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A GUIDE  
TO HEALTH  
INSURANCE

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A GUIDE  
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INSURANCE BROKER HEALTH INSURANCE GUIDE

A GUIDE  
TO HEALTH  
INSURANCE

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.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

WHAT IS  
HEALTH  
INSURANCE?

Health insurance is a type of Health insurance policies are designed to protect people from the high costs of healthcare, which insurance that covers medical can be a significant financial burden for individuals and surgical expenses incurred by and families without adequate coverage. Health individuals or groups. 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.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

DO I NEED HEALTH  
INSURANCE IN  
IRELAND?

No, you do not have to have health However, having health insurance in place can offer great piece of mind in the event of an illness should insurance in Ireland, it is optional. 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.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

TYPES OF  
HEALTH  
INSURANCE

There are two basic types of private 1. Inpatient hospital cover:

This pays for services you receive if you  
health insurance cover.

are admitted to hospital, whether you  
stay the night or are treated as a day-

patient. 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.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

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

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IINNSSUURRAANNCCCEE BBRROOKKEERR AA GGUUIIDDEE TTOO HHEEAALLTTHH IINNSSUURRAANNCCCEE

ARE ALL MEDICAL

PROCEDURES

COVERED?

Health insurance will cover However, the type of health insurance plan you take out will have certain restrictions on what is inpatient procedures that are not covered. As the years have progressed, there medically necessary.

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.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

LIFETIME

COMMUNITY

RATING

One change to health insurance The Irish government introduced this legislation back in 2015 which altered the "community rating"

that has enticed younger people

which was a rule that everyone should be charged

to opt to purchase cover over the

the same rate. The new legislation means that a

last number of years has been the late entry loading will be applied to anyone who opts to join aged 35 or over.

introduction of "Lifetime

Community Rating". 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.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

THINK

ABOUT YOUR

LIFESTYLE.

As time has progressed, health It has been used in more of a proactive manner, with many plans now covering your gym insurance has been used for more

membership, consultations with dieticians and than just covering you in the counselling.

eventuality of an illness.

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 safeguarding themselves from certain illnesses.

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

DOES HEALTH

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

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

CHOOSING THE

BEST PLAN FOR

YOUR NEEDS

It is always important to think about • Age:

This will affect the price (see lifetime

the below when picking a health

community rating above)

insurance plan:

• 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?

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INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

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?

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WILL HEALTH

INSURANCE COVER

ME WHILE I TRAVEL?

It depends on the health insurance Some health insurance policies in Ireland may provide limited coverage for medical expenses policy you have and the country you incurred while traveling outside the country, while are traveling to.

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.

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## INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

### CAN I CLAIM

#### TAX-RELIEF?

If you pay health insurance to The relief is given as a discount on the cost of the policy, regardless of who the policy is for. This is an approved insurer, tax relief is known as tax relief at source (TRS). available. You do not need to claim

#### Adult policy

the tax relief from revenue.

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 the cost of the policy
- 20% of €500 (a credit of €100)

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## INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

### 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.

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## INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

### CAN YOU EARN

#### A NO CLAIMS

#### BONUS WITH

#### HEALTH INSURANCE?

No, you cannot earn a no claims No claims bonuses (NCBs) are typically associated with motor insurance and refer to a discount on bonus with health insurance 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.

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## IINNSSUURRAANNCCCEE BBRROOKKEERR AA GGUUIIDDEE TTOO HHEEAALLTTHH IINNSSUURRAANNCCCEE

### CAN ANYONE IN

#### IRELAND BUY

#### HEALTH INSURANCE

In general, anyone can buy health However, some factors may affect your ability to purchase health insurance, such as pre-existing insurance in Ireland, regardless medical conditions, age, and affordability. of their age, health status, or Health insurance providers in Ireland are required nationality.

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

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## INSURANCE BROKER A GUIDE TO HEALTH INSURANCE

WHERE DO

I GO FOR THE

RIGHT ADVICE?

There are many different health As an expert who knows the market, they will help you decide what kind of cover you need and policies on the market and the cost

choose the right insurer to meet your requirements

and cover provided vary. It is always

at the most reasonable cost. An Insurance Broker

best to talk to an Insurance Broker. 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.

Brokers Ireland is the largest trade association for

Insurance Brokers. Brokers Ireland members offer

the highest professional standards and financial

integrity, and always place the interests of their

clients first. Brokers Ireland members are regulated

by the Central Bank of Ireland.

An Insurance Broker will put your interests first. They work

for you, not the insurance company.

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Insurance Broker a Brokers Ireland initiative for all Insurance Brokers

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While every care has been taken in the production of this guidance, no legal responsibility or liability or Brokers Ireland in respect of any errors, omissions or misstatements. This publication is intended as advice. Readers are advised to seek independent professional advice before acting on anything contained in www.insurancebroker.ie

May 2023

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Membership

Handbook

Everyday Care Plans

July

2021

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Thank you for choosing

Irish Life Health

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(Complementary) and

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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.

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Day-To-Day Benefits

1 YOUR CONTRACT

What to look for Where to check

EVERYTHING YOU NEED TO KNOW ABOUT YOUR > What terms and conditions apply to the Your Membership benefit? Handbook

POLICY

> How can you claim?

Your contract with us is made up of the following:

> What does the benefit cover? The Lists or the Schedule

> Your Membership Handbook > Are there any further criteria? of Benefits (if applicable)

> Your completed Application Form, whether completed by you or on

As you can see, you will need to take many factors into account to see

your behalf (if applicable)

whether your health expenses are covered. Below is a short explanation

> Your policy documentation, which sets out your plan, your membership of the contractual documents and number, your commencement date and your next renewal date account to see if you are covered.  
> Your Table of Cover, which outlines the benefits in your plan and which

### MEMBERSHIP HANDBOOK

List of Medical Facilities applies to your plan  
> The Schedule of Benefits, which sets out the treatments and procedures This document:  
we cover > will help guide you through your health insurance cover  
> The Lists (explained below) > explains the general terms and conditions of your contract with us  
> Terms of Business > explains all our benefits including the terms and conditions which  
> Data Protection Statement apply to each (but please note that all these benefits may not be  
Health insurance policies are contracts between the insurer and the available on your plan)  
policyholder, because the policyholder (or in some cases their employer) > sets out the things that are r  
is the person who has arranged and paid for the policy. However, the terms > explains how to make a claim  
and conditions of this contract will apply to all plans and all claims made  
Section 12 of this Membership Handbook contains tables which show the  
under the policy. Therefore where we refer to 'you' and 'your' throughout  
medical facilities that are covered under our plans. They also show if we  
this Membership Handbook, we refer to both the policyholder and the  
pay them directly (known as direct settlement) or if you need to pay them  
member(s) listed on the policy. This also applies to members of group  
yourself and claim this back from us. Your Table of Cover shows which List of  
schemes. If you are a member of a group scheme where your employer has  
Medical Facilities applies to you.  
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. TABLE OF COVER  
You must ensure that the information that is provided to us when you Your Table of Cover sets out the ben  
are taking out a policy (whether in an application form or otherwise) is plan.  
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 THE SCHEDULE OF BENEFITS  
claim under the policy and some or all of the members' plans under the The Schedule of Benefits is section  
policy may be cancelled. This may also cause difficulty should you wish to section, and sets out the trea  
purchase health insurance elsewhere. of these need to be pre-authorised. It shows the clinical indicators  
must be present in order for a procedure or treatment to be covered for

### UNDERSTANDING YOUR COVER

example, for a CT scan.  
Health insurance cover can be difficult to understand so to help you check  
We would advise you to contact us or your health care provider before  
your cover we have set out a checklist below. We understand that it may  
undergoing your procedure or treatment to confirm whether it will be  
be difficult for you to figure out whether you are covered yourself so if  
covered by us. The Radiology section of the Schedule of Benefits can be  
you're in any way unsure, please call us on 1890 717 717 and we'll walk  
accessed on our website at [www.irishlifehealth.ie/privacy-and-legal/](http://www.irishlifehealth.ie/privacy-and-legal/)  
you through it.  
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  
These Lists show what is covered under certain benefits and in some cases  
Day-To-Day Benefits  
contain criteria which must be satisfied before the benefit will apply. We  
What to look for Where to check  
will let you know throughout this Membership Handbook or in your Table  
> Is the benefit covered under your plan? Your Table of Cover  
of Cover when it is necessary to refer to a List in connection with a benefit.  
> How much will we pay?  
The Lists are available on our website [www.irishlifehealth.ie/privacy-and-legal/](http://www.irishlifehealth.ie/privacy-and-legal/)  
> Is there an excess?  
and-legal/schedule-of-benefits. The following is a brief explanation of  
each of the Lists:

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1. The List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans Changes to the Lists of Medical F  
This list sets out the clinical indicators that must be satisfied for cardiac We may add medical facilities  
MRI and cardiac CT scans. time to time. We may also need to remove medical facilities from  
the Lists of Medical Facilities if our arrangement with those medical
2. List of Provider Partners  
facilities ends. The medical facilities which will be paid directly  
This list confirms the provider partners for which you can claim a benefit,  
by us may also change from time to time. See section 2.2 of this  
discount from or contribution from us under certain benefits.  
Membership Handbook for further details. You can find the most  
GROUND RULES current versions of these lists on our website or call us on 1890 717 717  
to check cover.  
We will only cover the costs of medical care which our medical advisers  
believe is an established treatment which is medically necessary. In Changes to The Lists  
addition we only cover reasonable and customary costs. We may need to make changes to the Lists from time  
the procedures, treatments and appliances that are covered under certain

### CLINICAL INDICATORS

benefits and review the clinical indications, conditions of payment and/  
In some cases medical criteria known as clinical indicators need to be or payment indicators that are app  
satisfied before our medical advisers will consider the treatment or current versions of these on our web  
procedure to be medically necessary. If clinical indicators apply, they will check cover.



> Nutritionist\*  
> Occupational therapist\*  
> Orthoptist\*  
> Podiatrist\*  
> Reflexologist\*  
> Reiki practitioner\*  
> Speech therapist\*  
> Minor Injury Clinic Cover This benefit allows you to claim back some of the charge imposed when you attend (Pay & Claim) injury clinic. An age restriction for minors may apply to the clinic's services, please check the centre in advance of travelling. You can find the most current list of minor injury clinics covered on our website [www.irishlifehealth.ie/hospital-lists](http://www.irishlifehealth.ie/hospital-lists)

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#### Day-to-Day Benefits

##### Benefit Description / Criteria

> Optical (eye test and/or glasses/contact lenses) This benefit allows you to claim back some of the costs of an eye test and glasses/contact lenses provided by a qualified optician, orthoptist, optometrist\* or an ophthalmologist\*  
> Pathology & Radiology This benefit allows you to claim back some of the costs of pathology and/or radiology (including 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 paid for by you, including 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 baby's delivery date.  
> GP and Prescriptions Under this benefit we will contribute towards the costs of attending a GP and/or pharmacist (including consultant, dentist or prescribing nurse\*) up to the limit listed on your Table of Cover. This benefit excludes the use of a remote GP advice line / digital consultation service - these services are provided through the Vantage Health app.  
> Psychotherapy and counselling This benefit allows a member to claim back some of the cost of attending a counsellor. This benefit 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.  
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 sickle cell disease 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 healthcare professional. Subsequent consultations, treatment or therapy is not covered under this benefit. If the consultation takes place at a hospital or clinic, all consultations must be received on an out-patient basis.  
> At Home Lipid or Iron Test Under this benefit we will contribute towards the cost of an at home Lipid or Iron Test once per policy year.  
> At Home STI Screening Under this benefit we will contribute towards the cost of an at home STI screening kit.  
> Mindfulness course Under this benefit you can claim a contribution from us towards the cost of an annual mindfulness course or Calm mindfulness apps or the cost of a mindfulness course or programme which is listed on the Qualifax website at [www.qualifax.ie](http://www.qualifax.ie).  
\* We will only cover the costs of visits to practitioners who have appropriate qualifications and registrations with the relevant regulatory bodies.  
\*\* We will only cover the costs of visits to practitioners who have appropriate qualifications and registrations with the relevant regulatory bodies.  
Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook.  
registrations which each practitioner must hold.

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#### How to claim

You need to pay the practitioner/health care provider yourself and then claim the amount that is covered by your original receipts and submitting them through our online claims tool (Irish Life Health Online Claims). Where your broker offers an online claiming facility, your receipts should be uploaded through their online facility. You must claim within six months of the end of your policy year. If your receipts are not received within these six months, you will not be able to claim. You should keep your original receipts for your own records and in case we request them to be resubmitted.

> 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.

##### Benefit Description / Criteria

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

#### How to claim

You can find the most current lists of facilities on our website [www.irishlifehealth.ie/hospital-lists](http://www.irishlifehealth.ie/hospital-lists). These lists can change from time to time.



#### Benefit Description / Criteria

Diagnostic Scans (in Under this benefit we will provide cover for the MRI or CT scans listed below when carried out in an approved centre) of Medical Facilities on pages 19-20 (i.e. an approved centre). The following criteria apply to scans covered:

##### MRI Scans

You must be referred by a consultant or GP. For MRI scans in St. James's Hospital you must be referred by a consultant or GP. For MRI scans in St. James's Hospital you must be referred by a consultant or GP. For MRI scans in St. James's Hospital you must be referred by a consultant or GP.

##### CT Scans

You must be referred by a consultant or GP. For CT scans in St. James's Hospital you must be referred by a consultant or GP. For CT scans in St. James's Hospital you must be referred by a consultant or GP.

##### Cardiac MRI Scans

You must be referred by a consultant. All cardiac MRI scans must be carried out in an approved cardiac MRI facility (see 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 CT facility (see tables of MRI and CT facilities in section 12 of this Membership Handbook). Calcium CT scoring is not covered. 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 tables of MRI and Cardiac CT Scans.

##### How to claim

If your scan is carried out in an approved centre (i.e. a scan facility that is covered in the appropriate Table of Cover) we will pay the scan facility directly up to the policy limit specified on your Table of Cover. There is no need to claim if you have an approved centre (i.e. a scan facility that is not covered in your List of Medical Facilities).

#### Benefit Description / Criteria

Virtual GP This benefit gives you unlimited consultations with a GP provided by Medical Solutions UK Limited. You can speak to a GP anytime day or night over the phone, or if you would prefer a face-to-face consultation this is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). If necessary, through this service you can 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 is not used for emergencies or urgent conditions as this may delay necessary treatment.

##### How to claim

Please call 1890 100 048 (or 0044 203 858 3892 from abroad) with your membership number to access this benefit.

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#### Benefit Description / Criteria

Virtual Physio This benefit gives you access to consultations with a Chartered Physiotherapist provided by Medical Solutions UK Limited as Health Hero\*\*. 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 and provide a clinically appropriate treatment plan which may or may not include further consultations. There is a limit on the number of consultations available per policy year but this will be detailed on your Table of Cover. This benefit is not available for members who are currently pregnant without written clearance from their GP or for members who are recovering from surgery seeking rehabilitation after recent surgery. This benefit is only available to members who are 16 years and over. This service should not be used for emergencies or urgent conditions as this may delay necessary treatment.

##### How to claim

Please call 01 582 6400 between 09:00 and 17:30, Monday to Friday (excluding bank holidays) with your membership number to access this benefit.

#### Benefit Description / Criteria

Virtual Mental Health This benefit gives you access to a dedicated counselling service provided by Medical Solutions UK Limited as Therapist 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 history and provide a clinically appropriate treatment plan which may or may not include further consultations. There is a limit on the number of consultations available per policy year but this will be detailed on your Table of Cover. This benefit is not available for members who are 18 years and over and only relates to counselling provided by Medical Solutions UK Limited as Therapist Hero\*\*. This service should not be used for emergencies or urgent conditions as this may delay necessary treatment.

##### How to claim

Please call 01 582 6400 between 09:00 and 17:30, Monday to Friday (excluding bank holidays) with your membership number to access this benefit.

\*\* The provider partners named under these benefits may change from time to time. Provider partner benefits are outside of our control. We are not responsible for the content of the websites of these providers.

#### 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 treatment per visit or per policy year. There may be a limit to the number of times in your policy year that you can claim for a particular service. In addition the number of refunds that you can claim for specific services (known as "combined visits"). Please note that there may be a limit on the total amount that we will pay for a particular service. We will apply before the deduction of any applicable policy excess.

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#### Benefit Description / Criteria

##### 2.2 OVERSEAS BENEFITS

We will not cover:

- > non-medical expenses;

##### EMERGENCY IN-PATIENT TREATMENT ABROAD

- > costs incurred where you did not stay

Our Hospital bill for in-patient treatment benefit provides cover towards the cost of your overnight in hospital treatment.

- > medical care that has not been authorised

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 [www.ehic.ie](http://www.ehic.ie)).

