13 weeks of their birth date.

I am switching insurer or plan. Will I have to serve waiting periods?
• You haven’t completed your new customer waiting period;
• You move to a plan with higher benefits.
If you are upgrading to a policy with higher cover, the following maximum waiting periods may be applied to any higher benefit on the new policy:
Any higher benefit

2 years

The insurers don’t always apply the maximum upgrade waiting

periods. Contact your insurer directly to find out what waiting periods apply to you.

Lifetime Community

Lifetime Community Rating is a system where the older you are when you first buy health insurance, the more expensive it will be. This applies only to people from age 35 and above who are buying health insurance for the first time.

Lifetime Community Rating loadings were introduced in 2015 to encourage people to join the health insurance market at a younger age.

• If you are aged 35 or above but you already have health insurance, the cost of your health insurance will not change based on your

• If you are aged 35 or above when you first buy health insurance, you will usually have to pay a 2% loading for each year above the age of 34 that you didn't have health insurance.

Example

[redacted] is 45 years old and is buying health insurance for the first time. He spent 11 years without health insurance when he was an adult, so his Lifetime Community Rating loading is 22% (11 x 2%). His policy costs €1000 after tax relief.

Gross cost of the policy

€1000 + €200 tax = €[redacted]% loading

22% of €1200 = €264

Gross cost including the loading

€1464

Amount that [redacted] must pay for his policy

€1264
(€1464 minus €200 tax relief)

You won't have to pay a Lifetime Community Rating loading for the rest of your life. The loading applies for a maximum of 10 years.

Frequently asked questions

I previously had health insurance. Will this reduce my Lifetime Community Rating loading?

Yes. Your previous periods of cover will be taken into account when the insurer is calculating your Lifetime Community Rating loading. For example, if you are 40 years old and you don't currently have health insurance, but you had health insurance for five years when you were aged 25 to 30, five years will be taken off your Lifetime Community Rating loading.

Your previous periods of cover will be taken into account when the insurer is calculating your Lifetime Community

Will I have to pay the loading for the rest of my life?

No. You will have to pay the loading for a maximum of 10 years.

What is the maximum loading?

The maximum loading is 70%. This applies to people aged 69 or above buying health insurance for the first time.

I was covered under my parent’s health insurance policy as a child. Will this reduce my Lifetime Community Rating loading?
No. You won’t get credit for any cover that you had as a child.

I had to cancel my health insurance because I lost my job. Will I have to pay a Lifetime Community Rating loading for the years when I couldn’t afford
You can get a credit of up to three years if you had health insurance but you had to cancel it because you were made redundant. To receive this credit, you must have been:
1. #Receiving social welfare payments or been financially dependent on someone who was receiving social welfare payments in the period right after you were made redundant;
2. #Unemployed for at least six months.

I used to have cover, but I cancelled my health insurance. Will I have to pay a Lifetime Community Rating loading?
If you previously had cover for three years or more but you cancel your insurance, you will be given credit for any periods without cover that began on or after 1 February 2019. The minimum period of cover that you can get credit for is six months. The maximum credit that you can receive is for one or more periods of six months or more adding up to a maximum of three years.
The three years don’t need to be made up of consecutive six-month periods, but when all periods are added together they must not exceed three years of being uninsured. The reason why you cancelled your insurance doesn’t matter under this provision.

Can I break my cover for a short period without affecting my Lifetime Community Rating loading?
Yes, you can have a break in cover of up to 13 weeks without affecting your Lifetime Community Rating loading.

Will all insurers apply the Lifetime Community
Yes, all insurers will apply the Lifetime Community Rating loading to their inpatient health insurance plans.

What happens if I switch insurer?
Switching insurer does not affect your Lifetime Community Rating loading. If you are paying a Lifetime Community Rating loading with one insurer and then you switch, you will continue to pay the Lifetime Community Rating loading with your new insurer.

Are cash plans included in the Lifetime Community Rating?
No. Only inpatient health insurance plans are included in the Lifetime Community Rating. Cash plans won’t reduce your Lifetime Community Rating loading at all. This means that even if you had a cash plan and you switch to an inpatient health insurance plan, you will still have to pay a Lifetime Community Rating loading if you buy inpatient private health insurance for the first time when you are aged 35 or above.
You won’t have to pay a Lifetime Community Rating loading if you buy a cash plan. For example, if you buy a cash plan when you are aged 75, you pay the same amount as someone who is 25.

Visit our website for information about health insurance and to compare health insurance policies using our free comparison

Useful contacts
Name

Phone

Online

Authority

([redacted]

Novaworks

([redacted]

[redacted]
[redacted]
[redacted]

Laya Healthcare

([redacted] [redacted]
Online contact form

Vhi Healthcare

([redacted] [redacted]
[redacted]

HSF Health Plan

[redacted]

[redacted]
[redacted]

Competition and
Consumer Protection
Commission

([redacted]

Financial Services and
Pensions Ombudsman

([redacted]

Citizens Information
Board

[redacted]

[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]

This booklet is a general guide only. It is not a legal textbook or a summary of all matters that could be relevant to your individual circumstances.
All information correct as of September 2023.

The the relevant regulator
Beaux Lane House
Mercer Street Lower

D02 DH60

Membership
Handbook
Everyday Care Plans
July
2021

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Thank you for choosing
Table of Contents

Words in bold italics in this Membership Handbook are defined terms. These are words or phrases commonly used in the private health insurance industry. If you don’t understand any of these terms, you can find full explanations in the Definitions section at the end of this Membership Handbook.

EVERYTHING YOU NEED TO KNOW ABOUT YOUR POLICY

Your contract with us is made up of the following:

>>Your Membership Handbook
>>Your completed Application Form, whether completed by you or on your behalf (if applicable)
>>Your policy documentation, which sets out your plan, your membership number, your commencement date and your next renewal date
>>Your Table of Cover, which outlines the benefits in your plan and which List of Medical Facilities applies to your plan
>>The Schedule of Benefits, which sets out the treatments and procedures we cover
>>The Lists (explained below)
>>Terms of Business
>>Data Protection Statement

Health insurance policies are contracts between the insurer and the policyholder, because the policyholder (or in some cases their employer) is the person who has arranged and paid for the policy. However, the terms and conditions of this contract will apply to all plans and all claims made under the policy. Therefore where we refer to ‘you’ and ‘your’ throughout this Membership Handbook, we refer to both the policyholder and the member(s) listed on the policy. This also applies to members of group schemes. If you are a member of a group scheme where your employer has arranged your cover and is paying all or part of your premium, the Group Schemes section in this Membership Handbook will also apply to you.

You must ensure that the information that is provided to us when you are taking out a policy (whether in an application form or otherwise) is accurate and complete (even where the information is being provided to us by someone on your behalf). Otherwise it could mean we won’t pay a claim under the policy and some or all of the members’ plans under the policy may be cancelled. This may also cause difficulty should you wish to purchase health insurance elsewhere.

What to look for

Where to check

>>What terms and conditions apply to the benefit?
>>How can you claim?
>>What does the benefit cover?
>>Are there any further criteria?

Your Membership
The Lists or the Schedule of Benefits (if applicable)

As you can see, you will need to take many factors into account to see whether your health expenses are covered. Below is a short explanation of the contractual documents and other factors that you need to take into account to see if you are covered.

MEMBERSHIP HANDBOOK

This document:

>>will help guide you through your health insurance cover
>>explains the general terms and conditions of your contract with us
>>explains all our benefits including the terms and conditions which

apply to each (but please note that all these benefits may not be available on your plan)
>>sets out the things that are not covered under your plan
>>explains how to make a claim
Section 12 of this Membership Handbook contains tables which show the medical facilities that are covered under our plans. They also show if we pay them directly (known as direct settlement) or if you need to pay them yourself and claim this back from us. Your Table of Cover shows which List of Medical Facilities applies to you.
TABLE OF COVER
Your Table of Cover sets out the benefits that are available under your plan.
THE SCHEDULE OF BENEFITS

UNDERSTANDING YOUR COVER

The Schedule of Benefits is sectioned by specialty, such as the Radiology section, and sets out the treatments and procedures we cover and which of these need to be pre-authorised. It shows the clinical indicators that must be present in order for a procedure or treatment to be covered for example, for a CT scan.