> medical care that could be delayed until your  
All claims will be assessed and settled in euro. Irish Life Health will use return to Ireland.  
the foreign exchange rate which applied at the date of the invoice from  
How to claim  
the medical facility abroad.  
We must authorise and arrange your in-patient emergency care. You must  
Waiting periods may also apply, please see section 6. call our international assistance number 00353 148  
discharged from the medical facility where you received your emergency  
Where you have not been admitted overnight for treatment as an  
medical care. You will also need to provide us with details of your travel  
in-patient, some of the costs incurred may be claimed under your day to insurance and your European Health  
day benefits, please refer to your table of cover to see what benefits you contact our international assistance  
your behalf.  
may claim for and whether these are subject to an excess.  
You must pay the medical facility and health care providers yourself and  
Emergency In-patient Treatment Abroad claim the amount covered under this benefit back from us. You will  
submit your original receipts to us to do so. You should send all receipts to  
Benefit Description / Criteria  
us in an envelope with your name, address and membership number (see  
Hospital bill for in- Under this benefit we will contribute towards section 10 of this Membership Handbook  
patient treatment your medical costs for emergency care in a return your original receipts to you, so we  
medical facility abroad whilst on a temporary your receipts for your records.  
stay abroad not exceeding 31 days in duration  
where: Please note that our Hospital bill for in-patient treatment benefit will not  
apply where your emergency care is required:  
> The emergency care is medically necessary;  
> The emergency care is authorised and > for a nervous, mental or psychiatric condition;  
arranged by Irish Life Health; > for conditions and/or injuries arising from excessive alcohol  
> You are required to stay overnight or longer in consumption;  
a hospital bed  
> for conditions and/or injuries arising from substance abuse;  
> You began your emergency care abroad within  
31 days of your departure from Ireland; > for conditions and/or injuries arising from deliberately injuring  
> You receive the emergency care in an yourself;  
internationally recognised hospital;  
> for conditions and/or injuries arising from your own negligence;  
> You have not travelled against medical  
> for conditions and/or injuries arising from hazardous sports;  
advice;  
> You were not suffering from a terminal illness > for conditions and/or injuries arising from breaking traffic  
when you left Ireland; and > for conditions and/or injuries arising from air travel unless as a  
> You did not suspect when you left Ireland passenger on a licensed aircraft operated by a commercial airline  
that you might require any medical care when  
> in a country in which the Irish Department of Foreign Affairs has  
you were abroad and a reasonable person in  
your position would not have suspected that recommended that you should avoid non-essential travel or not  
you would require any medical care when you travel; and  
were abroad.  
> for giving birth where you travelled abroad intending to give birth  
You must pay the medical facility yourself and  
abroad or it could reasonably have been expected at the time of your  
claim the benefit from us. There is a maximum  
amount that can be claimed under this benefit departure that you would give birth abroad.  
on your plan. This will be shown in your Table  
of Cover.  
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.

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> Any psychologists fees other than those covered under the  
3 EXCLUSIONS FROM YOUR COVER  
psychotherapy and counselling benefit;  
> The cost of drugs or medication unless they are covered under a Day-  
We do not cover the following (subject to compliance with the Minimum  
to-day Benefit or other benefit;  
Benefit Regulations as they apply to your cover):  
> The cost of rehabilitation services;  
> Any costs that are not covered under a benefit listed on your Table  
> Any costs, legal or otherwise, incurred by a member as a result of  
of Cover;  
making a claim or taking legal action against any person/company/  
> Any costs incurred whilst a waiting period applies;  
public body;  
> The cost of any medical care that our medical advisers believe is not  
> Medical expenses imposed for non-attendance or late cancellation of  
medically necessary;  
an appointment;  
> Any costs that our medical advisers believe are not reasonable and  
> The costs of medical certificates, medical records / reports, or the  
customary costs;

costs associated with obtaining details of medical history;

> The cost of any medical care that our medical advisers believe is not

> Differences in foreign exchange rates, bank charges or other charges

an established treatment;

applied to foreign exchange.

> Any costs incurred in a medical facility that is not covered under your plan;

#### 4 YOUR POLICY

> Any costs arising from or related to medical care not covered by Irish

Life Health, including subsequent treatments, procedures or medical

#### JOINING IRISH LIFE HEALTH

care which are required as a result of such medical care;

Your plan/policy lasts for one year which means that your policy/plan will

> Any shortfalls due to currency exchange fluctuations;

run until the renewal date shown on your policy documentation unless

> The costs of any form of vaccination except that covered under our

cancelled by the policyholder or by us for the reasons outlined in this

vaccination benefit as a Day-to-day Benefit;

Membership Handbook. As soon as we receive your first premium, you will

> Any remote or virtual consultations that are not covered under our be covered from your chosen commencement

Virtual GP, Virtual Physio or Virtual Mental Health Therapist benefits

and conditions of your policy. When you've joined, you will have access to

through our partner provider;

the secure membership area of our website where you can make changes

> Any costs associated with birth control, infertility treatment, assisted to your cover and to your personal

reproduction or their reversal except where such costs are listed on email, phone, SMS and through your I

your Table of Cover. area. Please note that if you are a group scheme member you may not

> Any costs relating to participation in clinical studies or trials; be able to make changes to your plan

of our website. Please see section 8 for further details on group schemes.

> Any costs arising from or related to injury or illness caused by virtue

of war, chemical, biological or nuclear disasters, civil disobedience or You may add your newborn to your

any act of terrorism; renewal after his/her birth. The newborn must be added within 13 weeks

> The cost of any medical care or other goods or services provided by a of the date of birth or waiting p

member of the insured's immediate family unless this is pre-authorised

#### CHANGING YOUR POLICY

by Irish Life Health;

The policyholder can make changes to their policy or any of the plans

> Expenses for which you are not liable;

listed on their policy at any time by logging onto the membership area on

> The cost of any medical care or other goods or services which were

our website ([www.irishlifehealth.ie/members/manage-my-plan](http://www.irishlifehealth.ie/members/manage-my-plan)) or by

not received by you;

contacting us (or their broker) directly. Changes can affect the premium

> Any costs not incurred during your policy year;

that is payable. If a change is made to the policy, we will issue new policy

> Any costs associated with the treatment of symptoms which are not

documents to the policyholder as soon as the change is completed. We

due to any underlying disease, illness or injury;

cannot take instructions to make changes to the policy or any of the

> Nursery fees;

plans listed on the policy from a member. However, the policyholder can

> The cost of ophthalmic procedures for correction of short-sightedness, nominate a person to act on their

long-sightedness or astigmatism where the procedure is being any of the plans. If you wish to nominate someone

performed to avoid wearing glasses or contact lenses; to us and let us know if they have authority to act

> The cost of any medical care which is performed by, or under the just specific plans.

direction of, a consultant who is not registered with the Irish Medical

Where a plan is altered prior to the end of the policy year, the Day-to-day

Council as a specialist in the area in question;

Benefits will be applied on a pro-rata basis.

> The cost of health screening except where the costs are covered under

our health screening benefit;

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RENEWING YOUR PLAN 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,

To renew your membership:

we will reimburse the policyholder for the cover the members have not

> If you pay in monthly instalments by direct debit, simply continue to

received – i.e. from the Cancellation Date until the next renewal date.

make your direct debit payments. We will automatically renew your

Please note we will apply a mid-term cancellation charge (you can find

policy.

more information about this charge in the paragraph below). We will not

> If you pay your annual premium in advance by credit card, please

return the amount of premium for any cover received before the date of

contact us to arrange payment and renew your policy (see section 10

cancellation. If we cancel a fully paid policy or plan before the end of the

of this Membership Handbook for our contact details).

policy year due to the provision of incorrect information or fraud, we will

Where your premium is collected by monthly direct debit via your broker, not refund any of the premium then

your monthly direct debit will automatically roll over at your next

renewal date. If you wish to amend this, change your bank details, or MID-TERM CANCELLATION CHARGE

change your method of payment to an annual payment, please contact We will apply a mid-term cancellation your broker directly.

> you choose to cancel your policy or any of the plans listed in your policy before the end of your policy year;

**CANCELLING YOUR POLICY**

> we are forced to cancel your policy or any of the plans listed in your Your policy or any of the plans listed on your policy may be cancelled policy due to non-payment of premium, because you or any of the before the end of your policy year for one of three reasons:

members on the policy try to claim when you're/they're not entitled to

1) You no longer want health insurance with Irish Life Health or because you have provided us with incorrect information.

The policyholder can choose to cancel the policy or any of the plans listed We reserve the right to deduct the amount for the mid-term cancellation on the policy at any time. To do this, they just need to call our customer charge against any amount due to be refunded. In all other cases we services team or let us know in writing. If we're asked to remove a will send you an invoice in respect of the mid-term cancellation charge. 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 COOLING OFF the policyholder's responsibility to inform the members on their policy You can cancel your policy free of charge within 14 days from the date of any changes that affect their cover.

the policy was entered into or from the date you are given the policy

2) Premiums are not kept up to date documentation, whichever is the later. This is known as the cooling off We will cancel the policy or any of the plans listed on your policy if you do period. We'll give you a full not pay your premium when it falls due. We will cancel the policy or any of has made a claim during this the plans listed on the policy from the date that your premiums were paid up with effect from a date later to (the Cancellation Date). We will not pay any claims for goods or services providing health insurance or received after the Cancellation Date. We will send you a letter or email will apply a mid-term cancellation giving you 14 days' notice of our intention to cancel. We will send this to the last postal or email address you provided. **PAYING YOUR PREMIUMS**

3) Incorrect information / fraud All premiums must be paid in euro. You can pay your premium monthly by We may cancel the policy or any of the plans on the policy if direct debit or annually, in full, by debit

> we are provided with incorrect information about any of the members If you have chosen to pay by direct named on the policy; or 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

> if any of the members named on your policy try to or make a be more or less than your monthly premium if your policy start date is fraudulent claim.

different to your chosen direct debit collection date. This may also occur

**CONSEQUENCES OF CANCELLATION** if you decide to change your direct debit collection date mid policy year. Once a plan is cancelled, the member will no longer be covered. We will Where your premium is collected by not pay any claims for goods or services received after the Cancellation will automatically roll over at Date. We will be entitled to recover any claim amount paid to a member your bank details or change to an for goods or services received after the Cancellation Date. The Day-to- broker directly.

day 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.

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> We will not return the original receipts you send us as part of your

**5 GENERAL TERMS AND CONDITIONS**

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

**GENERAL RULES**

time you submit them to us;

> Your policy is governed at all times by the laws of Ireland and the > We will not pay your claim where exclusive jurisdiction of the courts of Ireland; the terms of our contractual documents;

> All policy documents and communications to members will be in > We have absolute discretion whether or English. We can provide policy documents and/or communications in rights. Failure to exercise our legal rights in braille or large print if requested; doing so in the future;

> You can only take out health insurance in Ireland if you are a resident > Irish Life Health and our agents of Ireland. If you are not a resident of Ireland we will not be able to information which relates to the provide you with health insurance cover and we will decline any claims you are claiming for (including you made by you whilst you are not a resident of Ireland; the opinion that access to such information is required

> You may be required to validate the information contained in your claim and/or detect or prevent fraud. claim form. We may contact you during the claims process for this facility and health care providers with purpose; to allow them to release such information to Irish Life Health and

> Where the amount that can be claimed under a benefit is greater than our agents. We will not pay your claim the amount you have been charged for the goods or services that are access to any information which we be covered under that benefit, we will only cover the amount that you process the claim or detect fraud; have been charged subject to any excess, shortfall or co-payment > If any provision of this Membership Handbook which may apply; or administrative body of competent jurisdiction to be invalid or

> Where we cover the cost of goods or services that you have received as unenforceable, the invalidity or a result of an accident or injury for which another person/company/ shall not affect the other provisions public body may be liable and you make a claim or take legal action all provisions not affected by such information against such other person/company/public body, you must include the remain in full force and effect.

cost of the goods or services covered by us in the damages you seek > Any dispute between you and us (about to recover from the person/company/public body. If you successfully the amount to be paid, where the amount

recover some or all of the costs covered by Irish Life Health, by more) must be referred (within 12 months of the date of the dispute) to an arbitrator appointed jointly by you and the insurer. The costs of pursuing such a claim or legal action; on the arbitrator and the decision of that arbitrator will be final. We

> Where you (or any other person for whom you are seeking health may not refer the dispute to arbitration (insurance) hold any form of health insurance with another company the amount of the claim is less than €5000 you must let us know at the inception of your policy. Where the costs of a dispute to arbitration within 12 months of the date of the dispute are covered under your plan with Irish Life abandoned.

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;

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#### PRE-EXISTING CONDITION WAITING PERIODS

##### 6 WAITING PERIODS

Where you make a claim which relates to a pre-existing condition, a pre-existing condition 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 ailment, illness or condition, to which you are entitled under your plan. Time served on a day to day basis in the six months before you took out health insurance with more comprehensive cover, for example, a plan with in-patient had lapsed for more than 13 weeks. Previous foreign health insurance coverage is not taken into account for waiting periods. There are a number of different types of existing condition waiting period. waiting periods: whether your claim relates to a pre-existing condition. Their decision is

> Initial waiting periods final.

> Pre-existing condition waiting periods Pre-existing condition waiting periods do not apply in the following circumstances:

> Upgrade waiting periods circumstances:

> To claims made in respect of children who have been added to your INITIAL WAITING PERIODS policy within 13 weeks of the date of their birth

Initial waiting periods apply when you take out health insurance for > To claims made in respect of adopted children who have been added to your policy within 13 weeks of the first time or when you take out health insurance after your health to your policy within 13 weeks of the date you took out health insurance has lapsed for more than 13 weeks. You will not be covered The following table sets out the pre-existing condition waiting periods applied by Irish Life Health. These waiting periods will apply from the date you took out health insurance (with or another insurer), or from the date you took out health insurance (with or another insurer) after your health insurance had lapsed for more than 13 weeks.

> To claims made in respect of adopted children who have been added to your policy within 13 weeks of the date of their adoption

Pre-Existing Condition Waiting Periods

> To claims in respect of emergency care for accidents and injuries.

Benefit Under 55 years 55 years and over

The table below sets out the initial waiting periods applied by Irish Life Health. These waiting periods will apply from the date you took out health insurance with Irish Life Health or another insurer for the first time, or, from the date you took out health insurance with Irish Life Health or another insurer after your health insurance had lapsed for more than 13 weeks.

centres)

None

Minor Injury Clinic Cover

Initial Waiting Periods

Minor Injury Clinic Cover (Pay Benefit Under 55 years 55 years and over & Claim)

old older

Overseas Benefits 26 weeks

All Day to Day Benefits None 26 weeks

Diagnostic Scans (in approved centres)

Minor Injury Clinic Cover None

Minor Injury Clinic Cover (Pay Benefit Under 55 years 55 years and over & Claim)

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UPGRADE WAITING PERIODS

7 FRAUD POLICY

An upgrade waiting period will apply when you upgrade your cover (i.e. you purchase a plan with more comprehensive cover than your previous

behalf. We do regular audits of all claims. In all instances where fraud plan). This may happen if you change your plan with us or when coming to is suspected, we will carry out a full and comprehensive investigation. If Irish Life Health from another health insurer. We will apply an upgrade a claim submitted by you or on your behalf is found to be fraudulent or waiting period to claims where your treatment relates to a pre-existing dishonest in any way, the claim will be declined in its entirety, benefits condition. Where an upgrade waiting period applies, we will cover you up under the policy will be forfeited and the policy and/or any plans listed to the level that was available under the benefit that you are claiming of on the policy may be cancelled. We reserve the right to refer the matter your previous plan. Where the benefit you are claiming was not available and details of the fraudulent claim to the appropriate authorities for on your previous plan, you will not be covered. prosecution.

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

#### 8 GROUP SCHEMES

> you took out health insurance for the first time

If your plan was started as part of a group scheme arrangement and the

> or you took out health insurance after your health insurance had group scheme sponsor is acting on your behalf, you agree that the group lapsed for more than 13 weeks.

scheme sponsor will have the following powers and responsibilities for the

> or you upgraded your cover to a higher level plan

policy:

In these circumstances, you will be covered up to the level of cover that

> The group scheme sponsor may instruct us to start and cancel the was available on the plan that you previously held before upgrading your policy;

cover. Please see the upgrade waiting period table below for the details

> The group scheme sponsor may instruct us to change your plan or of upgrade waiting periods by benefit type. Our medical advisers will level of cover;

determine when your ailment, illness or condition commenced. Their

> The group scheme sponsor may instruct us to add or reduce the decision is final.

number of members on the policy;

The table below sets out the upgrade waiting periods applied by Irish

> The group scheme sponsor may amend or cancel any or all of the Life Health. These waiting periods will apply from the date you upgraded. plans listed under the policy;

Upgrade Waiting Periods > The group scheme sponsor must ensure that all premiums are paid on time as unpaid premiums may impact whether claims are paid;

Benefit Under 55 years 55 years

old and older > The group scheme sponsor must ensure that all adequate consents

Overseas Benefits 2 years from members are obtained prior to the policy entering into force, including consents from members for the processing of their personal

All Day to Day Benefits None 26 weeks

data.

Diagnostic Scans (in approved

centres) Members who are part of a group scheme arrangement may require the

permission of the group scheme sponsor to amend their cover. In such

Minor Injury Clinic Cover None

circumstances, the members may be required to pay additional premium

Minor Injury Clinic Cover (Pay

& Claim) 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.

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#### APPEALS

##### 9 PREMIUM CHANGES

Should you wish to appeal a claim decision, you can contact the

We may change the premium payable for our plans from time to time.

Customer Care Team:

These changes will not affect you until your next renewal date unless you

> By phone on 1890 717 717

change your plan during your policy year. Please note that we deduct your

> By email: [heretohelp@irishlifehealth.ie](mailto:heretohelp@irishlifehealth.ie)

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 > By post at: Claims Support Team

and may be changed at any time which is outside our control. We are If you remain dissatisfied with the a

legally obliged to apply tax changes immediately and this may result in appeal to the Financial Services

a change to the amount that you are required to pay to us for the plans following address:

listed in your policy.

Financial Services and Pensions Ombudsman

Lincoln House,  
Lincoln Place,  
10 YOUR CONTACTS  
Dublin 2,

When contacting our numbers below, please quote your membership D02 VH29.

number which is detailed on your digital membership card or policy Telephone: (01) 567 7000  
documentation.

Email: info@fspo.ie

IRISH LIFE HEALTH CUSTOMER SERVICE TEAM Website: www.fspo.ie

Contact us should you have any queries or in order to obtain pre-  
INTERNATIONAL ASSISTANCE NUMBER  
authorisation.

You must call this number in advance of receiving any emergency care

Address: Customer Care Team, Irish Life Health dac,  
outside Ireland.

PO Box 13028, Dublin 1

Telephone: 00353 148 17840

E-mail: heretohelp@irishlifehealth.ie

Telephone: 1890 717 717 or 021 480 2040

#### COMPLAINTS

CORPORATE ENQUIRIES 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

E-mail: justaskus@irishlifehealth.ie

deal with your complaint as effectively and quickly as possible.

Telephone: 1890 721 721

If you arranged your cover through broker initially then you should direct

CLAIMS SUBMISSION your complaint to the broker through whom you arranged your cover.

For Day to Day claims, submit your receipts through our online claims

Alternatively you can contact the Complaints Team:

tool (Irish Life Health Online Claiming) in your member area on

> By phone on 1890 717 717

www.irishlifehealth.ie or where your broker offers an online claiming

> By email: heretohelp@irishlifehealth.ie

facility, your receipts should be uploaded through their online claiming

> By post at: The Complaints Team, PO Box 13028, Dublin 1

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 If you remain dissatisfied with

and reclaim In-patient claims, send your receipts to Claims Team, Irish to the Financial Services and Per

Life Health dac, PO Box 13028, Dublin 1 address:

Financial Services and Pensions Ombudsman

Lincoln House,

Lincoln Place,

Dublin 2,

D02 VH29.

Telephone: (01) 567 7000

Email: info@fspo.ie

Website: www.fspo.ie

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#### DENTIST

##### 11 DEFINITIONS

A dental practitioner, who:

ACCIDENT > holds a current full registration with the Irish Dental Council,

An incident that happens unexpectedly and unintentionally, resulting in > is on the Register of Dentists,

injury. > is qualified to practice as a primary medical care physician,

> holds a primary medical qualification

#### ACUTE

Short and sharp onset and which requires immediate medical attention. DIRECT SETTLEMENT

Where we settle your bill with your medical facility or health care providers

#### AUTHORISE(D)

directly so you don't have to pay them and claim it back from us.

Irish Life Health must agree before certain treatments and procedures will

be covered, you must call Irish Life Health to seek authorisation. EEA

The EEA includes EU countries and also Iceland, Liechtenstein and

#### BENEFIT

Norway.

Benefits are the individual pieces of cover that make up your plan. Each

benefit covers a different type of medical expense or associated cost. E.G.

An abbreviation meaning "for example".

#### CLAIM

Where a member (or a medical facility or a health care provider on their EMERGENCY CARE

behalf) requests payment from Irish Life Health of the costs that are Medical care required to treat a su

covered by a benefit available under their plan. surgical condition that without medical care within 48 h

result in death or cause serious impairment of critical bodily functions.

#### CLINICAL ENVIRONMENT

A hospital, out-patient facility or clinic that is involved in the direct ESTABLISHED TREATMENT

medical observation, assessment and treatment of patients. A treatment or procedure that is, in the opini

an established clinical practice for the purpose for which it has been

#### CLINICAL INDICATORS

prescribed, is supported by publication in Irish or international peer

The medical criteria that must be satisfied in order for a treatment

reviewed journals, and is proven and not experimental.

or procedure to be deemed to be medically necessary by our medical advisers. EXCESS

The part of a claim which must be paid by the member and which applies CONSULTANT

after all co-payments and shortfalls are paid.

Consultant means a medical practitioner who:

FIRST DEGREE RELATIVE

> is engaged in hospital practice;

> holds all necessary qualifications to act as a consultant in the A blood related parent, brother, sister or spouse in the Republic of Ireland;

FOLLOW ON CARE

> by reason of his/her training, skill and experience in a designated Medical care received after emergency care ends including convalescence specialty (including appropriate specialist training) is consulted by or rehabilitation.

other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care GENERAL PRACTITIONER / GP on which he or she has been consulted, without supervision in

A medical practitioner who holds all necessary qualifications to act as a professional matters by any other person and;

general practitioner in Ireland, holds a current full registration with the

> holds a current full registration as a specialist with the Medical

Irish Medical Council and is registered with Irish Life Health.

Council of Ireland and is listed on the Specialist Division of the

Register of Medical Practitioners maintained by the Medical Council GROUP SCHEME

of Ireland. A collection of members who are insured by Irish Life Health as a group

In relation to treatments and procedures which are performed outside under the instructions of a group sponsor

Ireland, a consultant is a surgeon, physician or anaesthetist who is

GROUP SCHEME SPONSOR

legally qualified and recognised to provide the treatment or procedure in

that country on a tertiary referral basis. A group scheme sponsor is a natural or legal person whether an individual, employer, association, professional body or otherwise who arranges or

facilitates for a group of persons to receive health insurance cover from

Irish Life Health as a group scheme.

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HAZARDOUS SPORTS MEDICALLY NECESSARY

Any dangerous sporting activity including, but not limited to: hunting, Medical care which is prescribed shooting, mountaineering, rock climbing, motor sports including motor surgeon or periodontist, and which, cycle sport, quad-biking, aviation other than as a fare paying passenger, advisers, is generally accepted ballooning, bungee jumping, hang gliding, microlighting, parachuting, standards or medical practice and:

paragliding or parasailing, potholing or caving, power boat racing,

i) is consistent with the member's symptoms or diagnosis or treatment;

water rafting, competitive yachting or sailing, bobsleighbing, off-piste

ii) is necessary for such a diagnosis or treatment;

skiing, competitive canoeing or kayaking, boxing, wrestling, karate,

judo or martial arts, scuba diving, any professional sporting activity, or iii) is not provided primarily

extreme sports such as free diving, base jumping and ice climbing. medical facility or health care provided

iv) is furnished at the most appropriate level, which can be safely and

HEALTH CARE PROVIDER

effectively provided to the member;

A consultant, GP, dentist, oral surgeon or periodontist.

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

I.E. 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 were actual, significant, based on appropriate research and able to pass

INJURY

the legislative requirements (if any) and relevant medical regulations

A wound or trauma inflicted on the body by an external force. imposed by the relevant European Medical Association and is not subject to limitation by the Regulatory or Advisory bodies.

IN-PATIENT

A patient who is admitted to a medical facility and who occupies a bed MEMBER

overnight or for longer for medically necessary reasons. A person named on a policyholder's policy. Each to the level of benefits available under the plan assigned to him/her by

IRISH LIFE HEALTH

the policyholder.

Irish Life Health dac.

MEMBERSHIP NUMBER

HOSPITAL COSTS

The number assigned by us to a member. Each person named on the

Charges imposed by a medical facility on an in-patient for medically

policy has a separate membership number, as set out in the policy

necessary services provided by such medical facility to such in-patient, documentation.

excluding the costs of take home drugs and the costs of telephone

calls made whilst the patient was admitted. The professional fees of MINIMUM BENEFIT REGULATIONS

consultants are not part of your hospital costs. The Health Insurance Act 1994 S.I. 83/1996 (Minimum Benefit Regulations) 1996 made pursuant to the Health Insurance Act 1994 as amended. The

INTERNATIONALLY RECOGNISED HOSPITAL

Minimum Benefit Regulations set out the minimum payments that all



An institution that is, in the opinion of our medical advisers, legally health insurers must make in respect of health services that are listed in licensed as a medical or surgical hospital under the laws of the country those regulations. These health services are known as prescribed health in which it is situated.

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 IRELAND

prescribed health services.

The Republic of Ireland excluding Northern Ireland.

NEWBORN

MEDICAL ADVISER

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

A fully qualified GP, consultant or nurse who holds all the necessary registrations to practice in Ireland and who provides medical advice to OUT-PATIENT Irish Life Health.

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

MEDICAL CARE

Care relating to the science or practice of medicine. PLAN

A package of health insurance benefits. Policyholders choose the plans

MEDICAL FACILITY

which apply to each member named on their policy when they take out

A hospital, scan centre, or treatment centre.

their policy.

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POLICY REHABILITATION

The health insurance contract between the policyholder and Irish Life Long term, sub-acute treatment that Health under which the policyholder and members (if applicable) are maximum physical or mental capabilities insured by Irish Life Health. injury that cannot normally be restored by medical care.

POLICYHOLDER RENEWAL DATE

The person who holds a contract of insurance with Irish Life Health for The day after the final day of a the benefit of themselves and the members named on their policy. The renewal date is shown on the policy policyholder is responsible for paying the premiums for all the plans

SUBSTANCE ABUSE

listed in that policy.

A mental or physical condition caused directly or indirectly by taking

POLICY YEAR

any chemical substance or solvent unless a general practitioner or

The period for which a policyholder and members are insured under a consultant has prescribed it. policy. All policies run for a period of one year.

TAX RELIEF

PRE-AUTHORISATION / PRE-AUTHORISED / PRE-

Tax relief on health insurance payments. Everybody is entitled to tax

AUTHORISE

relief on some or all of the premium they pay for health insurance. Tax

Irish Life Health must agree in advance before certain treatments and relief on health insurance premiums procedures will be covered. This consent is known as pre-authorisation. we claim your tax relief from the and automatically reduce the premium you pay us for the plans listed on

PRE-EXISTING CONDITION

your policy by this amount.

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 TERMINAL ILLNESS

months ending on the day on which you became insured for the first An incurable disease, which, in the op time or took out health insurance after a break in cover for more than attending consultant, will result 13 weeks.

TRANSPLANTS

PRIVATE HOSPITAL

The transfer of tissue or organ(s) from its original position to a new

A hospital categorised as a private hospital in the tables of medical position(s) necessary to treat irre facilities in section 12 of this Membership Handbook. relevant tissue or organ(s) including heart, combin lung (single and bilateral), simultaneous pancreas and kidney, liver,

PROCEDURE

small bowel, kidney, simultaneous small bowel and liver, bone marrow

A medical process or course of action. Use of the term 'procedure' will or stem cells and which are subject to the National Waiting List for include surgical procedures, where appropriate.

Organ Transplants.

PRO-RATA

TREATMENT

In proportion, proportional or proportionally as appropriate. Where

Any health service a person needs for the medical investigation, cure, or benefits are available on a pro-rata basis, the benefit entitlement may be alleviation of the symptoms of illness or injury.

adjusted based on the number of days the member is actually insured for.

VISIT

PUBLIC HOSPITAL

A consultation with an approved medical provider, allied health

A publicly funded hospital other than a nursing home which provides professional, specified provider partner or other practitioner listed in services to a person pursuant to his or her entitlements under Chapter

this handbook.

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 WE, US Membership Handbook. Irish Life Health dac.

#### QUALIFIED PRACTITIONER WORKING DAY

A fully qualified GP, consultant or nurse who holds all the necessary Monday to Friday excluding bank holidays registrations to practice in Ireland

YOU, YOUR

#### REASONABLE AND CUSTOMARY COSTS

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

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.

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#### DIRECTORY OF ALLIED HEALTH PROFESSIONALS, ALTERNATIVE

##### 11.1

##### (COMPLEMENTARY) AND OTHER PRACTITIONERS

##### Allied Health Professionals

Chiropodist A member of one of the following Societies:

- > The Society for Chiropodists/Podiatrists
- > Society of Chiropodists and Podiatrists in Ireland
- > Institute of Chiropodists and Podiatrists in Ireland
- > Irish branch of the British Chiropody and Podiatry Association
- > The Irish Chiropodists/Podiatrists Organisation Ltd

Dietician A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)

Midwife A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing Midwifery Board of Ireland).

Nurse (also including A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing paediatric nurse) of Ireland).

Occupational therapist An occupational therapy professional who is registered with CORU (Health & Social Care Professionals Council)

Optometrist An eye health professional who is registered with CORU (Health & Social Care Professionals Council)

Physiotherapist or Physical A professional who is engaged in the assessment, treatment and management of physical conditions

Therapist and registered with CORU (Health & Social Care Professionals Council) or is a member of the Irish Physiotherapy Association (ISCP)

Chartered Physiotherapists (ISCP)

Podiatrist A member of one of the following Societies:

- > The Society for Chiropodists/Podiatrists
- > Society of Chiropodists and Podiatrists in Ireland
- > Institute of Chiropodists and Podiatrists in Ireland
- > Irish branch of the British Chiropody and Podiatry Association
- > The Irish Chiropodists/Podiatrists Organisation Ltd.

Speech therapist 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:

- > The Acupuncture Council of Ireland (TCMCI Ltd)
- > The Acupuncture Foundation Professional Association
- > The Professional Register of Traditional Chinese Medicine

Chiropractor A member of one of the following Associations:

- > The Chiropractic Association of Ireland
- > Mc Timony Chiropractic Association of Ireland

Massage therapist A member of the Irish Massage Therapists Association or Athletic Rehabilitation Therapy Association

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 (ICP).

Reflexologist A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute or the International Association of Reflexologists

Reiki practitioner A member of Reiki Federation Ireland or the Reiki Association of Ireland

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#### 12 LISTS OF MEDICAL FACILITIES

Please refer to your Table of Cover to check the level of cover that applies to the following facilities.

Approved

Scan Facilities: Direct Cardiac

Facility Type Location List 5

Approved MRI Scan Facilities Settlement Scan

Facilities

Ulster Independent Clinic (Belfast) Private hospital Belfast Yes No Covered

Bon Secours Hospital Private hospital Cork Yes No Covered

Alliance Medical at Cork University Hospital Public hospital Cork Yes Yes Covered

Alliance Medical Mater Private Cork Scan centre Cork Yes Yes Covered

Affidea Cork, The Elysian Scan centre Cork Yes No Covered

Alliance Medical at Mercy University Hospital Public hospital Cork Yes Yes Covered

Southcan MRI at South Infirmary / Victoria University Hospital Public hospital Cork Yes No Covered

Alliance Medical at North West Independent Hospital Private hospital Derry Yes No Covered

Affidea Letterkenny Scan centre Donegal Yes No Covered

Alliance Medical Cherrywood, Dublin 18 Scan centre Dublin Yes No Covered

Alliance Medical at Charter Medical Group, Dublin 7 Scan centre Dublin Yes Yes Covered