Health insurance cover can be difficult to understand so to help you check your cover we have set out a checklist below. We understand that it may be difficult for you to figure out whether you are covered yourself so if you're in any way unsure, please call us on [redacted] and we'll walk you through it.

We would advise you to contact us or your health care provider before undergoing your procedure or treatment to confirm whether it will be covered by us. The Radiology section of the Schedule of Benefits can be accessed on our website at [redacted]
schedule-of-benefits or a hard copy can be requested from us.

The checklists below explain what to look for to see if you are covered under your Day-to-day Benefits.

THE LISTS

>>Is the benefit covered under your plan?
>>How much will we pay?
>>Is there an excess?

Your Table of Cover

These Lists show what is covered under certain benefits and in some cases contain criteria which must be satisfied before the benefit will apply. We will let you know throughout this Membership Handbook or in your Table of Cover when it is necessary to refer to a List in connection with a benefit. The Lists are available on our website [redacted] The following is a brief explanation of
each of the Lists:

1. The List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans
This list sets out the clinical indicators that must be satisfied for cardiac MRI and cardiac CT scans.
2. List of Provider Partners
This list confirms the provider partners for which you can claim a benefit, discount from or contribution from us under certain benefits.
GROUND RULES
We will only cover the costs of medical care which our medical advisers believe is an established treatment which is medically necessary. In addition we only cover reasonable and customary costs.
CLINICAL INDICATORS

In some cases medical criteria known as clinical indicators need to be satisfied before our medical advisers will consider the treatment or procedure to be medically necessary. If clinical indicators apply, they will be set out in the Radiology section of the Schedule of Benefits or the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.
Your medical expenses will not be covered until after your waiting periods have expired. Waiting periods are explained in section 6 of this
EXCESS/SHORTFALL
You will need to pay any excess or shortfall that applies to a benefit or a group of benefits under your plan. You can't claim these expenses back from us. You can see if an excess or shortfall applies by checking your Table of Cover. See section 2.1 of this Membership Handbook for more information on excesses and shortfalls.
UNDERSTANDING CHANGES TO YOUR COVER
1. Changes to your plan on renewal
From time to time we alter the benefits available under our plans. If we alter the plan that you are on, the benefit changes will not affect you during your policy year but will apply if you purchase that plan at your next renewal. Therefore, it is important to remember that where you renew on the same plan the benefits may not be the same as they were in your previous policy year.
2. Changes to your cover throughout your policy year
In some cases the cover that is available under your plan may change throughout your policy year for the following reasons:
Changes to the Schedule of Benefits
We review and where necessary amend the Schedule of Benefits regularly to update the procedures and treatments that are covered by us and the clinical indicators, conditions of payment and/or payment indicators that apply to procedures and treatments. These changes may become effective during your policy year. You can find the most current version of the Radiology section of the Schedule of Benefits on on our website or call us on [redacted] to check cover.

Changes to the Lists of Medical Facilities
We may add medical facilities to the Lists of Medical Facilities from time to time. We may also need to remove medical facilities from the Lists of Medical Facilities if our arrangement with those medical facilities ends. The medical facilities which will be paid directly by us may also change from time to time. See section 2.2 of this Membership Handbook for further details. You can find the most current versions of these lists on our website or call us on [redacted] to check cover.
Changes to The Lists
We may need to make changes to the Lists from time to time to update the procedures, treatments and appliances that are covered under certain benefits and review the clinical indications, conditions of payment and/or payment indicators that are applied to them. You can find the most current versions of these on our website or call us on [redacted] to check cover.
Changes to benefits provided by provider partners
Provider partner benefits may change or cease during the policy year and such changes are outside of our control.
Changes required by law
In the event that we are legally required to make changes to any of our contracts, policies or plans, such changes shall effect your plan immediately.
The changes described above are automatically applied to all our plans as soon as they occur. You and the members named on your policy should always check the most recent Schedule of Benefits, List of Medical Facilities and Lists. You can do this yourself by checking the most up to date information on our website or you can call us and we will check this for you.
ACKNOWLEDGMENT
2.1

By entering this policy you are acknowledging that you have read this Membership Handbook and understand your cover. In particular, you are confirming that you understand the contractual documents that make up your contract with us and that your cover may change throughout your policy year.

The benefits available under your plan are shown in your Table of Cover. They are divided into different sections mainly due to how they are claimed or the type of expenses covered.
The following sections of this Membership Handbook explain the different types of benefits offered by us. Within each section is a table which lists our benefits, shows the terms and conditions that apply to each benefit, and tells you how to claim it.
Please note that all these benefits may not be available under your plan. You should check your Table of Cover to see which benefits apply to you and how much you can claim under each benefit. You will also be able to see on your Table of Cover if an excess or shortfall applies.
How our benefits are categorised can change on different plans, so you may notice that some of your benefits appear in different sections in this Membership Handbook and on your Table of Cover. If a benefit listed in your Table of Cover is not explained in the corresponding table in this Membership Handbook, please check the tables in other sections of this Membership Handbook.
The terms and conditions that apply to our benefits (as described in the tables below) will always apply even if the benefit is positioned in a different section of your Table of Cover.
If a day-to-day excess applies to your plan, this will always affect all the benefits included in that section of your Table of Cover. It doesn’t matter if one or more of your Day-to-day Benefits appear in a different section in this Membership Handbook.
You will always be covered to the level of cover set out in the Minimum Benefit Regulations for the applicable medical services listed in those regulations (subject to any waiting periods). Please see section 6 and the Definitions section of this Membership Handbook for an explanation of the Minimum Benefit Regulations. We will always deduct any withholding tax or other deductions required by law before paying your claim.

2.1 DAY-TO-DAY BENEFITS

These benefits typically allow you to claim a contribution from us towards visits to certain medical practitioners or for certain medical services. The amounts that can be claimed and frequency or number of visits they apply to are set out in your Table of Cover. Where contributions are listed as a single amount, they are claimable once per policy year unless otherwise stated. Please see the “How to calculate your cover under your Day-To-Day Benefits” section below for details on how you may be covered under these benefits. You can claim these benefits for medical services received in Ireland or when you are abroad.
There may be instances where benefits in different sections of your Table of Cover apply to the same medical expenses. In this instance when claiming online, please check your Table of Cover to choose the section you wish to claim under. You cannot claim for the same medical expenses twice.

Benefit
>>Consultant fees
>>Dentist visits
>>Physiotherapist or Physical Therapist* visits
>>Acupuncturist*
>>Chiropodist*
>>Chiropractor*
>>Dietician*
>>Massage therapist*
>>Medical herbalist*
>>Nutritionist*
>>Occupational therapist*

>>Orthoptist*
>>Podiatrist*
>>Reflexologist*
>>Reiki practitioner*
>>Speech therapist*

Description / Criteria
Under these benefits we will contribute towards the costs of attending the practitioners named in the benefit for
treatment provided to a member on a one to one basis.

>>Minor Injury Clinic Cover
(Pay & Claim)

This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor
injury clinic. An age restriction for minors may apply to the clinic’s services, please check with the Minor Injury Clinic
centre in advance of travelling. You can find the most current list of minor injury clinics covered on our website
[redacted]

Consultant fees excludes costs incurred for maternity related consultations. Where practitioner visits are shown as having a combined benefit on your Table of Cover, we will pay the maximum
number of consultations overall for any and all of those combined visits each year and not for each type of practitioner
visit separately.