Affidea Dundrum, Rockfield Medical Campus, Balally,

Scan centre Dublin Yes No Covered  
Dublin 16  
Affidea at The Meath Primary Care Centre, Dublin 8 Scan centre Dublin Yes No Covered  
Affidea Northwood, Santry, Dublin 9 Scan centre Dublin Yes No Covered  
Affidea Tallaght, Dublin 24 Scan centre Dublin Yes No Covered  
Beacon Hospital, Sandyford, Dublin 18 Private hospital Dublin Yes Yes Covered  
Blackrock Clinic, Co. Dublin Private hospital Dublin Yes Yes Covered  
Bon Secours Hospital (Glasnevin), Dublin 9 Private hospital Dublin Yes No Covered  
Hermitage Clinic, Old Lucan Road, Dublin 20 Private hospital Dublin Yes Yes Covered  
Mater Private Hospital, Dublin 7 Private hospital Dublin Yes No Covered  
Sports Surgery Clinic, Santry, Dublin 9 Private hospital Dublin Yes No Covered  
St. James's Hospital, Dublin 8 Public hospital Dublin Yes No Covered\*\*  
Bon Secours Hospital, Renmore Private hospital Galway Yes No Covered  
Galway Clinic Private hospital Galway Yes Yes Covered  
Alliance Medical at Merlin Park Scan centre Galway Yes Yes Covered  
Alliance Medical Portlinculla Scan centre Galway Yes No Covered  
Alliance Medical at Bon Secours Tralee Scan centre Kerry Yes No Covered  
Alliance Medical at Clane General Hospital Scan centre Kildare Yes No Covered  
Affidea at Vista Primary Care Centre Scan centre Kildare Yes No Covered  
Aut Even Hospital Private hospital Kilkenny Yes No Covered  
Affidea, Dean Street Clinic, Kilkenny Scan centre Kilkenny Yes No Covered  
Alliance Medical at Bon Secours Diagnostic Imaging Scan centre Limerick Yes Yes Covered  
Limerick Clinic, City Gate House, Raheen Business Park Scan centre Limerick Yes No Covered  
Alliance Medical at Our Lady Of Lourdes Hospital, Drogheda Scan centre Louth Yes Yes Covered  
Alliance Medical at Tullamore Regional Hospital Scan centre Offaly Yes No Covered  
Affidea at Sligo General Hospital Scan centre Sligo Yes No Covered  
Alliance Medical at South Tipperary General Hospital (Clonmel) Scan centre Tipperary Yes No Covered  
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Affidea Dunmore Road, Waterford Scan centre Waterford Yes No Covered  
UPMC Whitfield Clinic, Butlerstown North Private hospital Waterford Yes No Covered  
Alliance Medical at Charter Medical Private Hospital,  
Scan centre Westmeath Yes No Covered  
Ballinderry  
Approved  
Scan Facilities: Facility Direct Cardiac  
Location List 5  
Approved CT Facilities Type Settlement Scan  
Facilities  
Affidea Cork, The Elysian Scan centre Cork Yes No Covered  
Alliance Medical at Mater Private Cork Scan centre Cork Yes Yes Covered  
Bon Secours Hospital (Oncology CT only) Private hospital Cork Yes No Covered  
Beacon Hospital, Sandyford, Dublin 18 Private hospital Dublin Yes Yes Covered  
Beaumont Consultants Private Clinic, Santry, Dublin 9 Private hospital Dublin Yes No Covered  
Blackrock Clinic, Co. Dublin Private hospital Dublin Yes Yes Covered  
Bon Secours Hospital, Glasnevin Dublin 9 Private hospital Dublin Yes No Covered  
Alliance Medical at Charter Medical, Dublin 7 Scan centre Dublin Yes No Covered  
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16 Scan centre Dublin Yes No Covered  
Affidea Tallaght, Dublin 24 Scan centre Dublin Yes No Covered  
Hermitage Clinic, Old Lucan Road, Dublin 20 Private hospital Dublin Yes Yes Covered  
Mater Private Hospital, Dublin 7 Private hospital Dublin Yes No Covered  
St. James's Hospital, Dublin 8 Public hospital Dublin Yes No Covered\*\*  
St. Vincent's Private Hospital, Dublin 4 Private hospital Dublin Yes No Covered  
Bon Secours Hospital, Renmore Private hospital Galway Yes No Covered  
Galway Clinic Private hospital Galway Yes Yes Covered  
Alliance Medical at Merlin Park Scan centre Galway Yes No Covered  
Bon Secours, Tralee Private hospital Kerry Yes No Covered  
Alliance Medical at Clane General Hospital Scan centre Kildare Yes No Covered  
Alliance Medical at Bon Secours Diagnostic Imaging Scan centre Limerick Yes No Covered  
UPMC Whitfield, Butlerstown Private hospital Waterford Yes No Covered  
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Minor Injury Clinic: Facility Type Location Direct List 5  
Approved Direct Settlement Minor Injury Settlement  
Clinics  
Affidea Expresscare Clinic, The Elysian, Cork Minor Injury Clinic Cork Yes Covered  
Affidea Expresscare Clinic, Northwood, Dublin 9 Minor Injury Clinic Dublin Yes Covered  
Affidea Expresscare Clinic, Tallaght, Dublin 24 Minor Injury Clinic Dublin Yes Covered  
Affidea Expresscare Clinic, Vista, Naas Minor Injury Clinic Kildare Yes Covered  
Minor Injury Clinic: Facility Type Location Direct List 5  
Approved Pay & Claim (including HSE) Settlement  
Minor Injury Clinics  
Ennis Injury Unit, Ennis Hospital Minor Injury Clinic (HSE) Clare No Covered  
The Mercy Injury Unit, Gurranbraher Minor Injury Clinic (HSE) Cork No Covered  
Mallow Injury Unit, Mallow General Hospital Minor Injury Clinic (HSE) Cork No Covered  
Bantry Injury Unit, Bantry General Hospital Minor Injury Clinic (HSE) Cork No Covered  
Children's Hospital Ireland at Connolly, Blanchardstown Urgent Care Centre (CHI) Dublin No Covered  
Mater Smithfield Rapid Injury Clinic, Dublin 7 Minor Injury Clinic (HSE) Dublin No Covered  
St. Columcille's Injury Unit, Loughlinstown, Co Dublin Minor Injury Clinic (HSE) Dublin No Covered  
St. John's Injury Unit, St. John's Hospital, Limerick Minor Injury Clinic (HSE) Limerick No Covered  
Dundalk Injury Unit, Louth County Hospital Minor Injury Clinic (HSE) Louth No Covered  
Monaghan Injury Unit, Monaghan Hospital, Hill Street Minor Injury Clinic (HSE) Monaghan No Covered

Roscommon Injury Unit, Roscommon University Hospital Minor Injury Clinic (HSE) Roscommon No Covered  
Nenagh Injury Unit, Tyone, Nenagh Minor Injury Clinic (HSE) Tipperary No Covered  
\*\*Referrals must be made by an oncologist or other clinician at St. James's Hospital and must be related  
These lists are subject to change and are correct at time of going to print, July 2021. For the most up-t  
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Irish Life Health's Solvency and Financial Conditions Report is available at [www.irishlifehealth.ie/private](http://www.irishlifehealth.ie/private)  
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Registered Office: Irish Life Centre, Lower Abbey Street, Dublin 1, Ireland. ILH\_10011\_1\_21-05  
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Health insurance  
Membership  
Handbook  
Health Plans  
April  
Health Insurance  
2023  
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Thank you for choosing  
Irish Life Health  
Table of Contents  
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2 Your Cover & How to Claim 5 7 Fraud Policy 40  
2.1 Day-to-Day & Out-patient 5 8 Group Schemes 40  
Benefits  
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(Complementary) and  
2.6 Irish Life Health Member 31  
Other Practitioners  
Benefits  
12 Lists of Medical Facilities 47  
3 Exclusions from Your Cover 33  
4 Your Policy 34  
5 General Terms & Conditions 36  
Words in bold in this Membership Handbook are defined terms.  
i  
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.  
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1 Your Contract Day-To-Day Benefits and Out-patient Benefits  
What to look for Where to check  
Everything you need to know about your policy  
> Is the benefit covered under your plan? Your Table of  
Your contract with us is made up of the following:  
> How much will we pay? Cover  
> Your Membership Handbook > Is there an excess?  
> Your completed Application Form, whether completed by you  
> What terms and conditions apply to the Your  
or on your behalf (if applicable)  
benefit? Membership  
> Your policy documentation, which sets out your plan, your > Does a waiting period apply? Handbook  
membership number, your commencement date and your  
> How can you claim?  
next renewal date  
> Your Table of Cover, which outlines the benefits in your plan > What does the benefit cover? The Lists  
and which List of Medical Facilities applies to your plan > Are there any further criteria? (if applicabl  
> The Schedule of Benefits, which sets out the treatments and

procedures we cover In-patient Benefits

> The Lists (explained below)

What to look for Where to check

> Terms of Business

> Data Protection Statement > Is the treatment or procedure an Your health care established treatment? provider

Health insurance policies are contracts between the insurer

> Is the treatment or procedure medically

and the policyholder, because the policyholder (or in some necessary?

cases their employer) is the person who has arranged and

> Is your health care provider registered with

paid for the policy. However, the terms and conditions of this Irish Life Health and a participating health contract will apply to all plans and all claims made under the care provider?

policy. Therefore where we refer to 'you' and 'your' throughout > Will you be admitted to a medical facility? this Membership Handbook, we refer to both the policyholder and if so which one?

and the member(s) listed on the policy. This also applies to > If not, where will you be having your procedure or treatment performed?

members of group schemes. If you are a member of a group

scheme where your employer has arranged your cover and is

> Is your treatment or procedure covered (is it The Schedule

paying all or part of your premium, the Group Schemes section listed in the Schedule of Benefits)? of Ben

in this Membership Handbook will also apply to you. > Do any clinical indicators apply and do you your he

meet them? provider

You must ensure that the information that is provided to us when

> Does your treatment or procedure need to

you are taking out a policy (whether in an application form or be pre-authorised?

otherwise) is accurate and complete (even where the information

> Is your treatment or procedure covered

is being provided to us by someone on your behalf). Otherwise

when it is carried out by the type of health

it could mean we won't pay a claim under the policy and some care provider you are attending (i.e. is it

or all of the members' plans under the policy may be cancelled. covered when carried out by a GP, dentist

This may also cause difficulty should you wish to purchase oral surgeon, periodontist)?

health insurance elsewhere. > If your treatment or procedure is not going

to be performed in a hospital or treatment

centre, is it covered when it is carried out in

Understanding your cover

your health care provider's rooms?

Health insurance cover can be difficult to understand so to help

> Which List of Medical Facilities applies to Table of Cover

you check your cover we have set out a checklist below. We

you?

understand that it may be difficult for you to figure out whether

> What's your level of cover? i.e. Do you need

you are covered yourself so if you're in any way unsure, please

to pay an excess, shortfall or co-payment?

call us on 01 562 5100 and we'll walk you through it. In fact we

would always advise you to check your cover with us before > If you are being admitted to a medical Your

undergoing any procedure or treatment or being admitted to a facility, is it included in the Lists of Med

Facilities covered under your plan? Handbook

medical facility. When checking your cover with us you will need

> Does a waiting period apply?

to tell us where you intend to have the procedure or treatment

> How can you claim?

performed; the name of your health care provider and the

> Are there any further criteria?

procedure/treatment code. You can get this information from

your health care provider.

As you can see, you will need to take many factors into account to

The checklists below explain what to look for to see if you are see whether your health expenses are cover

covered under your Day-to-day Benefits, Out-patient Benefits or explanation of the contractual documents

In-patient Benefits. You will notice that some of your benefits you need to take into account to see if y

will be classed as Maternity Benefits or Other Benefits on your

Table of Cover. Some of these benefits are claimed as Out-

patient Benefits or In-patient Benefits and the checklists below

will apply to these.

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Membership Handbook 2. The List of Cardiac Procedures

This confirms which procedures are covered under the Listed

This document:

Cardiac Procedures benefit. See section 2.2 of this Membership

> will help guide you through your health insurance cover

Handbook for further information on this benefit.

> explains the general terms and conditions of your contract

3. The List of Post-Operative Home Help (POHH) Procedures

with us

The post-operative home help benefit is only available following

> explains all our benefits including the terms and conditions

certain procedures. These are set out in the List of Post-Operative

which apply to each (but please note that all these benefits Home Help (POHH) Procedures. may not be available on your plan)

#### 4. The List of Medical and Surgical Appliances

> sets out the things that are not covered under your plan

This list confirms the medical and surgical appliances for which

> explains how to make a claim

you can claim a contribution from us under the medical and

Section 12 of this Membership Handbook contains tables surgical appliances benefit. It also sets out the which show the medical facilities that are covered under our can be claimed for each appliance.

plans. They also show if we pay them directly (known as direct

#### 5. The List of Orthopaedic Procedures Subject to Co-Payment

settlement) or if you need to pay them yourself and claim this

This list specifies the orthopaedic procedures where a co-

back from us. You will be covered for the medical facilities

payment applies when such procedures are carried out in a

specified in one of four lists shown in the tables (your "List of private or high-tech hospital.

Medical Facilities"). Your Table of Cover shows which List of

#### 6. The List of Cardiac Procedures Subject to Co-Payment

Medical Facilities applies to you.

This list specifies the cardiac procedures where a co-payment

applies when such procedures are carried out in a private or

Table of Cover

high-tech hospital.

Your Table of Cover sets out the benefits that are available under

#### 7. The List of Clinical Indicators for Cardiac MRI and Cardiac CT

your plan.

##### Scans

This list sets out the clinical indicators that must be satisfied for

The Schedule of Benefits

cardiac MRI and cardiac CT scans.

The Schedule of Benefits is sectioned by specialty and sets out

#### 8. The List of Gender Affirmation Procedures

the treatments and procedures we cover and which of these

This list confirms which procedures are covered under the

need to be pre-authorised. It shows the clinical indicators that

gender affirmation benefit.

must be present in order for a procedure or treatment to be

covered. It also specifies that certain treatments and procedures 9. List of Provider Partners

will only be covered if they are performed by a certain type of This list confirms the provider partners

health care provider or if they are performed in a certain place a benefit, discount from or contribution

(i.e. in a hospital). benefits.

The GP section sets out the procedures and treatments that we 10. The List of Ophthalmic Procedures Subje

will cover when they are carried out by your GP in their surgery. This list specifies the ophthalmic proc

It also shows which of these procedures and treatments require payment applies when such procedures are c

pre-authorisation and sets out any clinical indicators that apply. private or high-tech hospital.

These documents contain medical language which is really designed 11. The List of Care Connect health pro

to be read by doctors and consultants. For this reason, we would This list confirms the health programmes

advise you to contact us or your health care provider before Care Connect benefit.

undergoing your procedure or treatment to confirm whether it will

be covered by us. The Schedule of Benefits can be accessed on our Ground rules

website at [www.irishlifehealth.ie/privacy-and-legal/schedule-of-](http://www.irishlifehealth.ie/privacy-and-legal/schedule-of-) We will only cover the costs of medical

benefits or a hard copy can be requested from us. advisers believe is an established treatment which is m

necessary. In addition we only cover reasonable and customary

The Lists

costs.

These Lists show what is covered under certain benefits and

in some cases contain criteria which must be satisfied before Clinical indicators

the benefit will apply. We will let you know throughout this In some cases medical criteria known as clin

Membership Handbook or in your Table of Cover when it is to be satisfied before our medical advisers will

necessary to refer to a List in connection with a benefit. The Lists treatment or procedure to be medical

are available on our website [www.irishlifehealth.ie/privacy-and-](http://www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits) indicators apply, they will be set out a

legal/schedule-of-benefits. The following is a brief explanation of or treatment in the Schedule of Benef

each of the Lists: Indicators for Cardiac MRI and Cardiac CT Scans.

##### 1. The List of Special Procedures

This confirms which procedures are covered under the Listed Pre-authorisation

Special Procedures benefit. See section 2.2 of this Membership Certain procedures and treatments are not

Handbook for further information on this benefit. are approved in advance by us. Approval is only given w

procedure or treatment meets specific clinical indicators or we

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determine that it will result in a reasonably favourable medical 2. Changes to your cover throughout your

prognosis. If your treatment or procedure needs to be pre- In some cases the cover that is available unde

authorised, this will be specified in the Schedule of Benefits. To change throughout your policy year for

apply for pre-authorisation, your health care provider must

Changes to the Schedule of Benefits

submit a request in writing to Irish Life Health in order for your

We review and where necessary amend the Schedule of Benefits

claim to be considered. We will assess your request as soon as

regularly to update the procedures and treatments that are

possible but in any case within 15 working days.

covered by us and the clinical indicators, conditions of payment and/or payment indicators that apply to procedures and Your health care provider

treatments. These changes may become effective during your

In most cases your treatment or procedure will be carried out by policy year. You can find the most current your consultant but there are some treatments and procedures our website or call us on 01 562 5100 to check listed in the Schedule of Benefits which can be performed by your

Changes to the Lists of Medical Facilities

GP, dentist, oral surgeon or periodontist. The professional fees

We may add medical facilities to the Lists of Medical

of health professionals can be covered as an In-patient Benefit,

Facilities from time to time. We may also need to remove

an Out-patient Benefit or a Day-to-day Benefit depending on type

medical facilities from the Lists of Medical Facilities if

of care you receive.

our arrangement with those medical facilities ends. The

Generally when you receive a procedure or treatment that is medical facilities which will be paid directly listed in the Schedule of Benefits, your health care provider's change from time to time. See section 2.2

fees will be covered under your In-patient Benefits. We fully Handbook for further details. You can find

cover health care providers who are registered with us and versions of these lists on our website or call

have agreed to accept payment from us in full settlement of their to check cover.

professional fees (i.e. a participating health care provider). You

Changes to The Lists

will have to pay most, or all, of your health care provider's fees

We may need to make changes to the Lists from time to time

yourself if they are not registered with us or are not participating.

to update the procedures, treatments and appliances that

Please see section 2.2 of this Membership Handbook for a full

are covered under certain benefits and review the clinical

explanation about how your health care provider's professional

indications, conditions of payment and/or payment indicators

fees are covered under your In-patient Benefits.

that are applied to them. You can find the most current versions

Generally an out-patient consultation with a consultant or a visit of these on our website or call us on

to your GP or dentist will be covered as a Day-to-day Benefit or

Changes to the status of health care provider

an Out-patient Benefit. In these circumstances it doesn't matter

Your health care provider's status with us (i.e. whether they

if your consultant/GP/dentist is registered with Irish Life Health

are registered and are a participating health care provider) may

or is participating. Day-to-day Benefits and Out-patient Benefits

change from time to time. This means that the amount of their

usually allow you to claim a contribution from us towards a certain

professional fees that we will cover may change throughout your

number of visits to your consultant/GP/dentist in your policy

policy year. You can check whether your health care provider

year. If these benefits are available under your plan, the amount

is registered with Irish Life Health and whether they are a

you can claim back per visit and the number of visits for which you

participating health care provider by contacting us on 01 562

can claim will be shown in your Table of Cover.

5100. Please see section 2.2 of this Membership Handbook for

further information on how your health care provider's status

Waiting periods

affects how their fees are covered.