>>Optical (eye test and/or
glasses/lenses combined)
>>Pathology & Radiology

This benefit allows you to claim back some of the costs of an eye test and glasses/lenses (including contact lenses)
provided by a qualified optician, orthoptist, optometrist* or an ophthalmologist.
This benefit allows you to claim back some of the costs of pathology and/or radiology (i.e. x-rays, mammograms and
non-maternity ultrasounds carried out in an accredited medical facility) up to the limit listed on your Table of Cover.
>>Pre/post natal medical
This benefit allows you to claim back some of the costs of pre/post natal care provided by a consultant, GP or a midwife*
expenses
during and after your pregnancy. The following costs can be claimed per pregnancy:
>>Out-patient consultant’s fees (obstetrician and gynaecologist),
>>Maternity scans
>>Antenatal classes run by a midwife*
>>Pre and post natal physiotherapist services provided by U Mamma** or by a chartered physiotherapist* with a
specialty in women’s health.
This benefit covers pre/post natal care which is received between 9 months before and 3 months after your anticipated
delivery date.
>>GP and Prescriptions
Under this benefit we will contribute towards the costs of attending a GP and/or prescriptions (prescribed by a GP,
consultant, dentist or prescribing nurse*) up to the limit listed on your Table of Cover. This benefit excludes costs of the
use of a remote GP advice line / digital consultation service - these services are provided through the Virtual GP benefit.
>>Psychotherapy and counselling This benefit allows a member to claim back some

of the cost of attending a psychotherapist* or a counsellor*, or to claim back some of the costs of consultations with a practitioner at the Dean Clinic.
>>Health Screen
This benefit allows you to claim back some of the costs of health screening.

>>At Home Lipid or Iron Test
>>At Home STI Screening
>>Mindfulness course

A health screen includes some or all of the tests listed below:
>>Blood pressure, heart rate, weight, height, body mass index measurement
>>Urinalysis to check kidney function
>>Lung function test particularly for those with asthma recent shortage of breath or chest infections
>>Heart assessment (Resting ECG)
>>VDU eye assessments to check near and far vision visual acuity and to check for colour blindness
>>CT Calcification Scoring Scan
>>An extensive blood screening which includes an assessment of cholesterol and glucose levels
>>Liver and kidney function, measurement of haemoglobin and iron levels, full blood count and to screen for gout and haemochromatosis
>>Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.
This benefit is only available where the health screen is carried out in a clinical environment by a qualified practitioner.
Subsequent consultations, treatment or therapy is not covered under this benefit. If the consultation takes place within a hospital or clinic, all consultations must be received on an out-patient basis.
Under this benefit we will contribute towards the cost of an at home Lipid/Cholesterol or Iron/Ferritin testing kit once per policy year.
Under this benefit we will contribute towards the cost of an at home STI screening kit once per policy year.
Under this benefit you can claim a contribution from us towards the cost of an annual subscription to the HEADSPACE or Calm mindfulness apps or the cost of a mindfulness course or programme which is listed on the Qualifax database available at [redacted]

* We will only cover the costs of visits to practitioners who have appropriate qualifications and registrations. Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations which each practitioner must hold.

How to claim
You need to pay the practitioner/health care provider yourself and then claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Novaworks Online Claiming) in your member area on [redacted]
Where your broker offers an online claiming facility, your receipts should be uploaded through their online claiming tool. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid.
You should keep your original receipts for your own records and in case we request them to be resubmitted. Please ensure that all receipts state:
>>The amount paid;
>>The full name of the member receiving treatment and their date of birth;
>>The date the treatment was received;
>>The type of practitioner that you attended;
>>The name, address and qualifications of the practitioner providing the care on

the practitioner’s headed paper.
When claiming for prescription costs you must also submit the prescription claim form issued by your pharmacist.

Minor Injury Clinic Cover
(Direct Settlement)

Under this benefit we will cover some of the cost of attending one of our approved minor injury clinics. We will pay the minor injury clinic directly, up to the amount detailed on your Table of Cover for each visit, towards initial consultation and, if deemed necessary the following treatments related to the initial consultation: x-ray, stitching, full cast, temporary cast, splints and crutches. An age restriction for minors may apply to the clinic’s services, please check with the Minor Injury Clinic centre in advance of travelling. We will not cover the charge for the following take home aids; boots and braces, these and any other balance should be paid by you to the minor injury clinic. Please note that any additional amount paid by you to the minor injury clinic cannot be claimed back under any other benefit on your plan.

You can find the most current lists of facilities on our website [redacted] The medical facilities which will be paid directly by us may change from time to time.

Diagnostic Scans (in approved centres)

Under this benefit we will provide cover for the MRI or CT scans listed below when carried out in an approved facility in your List of Medical Facilities on pages 19-20 (i.e. an approved centre). The following criteria must be satisfied before your scan will be covered:

MRI Scans
You must be referred by a consultant or GP. For MRI scans in St. [redacted]’s Hospital you must be referred by an oncologist or other clinician working in St. [redacted]’s Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.

CT Scans
You must be referred by a consultant or GP. For CT scans in St. [redacted]’s Hospital you must be referred by an oncologist or other clinician working in St. [redacted]’s Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.

Cardiac MRI Scans
You must be referred by a consultant. All cardiac MRI scans must be carried out in an approved cardiac scan facility (see the tables of MRI and CT facilities in section 12 of this Membership Handbook).

Cardiac CT Scans
You must be referred by a consultant. All cardiac CT scans must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities in section 12 of this Membership Handbook).
Calcium CT scoring is not covered under this benefit.
In addition the clinical indicators which relate to your type of scan must be satisfied before it will be covered. The clinical indicators which must be satisfied before you will be covered for a cardiac MRI or cardiac CT scan are set out in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.

If your scan is carried out in an approved centre (i.e. a scan facility that is covered in the appropriate table for your scan type in your List of Medical Facilities), we will pay the scan facility directly up to the policy limit specified on your Table of Cover. There is no cover available if your scan is carried out in a nonapproved centre (i.e. a scan facility that is not covered in your List of Medical Facilities).

Virtual GP

This benefit gives you unlimited consultations with a GP provided by Medical Solutions UK Limited trading as the relevant regulator**. You can speak to a GP anytime day or night over the phone, or if you would prefer a face-to-face consultation, the online video service is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). If necessary, through this service GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be faxed 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be faxed the next working day. This service shouldn't be used for emergencies or urgent conditions as this may delay necessary treatment.

Please call [redacted] (or [redacted] from abroad) with your membership number to access this benefit.

Virtual Physio

This benefit gives you access to consultations with a Chartered Physiotherapist provided by Medical Solutions UK Limited trading as the relevant regulator**. Appointments are available for a phone or video consultation with a Physiotherapist between 09:00 and 17:30, Monday to Friday (excluding bank holidays). Initial consultations will include an assessment, with relevant medical history, to provide a clinically appropriate treatment plan which may or may not include further consultations. There may be a limit to the number of consultations available per policy year but this will be detailed on your Table of Cover. This benefit may not be suitable for members who are currently pregnant without written clearance from their GP or for members who are recovering from or seeking rehabilitation after recent surgery. This benefit is only available to members who are 16 years and over and only relates to physiotherapy provided by Medical Solutions UK Limited trading as the relevant regulator**. This service shouldn't be used for emergencies or urgent conditions as this may delay necessary treatment.

Please call [redacted] between 09:00 and 17:30, Monday to Friday (excluding bank holidays) with your membership number to book a consultation.

Virtual Mental Health Therapist

This benefit gives you access to a dedicated counselling service provided by Medical Solutions UK Limited trading as Health Hero**. Appointments are available for a phone or video consultation with a counsellor between 09:00 and 17:30, Monday to Friday (excluding bank holidays). Initial consultations will include an assessment, with relevant medical and mental health history, to provide a clinically appropriate treatment plan which may or may not include further consultations. There may be a limit to the number of consultations available per policy year but this will be detailed on your Table of Cover. This benefit is only available to members who are 18 years and over and only relates to counselling provided by Medical Solutions UK Limited trading as Health Hero**. This service shouldn't be used for emergencies or urgent conditions as this may delay necessary treatment.

Please call [redacted] between 09:00 and 17:30, Monday to Friday (excluding bank holidays) with your membership number to book a consultation.

** The provider partners named under these benefits may change from time to time. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. We are not responsible for the content of the websites of these provider partners.