Your medical expenses will not be covered until after your

Changes to benefits provided by provider partners

waiting periods have expired. Waiting periods are explained in

Provider partner benefits may change or cease during the policy

section 6 of this Membership Handbook.

year and such changes are outside of our control.

Changes required by law

Excess/Shortfall/Co-payment

In the event that we are legally required to make changes to any

You will need to pay any excess, shortfall or co-payment that

of our contracts, policies or plans, such changes shall effect your

applies to a benefit or a group of benefits under your plan.

plan immediately.

You can't claim these expenses back from us. You can see if an

The changes described above are automatically applied to all

excess, shortfall or co-payment applies by checking your Table

our plans as soon as they occur. You and the members named

of Cover. See sections 2.1 and 2.2 of this Membership Handbook

on your policy should always check the most recent Schedule

for more information on excesses, shortfalls and co-payments.

of Benefits, The List of Medical Facilities and Lists, and check

whether your health care provider is registered with us and

Understanding changes to your cover

whether they are participating before undergoing any procedure

1. Changes to your plan on renewal

or treatment, or being admitted to a medical facility. You can do

From time to time we alter the benefits available under our

this yourself by checking the most up to date information on our plans. If we alter the plan that you are on, the benefit changes website or you can call us and we will check this for you. 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.

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#### Acknowledgment

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

#### 2 Your Cover & How to Claim

The benefits available under your plan are shown in your Table of Cover. They are divided into different types of benefits, 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. The table which lists our benefits, shows the terms and conditions that apply to each benefit, and tells you how to claim. 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 there is an excess, shortfall or co-payment applies.

How our benefits are categorised can change on different plans, so you may notice that some of your benefits are in different sections in this Membership Handbook and on your Table of Cover. If a benefit listed in your Table of Cover is not in the corresponding table in this Membership Handbook, please check the tables in other sections of this Membership Handbook for the terms and conditions that apply to our benefits (as described in the tables below) will always apply even if the benefit is in a different section of your Table of Cover.

If a day-to-day excess or an out-patient excess applies to your plan, this will always affect all the benefits under your Table of Cover. It doesn't matter if one or more of your Day-to-day Benefits or Out-patient Benefits are in this Membership Handbook.

You will always be covered to the level of cover set out in the Minimum Benefit Regulations for the medical services (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 deductible amounts before paying your claim.

#### 2.1 Day-to-Day and Out-patient Benefits

These benefits typically allow you to claim a contribution from us towards visits to certain medical practitioners for 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. Contributions are listed as a single amount, they are claimable once per policy year unless otherwise stated. To calculate your cover under your Day-To-Day Benefits and Out-patient Benefits" section below for details of how to claim under these benefits. You can claim these benefits for medical services received in Ireland or when you are abroad. Day-to-day Benefits are not included on all plans. If they are not covered on your plan and you wish to add them, please call our customer service team on 01 562 5100 to see what options are available to you.

There may be instances where benefits in the Out-patient and Day-to-day sections apply to the same medical service. For instance when claiming online, please check your Table of Cover to choose the section you wish to claim under to avoid claiming the same medical expenses twice.

#### Day-to-Day and Out-patient Benefits

##### Benefit Description / Criteria

- > GP visits Under these benefits we will contribute towards the costs of attending the practitioners named in your Table of Cover.
- > Consultant fees (for out-patient for treatment provided to a member on a one to one basis. This benefit excludes costs incurred through use of a remote GP advice line / patient consultations) GP visits benefit excludes costs incurred through use of a remote GP advice line / patient consultations.
- > Dentist visits - these services are provided through the Digital Doctor benefit.
- > Paediatrician benefit Consultant fees (for out-patient consultations) excludes costs incurred for maternity services.
- > Physiotherapist or Physical Therapist

Where practitioner visits are shown as having a combined benefit on your Table of Cover, we will pay for the maximum number of consultations listed on your Table of Cover across any combination of those practitioners.

- > Acupuncturist\* practitioners.
- > Chiropodist\*
- > Chiropractor\*

- > Dietician\*
- > Homeopath\*
- > Massage therapist\*

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#### Day-to-Day and Out-patient Benefits

##### Benefit Description / Criteria

- > Medical herbalist\*
- > Nutritionist\*
- > Occupational therapist\*
- > Orthoptist\*
- > Osteopath\*
- > Podiatrist\*
- > Reflexologist\*
- > Reiki Practitioner\*
- > Speech and language therapist\*
- > Speech therapist\*

> 3D/4D & Early pregnancy Under this benefit you can claim a contribution from us towards the cost of a 3D/4D scan and an early pregnancy scan.

> A&E Cover (in choice of This benefit allows you to claim back some of the charge imposed by a public, private or High Tech, Private and when you attend the A&E department without a referral letter from your GP. Public Hospitals)



- > Antenatal Class Under this benefit you can claim a contribution from us towards the cost of an antenatal class by a midwife\* prior to the birth of your baby. This benefit may only be claimed by one member (either parent or partner) in respect of each birth. If this benefit is available under your plan the contribution is set out in your Table of Cover.
- > At Home Health Testing This benefit allows you to claim a contribution from us towards the cost of an at home health test by PrivaPath Diagnostics Limited trading as Let's Get Checked\*\*.
- > Baby massage This benefit allows the parent or legal guardian of a child to claim back some of the cost of a baby massage session for that child. This benefit may not be claimed by more than one member in respect of the same baby massage session.
- > Baby massage course Under this benefit you can claim a contribution from us towards the cost of a baby massage course by a Baby Massage Therapist\*. This benefit can only be claimed once per policy year.
- > Breast prosthesis or wig This benefit allows you to claim a contribution from us towards the cost of your breast prosthesis or wig (following cancer or your first wig following cancer treatment. Subsequent claims are covered as set out in your Table of Cover) and Surgical Appliances up to the amount specified on that list.
- > Breastfeeding consultancy This benefit allows you to claim back some of the costs of a consultation with a breastfeeding consultant\*.
- > Cardiac screening This benefit allows you to claim back some of the costs of cardiac screening carried out by a consultant where the cardiac screening involves all of the following tests:
  - > An ECG
  - > Fasting lipids
  - > Random glucose
  - > Blood Pressure
  - > Cardiac risk factor assessment
- > Child A&E visit This benefit allows a child member to claim back some of the charge imposed by a public hospital when they attend the A&E department without a referral letter from their GP.
- > Child Development Benefit This benefit allows a child member to claim back some of the costs of a developmental assessment carried out by a developmental specialist\*. This assessment must address at least one of the following: Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Developmental Coordination Disorder or Dyspraxia, Intellectual Disability, Learning Disability Speech Delays, Sensory Processing Disorders.
- > Child psychologist This benefit allows you to claim back some of the cost of child counselling carried out by a child psychologist\*.
- > Child speech and language This benefit allows a child member to claim back some of the costs of their speech and language therapy provided by a speech and language therapist\*. This benefit is only available to members who are under 18 years of age.
- > Child/Teen counselling This benefit allows you to claim back some of the cost of child or teen counselling provided by a psychologist or psychotherapist\*.

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Day-to-Day and Out-patient Benefits

Benefit Description / Criteria

- > Convalescence benefit This benefit allows you to claim back some of the cost of a stay in a convalescence home. The maximum number of days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the maximum number of days for which this can be claimed is set out in your Table of Cover. This benefit is only available in respect of a stay in a convalescence home where you enter such convalescence home immediately after you were an in-patient in a medical facility covered under your plan for the purpose of receiving a medically necessary treatment or procedure.
- > Counselling This benefit allows you to claim back some of the cost of attending a counsellor\*.
- > Dermatology benefit This benefit allows you to claim back some of the costs of a consultation with a dermatologist\*. <https://www.dermviewclinics.com/>.
- > Dexa scan Under this benefit you can claim a contribution from us towards the cost of a dexa scan. The maximum amount you can claim per policy year is listed on your Table of Cover. This benefit is only available where a dexa scan is medically necessary and carried out in a clinical environment by a qualified practitioner.
- > Dietician or Nutritionist Under this benefit you can claim a contribution from us towards the cost of a consultation with a dietician\*.
- > Emergency dental care This benefit allows you to claim back some of the costs of dental treatments or procedures required as a result of an accident or injury and are required to alleviate pain or to treat an acute dental trauma which represents a serious threat to the member's general health. The patient must present to the dental practitioner within 48 hours following an accident or injury and receive treatment within 7 days of presenting to dental practitioner.
- > Executive Health Screen This benefit allows you to claim back a contribution towards the cost of a comprehensive health screen per policy year where it is carried out in a clinical environment by a qualified practitioner. The health screen must include all of the following:
  - > Comprehensive doctor consultation with physical examination & patient history
  - > Systems review (respiratory, cardiovascular, musculoskeletal, central nervous system, abdominal and skin assessment)
  - > Blood pressure, heart rate, weight, height, body mass index measurement
  - > Urinalysis
  - > Lung function test (spirometry)
  - > Chest X-ray (where indicated)
  - > Heart assessment (Resting ECG)
  - > Hearing and eye (colour blindness, glaucoma and visual acuity) assessments
  - > Colon cancer screen (FIT test)
  - > Testicular & Prostate Check (Men)
  - > Breast Check (Women)
  - > An extensive blood screen to include full blood count, kidney function test, bone profile, liver function test, lipid profile, fasting blood sugar, uric acid, iron studies, prostate specific antigen (where indicated), thyroid function test.
  - > Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.
- > Eyebrow tattooing This benefit allows you to claim a contribution from us towards the cost of eyebrow tattooing (following cancer during cancer treatment. The benefit is claimable once per policy year.
- > Fitness Wearables Under this benefit you can claim a contribution from us towards the cost of a wearable device.

is a smartwatch or a fitness wearable worn on your wrist that monitors and tracks fitness-related metrics (including at least one of the following) heart beat/calorie consumption/daily steps.

> Health screen at any centre This benefit allows you to claim back some of the costs of a health screen by a practitioner registered with either the Nursing and Midwifery Board of Ireland (NMBI) or Irish Medical Council (IMC). This benefit only covers screening which includes at least 4 of the following:

- > lifestyle assessment
- > physical examination
- > blood count
- > urinalysis
- > written report

This health screen must be carried out by a qualified practitioner.

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Day-to-Day and Out-patient Benefits

Benefit Description / Criteria

> Health screening This benefit allows you to claim back some of the costs of VO2 max testing, fertility (mullerian hormone testing or semen analysis only) or sexual health screening. This benefit is only available where the fertility assessment or sexual health screening is carried out by a GP or in a fully accredited centre. You can only claim this benefit once during your policy year.

> Health screening (Optimise This benefit allows you to claim back a contribution towards the cost of a Platinum, Optimise Gold, per policy year where it is carried out in a clinical environment by a qualified practitioner. Health Plan 09, Health must include all of the following:

Plan 04 and Business Plan

> Comprehensive doctor consultation with physical examination & patient history

Executive plans only)

> Systems review (respiratory, cardiovascular, musculoskeletal, central nervous system, abdominal and skin assessment)

> Blood pressure, heart rate, weight, height, body mass index measurement

> Urinalysis

> Lung function test (spirometry)

> Chest X-ray (where indicated)

> Heart assessment (Resting ECG)

> Hearing and eye (colour blindness, glaucoma and visual acuity) assessments

> Colon cancer screen (FIT test)

> Testicular & Prostate Check (Men)

> Breast Check (Women)

> An extensive blood screen to include full blood count, kidney function test, bone profile, liver function test, lipid profile, fasting blood sugar, uric acid, iron studies, prostate specific antigen (where indicated), and thyroid function test.

> Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.

> Health screening and This benefit allows you to claim back some of the costs of health screening and/or allergy testing

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.

For allergy testing you can claim back the cost of an initial consultation for allergy related problems. This benefit is only available where the health screen or allergy testing 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 a patient basis. The amount that can be claimed under this benefit is set out in your Table of Cover and is the total amount that can be claimed for both health screening and allergy testing combined in your policy year.

> Hearing test This benefit allows you to claim back some of the cost of a hearing test carried out by a qualified practitioner.

> His & Hers fertility Under this benefit you can claim a contribution per policy year from us towards the cost of fertility screening tests includes a Hormone Profile, Semen Analysis and/or Progesterone Levels.

> Home Recovery Benefit This benefit allows you to claim back some of the cost of home nursing, physiotherapy and carers (where the carers service is provided by Home Instead\*\*) up to three weeks after you have been discharged from an in-patient stay in a medical facility covered under your plan. The services being claimed under this benefit must be provided by registered Healthcare professionals (Nurses\*, Physiotherapists\*, Occupational Therapists\*, Carers\*). The services must be carried out in the home setting. The contribution under this benefit is the maximum payable for costs which are incurred (even where a combination of services are used) up to a specified number of days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the maximum number of days for which can be claimed will be set out in your Table of Cover. Please note that service set-up fees may be charged by a provider and these administration charges may not be claimed under this benefit.

> HPV Vaccine Under this benefit you can claim a contribution from us towards the HPV vaccine. This benefit is only available where the vaccination is carried out in a clinical environment by a qualified practitioner and when the course of treatment is complete. Please submit either your prescription claim form for the vaccine or your practitioner receipt including the cost of the vaccine and its administration to claim.

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Day-to-Day and Out-patient Benefits

Benefit Description / Criteria

> Infertility Benefit Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) or Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members

this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s). The benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles.

- > Kids Sports Clubs This benefit allows a child member to claim a contribution towards the costs of an annual membership of a sports club governed by one of the National Governing Bodies of Sport in Ireland; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the total annual amount paid for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit: a subscription to a social/members club or any clubs or classes not listed in your Table of Cover. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.

- > Laser Eye Surgery Benefit Under this benefit you can claim a contribution towards LASIK, LASEK or PRK laser eye surgery from a qualified practitioner. The maximum contribution you can claim is listed on your Table of Cover and this benefit is limited to one claim per member's lifetime.

- > Life Coaching Session Under this benefit you can claim a contribution towards sessions with a life coach.

- > Lifestyle Genomic Testing Under this benefit, you can claim a contribution towards the cost of a lifestyle assessment in the areas of - Nutrition, Fitness, Sleep The level of cover available is set out on your Table of Cover. This benefit is available under plans with Life Coaching and Stress.

- > Mammogram Under this benefit you can claim a contribution from us towards the cost of a mammogram. The level of cover available is set out on your Table of Cover. This benefit is only available where the mammogram is carried out in a clinical environment by a qualified practitioner.

- > Manual Lymph Drainage This benefit allows you to claim back some of the costs of treatment provided by a qualified practitioner (MLD) Lymph Drainage Ireland or a physiotherapist registered with CORU. This benefit is only available where the treatment is received to treat and manage the following conditions:

- > Lymphoedema

- > Oedema

- > Wounds and burns

- > Chronic inflammatory sinusitis

- > Arthritis

This benefit will also cover the costs related to compression therapy and remedial and breathing exercises that are solely related to the above conditions.

This benefit will not be covered when MLD is used in order to:

- > improve the appearance and texture of old scars

- > provide skin care and improve the hygiene of swollen limbs

- > treat traumatic bruising and swelling

- > treat acne & rosacea

- > Maternity Bra > This benefit allows you to claim a contribution from us towards the cost of a maternity bra for a pregnancy.

- > Maternity Mental Health Under this benefit we will contribute towards the cost of counselling sessions for support natal and post-natal depression, fertility issues and miscarriage support. If this benefit is available under your plan the contribution and number of sessions that will be covered is set out in your Table of Cover.

To book this service please see Nurture's website for contact details: [www.nurturehealth.ie](http://www.nurturehealth.ie). Please note that an initial processing fee is charged by Nurture\*\*. If you do not use all of your sessions you can substitute the cost of a session towards this fee.

- > Meditation support devices Under this benefit you can claim a contribution from us towards the cost of meditation support devices and electrodermal activity (EDA) meditation support devices i.e. Muse or Pip.

- > Medical and surgical This benefit allows you to claim back the costs of the medical and surgical appliances specified on that list. Medical and Surgical Appliances up to the amount specified on that list.

- > Menopause Benefit This benefit allows you to claim back some of the costs of consultations with a Menopause Specialist.

- > Mindfulness app Under this benefit you can claim a contribution from us towards the cost of an annual subscription to the HEADSPACE mindfulness app or to the MyLife (formerly Stop, Breathe and Think) app

- > Minor Injury Clinic Cover This benefit allows you to claim back some of the charge imposed when you attend a Minor Injury Clinic (Pay & Claim) claim minor injury clinic. An age restriction for minors may apply to the clinic's services. You can find the most current list of minor injury clinics on our website [www.irishlifehealth.ie/hospital-lists](http://www.irishlifehealth.ie/hospital-lists)

- > Optical (eye test and/or contact lenses) This benefit allows you to claim back some of the costs of an eye test and contact lenses (glasses/lenses combined) provided by a qualified optician, orthoptist, optometrist\* or an ophthalmologist.

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Day-to-Day and Out-patient Benefits

Benefit Description / Criteria

- > Orthotic insoles This benefit allows you to claim back some of the costs of orthotic insoles specified on that list or a podiatrist\*.

- > Orthodontics This benefit allows an adult member to claim a contribution towards the costs of orthodontic treatment provided by an orthodontist\*.