HOW TO CALCULATE YOUR COVER UNDER YOUR DAY-TO-DAY BENEFITS
The amount that can be claimed under these benefits may be a set amount per visit or it may be a percentage of the cost of the visit up to a maximum amount per visit or per policy year. There may be a limit to the number of times in your policy year that you can claim a refund for a visit to a particular medical practitioner or for a particular service. In addition the number of refunds that you can claim for specified practitioners collectively may be limited (this is known as “combined visits”). Please note that there may be a limit on the total amount that we will pay for Day-to-day Benefits in a policy year. This limit will apply before the deduction of any applicable policy excess.

We will not cover:
>>non-medical expenses;
>>costs incurred where you did not stay overnight in hospital
>>medical care that has not been authorised and arranged by us;
>>elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care;
>>medical care that could be delayed until your return to Ireland.

EMERGENCY IN-PATIENT TREATMENT ABROAD
Our Hospital bill for in-patient treatment benefit provides cover towards your medical costs where you require emergency care outside Ireland.
The table below explains more about this benefit. This benefit is not a substitute for travel insurance. We recommend that you purchase travel insurance prior to travelling outside Ireland and obtain a European Health Insurance Card before you travel (see [redacted]
All claims will be assessed and settled in euro. Novaworks will use the foreign exchange rate which applied at the date of the invoice from the medical facility abroad.
Waiting periods may also apply, please see section 6.
Where you have not been admitted overnight for treatment as an in-patient, some of the costs incurred may be claimed under your day to day benefits, please refer to your table of cover to see what benefits you may claim for and whether these are subject to an excess.

Hospital bill for inpatient treatment

Under this benefit we will contribute towards your medical costs for emergency care in a medical facility abroad whilst on a temporary stay abroad not exceeding 31 days in duration where:
>>The emergency care is medically necessary;
>>The emergency care is authorised and arranged by Novaworks;
>>You are required to stay overnight or longer in a hospital bed
>>You began your emergency care abroad within 31 days of your departure from Ireland;
>>You receive the emergency care in an internationally recognised hospital;
>>You have not travelled against medical advice;
>>You were not suffering from a terminal illness when you left Ireland; and
>>You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you

were abroad.
You must pay the medical facility yourself and claim the benefit from us. There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover.

We must authorise and arrange your in-patient emergency care. You must call our international assistance number [redacted] before you are discharged from the medical facility where you received your emergency medical care. You will also need to provide us with details of your travel insurance and your European Health Insurance Card. If you are unable to contact our international assistance number, a third party may do so on your behalf.
You must pay the medical facility and health care providers yourself and claim the amount covered under this benefit back from us. You will need to submit your original receipts to us to do so. You should send all receipts to us in an envelope with your name, address and membership number (see section 10 of this Membership Handbook). Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.
Please note that our Hospital bill for in-patient treatment benefit will not apply where your emergency care is required:

>>for a nervous, mental or psychiatric condition;
>>for conditions and/or injuries arising from excessive alcohol consumption;
>>for conditions and/or injuries arising from substance abuse;
>>for conditions and/or injuries arising from deliberately injuring yourself;
>>for conditions and/or injuries arising from your own negligence;
>>for conditions and/or injuries arising from hazardous sports;
>>for conditions and/or injuries arising from breaking the law;
>>for conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline;
>>in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel or not travel; and
>>for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad.
You must have an Irish PPSN in order to claim any of the above benefits. If you do not have an Irish PPSN, you will not be covered for any medical or additional costs incurred while outside Ireland or the cost of repatriation to Ireland.

We do not cover the following (subject to compliance with the Minimum Benefit Regulations as they apply to your cover):
>>Any costs that are not covered under a benefit listed on your Table of Cover;
>>Any costs incurred whilst a waiting period applies;
>>The cost of any medical care that our medical advisers believe is not medically necessary;
>>Any costs that our medical advisers believe are not reasonable and customary costs;
>>The cost of any medical care that our medical advisers believe is not an established treatment;
>>Any costs incurred in a medical facility that is not covered under your plan;
>>Any costs arising from or related to medical care not covered by Irish Life Health, including subsequent treatments, procedures or medical care which are required as a result of such medical care;
>>Any shortfalls due to currency exchange fluctuations;
>>The costs of any form of vaccination except that covered under our

vaccination benefit as a Day-to-day Benefit;
>>Any remote or virtual consultations that are not covered under our Virtual GP, Virtual Physio or Virtual Mental Health Therapist benefits through our partner provider;
>>Any costs associated with birth control, infertility treatment, assisted reproduction or their reversal except where such costs are listed on your Table of Cover.
>>Any costs relating to participation in clinical studies or trials;
>>Any costs arising from or related to injury or illness caused by virtue of war, chemical, biological or nuclear disasters, civil disobedience or any act of terrorism;
>>The cost of any medical care or other goods or services provided by a member of the insured's immediate family unless this is pre-authorised by Novaworks;
>>Expenses for which you are not liable;
>>The cost of any medical care or other goods or services which were not received by you;
>>Any costs not incurred during your policy year;
>>Any costs associated with the treatment of symptoms which are not due to any underlying disease, illness or injury;
>>Nursery fees;
>>The cost of ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism where the procedure is being performed to avoid wearing glasses or contact lenses;
>>The cost of any medical care which is performed by, or under the direction of, a consultant who is not registered with the Irish Medical Council as a specialist in the area in question;
>>The cost of health screening except where the costs are covered under our health screening benefit;

>>Any psychologists fees other than those covered under the psychotherapy and counselling benefit;
>>The cost of drugs or medication unless they are covered under a Dayto-day Benefit or other benefit;
>>The cost of rehabilitation services;
>>Any costs, legal or otherwise, incurred by a member as a result of making a claim or taking legal action against any person/company/ public body;
>>Medical expenses imposed for non-attendance or late cancellation of an appointment;
>>The costs of medical certificates, medical records / reports, or the costs associated with obtaining details of medical history;
>>Differences in foreign exchange rates, bank charges or other charges applied to foreign exchange.

JOINING Novaworks
Your plan/policy lasts for one year which means that your policy/plan will run until the renewal date shown on your policy documentation unless cancelled by the policyholder or by us for the reasons outlined in this Membership Handbook. As soon as we receive your first premium, you will be covered from your chosen commencement date subject to the terms and conditions of your policy. When you've joined, you will have access to the secure membership area of our website where you can make changes to your cover and to your personal details. We may contact you by post, email, phone, SMS and through your Novaworks secure member area. Please note that if you are a group scheme member you may not be able to make changes to your plan via the secure membership area of our website. Please see section 8 for further details on group schemes.
You may add your newborn to your policy without charge until the first renewal after his/her birth. The newborn must be added within 13 weeks of the date of birth or waiting periods will apply.
CHANGING YOUR POLICY
The policyholder can make changes to their policy or any of the plans listed on their policy at any time by logging onto the membership area on

our website ([redacted] or by
contacting us (or their broker) directly. Changes can affect the premium
that is payable. If a change is made to the policy, we will issue new policy
documents to the policyholder as soon as the change is completed. We
cannot take instructions to make changes to the policy or any of the
plans listed on the policy from a member. However, the policyholder can
nominate a person to act on their behalf to make changes to the policy or
any of the plans. If you wish to nominate someone, please call or write
to us and let us know if they have authority to act on the entire policy or
just specific plans.
Where a plan is altered prior to the end of the policy year, the Day-to-day
Benefits will be applied on a pro-rata basis.

RENEWING YOUR PLAN
To renew your membership:
>>If you pay in monthly instalments by direct debit, simply continue to
make your direct debit payments. We will automatically renew your
>>If you pay your annual premium in advance by credit card, please
contact us to arrange payment and renew your policy (see section 10
of this Membership Handbook for our contact details).
Where your premium is collected by monthly direct debit via your broker,
your monthly direct debit will automatically roll over at your next
renewal date. If you wish to amend this, change your bank details, or
change your method of payment to an annual payment, please contact
your broker directly.
CANCELLING YOUR POLICY
Your policy or any of the plans listed on your policy may be cancelled
before the end of your policy year for one of three reasons:
1) You no longer want health insurance with Novaworks
The policyholder can choose to cancel the policy or any of the plans listed
on the policy at any time. To do this, they just need to call our customer
services team or let us know in writing. If we’re asked to remove a
member from the policy, we reserve the right to tell them that they are no
longer covered, however, please note that it is not our policy to do so. It is
the policyholder’s responsibility to inform the members on their policy
of any changes that affect their cover.
2) Premiums are not kept up to date
We will cancel the policy or any of the plans listed on your policy if you do
not pay your premium when it falls due. We will cancel the policy or any of
the plans listed on the policy from the date that your premiums were paid up
to (the Cancellation Date). We will not pay any claims for goods or services
received after the Cancellation Date. We will send you a letter or email
giving you 14 days’ notice of our intention to cancel. We will send this to the
last postal or email address you provided.

If a fully paid policy or plan is cancelled before the end of the policy year
and no claims have been made before the policy or plan is cancelled,
we will reimburse the policyholder for the cover the members have not
received – i.e. from the Cancellation Date until the next renewal date.
Please note we will apply a mid-term cancellation charge (you can find
more information about this charge in the paragraph below). We will not
return the amount of premium for any cover received before the date of
cancellation. If we cancel a fully paid policy or plan before the end of the
policy year due to the provision of incorrect information or fraud, we will
not refund any of the premium that has already been paid.
MID-TERM CANCELLATION CHARGE
We will apply a mid-term cancellation administration fee of €25 if:
>>you choose to cancel your policy or any of the plans listed in your
policy before the end of your policy year;
>>we are forced to cancel your policy or any of the plans listed in your
policy due to non-payment of premium, because you or any of the
members on the policy try to claim when you’re/they’re not entitled to
or because you have provided us with incorrect information.
We reserve the right to deduct the amount for the mid-term cancellation

charge against any amount due to be refunded. In all other cases we will send you an invoice in respect of the mid-term cancellation charge.

COOLING OFF

You can cancel your policy free of charge within 14 days from the date the policy was entered into or from the date you are given the policy documentation, whichever is the later. This is known as the cooling off period. We'll give you a full refund of premium unless you or any member has made a claim during this period. Should you wish to cancel your policy with effect from a date later than the start date, we will charge you for providing health insurance cover up to the date of cancellation and we will apply a mid-term cancellation charge in this case.

PAYING YOUR PREMIUMS

3) Incorrect information / fraud

We may cancel the policy or any of the plans on the policy if

All premiums must be paid in euro. You can pay your premium monthly by direct debit or annually, in full, by debit or credit card only.

>>we are provided with incorrect information about any of the members named on the policy; or

>> if any of the members named on your policy try to or make a fraudulent claim.

If you have chosen to pay by direct debit, we will collect your premium on a monthly basis and it's up to you to make sure your monthly payments are available for collection. The first payment in any policy year may be more or less than your monthly premium if your policy start date is different to your chosen direct debit collection date. This may also occur if you decide to change your direct debit collection date mid policy year.

CONSEQUENCES OF CANCELLATION

Once a plan is cancelled, the member will no longer be covered. We will not pay any claims for goods or services received after the Cancellation Date. We will be entitled to recover any claim amount paid to a member for goods or services received after the Cancellation Date. The Day-today Benefits will be allocated on a pro-rata basis. (e.g. where the GP visits benefit covers a contribution of up to €30 for up to 8 visits and the plan is cancelled after six months, the number of visits for which the member can claim will be reduced to 4). The yearly excess applicable to those benefits will not be reduced on a pro-rata basis.

Where your premium is collected by your broker, your monthly direct debit will automatically roll over at your next renewal date. If you wish to change your bank details or change to an annual payment, please contact your broker directly.

GENERAL TERMS AND CONDITIONS

GENERAL RULES

>>Your policy is governed at all times by the laws of Ireland and the exclusive jurisdiction of the courts of Ireland;

>>All policy documents and communications to members will be in English. We can provide policy documents and/or communications in braille or large print if requested;

>>You can only take out health insurance in Ireland if you are a resident of Ireland. If you are not a resident of Ireland we will not be able to provide you with health insurance cover and we will decline any claims made by you whilst you are not a resident of Ireland;

>>You may be required to validate the information contained in your claim form. We may contact you during the claims process for this purpose;

>>Where the amount that can be claimed under a benefit is greater than the amount you have been charged for the goods or services that are covered under that benefit, we will only cover the amount that you have been charged subject to any excess, shortfall or co-payment which may apply;
>>Where we cover the cost of goods or services that you have received as a result of an accident or injury for which another person/company/public body may be liable and you make a claim or take legal action against such other person/company/public body, you must include the cost of the goods or services covered by us in the damages you seek to recover from the person/company/public body. If you successfully recover some or all of the costs covered by Novaworks, by whatever means, you must reimburse us as soon as possible. We will not contribute towards the costs of pursuing such a claim or legal action;
>>Where you (or any other person for whom you are seeking health insurance) hold any form of health insurance with another company you must let us know at the inception of your policy. Where the costs of the goods or services which are covered under your plan with Novaworks Health are also insured by another insurer, such costs will be allocated between us and your other insurer on a pro-rata basis when you make a claim;
>>You will be covered under the benefits available in the plan you hold on the date your medical care (or other service) commences or on the date you receive goods, subject to any waiting periods that may apply. If you reduce the level of cover on your plan, this lower level of cover becomes effective immediately;
>>You must provide details of your membership with us to your medical facility and health care providers before undergoing your procedure or treatment;

>>We will not return the original receipts you send us as part of your claim, however, we may return other original documents you submit to us provided you let us know you require us to return them to you at the time you submit them to us;
>>We will not pay your claim where you have failed to comply with any of the terms of our contractual documents;
>>We have absolute discretion whether or not to exercise our legal rights. Failure to exercise our legal rights shall not prevent us from doing so in the future;
>>Novaworks and our agents reserve the right to review any information which relates to the medical care, goods or services that you are claiming for (including your medical records) where we are of the opinion that access to such information is required to process your claim and/or detect or prevent fraud. You must provide your medical facility and health care providers with any consents which they require to allow them to release such information to Novaworks and our agents. We will not pay your claim where we are unable to gain access to any information which we believe is necessary to enable us to process the claim or detect fraud;
>>If any provision of this Membership Handbook is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of this Membership Handbook and all provisions not affected by such invalidity or unenforceability shall remain in full force and effect.
>>Any dispute between you and us (about our liability over a claim or the amount to be paid, where the amount of the claim is €5,000 or more) must be referred (within 12 months of the dispute arising) to an arbitrator appointed jointly by you and us. If we cannot agree on an arbitrator, the President of the Law Society of Ireland will decide on the arbitrator and the decision of that arbitrator will be final. We may not refer the dispute to arbitration without your consent where the amount of the claim is less than €5,000. If you do not refer such

a dispute to arbitration within 12 months, we will treat the claim as abandoned.

PRE-EXISTING CONDITION WAITING PERIODS

A waiting period is the amount of time that must pass before you will be covered under your plan or before you will be covered to the level of cover available under your plan. Time served on a day to day benefits only plan may not count towards waiting periods if you purchase a plan with more comprehensive cover, for example, a plan with in-patient benefits. Previous foreign health insurance coverage is not taken into account for waiting periods. There are a number of different types of waiting periods:
>>Initial waiting periods
>>Pre-existing condition waiting periods
>>Upgrade waiting periods

Initial waiting periods apply when you take out health insurance for the first time or when you take out health insurance after your health insurance has lapsed for more than 13 weeks. You will not be covered during your initial waiting period.
Initial waiting periods do not apply in the following circumstances:
>>To claims made in respect of children who have been added to your policy within 13 weeks of the date of their birth
>>To claims made in respect of adopted children who have been added to your policy within 13 weeks of the date of their adoption
>>To claims in respect of emergency care for accidents and injuries.
The table below sets out the initial waiting periods applied by Novaworks Health. These waiting periods will apply from the date you took out health insurance with Novaworks or another insurer for the first time, or, from the date you took out health insurance with Novaworks or another insurer after your health insurance had lapsed for more than 13 weeks.