- > Out of hours GP visits This benefit allows you to claim back some of the costs of attending a GP in the evening or at weekends under the HSE's GP Out of Hours Service or for the costs of a home visit by a GP.

- > Pathology: Consultant fees This benefit allows you to claim back some of the consultant's fee for pathology tests.

- > Pathology: Cost of test This benefit allows you to claim back some of the costs for pathology.

- > Personal Trainer Under this benefit you can claim a contribution from us towards the cost of a personal trainer\* or a qualified personal trainer\*.

- > Play Therapy This benefit allows a child member to claim back some of the costs of play therapy facilitated by a play therapist\*. This benefit is only available to members under 18 years of age.

- > Positive Mental Health Under this benefit we will contribute towards the Feeling Good 12-track Positive Mental Health Training programme (available as an in-app purchase) designed to help recovery from stress, anxiety and depression. The benefit available is set out in your Table of Cover.

- > Post cancer treatment This benefit allows you to claim a contribution from us towards the cost of a sleeping cap treatment.

- > Psychologist Under this benefit, we will contribute towards the costs of attending a psychologist\*.

- > Pre/post natal medical This benefit allows you to claim back some of the costs of pre/post natal care expenses a midwife\* 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.
- > Prescriptions abroad This benefit allows you to claim back some of the cost of your prescriptions filled abroad.
- > Prescriptions/Prescription This benefit allows you to claim back a contribution towards your prescription costs dentist or prescribing nurse\*. The contribution is claimable on the total amount on your 'Prescription Form' receipt and not per listed item.
- > Private A&E cover This benefit allows you to claim back some of the charge imposed by a private hospital on the A&E department.
- > Psycho-oncology This benefit allows you to claim back some of the costs of psycho-oncology counselling (counselling after in-patient or day-case chemotherapy) where it is carried out by a psychologist\* and you are referred to the psychologist\* by your consultant.
- > Psychotherapy and This benefit allows a member to claim back some of the cost of attending a psychotherapy counselling benefit or to claim back some of the costs of consultations with a practitioner at the Dean Clinic (including practitioners at the Dean Clinic)
- > Public A&E cover This benefit allows you to claim back some of the charge imposed by a public hospital on the A&E department without a referral letter from your GP.
- > Radiology: Consultant fees This benefit allows you to claim back some of the consultant's fee for radiology.
- > Radiology: Cost of test This benefit allows you to claim back some of the out-patient costs for radiology (including and non-maternity ultrasounds) carried out in an accredited medical facility.
- > Retainers & fitted gum Under this benefit you can claim a contribution from us towards the cost of a retainer and shields provided by a dentist.
- > SADS Screening Under this benefit you can claim a contribution from us towards the cost of cardiac screening for arrhythmic death syndrome. This benefit is only available where the SADS Screening is carried out in a clinical environment by a qualified practitioner.
- > Self-Compassion Under this benefit you can claim a contribution towards the Mindful Self-Compassion (MSC) Programme (MSC) emotional resilience developed by Germer and Neff. This benefit is payable for an 8 week programme delivered by a facilitator who has completed the MSC Teacher Training.
- > Sexual health screening This benefit allows you to claim back some of the costs of sexual health screening at a fully accredited medical centre.

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#### Day-to-Day and Out-patient Benefits

##### Benefit Description / Criteria

- > Sports Club / Gym This benefit provides a contribution towards the cost of your annual subscription to a sports club / gym or a membership of a sports club governed by one of the National Governing Bodies of Sport in Ireland; or children's sports classes (e.g. basketball, tennis, karate, taekwon-do, judo or swimming classes). You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.
- > Sports Massage Under this benefit you can claim a contribution from us towards the cost of a sports massage by a massage therapist\*.
- > Sports psychologist Under this benefit you can claim a contribution from us towards the cost of attending a sports psychologist\*.
- > Stress Reduction Under this benefit you can claim a contribution towards the Mindfulness-Based Stress Reduction (MBSR) Programme (MBSR) developed by Kabat-Zinn. This benefit is payable for an 8 week face-to-face programme delivered by a certified MBSR trainer.
- > Vaccinations: Travel only This benefit allows you to claim back some of the cost of vaccinations provided by a travel agent\*.
- > Vaccinations: Travel only This benefit allows you to claim back some of the cost of your travel vaccinations (HealthGuide 1-4 plans only) Medical Care Ltd trading as Tropical Medical Bureau\*\*.
- > Vaccinations: Travel or Flu This benefit allows you to claim back some of the cost of travel or flu vaccinations\*.
- > Vasectomy (GP or Under this benefit we will contribute up to a maximum of €360 towards the cost of a vasectomy by a consultant) any related consultations pre and post procedure. The vasectomy must be carried out by a GP or a urologist who is registered with the Irish Medical Council. We will only accept one receipt, detailing the name of the procedure and date the procedure was performed and any related consultation dates. Vasectomy is only covered on selected plans, please contact Irish Life Health or check your Table of Cover to see if you are covered.
- > VO2 Max testing This benefit allows you to claim back some of the costs of VO2 Max testing.
- > Voice coaching This benefit allows you to claim back some of the cost of voice coaching carried out by a voice coach\*.
- > Yoga / Pilates classes Under this benefit you can claim a contribution from us towards the cost of yoga or pilates classes by a yoga/pilates instructor\*.
- > Zika screening Under this benefit we will contribute towards the cost of a Zika screening consultation provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau\*\*. This benefit can only be claimed once per policy year. You will also receive a point of sale discount directly from Tropical Medical Bureau\*\*.

\* We will only cover the costs of visits to practitioners who have appropriate qualifications and registrations as Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Members Handbook. We will only cover 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 by your plan by scanning your original receipts and submitting them through our online claims tool (Irish Life Health member area on [www.irishlifehealth.ie](http://www.irishlifehealth.ie)). You must submit your receipts within six months of the end of your policy year. If you do not receive your receipts 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 to us.

> 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.  
When claiming for emergency dental care benefit you must also submit a dental report. When claiming the home recovery benefit you must submit a hospital discharge letter/statement issued to you by the hospital in which you received your in-patient care.  
When claiming the receipt must state which of the covered developmental/neurodevelopmental assessments you have received.  
When claiming the out of hours GP visits benefit the receipts you submit to us must show that you visited your GP through the HSE's GP Out of Hours Service or that your GP visited you at home.

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Benefit Description / Criteria

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

How to claim

You can find the most current lists of facilities on our website [www.irishlifehealth.ie/hospital-lists](http://www.irishlifehealth.ie/hospital-lists). These lists directly by us may change from time to time.

Benefit Description / Criteria

**Nurse on call** Nurse on call is a telephone based service that provides general, non-diagnostic information and advice.  
this benefit you have access to the nurse on call service 24 hours a day 365 days a year.

How to claim

Telephone: 01 562 5150

Benefit Description / Criteria

**PET-CT Scans** Under this benefit we will cover or contribute towards the costs of your scan. The amount that we will cover will depend on whether you have your scan carried out in a scan facility that is covered in the List of Medical Facilities.

**MRI Scans**

table for your scan type in your List of Medical Facilities on pages 47-54 (i.e. an approved centre) or in the List of Medical Facilities that is not included in your List of Medical Facilities (i.e. a non-approved centre). The maximum amount that we will cover for non-approved centres in your policy year may be limited. This will be shown on your Table of Cover.

**Cardiac MRI Scans**

The following criteria must be satisfied before your scan will be covered:

**Cardiac CT Scans**

**MRI Scans**

You must be referred by a consultant, GP or a Physiotherapist\*. Acceptance of Physiotherapist\* referrals is at the discretion of the approved scan centre and we advise you to confirm this in advance. For MRI scans in St. James's Hospital you must be referred by an oncologist or other clinician working in St. James'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. James's Hospital and the Bon Secours Hospital you must be referred by an oncologist or other clinician working in that 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 (see the tables of MRI and CT facilities in section 12 of this Membership Handbook). Calcium CT scoring is not covered under this benefit.

**CT Colonography Scans**

You must be referred by a consultant.

**PET-CT and PSMA Scans**

All PET-CT and PSMA scans must be pre-authorised by us. You must be referred by a consultant.

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 listed in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans. Calcium CT scoring is not covered under this benefit but may be claimed under Out-patient Radiology: cost of test where this benefit is available on your plan.

How to claim

If your scan is carried out in an approved centre (i.e. a scan facility that is covered in the appropriate table of Medical Facilities), we will pay the scan facility directly. If your scan is carried out in a non-approved centre (i.e. a scan facility that is not covered in your List of Medical Facilities) you will have to pay for your scan yourself and claim the amount covered for non-approved centres is included in your plan. You can claim the amount that is covered back from us by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online) on [www.irishlifehealth.ie](http://www.irishlifehealth.ie). You must submit your receipts within six months of the end of your policy year. If you do not submit these six months, your claim will not be paid.

You should keep your original receipts for your own records and we request them to be resubmitted.

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Benefit Description / Criteria

**Digital Doctor** This benefit gives you unlimited consultations with Irish based GPs. Service provided by our Digital Doctor is available 24 hours a day, 7 days a week (excluding Christmas Day). Digital Doctor is an appointment-based service. While they endeavour to ensure appointment availability, during peak periods of demand this is not always possible. If necessary, through this service GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be sent 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be sent the next working day. This service is available to members of our plans.

your hospital is public, private or high-tech in the tables of

Health Services") are available through at least one of the medical facilities in section 12 of this Membership Handbook. medical facilities covered in your List of Medical Facilities. In the Please note that some hospitals may be classed as a high-tech unlikely event that a Prescribed Health Service is not available hospital for Level 1 plans and a private hospital for all other in one of those medical facilities, we will cover the Prescribed plans. Treatment centres are classed as private hospitals in Health Service in a medical facility that is not covered in your terms of your level of cover. Any excess specified on your Table List of Medical Facilities as if it was covered under your plan (i.e. of Cover in respect of private hospital cover will not apply to the level of cover available under your In-patient Benefits). treatment centres but any shortfalls specified will. However, you must notify us in advance that you wish to receive such medical services in a medical facility that is not covered Medical facilities covered under your plan under your plan. Please note that we will not cover you if you The medical facilities covered under your plan are shown in receive health services (other than emergency your List of Medical Facilities. There are four of these lists but not listed in the Minimum Benefit Regu only one will apply to your plan. You can see which one applies facility which is not covered under your to you in your Table of Cover. All the Lists of Medical Facilities are We will cover your stay in a public hospital that is not covered contained in the tables of medical facilities in section 12 of this under your List of Medical Facilities whilst you are receiving Membership Handbook. emergency care, provided the public hospital is listed on one Where you are admitted to a medical facility covered under your of the Lists of Medical Facilities covered plan and where it is medically necessary, your hospital costs must have been admitted through the accident will be fully covered subject to any limitations specified in your department. Any follow on care and/or Table of Cover, such as excesses (subject to exceptions as outlined or procedures will only be covered in under In-patient or Day Case excess section below), shortfalls, co- is covered under your plan. The only payments, private rooms covered at semi-private rates etc. Where medical advisers agree that you are not necessary, we have agreements with medical facilities to ensure which case we will cover your hospital co that this is the case. However, medical facilities are free to end hospital but this will need to be pre- their arrangement with us at any time so we cannot guarantee that this will continue to be the case for all the medical facilities How long are your hospital costs co covered under your plan throughout your policy year. Where this You can claim hospital costs under your In-patient Benefits for

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a total of 180 days in a calendar year (the "Maximum Period"). Dentists/Oral surgeons/Periodontists This Maximum Period includes the number of days for which Your in-patient benefit for consultant's fees a you can claim hospital costs or approved psychiatric home care limited number of dental/oral surgical pro programmes as a psychiatric patient. The number of days that are performed by a dentist, oral surgeon or you can claim as a psychiatric patient is shown in the psychiatric excludes dental visits and emergency d treatment benefits in your Table of Cover. covered under our Day-to-day Benefits and Out-patient Benefits Please note that the Maximum Period includes any days for The dental/oral surgical procedures that are co which you have already claimed hospital costs (including In-patient Benefits are listed in the "Periodont hospital costs or approved psychiatric home care programmes Surgery Ground Rules" section of the Schedule as a psychiatric patient) under another plan with us or with procedures will only be covered where they a another health insurer in a calendar year. specified type of dental practitioner (i.e. a dentist, oral su periodontist). Please note many dental/oral surgical procedures Your health care provider's fees require pre-authorisation. Your dentist/oral surgeon/ periodontist's fees will only be covered where your oral/dental Consultants surgery is performed in a medical facility covered under your Your in-patient benefit for consultant's fees covers the plan or in your dentist/oral surgeon/periodontist's room. professional fees of consultants who are registered with Irish Life Health, where they provide you with the treatments As with your consultant, your dentist, oral surge and procedures listed in the Schedule of Benefits. Your periodontist must be registered with Irish Life H consultant's fees will only be covered where your procedure not registered with us, you will not be cover or treatment is performed in a medical facility covered under prescribed under the Minimum Benefit Regula your plan. However, there is a small number of treatments and The extent to which your oral surgeon/peri procedures which will be covered when they are performed in fees are covered will also depend on whether your consultant's room. These are set out in the "non-hospital" be a participating or a standard rate ora section of the Schedule of Benefits. See the consultant section above for a full explanation on how your oral health care provider's status as participating or standard rate affects your cover. Please note that all dentists are classed Consultants registered with Irish Life Health as standard rate so we will only cover a limited portion of your We will only cover consultants who are registered with Irish dentist's fees for performing oral/dental surgery. Life Health. Where your consultant is registered with us, the GPs extent to which their professional fees are covered will depend We will cover your GPs fees for performing a limited number of on whether they have chosen to be a participating consultant or treatments and procedures in their surgery. Such procedures standard rate consultant. and treatments are covered under your in-patient benefit

- Participating consultants

for consultant's fees. Your GP's fees for a routine visit will be covered under our Day-to-day Benefits or Out-patient Benefits. Participating consultants have agreed to accept payment from us in full settlement of their fees for performing the treatments and procedures that will be covered under your procedures and treatments in the Schedule of Benefits. This means that if your consultant is a participating consultant, of Benefits. If your treatment or procedure is not listed in the GP section, your GP's fees will not be covered. As with consultants listed in the Schedule of Benefits provided the consultant is and dental professionals, your GP must be registered with operating within the rules imposed by the HSE relating to his Irish Life Health before they will be covered and the extent to capacity to practice privately.

which their fees are covered will depend on whether they are

- Standard rate consultants a participating GP or a standard rate GP. Please see previous Standard rate consultants (or part participating consultants) sections for a full explanation on the effect of Benefits. If your treatment or procedure is not listed in the GP section, your GP's fees will not be covered. As with consultants listed in the Schedule of Benefits provided the consultant is and dental professionals, your GP must be registered with operating within the rules imposed by the HSE relating to his Irish Life Health before they will be covered and the extent to capacity to practice privately.

a participating health care provider may choose to become

Consultants not registered with Irish Life Health standard rate or to unregister with us at any time. Any Where your consultant is not registered with Irish Life Health their status with us will affect how they we will not cover their professional fees. The only exception to Therefore the level to which their fees this is if your consultant's fees for performing your treatment throughout your policy year. We recommend or procedure are included in the Minimum Benefit Regulations. Check whether your health care provider is If they are, you can claim the amount set out in the Minimum Irish Life Health and whether they are parti Benefit Regulations back from us at the end of your policy rate before undergoing any procedure or treatm year. It's important you know your consultant's fees are likely admitted to a medical facility. You can d to be a lot more than the amount shown in the Minimum Benefit website or contacting our call centre on 01 Regulations. If this happens, you'll have to pay the difference.

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Maternity treatment carefully to ensure that it is accurate. By signing this form you are confirming that you have received the medical care specified in In-patient benefits do not apply where you are admitted to the form and that all information contained in your claim form is a medical facility for the delivery of your baby (except for true and accurate. When we've paid your claims, we'll send you caesarean section deliveries). Whilst you are admitted for the a statement confirming payment and outlining the amounts paid delivery of your baby, you are a maternity patient and your on your behalf.

Maternity Benefits apply. The level of cover available to you

for your maternity care is set out in your Maternity Benefits on Where direct settlement is not available your Table of Cover. Where your maternity care ends, but you your medical facility and your health care p remain admitted for any medically necessary reason, your In- and claim the amount that is covered back fr patient Benefits will apply and you will receive the level of cover need to submit a claim form to us spe available under the In-patient Benefits on your Table of Cover. care you received which is signed by all providers and your medical facility together with all your

Psychiatric treatment receipts. Your medical facility and health care providers will be able to provide these for you. The completed claim form and

Where you are admitted to a psychiatric medical facility or a receipts should be sent to our claims team (see section 10 of this psychiatric unit in a medical facility, your hospital costs and Membership Handbook).

consultant's fees will be covered under your In-patient Benefits at the level shown in the Hospital Cover section of your Table of Please note we reserve the right to:

Cover. Your plan will also include psychiatric treatment benefits.

These benefits specify the maximum number of days for which > refuse payment in respect of In-patient Ben you can claim your In-patient Benefits whilst you are a psychiatric stayed in a medical facility overnight patient for medically necessary treatment. If you are admitted advisers determine that you should have be to an approved psychiatric home care programme provided > refuse payment in respect of day-case benefits by a private psychiatric medical facility, the number of days medical advisers have determined that you s claimed will be deducted from the maximum covered under your been an out-patient.

psychiatric treatment benefits. > only pay the amount that would have been covered, if your treatment or procedure had been carried out in the manner

How In-patient Benefits are claimed

deemed appropriate by our medical advisers and only where

In most cases, we'll pay the amount for which you are covered treatment was medically necessary.

under your In-patient Benefits directly to your medical facility

Shortfall



and health care providers. They claim the amount for which you are covered from Irish Life Health on your behalf and we pay this In some cases your benefit may not cover to them directly. This is known as direct settlement. Please note and you will need to pay a proportion of that only the amount for which you are covered will be directly is known as a shortfall. For instance, if settled with your medical facility and health care provider. subject to 90% cover, you will be required to 10% yourself. You can see if a shortfall applies and if so, how Direct settlement applies to all claims for professional fees much it is, in your Table of Cover. for health care providers that are registered with us. We will not directly settle any claims for the amounts shown in the In-patient or day case excess Minimum Benefit Regulations for health care providers that are not registered with us. Your List of Medical Facilities shows In some cases you may be required to pay the medical facilities that we will pay through direct settlement. before your cover begins. This is known Whether direct settlement is available for a particular medical if you have an excess on your In-patient facility may change from time to time. You should always of Cover. Excesses on In-patient Benefits apply check the most up to date Lists of Medical Facilities before are admitted to a medical facility subject to being admitted to any medical facility to see whether direct exceptions: settlement applies or whether you will have to pay the medical > where you are admitted as an in-patient or day case patient facility and claim it back from us. for the purpose of receiving chemotherapy, the in-patient Where direct settlement applies, your medical facility or health excess will only apply once for each cover care provider will submit your claim form to us on your behalf. Where it has been more than 12 months since It is important to remember that they are only making the claim chemotherapy session, your course of treatment on your behalf and that you are responsible for ensuring that all considered to have ended and the excess aspects of the claim are correct. If your claim form contains any further course of treatment. inaccurate information, we may treat your claim as fraudulent, > where you are admitted as a day case patient decline the claim and possibly cancel your plan or policy (see of receiving psychiatric treatment in a medical section 7 of this Membership Handbook for further information the day case excess will only apply once for on our fraud policy). You will need to sign your claim form before of treatment provided all days relevant your medical facility or health care provider submits it to us. treatment are submitted as a single claim Your medical facility and health care providers should always more than 3 months since your last admission specify the medical care you received on your claim form before treatment will be considered to have ended you are asked to sign it. You should check this information very will apply again for any further course

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> where your Table of Cover states that an in-patient or > a family history of hereditary non polyposis colorectal day case excess is only payable on a certain number of > a first degree relative diagnosed with colorectal cancer admissions. before the age of 60 years; or > We will not apply the in-patient excess where you are > two first degree relatives who have been diagnosed admitted as an in-patient or day case patient for the purpose colorectal cancer. of receiving radiotherapy treatment.

Where you satisfy the above criteria, your colorectal cancer > We will not apply the in-patient excess where you are screening will be covered under your In-patient Benefits admitted as an in-patient or day case patient in the every five years from when: treatment centres covered in your List of Medical Facilities.

> you reach the age of 40 years; or

Co-payment for certain procedures > you reach an age which is 10 years younger than the age at which your first degree relative was first diagnosed with

A co-payment is a large excess and is an amount that must be colorectal cancer.

paid by you. You will need to make a co-payment for any of the

orthopaedic procedures specified in the List of Orthopaedic

Listed cardiac procedures and listed special

Procedures Subject to Co-Payment and/or for any of the cardiac procedures benefits

procedures specified in the List of Cardiac Procedures Subject to

Co-Payment where such orthopaedic and/or cardiac procedures In most cases these benefits provide enhanced are carried out in a high-tech or private hospital. Co-payments hospital costs in a high-tech hospital where

may apply in addition to any other shortfall or excess on your the procedures specified in the List of Cardiac plan. This will be displayed on your Table of Cover. the List of Special Procedures. This is because the

apply to these benefits are generally lower than those that apply

Colorectal cancer screening to your general hospital costs in a high-tech hospital. You can

see if these benefits are available under your plan in the high-

Please note that In-patient Benefits only cover the costs of

tech hospital section of your In-patient Benefits on your Table

colorectal cancer screening (colonoscopy, FIT or CT colon) where

of Cover.

you have:

> a family history of polyposis coli;

### 2.3 Maternity Benefits

Maternity Benefits can be categorised as In-patient Maternity Benefits, Out-patient Maternity Benefits and depending on how they are claimed. In-patient Maternity Benefits cover your hospital costs and some of your

when you are admitted to a medical facility covered under your plan as a maternity patient for the delivery of your pre and post natal care are not covered under your In-patient Maternity Benefits but may be covered

Benefits or Other Benefits.

In-patient Maternity Benefits

Benefit Description / Criteria

Public hospital cover Under this benefit we will either:

for maternity

a) Cover your hospital costs for up to 3 nights where you are admitted to a public hospital. The type of

accommodation that will be covered under this benefit is the same as that covered under your public hospital in-patient benefits. However, please note that you will only be able to avail of a private room or a room where you have opted to be a private or semi private patient with the public hospital. The private or semi private room fee imposed by the public hospital is not covered under this benefit but you may be able to claim back some of the fee under our pre/post natal medical expenses benefit if this benefit is available on your plan.; or

b) Pay the contribution specified in your Table of Cover towards your hospital costs.

The type of cover available to you will depend on your plan and is set out in your Table of Cover. This benefit is available where you have been admitted to a public hospital covered on your plan to give birth. This benefit is available for the first three nights of your hospital stay. Where it is medically necessary for you to remain in hospital for more than 3 nights, your fourth and subsequent night's stay will be covered under your In-patient Benefit. The level of cover available for a public hospital stay under your in-patient benefits will apply.

It is important to note that the level of in-patient cover under your in-patient benefits and your maternity benefits may be different. For example, if you have cover for a private room under your maternity benefits but a semi-private room under your in-patient benefits, you will only be covered for a semi-private room for your fourth and subsequent night's stay. In this case you should ask to be moved to a semi-private room after your third night. You will have to pay the balance.

Please note that caesarean section deliveries are covered under your in-patient benefits and not under the maternity benefit.

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#### In-patient Maternity Benefits

##### Benefit Description / Criteria

In-patient maternity Under this benefit we will either:

consultant fees

> Cover the professional fees of your baby's paediatrician;

> Cover your anaesthetist's and pathologist's professional fees; and

> Cover your consultant's professional fees for a routine delivery (procedure 2206) up to the amount set out in the Schedule of Benefits. (Please note that if your consultant charges more than this amount for delivering your baby, you will be required to pay the balance yourself).

Or:

> Pay the contribution specified in the Table of Cover towards your consultants' professional fees.

The type of cover available under your plan is set out in your Table of Cover. Please note that where you are admitted to a public hospital this benefit is only available where you have opted to be a private or semi-private patient. The Grant-in-aid amount This benefit allows you to claim back some of your hospital costs for maternity care that is covered under your plan. If this benefit is available under your plan, the maximum amount which we will cover is set out in your Table of Cover.

##### How to claim

Where the benefit covers a contribution towards the costs of your maternity care, the maximum amount that we will cover is set out in your Table of Cover. If your medical expenses exceed this amount, we will pay the maximum contribution towards your health care provider and you will need to pay them the balance. If your care is provided by an approved medical provider in Ireland, all claims will be assessed and settled in euro. Irish Life Health will use the foreign exchange rate on the invoice received from the medical facility or at the time of purchase, as appropriate. Please see section 10 for details of how In-patient Benefits are claimed and paid.

#### Out-patient Maternity Benefits

##### Benefit Description / Criteria

Home birth This benefit allows you to claim back some of the medical costs involved in having a planned home birth. The costs are directly associated with the delivery of your child and a midwife\* was present at the birth. If this benefit is available under your plan the maximum amount that we will contribute is set out in your Table of Cover.

Foetal screening Under this benefit we will either:

a) cover the costs of foetal screening where you satisfy the clinical indicators set out in the Schedule of Benefits;

b) pay the contribution set out in your Table of Cover towards the costs of elective foetal screening.

Only the following foetal screening tests are covered under this benefit:

> Chorionic Villus Sampling with ultrasound guidance,

> Amniocentesis with ultrasound guidance; or

> Cordocentesis (intra uterine) with ultrasound guidance

The level of cover that is available to you is set out in your Table of Cover. This benefit may only be claimed once per pregnancy.

Welcome Home Food This benefit allows you to claim a Welcome Home Food Hamper and a 30 minute telephone consultation with a Hamper nutritionists at Gourmet Fuel\*\*. The hamper includes 5 healthy dinners, lunches and snacks of your choice. A list provided on [Gourmetfuel.com](https://gourmetfuel.com) which is delivered to your home. To redeem this benefit, you will need to visit <https://gourmetfuel.com/irishlifehealth/> and order through the online form. We will pay the service provider (by direct settlement).

This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered by an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service. To avail of the 30 minute phone consultation with a Gourmet Fuel\*\* Nutritionist, please contact 01 2938799 or email [info@gourmetfuel.com](mailto:info@gourmetfuel.com)

GentleBirth App This benefit provides you with unlimited access for one year to the GentleBirth App\*\*.

To access this benefit you must contact GentleBirth directly on [www.gentlebirth.com/irishlifehealth](http://www.gentlebirth.com/irishlifehealth)

Breastfeeding This benefit allows you to claim back some of the costs of a consultation with a qualified breastfeeding consultancy

The contribution under this benefit is payable for a limited number of breastfeeding consultancy sessions per policy year. If this benefit is available under your plan, the maximum amount which we will cover per session is set out in your Table of Cover. The maximum number of sessions for which it can be claimed is set out in your Table of Cover.

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Partner benefit This benefit allows you to claim back some of the following costs where your birth partner is present when you are admitted to a medical facility to give birth to your child:

> Costs of their hotel or bed and breakfast accommodation;

> Their travel costs to and from your home to the medical facility;

> The costs of a child minder whilst they are visiting you in a medical facility.

The contribution under this benefit is payable for the reasonable costs incurred within a specified number of sessions per policy year. If this benefit is available under your plan, the maximum amount that we will contribute is set out in your Table of Cover.

and the number of days for which it can be claimed is set out in your Table of Cover.

The contribution can only be claimed for costs incurred on the day your baby is born, on the day before your baby is born or on the day after your baby is born and can only be claimed for consecutive days.

**Post Natal Night** This benefit allows you to claim back some of the costs towards the services of a paediatric Nurse Care have your baby.

This benefit must be claimed within 26 weeks of the date on which your child was born.

The contribution under this benefit is payable for paediatric home nursing costs which are incurred up to a maximum number of days/nights in your policy year. If this benefit is available under your plan the maximum amount we will contribute per day and the maximum number of days/nights for which can be claimed will be set out in your Table of Cover.

**Infertility benefit** Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members. If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s). The benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles.

**AMH fertility test** Under this benefit a female member can claim a contribution from us towards the costs of an anti-mullerian hormone assessment. This benefit is only available where the anti-mullerian hormone test is carried out in a clinical environment by a qualified practitioner.

**Egg freezing** Under this benefit we will contribute towards the cost of egg freezing (where this procedure is covered by your policy or ICSI cycle) for female members up to the amount set out on your Table of Cover. To be eligible to claim, the member must be on an in force policy with Irish Life Health at the time of the procedure. This benefit is limited to one claim per lifetime.

**Sperm freezing** Under this benefit we will contribute towards the cost of sperm freezing (where this procedure is covered by your policy or ICSI cycle) for male members up to the amount set out on your Table of Cover. To be eligible to claim, the member must be on an in force policy with Irish Life Health at the time of the procedure. This benefit is limited to one claim per lifetime.

**Pre/Post-natal yoga** Under this benefit you can claim a contribution from us towards the cost of pregnancy yoga and pilates yoga and baby pilates classes provided by a yoga/pilates instructor\*.

**How to claim**

These benefits are claimed as Out-patient Benefits. You need to pay the practitioner/health care provider the amount that is covered back from us during your policy year by scanning your original receipts and submitting them to our online claims tool (Irish Life Health Online Claiming) in your member area on [www.irishlifehealth.ie](http://www.irishlifehealth.ie). Receipts must be submitted within six months of the end of your policy year. If your receipts are not received within these timescales, they will not be paid. You should keep your original receipts for your own records and in case we request them to be provided. Please ensure that all original receipts state:

- > The amount paid
- > The full name of the member receiving treatment/service and their date of birth;
- > The type of treatment/service received;
- > The date the treatment/service was received;
- > The signature and contact details for the treating consultant and the hospital or treatment centre where the treatment was received.

**Other Maternity Benefits**

**Benefit Description / Criteria**

**Early discharge** Under this benefit you can claim a cash payment where you have given birth in a medical facility and are discharged after only one night. This benefit only applies where you are a member on an in force maternity benefit your plan and are discharged after only one night. This benefit only applies where you were discharged from a public hospital and your consultant has approved your discharge after only one night's stay as an in-patient. This benefit cannot be claimed in conjunction with the post-natal home help benefit or the alternative amount benefit. If this benefit is available under your plan, the maximum amount that we will contribute towards your early discharge is set out in your Table of Cover.

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**How to claim**

You will need to provide us with a letter from the medical facility from which you were discharged showing you were admitted and discharged. You may also need to provide us with evidence that your consultant has consented to your early discharge after one night's stay as an in-patient.

**Benefit Description / Criteria**

**Home Early** Under this benefit you can claim support from a midwife\* from Myhomecare\*\* and a Post Natal Support following from Doula Care Ireland\*\* in your home where you have given birth in a public hospital. If you have a 1 or 2 nights' stay in are discharged after one or two nights. If this benefit is available under your plan, the maximum amount that will be covered is set out in your Table of Cover; you are entitled to support sessions with both a midwife and a doula. This benefit applies where you were a private or semi-private in-patient in a public hospital and your consultant has approved your discharge after one or two nights' stay as an in-patient.

**How to claim**

To access this service you must have a letter from the public hospital from which you were discharged showing you were admitted and discharged. This care must be taken place within six months from the date on which your baby was born. Myhomecare\*\* at [www.myhomecare.ie](http://www.myhomecare.ie) and Doula Care Ireland\*\* at [www.doulacare.ie/irish-life-health](http://www.doulacare.ie/irish-life-health) to request the service. You must request the service within six months from the date on which your baby was born. Your Table of Cover in your member area [www.irishlifehealth.ie/secure/ie/login](http://www.irishlifehealth.ie/secure/ie/login) prior to booking to confirm the service.

**Benefit Description / Criteria**

**Postnatal Doula** Under this benefit we will cover the cost of post natal support in your home provided by a Doula. Support your baby is born. If this benefit is available under your plan, the number of support sessions that we will contribute towards is set out in your Table of Cover.

To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health with this benefit available under your plan at the time your baby is born and at the time you receive the service. This service must be booked within 12 months from the date on which your baby was born.

**How to claim**

To redeem this benefit you will need to go to [www.doulacare.ie/irish-life-health](http://www.doulacare.ie/irish-life-health) and book the service online.

**Benefit Description / Criteria**

**Postnatal Domestic** Under this benefit we will cover the cost of domestic support provided by Cpl Group Limited. Support Myhomecare.ie\*\* after your baby is born. If this benefit is available under your plan, the amount that will be covered is set out in your Table of Cover.

To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service. You must request the service within six months from the date on which your baby was born.

your baby was born. If you have not met these terms and conditions, Myhomecare.ie\*\* will bill you directly. The receipt of domestic support is subject to Myhomecare.ie's\*\* terms and conditions, availability and outside the control of Irish Life Health. The service may be unavailable where www.Myhomecare.ie\*\* are booked or where your home is not in an area serviced by them.

If you wish to cancel a booking with Myhomecare.ie\*\*, you must contact them directly to do so. You must give Myhomecare.ie\*\* more than 24 hours' notice of any cancellation. If you fail to do so this benefit will be lost. Either you or a family member/friend who is 18 years old or older must be present in your home at all times the domestic support assistant is in attendance. This benefit may only be claimed by one member (either parent) in respect of each birth.

How to claim

To access this benefit, go to [www.myhomecare.ie/irishlifehealth](http://www.myhomecare.ie/irishlifehealth) to book the service online. Please check the area [www.irishlifehealth.ie/secure/ie/login](http://www.irishlifehealth.ie/secure/ie/login) prior to booking to confirm eligibility.

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

\*\* The provider partners named under these benefits may change from time to time. Access to these benefits is subject to provider partners' terms and conditions of use. Our provider partners operate independently from Irish Life Health for the provision of their services and are not liable for any point of sale or other discounts which may apply. Partner benefits may change or cease during the policy year and such changes are outside of our control. In relation to our benefits, a service may not be available in your locality. Please also note that we are not responsible for these provider partners.