>>To claims made in respect of children who have been added to your
>>To claims made in respect of adopted children who have been added to your policy within 13 weeks of the date of their adoption.
The following table sets out the pre-existing condition waiting periods applied by Novaworks. These waiting periods will apply from the date you took out health insurance for the first time (with Novaworks or another insurer), or from the date you took out health insurance (with Novaworks or another insurer) after your health insurance had lapsed for more than 13 weeks.
Overseas Benefits
All Day to Day Benefits
Diagnostic Scans (in approved centres)

Initial Waiting Periods

You will not be covered for a pre-existing condition during your preexisting condition waiting period. Our medical advisers will decide whether your claim relates to a pre-existing condition. Their decision is final.
Pre-existing condition waiting periods do not apply in the following circumstances:

Where you make a claim which relates to a pre-existing condition, a preexisting condition waiting period will apply. A pre-existing condition is an ailment, illness or condition, the signs or symptoms of which existed at any time in the six months before you took out health insurance for the first time or before you took out health insurance after your health insurance had lapsed for more than 13 weeks.

Under 55 years

55 years and
old
older

Minor Injury Clinic Cover (Pay
& Claim)

UPGRADE WAITING PERIODS
An upgrade waiting period will apply when you upgrade your cover (i.e. you purchase a plan with more comprehensive cover than your previous plan). This may happen if you change your plan with us or when coming to Novaworks from another health insurer. We will apply an upgrade waiting period to claims where your treatment relates to a pre-existing condition. Where an upgrade waiting period applies, we will cover you up to the level that was available under the benefit that you are claiming of your previous plan. Where the benefit you are claiming was not available on your previous plan, you will not be covered.
A pre-existing condition is any ailment, illness or condition that, on the basis of medical advice, the signs or symptoms of which existed at any time in the period of six months ending on the day on which
>>you took out health insurance for the first time
>>or you took out health insurance after your health insurance had
>>or you upgraded your cover to a higher level plan
In these circumstances, you will be covered up to the level of cover that was available on the plan that you previously held before upgrading your cover. Please see the upgrade waiting period table below for the details of upgrade waiting periods by benefit type. Our medical advisers will determine when your ailment, illness or condition commenced. Their decision is final.
The table below sets out the upgrade waiting periods applied by Irish Life Health. These waiting periods will apply from the date you upgraded.

55 years
and older

We operate a fraud policy in respect of all claims made by you or on your behalf. We do regular audits of all claims. In all instances where fraud is suspected, we will carry out a full and comprehensive investigation. If a claim submitted by you or on your behalf is found to be fraudulent or dishonest in any way, the claim will be declined in its entirety, benefits under the policy will be forfeited and the policy and/or any plans listed on the policy may be cancelled. We reserve the right to refer the matter and details of the fraudulent claim to the appropriate authorities for prosecution.

If your plan was started as part of a group scheme arrangement and the group scheme sponsor is acting on your behalf, you agree that the group scheme sponsor will have the following powers and responsibilities for the policy:
>>The group scheme sponsor may instruct us to start and cancel the policy;
>>The group scheme sponsor may instruct us to change your plan or level of cover;
>>The group scheme sponsor may instruct us to add or reduce the number of members on the policy;
>>The group scheme sponsor may amend or cancel any or all of the plans listed under the policy;
>>The group scheme sponsor must ensure that all premiums are paid on time as unpaid premiums may impact whether claims are paid;
>>The group scheme sponsor must ensure that all adequate consents from members are obtained prior to the policy entering into force, including consents from members for the processing of their personal data.
Members who are part of a group scheme arrangement may require the

permission of the group scheme sponsor to amend their cover. In such circumstances, the members may be required to pay additional premium for such amended cover. If you join a group scheme after the scheme start or renewal date, your benefit entitlement may be adjusted on a pro-rata basis.
If your policy was arranged through a group scheme sponsor, your cover will continue as long as you fulfil the conditions for participation in the group scheme and the group scheme sponsor continues to pay your premium.

We may change the premium payable for our plans from time to time. These changes will not affect you until your next renewal date unless you change your plan during your policy year. Please note that we deduct your tax relief from your premium so you don’t have to claim it back from the Revenue Commissioners. The level of tax relief is set by the Government and may be changed at any time which is outside our control. We are legally obliged to apply tax changes immediately and this may result in a change to the amount that you are required to pay to us for the plans listed in your policy.

YOUR CONTACTS

When contacting our numbers below, please quote your membership number which is detailed on your digital membership card or policy documentation.

APPEALS
Should you wish to appeal a claim decision, you can contact the Customer Care Team:
>>By phone on [redacted]
>>By email: [redacted]
>>By post at: Claims Support Team, PO Box 13028, Dublin 1
If you remain dissatisfied with the appeal decision, you may refer your appeal to the Financial Services and Pensions Ombudsman (FSPO) at the following address:
Financial Services and Pensions Ombudsman
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.
Telephone:

Email:

Novaworks CUSTOMER SERVICE TEAM

Website:

Contact us should you have any queries or in order to obtain preauthorisation.
Address: Customer Care Team, Novaworks dac,
PO Box 13028, Dublin 1
E-mail: [redacted]
Telephone: [redacted] or [redacted]

INTERNATIONAL ASSISTANCE NUMBER

CORPORATE ENQUIRIES
E-mail: [redacted]
Telephone: [redacted]

We aim to give excellent service to all our members; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible.

CLAIMS SUBMISSION

If you arranged your cover through broker initially then you should direct your complaint to the broker through whom you arranged your cover.

For Day to Day claims, submit your receipts through our online claims tool (Novaworks Online Claiming) in your member area on [redacted] or where your broker offers an online claiming facility, your receipts should be uploaded through their online claiming tool. You must submit your receipts within six months of the end of your policy year. We may ask you to submit a receipt for verification. For pay and reclaim In-patient claims, send your receipts to Claims Team, Irish Life Health dac, PO Box 13028, Dublin 1

You must call this number in advance of receiving any emergency care outside Ireland.
Telephone: [redacted]
COMPLAINTS

Alternatively you can contact the Complaints Team:
>>By post at: The Complaints Team, PO Box 13028, Dublin 1
If you remain dissatisfied with Novaworks, you may refer your complaint to the Financial Services and Pensions Ombudsman (FSPO) at the following address:

ACUTE

A dental practitioner, who:
>>holds a current full registration with the Irish Dental Council,
>>is on the Register of Dentists,
>>is qualified to practice as a primary medical care physician,
>>holds a primary medical qualification

Short and sharp onset and which requires immediate medical attention.

DIRECT SETTLEMENT

AUTHORISE(D)

Where we settle your bill with your medical facility or health care providers directly so you don’t have to pay them and claim it back from us.

An incident that happens unexpectedly and unintentionally, resulting in injury.

Novaworks must agree before certain treatments and procedures will be covered, you must call Novaworks to seek authorisation.

Benefits are the individual pieces of cover that make up your plan. Each benefit covers a different type of medical expense or associated cost.

CLAIM
Where a member (or a medical facility or a health care provider on their behalf) requests payment from Novaworks of the costs that are covered by a benefit available under their plan.

CLINICAL ENVIRONMENT
A hospital, out-patient facility or clinic that is involved in the direct medical observation, assessment and treatment of patients.

The medical criteria that must be satisfied in order for a treatment or procedure to be deemed to be medically necessary by our medical advisers.

CONSULTANT
Consultant means a medical practitioner who:
>>is engaged in hospital practice;
>>holds all necessary qualifications to act as a consultant in the Republic of Ireland;
>>by reason of his/her training, skill and experience in a designated specialty (including appropriate specialist training) is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and;
>>holds a current full registration as a specialist with the Medical Council of Ireland and is listed on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.
In relation to treatments and procedures which are performed outside Ireland, a consultant is a surgeon, physician or anaesthetist who is legally qualified and recognised to provide the treatment or procedure in that country on a tertiary referral basis.

DENTIST

EEA
The EEA includes EU countries and also Iceland, Liechtenstein and Norway.

E.G.
An abbreviation meaning “for example”.

EMERGENCY CARE
Medical care required to treat a sudden, unexpected, acute medical or surgical condition that without medical care within 48 hours of onset would result in death or cause serious impairment of critical bodily functions.

ESTABLISHED TREATMENT
A treatment or procedure that is, in the opinion of our medical advisers, an established clinical practice for the purpose for which it has been prescribed, is supported by publication in Irish or international peer reviewed journals, and is proven and not experimental.

EXCESS
The part of a claim which must be paid by the member and which applies after all co-payments and shortfalls are paid.

FIRST DEGREE RELATIVE
A blood related parent, brother, sister, son or daughter of a member.

FOLLOW ON CARE
Medical care received after emergency care ends including convalescence or rehabilitation.

GENERAL PRACTITIONER / GP
A medical practitioner who holds all necessary qualifications to act as a general practitioner in Ireland, holds a current full registration with the Irish Medical Council and is registered with Novaworks.

GROUP SCHEME
A collection of members who are insured by Novaworks as a group under the instructions of a group scheme sponsor.

GROUP SCHEME SPONSOR
A group scheme sponsor is a natural or legal person whether an employer, association, professional body or otherwise who arranges or facilitates for a group of persons to receive health insurance cover from

Novaworks as a group scheme.

HAZARDOUS SPORTS

MEDICALLY NECESSARY

Any dangerous sporting activity including, but not limited to: hunting, shooting, mountaineering, rock climbing, motor sports including motor cycle sport, quad-biking, aviation other than as a fare paying passenger, ballooning, bungee jumping, hang gliding, microlighting, parachuting, paragliding or parascending, potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighing, off-piste skiing, competitive canoeing or kayaking, boxing, wrestling, karate, judo or martial arts, scuba diving, any professional sporting activity, or extreme sports such as free diving, base jumping and ice climbing.

Medical care which is prescribed by a consultant, GP, dentist, oral surgeon or periodontist, and which, in the opinion of our medical advisers, is generally accepted as appropriate with regard to good standards or medical practice and:

HEALTH CARE PROVIDER
A consultant, GP, dentist, oral surgeon or periodontist.

i) is consistent with the member’s symptoms or diagnosis or treatment;
ii) is necessary for such a diagnosis or treatment;
iii) is not provided primarily for the convenience of the member, the medical facility or health care provider or at the request of the member;
iv) is furnished at the most appropriate level, which can be safely and effectively provided to the member;

I.E.

v) is for procedures and investigations that are medically proven and appropriate;

An abbreviation meaning “that is to say/ specifically”

vi) does not include extended convalescence or palliative care.

IMMEDIATE FAMILY

MEDICALLY PROVEN

Your parent, child, sibling, spouse and partner.

Clinical and medical practice that the results reported for a procedure were actual, significant, based on appropriate research and able to pass the legislative requirements (if any) and relevant medical regulations imposed by the relevant Europeans Medical Agency or medical body, and is not subject to limitation by the Regulatory or Advisory bodies.

INJURY
A wound or trauma inflicted on the body by an external force.

IN-PATIENT
A patient who is admitted to a medical facility and who occupies a bed overnight or for longer for medically necessary reasons.

Novaworks dac.

HOSPITAL COSTS
Charges imposed by a medical facility on an in-patient for medically necessary services provided by such medical facility to such in-patient,

excluding the costs of take home drugs and the costs of telephone calls made whilst the patient was admitted. The professional fees of consultants are not part of your hospital costs.

INTERNATIONALLY RECOGNISED HOSPITAL
An institution that is, in the opinion of our medical advisers, legally licensed as a medical or surgical hospital under the laws of the country in which it is situated.

IRELAND
The Republic of Ireland excluding Northern Ireland.

MEDICAL ADVISER
A fully qualified GP, consultant or nurse who holds all the necessary registrations to practice in Ireland and who provides medical advice to Novaworks.

MEDICAL CARE

MEMBER
A person named on a policyholder’s policy. Each member will be covered to the level of benefits available under the plan assigned to him/her by the policyholder.

MEMBERSHIP NUMBER
The number assigned by us to a member. Each person named on the policy has a separate membership number, as set out in the policy

MINIMUM BENEFIT REGULATIONS
The Health Insurance Act 1994 S.I. 83/1996 (Minimum Benefit) Regulations, 1996 made pursuant to the Health Insurance Act 1994 as amended. The Minimum Benefit Regulations set out the minimum payments that all health insurers must make in respect of health services that are listed in those regulations. These health services are known as prescribed health services. You are guaranteed to receive cover to the level set out in the Minimum Benefit Regulations as they apply to your cover in respect of prescribed health services.

NEWBORN
A child under 13 weeks of age who is born to or adopted by a member.

OUT-PATIENT
A patient who receives a procedure, treatment or medical service without being an in-patient or day case.

Care relating to the science or practice of medicine.

PLAN

MEDICAL FACILITY

A package of health insurance benefits. Policyholders choose the plans which apply to each member named on their policy when they take out their policy.

A hospital, scan centre, or treatment centre.

REHABILITATION

The health insurance contract between the policyholder and Novaworks Health under which the policyholder and members (if applicable) are insured by Novaworks.

Long term, sub-acute treatment that aims to restore a person's maximum physical or mental capabilities after a disabling illness or injury that cannot normally be restored by medical care.

POLICYHOLDER

RENEWAL DATE

The person who holds a contract of insurance with Novaworks for the benefit of themselves and the members named on their policy. The policyholder is responsible for paying the premiums for all the plans listed in that policy.

The day after the final day of a policy year. The policyholder's next renewal date is shown on the policyholder's policy documentation.

POLICY YEAR
The period for which a policyholder and members are insured under a policy. All policies run for a period of one year.

PRE-AUTHORISATION / PRE-AUTHORISED / PREAUTHORISE
Novaworks must agree in advance before certain treatments and procedures will be covered. This consent is known as pre-authorisation.

Any ailment, illness or condition that, on the basis of medical advice, the signs or symptoms of which existed at any time in the period of six months ending on the day on which you became insured for the first time or took out health insurance after a break in cover for more than 13 weeks.

PRIVATE HOSPITAL

A mental or physical condition caused directly or indirectly by taking any chemical substance or solvent unless a general practitioner or consultant has prescribed it.

TAX RELIEF
Tax relief on health insurance payments. Everybody is entitled to tax relief on some or all of the premium they pay for health insurance. Tax relief on health insurance premiums is applied at source. This means that we claim your tax relief from the Revenue Commissioners on your behalf and automatically reduce the premium you pay us for the plans listed on your policy by this amount.

TERMINAL ILLNESS
An incurable disease, which, in the opinion of our medical advisers or an attending consultant, will result in a life expectancy of less than one year.

TRANSPLANTS

A medical process or course of action. Use of the term 'procedure' will include surgical procedures, where appropriate.

The transfer of tissue or organ(s) from its original position to a new position(s) necessary to treat irreversible end stage failure of the relevant tissue or organ(s) including heart, combined heart and lung, lung (single and bilateral), simultaneous pancreas and kidney, liver, small bowel, kidney, simultaneous small bowel and liver, bone marrow or stem cells and which are subject to the National Waiting List for Organ Transplants.

PRO-RATA

TREATMENT

In proportion, proportional or proportionally as appropriate. Where benefits are available on a pro-rata basis, the benefit entitlement may be adjusted based on the number of days the member is actually insured for.

Any health service a person needs for the medical investigation, cure, or alleviation of the symptoms of illness or injury.

A hospital categorised as a private hospital in the tables of medical facilities in section 12 of this Membership Handbook.

PROCEDURE

PUBLIC HOSPITAL
A publicly funded hospital other than a nursing home which provides services to a person pursuant to his or her entitlements under Chapter 11 of Part IV of the Irish Health Act 1970 and is categorised as a public hospital in the tables of medical facilities in section 12 of this

VISIT
A consultation with an approved medical provider, allied health professional, specified provider partner or other practitioner listed in this handbook.

WE, US

QUALIFIED PRACTITIONER

WORKING DAY

A fully qualified GP, consultant or nurse who holds all the necessary registrations to practice in Ireland

Monday to Friday excluding bank holidays.

REASONABLE AND CUSTOMARY COSTS
Medical expenses that are of a similar level to those claimed by the majority of our members for similar medical care carried out in Ireland.

SUBSTANCE ABUSE

YOU, YOUR
The policyholder and any member(s) named under a policy.

11.1

DIRECTORY OF ALLIED HEALTH PROFESSIONALS, ALTERNATIVE (COMPLEMENTARY) AND OTHER PRACTITIONERS

Allied Health Professionals
Chiropodist

Dietician
Midwife
Nurse (also including paediatric nurse)
Occupational therapist
Optometrist
Physiotherapist or Physical
Podiatrist

Speech therapist

A member of one of the following Societies:
>The
> Society for Chiropodists/Podiatrists
>Society
>
of Chiropodists and Podiatrists in Ireland
>Institute
>Irish
branch of the British Chiropody and Podiatry Association
> Irish Chiropodists/Podiatrists Organisation Ltd
A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)
A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and
Midwifery Board of Ireland).
A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board
of Ireland).
An occupational therapy professional who is registered with CORU (Health & Social Care Professionals Council)
An eye health professional who is registered with CORU (Health & Social Care Professionals Council)
A professional who is engaged in the assessment, treatment and management of musculoskeletal disorders
and registered with CORU (Health & Social Care Professionals Council) or is a member of the Irish Society of
Chartered Physiotherapists (ISCP)
branch of the British Chiropody and Podiatry Association
> Irish Chiropodists/Podiatrists Organisation Ltd.
A speech and language therapy professional who is registered with CORU (Health & Social Care Professionals
Council)

Alternative (Complementary) and Other Practitioners
Acupuncturist

A person who is on the professional register of one of the following bodies:
> Acupuncture Council of Ireland (TCMCI Ltd)
> Acupuncture Foundation Professional Association
> Professional Register of Traditional Chinese Medicine
Chiropractor
A member of one of the following Associations:
> Chiropractic Association of Ireland
>Mc
> Timony Chiropractic Association of Ireland
Massage therapist
A member of the Irish Massage Therapists Association or Athletic Rehabilitation Therapy Ireland.
Medical herbalist
A member of the Irish Institute of Medical herbalists (IIMH).
Nutritionist
A person who is registered with Nutritional Therapist of Ireland (NTOI)
Orthoptist
A person who holds a BSc or BMedSci in Orthoptics and is registered with the Irish Association of Orthoptists or
the British and Irish Orthoptist Society.
Psychologist
A member of the Irish Association for Counselling & Psychotherapy or a member of the Psychological Society of
Ireland.
Psychotherapist or Counsellor An accredited member of the Irish Association for Counselling and Psychotherapy (IACP) or the Irish Council for
Psychotherapy (ICP).

Reflexologist
A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.
Reiki practitioner
A member of Reiki Federation Ireland or the Reiki Association of Ireland

LISTS OF MEDICAL FACILITIES

Please refer to your Table of Cover to check the level of cover that applies to the following facilities.
Scan Facilities:
Approved MRI Scan Facilities

Approved
Cardiac List 5
Facility Type Location Direct
Settlement Scan
Facilities

Ulster Independent Clinic (Belfast)

Belfast

Yes

No

Covered

Bon Secours Hospital

Cork

Alliance Medical at Cork University Hospital

Alliance Medical Mater Private Cork

Scan centre

Affidea Cork, The Elysian

Alliance Medical at Mercy University Hospital

Southscan MRI at South Infirmary / Victoria University Hospital Public hospital

Alliance Medical at North West Independent Hospital

Derry

Affidea Letterkenny

Donegal

Alliance Medical Cherrywood, Dublin 18

Dublin

Alliance Medical at Charter Medical Group, Dublin 7

Affidea Dundrum, Rockfield Medical Campus, Balally,
Dublin 16

Affidea at The Meath Primary Care Centre, Dublin 8

Affidea Northwood, Santry, Dublin 9

Affidea Tallaght, Dublin 24

Beacon Hospital, Sandyford, Dublin 18

Blackrock Clinic, Co. Dublin

Bon Secours Hospital (Glasnevin), Dublin 9

Hermitage Clinic, Old Lucan Road, Dublin 20

Mater Private Hospital, Dublin 7

Sports Surgery Clinic, Santry, Dublin 9

St. [redacted]’s Hospital, Dublin 8

Covered**

Bon Secours Hospital, Renmore

Galway

Galway Clinic

Alliance Medical at Merlin Park

Alliance Medical Portiuncula

Alliance Medical at Bon Secours Tralee

Kerry

Alliance Medical at Clane General Hospital

Kildare

Affidea at Vista Primary Care Centre

Aut Even Hospital

Kilkenny

Affidea, Dean Street Clinic, Kilkenny

Alliance Medical at Bon Secours Diagnostic Imaging

Limerick

Limerick Clinic, City Gate House, Raheen Business Park
Alliance Medical at Our Lady Of Lourdes Hospital, Drogheda
Alliance Medical at Tullamore Regional Hospital
Affidea at Sligo General Hospital
Alliance Medical at South Tipperary General Hospital (Clonmel)

Louth
Offaly
Sligo
Tipperary

Affidea Dunmore Road, Waterford
UPMC Whitfield Clinic, Butlerstown North
Alliance Medical at Charter Medical Private Hospital,

Ballinderry

Waterford

Westmeath Yes

Approved CT Facilities

Facility
Type

Alliance Medical at Mater Private Cork
Bon Secours Hospital (Oncology CT only)
Beaumont Consultants Private Clinic, Santry, Dublin 9
Bon Secours Hospital, Glasnevin Dublin 9
Alliance Medical at Charter Medical, Dublin 7
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16
St. [redacted]’s Private Hospital, Dublin 4
Bon Secours, Tralee
Alliance Medical at Bon Secours Diagnostic Imaging
UPMC Whitfield, Butlerstown

Location Direct

20

Minor Injury Clinic:
Approved Direct Settlement Minor Injury
Clinics
Affidea Expresscare Clinic, The Elysian, Cork
Affidea Expresscare Clinic, Northwood, Dublin 9
Affidea Expresscare Clinic, Tallaght, Dublin 24
Affidea Expresscare Clinic, Vista, Naas
Approved Pay & Claim (including HSE)
Minor Injury Clinics
Ennis Injury Unit, Ennis Hospital
The Mercy Injury Unit, Gurranbraher
Mallow Injury Unit, Mallow General Hospital
Bantry Injury Unit, Bantry General Hospital
Children’s Hospital Ireland at Connolly, Blanchardstown
Mater Smithfield Rapid Injury Clinic, Dublin 7
St. Columcille’s Injury Unit, Loughlinstown, Co Dublin
St. [redacted]’s Injury Unit, St. [redacted]’s Hospital, Limerick
Dundalk Injury Unit, Louth County Hospital
Monaghan Injury Unit, Monaghan Hospital, Hill Street
Roscommon Injury Unit, Roscommon University Hospital
Nenagh Injury Unit, Tyone, Nenagh

Facility Type

Settlement

List 5

Minor Injury Clinic

Minor Injury Clinic (HSE)
Urgent Care Centre (CHI)

Clare
Monaghan
Roscommon

**Referrals must be made by an oncologist or other clinician at St. [redacted]’s

Hospital and must be related to the diagnosis, treatment or staging of a cancer. These lists are subject to change and are correct at time of going to print, July 2021. For the most up-to-date lists, visit [redacted]

LEGAL DISCLAIMER AND COPYRIGHT

All information included in this Membership Handbook is correct at time of going to print, July 2021. For full details and terms and conditions you can access Membership Handbooks on [redacted] or call us on [redacted].

SOLVENCY AND FINANCIAL CONDITION REPORT

Novaworks’s Solvency and Financial Conditions Report is available at [redacted]

[redacted]

Novaworks dac is regulated by the Central Bank of Ireland.
Registered Office: Novaworks Centre, Lower Abbey Street, Dublin 1, Ireland.

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