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## 2.4 Other Benefits

Other Benefits provide cover that complements our In-patient Benefits, Out-patient Benefits and Maternity Benefits. Other Benefits

Benefit Description / Criteria

Public hospital levy Public hospitals charge in-patients a daily charge for a maximum of 10 days in any period (also known as the This is known as the public hospital levy. Under this benefit we will cover the public hospital levy for a maximum of 10 days in any period of 12 consecutive months.

In-patient Charge)

How to claim

Where the public hospital in question is covered under your plan, we will pay this charge directly to the hospital. For more information on how direct settlement operates. If the public hospital in question is not covered under your plan, you will have to pay your public hospital levy to the public hospital and claim this back from us. The amount which will be refunded to you.

Benefit Description / Criteria

Post-operative home Under this benefit we will cover the cost of domestic support provided by Cpl Group Ireland where you have undergone a treatment or procedure which is set out in the List of Post-Operative Home Help (POHH) Procedures in a medical facility covered under your plan. The list is available on our website at [irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/](http://irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/)

To be eligible for this benefit you must be covered under an in force policy with Irish Life Health at the time the procedure took place and when the service is delivered. You must call to request the service within 3 weeks of your discharge from the medical facility in which you received the treatment or procedure. You must request domestic support within 4 weeks of your discharge from the medical facility in which you received the treatment or procedure. If you have not met these terms and conditions, Myhomecare.ie\* will bill you directly.

If this benefit is available under your plan, the amount of domestic support covered is set out in your Terms and Conditions. This benefit is not available where Myhomecare.ie\* is unable to provide the domestic support service for you, including where they are fully booked or where your home is not in an area serviced by Myhomecare.ie\*. Where domestic support will be provided is subject to Myhomecare.ie's availability and their operating hours. The receipt of domestic support is subject to Myhomecare.ie's terms and conditions and outside the control of Irish Life Health. This benefit cannot be claimed in conjunction with the alternative amount for post-operative home help benefit. If you wish to cancel a booking with Myhomecare.ie\*, you must contact them directly to do so. You must give Myhomecare.ie\* more than 24 hours' notice of any cancellation. If you fail to do so this benefit will be lost and you will continue to be prevented from claiming the alternative amount for post-operative home help benefit. Either you or a family member/friend who is 18 years old or older must be present in your home at all times the domestic support assistant is in attendance.

How to claim

You must contact Myhomecare.ie\* at [www.myhomecare.ie/post-operative-home-help/](http://www.myhomecare.ie/post-operative-home-help/) to request the service.

Benefit Description / Criteria

Alternative amount This benefit allows you to claim €120 towards the costs of domestic support after you have claimed for post-operative that is listed on the List of Post-Operative Home Help (POHH) Procedures. The list can be found at [irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/](http://irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/).

This benefit cannot be claimed in conjunction with the post-operative home help benefit. To be eligible for this benefit you must be covered under an in force policy with Irish Life Health at the time the procedure took place and when the service is delivered. This benefit must be claimed within 4 weeks of the date of your discharge. This benefit cannot be claimed in conjunction with the post-operative home help benefit.

How to claim

Please call us to let us know if you wish to claim this benefit. If we have not received the claim from you, we will ask you to provide a letter from your treating consultant or your medical facility confirming the procedure code.

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Benefit Description / Criteria

Oncotype dx Under this benefit we will cover the cost of genomic testing for HER positive node negative breast cancer where the recurrence score for breast cancer returning in a 10 year time period. This benefit is only available where genomic testing has been pre-authorised by Irish Life Health.

Vasectomy (in Clane Under this benefit we will cover your hospital costs and consultant's fees where you have a Clane Hospital)\* in Clane Hospital subject to €125 excess. This benefit is only available on Family Focus and Health Focus plans.

How to claim

These benefits are claimed in the same way as In-patient Benefits.

Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are claimed directly.

health care providers.

#### Benefit Description / Criteria

**Convalescence** This benefit allows you to claim back some of the cost of a stay in a convalescence home for benefit days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the maximum number of days for which this can be claimed is set out in your Table of Cover.

This benefit is only available in respect of a stay in a convalescence home where you entered such convalescence home immediately after you were an in-patient in a medical facility covered under your plan for the purpose of receiving a medically necessary treatment or procedure.

**Child home nursing** Under this benefit we will contribute towards the costs of home nursing by a paediatric nurse. Home nursing must be received immediately after the member has been an in-patient for at least 5 days in a medical facility covered under their plan. The member's consultant must have advised that the home nursing care is medically necessary.

The contribution under this benefit is payable for child home nursing costs which are incurred up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount that we will contribute per day and the maximum number of days for which can be claimed will be set out in your Table of Cover.

**Parent** Under this benefit we will contribute towards the following costs where your child is an in-patient in a hospital or accompanying child days and you have to travel to be with them:

- > costs of your hotel or bed and breakfast accommodation

- > your travel costs to and from the medical facility

- > the costs of food and drink consumed whilst you are visiting your child

The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover and the maximum number of days for which it can be claimed is set out in your Table of Cover.

The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days, i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit "child" means a child of 14 years of age or under.

**In-patient support** Under this benefit we will contribute towards the following costs where you have to travel to a public hospital to receive an in-patient treatment or procedure in a public hospital:

- > fuel costs to get to and from the public hospital (petrol or diesel)

- > public transport costs to get to and from the public hospital

The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover and the maximum number of days for which it can be claimed is set out in your Table of Cover.

This benefit is only available for travel costs to and from a public hospital and only where the hospital is the nearest public hospital in which you can receive the treatment or procedure.

**Cancer support** Under this benefit we will contribute towards the costs of hotel or bed and breakfast accommodation to enable you to stay in a hotel or bed and breakfast to enable you to receive chemotherapy or radiotherapy in a public hospital.

This benefit is only available where you have to travel more than 50 kilometres from your home to receive chemotherapy or radiotherapy in the public or private hospital. This benefit is only available for the costs of hotel or bed and breakfast on the night before and the night after you receive the chemotherapy or radiotherapy. If this benefit is available under your plan the maximum amount that we will contribute per day and per night is set out in your Table of Cover.

**Genetic Testing:** Under this benefit we will contribute towards the cost of an initial consultation with a consultant oncologist. Initial consultation oncology consultant with a specialist medical genetics qualification at Hermitage Clinic, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact 5100 for details of our approved consultant(s).

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#### Benefit Description / Criteria

**Genetic Testing:** Under this benefit we will cover the cost of a test for genetic mutations associated with a specific cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC) for genetic mutations Hermitage Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish oncology consultant.

**Hormone** Under this benefit, we will contribute towards the cost of Hormone Replacement Therapy for member with a confirmed diagnosis of Gender Dysphoria given by a consultant. This benefit is only available to members with a confirmed diagnosis of Gender Dysphoria old and over who are undergoing a programme of care and have submitted a letter from their consultant confirming the date of their first consultation and that they are receiving feminising/masculinising hormone therapy as part of their programme to enable their transition goals. There is a lifetime maximum amount that can be claimed under this benefit on your plan. This will be shown on your Table of Cover.

#### How to claim

You must settle the bill directly with the provider of the goods or services. Please send all original receipts to the address and membership number (see 'Your Contacts').

Please ensure that all original receipts state:

- > The amount paid;

- > The full name of the member receiving treatment/service and their date of birth;

- > The type of treatment/service received;

- > The date the treatment/service was received;

- > The signature and contact details for the treating consultant and the hospital or treatment centre where the treatment was received.

Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of them.

When claiming for the convalescence benefit or child home nursing benefit you may also have to provide us with a letter from your consultant confirming that the stay in a convalescence home or the home nursing is medically necessary.

#### Benefit Description / Criteria

**EXOGEN therapy** Under this benefit we will cover the cost of EXOGEN therapy provided by Bioventus Cooperite. This benefit is only available where it is recommended by your consultant and where the therapy has been pre-authorised by Irish Life Health. In addition agreed clinical criteria (available on request) must be satisfied before the therapy can be covered.

#### How to claim

This benefit is claimed in the same way as In-patient Benefits.

Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are claimed directly with care providers.

#### Benefit Description / Criteria

Genetic Testing for Under this benefit we will cover the cost of solid and liquid biopsy testing (Foundation One CDx) provided by Roche Products (Ireland) Ltd\*. for patients with primary lung cancer. Options – advanced breast cancer, advanced colorectal cancer and cancer of unknown primary origin. The benefit is only available where it is recommended by an Irish Life Health approved oncology consultant and has been pre-authorised by Irish Life Health. In addition agreed clinical criteria (available on request) must be met before this testing will be covered. This benefit can only be claimed once per policy year.

How to claim

This benefit is claimed in the same way as In-patient Benefits.

Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are claimed directly from care providers.

Benefit Description / Criteria

Medical ambulance Under this benefit we will cover the cost of an ambulance when it is medically necessary. This benefit covers costs transfer you between medical facilities covered under your plan or from a medical facility to a community home covered under your plan where you will be receiving short term care. The benefit is only available where an ambulance is provided by Medical Ambulance Limited\* and where it is medically necessary. This benefit is only available where you were, or will be, a private patient in the medical facility covered under your plan and where you are being transferred from and to.

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How to claim

We will pay Medical Ambulance Limited\* directly but you must sign the forms provided by Medical Ambulance Limited\* for the costs of the service on your behalf.

Benefit Description / Criteria

Healthy Minds Where this benefit is available on your plan, you will have access to a dedicated counselling service by telephone or webchat, and access to an online portal which provides self-assessment tools and content (for members aged 16 years and over). If deemed clinically appropriate by your telephone counsellor, this benefit also includes up to 6 follow-up counselling sessions per presenting problem (for members aged 18 years and over) via telephone, video, or in-person. A period of 12 months must pass since your last counselling session before you can access further counselling sessions for the same presenting condition. The telephone and webchat counselling service is available 24 hours a day, 365 days a year. This benefit only relates to counselling provided by LifeWorks\*.

How to claim

Online portal and webchat counselling: To access this benefit log on to [irishlifehealth.lifeworks.com](http://irishlifehealth.lifeworks.com)

Telephone counselling: To claim this benefit please call the dedicated phone line on 01 562 5150.

Face-to-face counselling: If your telephone counsellor considers it clinically appropriate, they will refer you to a counsellor for face-to-face counselling.

Benefit Description / Criteria

Mental Health Guide Our early intervention stress, depression and anxiety case management programme managed by Spectrum Mental Health Limited\* provides Irish Life Health members with exploratory and therapeutic treatment following referral through your employer's EAP service where your employer has a group scheme with Irish Life Health or through the Irish Life Health Healthy Minds benefit. To support your journey, you will have a dedicated Spectrum Mental Health case manager who will set out a programme of care that is personalised to you. You will be asked questions about your signs and symptoms to support you in improving your condition.

Treatment programmes and duration will vary depending on how your condition presents but will include either online or in-person treatment or a combination of both. You must attend the treatment provider recommended by your Spectrum Mental Health case manager. If one of Spectrum Mental Health's approved treatment providers is not available in your area, the Spectrum Mental Health team will try to offer an alternative. Your Spectrum Mental Health case manager will be responsible for determining the delivery and length of your treatment programme and your decision is final. You'll be entitled to one treatment programme in your policy year.

If you wish to amend your appointment time, you will need to follow your treatment provider's policy on appointment changes. If you miss your appointment without informing your treatment provider, a new appointment can be scheduled at a charge to you. Clinical responsibility for treatment lies with your treatment provider and not Irish Life Health. This benefit/treatment programme is available to members aged 18 years and over.

Due to the nature of the assessments, treatment provided and the clinical interventions used within this programme, your Spectrum Mental Health case manager will decide if this programme is suitable for you. Members who present with certain symptoms or conditions may not be appropriate for the programme and will be supported to ensure they are referred to the most appropriate health care professional in line with their presenting signs and symptoms. Other services they may be referred to in this instance are not covered under the Mental Health Guide benefit. The team and programme are managed by Spectrum Mental Health Limited\*. Further information is available on our website at [www.irishlifehealth.ie](http://www.irishlifehealth.ie).

How to claim

You can call 01 562 5150 to access our Healthy Minds benefit and speak to a telephone counsellor. They will support you to claim the service. We will pay Spectrum Mental Health Limited\* directly.

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Benefit Description / Criteria

Health in the Home Under this benefit we will cover the costs of a home nursing service, provided by TCP Homecare Limited\* (HITH) consultant has approved your early discharge from hospital and has consented to your treatment being provided at home.

The home nursing is limited to administering your prescribed treatments such as intravenous antibiotics, wound dressings such as negative pressure dressings and other therapies. This benefit is only available for home nursing immediately following a medically necessary in-patient stay in a medical facility covered under your plan and to prevent admission/readmission to a medical facility covered under your plan.

This benefit is not available where TCP Homecare Limited\* cannot provide the home nursing service for any reason including where they are fully booked or where your home is not in an area serviced by TCP Homecare Limited\*. A receipt of the home nursing service operated by TCP Homecare Limited\* is subject to TCP Homecare Limited\* terms and conditions and is outside the control of Irish Life Health.

This benefit must be pre-authorised by Irish Life Health.

How to claim

We will pay TCP Homecare Limited\* directly.

Benefit Description / Criteria

Care Connect Under this benefit you can access specified health programmes provided by our provider partners as set out in the List of Care Connect health programmes, where you have been diagnosed with certain medical conditions.

conditions. This benefit includes specialist case management, remote health monitoring and where appropriate treatment interventions as required. Your GP or consultant must approve your suitability to receive these services at home. You must also meet the specified clinical indicators as set out in the List of Care Connect health services available at <https://www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits>, including any age restrictions that may apply. This benefit is available wherever Care-Connect\* can provide the service and where the required facilities be met on hardware and connectivity by the Irish Life Health member. Access and eligibility for the programme must be pre-authorised and is subject to Care-Connect's\* terms and conditions.

#### How to claim

To request this benefit, please go to [www.care-connect.ie/#register](http://www.care-connect.ie/#register) and provide your details through the MyClinic in your member portal at [www.irishlifehealth.ie/login](http://www.irishlifehealth.ie/login). We will pay Care-Connect\* directly.

#### Benefit Description / Criteria

**Gender Affirmation** Under this benefit, we will contribute towards your medical costs for gender affirmation surgery listed out in the List of Gender Affirmation Surgical Procedures where you have been diagnosed with the condition of Gender Dysphoria and where the procedures are carried out in a medical facility worldwide.

We will contribute to the following:

**Hospital costs:** we will contribute towards your reasonable hospital costs for gender affirmation surgery carried out in a medical facility worldwide;

**Consultant fees:** we will contribute towards your reasonable consultant fees for gender affirmation surgery carried out in a medical facility worldwide.

There is a maximum amount that can be claimed under this benefit on your plan and a maximum number of claims per member's lifetime. This will be shown in your Table of Cover. Your benefit may not cover all of your costs and you will need to pay such costs yourself.

Irish Life Health will have to pre-authorise each surgical procedure before the surgery is performed. Our medical advisers will assess the pre-authorisation request based on the information provided and the reasonable and customary medical expenses for similar medical care carried out in Ireland and around the world. The decision of our medical advisers are final.

The following conditions apply to this benefit:

- > The procedure must be pre-authorised by Irish Life Health;
- > You must have a referral for the procedure from a consultant who is registered with the Medical Council of Ireland;
- > The following stages of transition must have been completed:
  - Mental health assessment by a psychiatrist
  - Hormone therapy
  - Real life experience (RLE) for at least one year prior to procedure
- > The surgical procedure must be performed within 31 days from when you leave Ireland;
- > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation ends after six months from when it is granted, or at the end of the policy year, whichever is sooner.

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This benefit will not cover:

- > Mental health assessment
- > Hormone therapy
- > Any costs associated with RLE prior to procedure
- > The cost of obtaining a written medical opinion or report or completing a pre-authorisation form by your consultant
- > Cosmetic procedures
- > The costs of travelling to and from the country in which you wish to receive your surgical procedure
- > Reversal of previous gender affirmation procedure(s)

#### How to claim

If you wish to claim this benefit you must have your procedure(s) pre-authorised by us. To obtain pre-authorisation, the Irish Life Health Gender Affirmation Procedures Pre-authorisation Form which is available on our website must be completed by your Medical Council of Ireland registered consultant. You will be required to provide us with additional information including a detailed medical report from your consultant abroad. We will assess your pre-authorisation request within 15 working days and confirm the decision to you. You will need to pay your medical facility and health care providers directly for your medical care. You will have pre-authorised back from us by submitting your original receipts to us in an envelope and your name, address, telephone number (see section 10 for details of where to send your receipts). Unfortunately, we are unable to return your original receipts, we suggest that you keep a copy of your receipts for your records. You must submit your original receipts with your claim for procedure(s). If your receipts are not received within this three year period, your claim will not be paid.

\* The provider partners named under these benefits may change from time to time. Access to these benefits is subject to the provider partners' terms and conditions of use. Our provider partners operate independently from Irish Life Health and are not liable for the provision of their services and are not liable for any point of sale or other discounts or rebates. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. Coverage with our benefits, a service may not be available in your locality. Please also note the content of the websites of these provider partners.

\*\* Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in the Handbook for details of the qualifications and registrations that must be held by the practitioner.

#### 2.5 Overseas Benefits

We have two types of overseas benefits available on our plans; A&E Abroad benefits and Elective Overseas Benefits.

##### A&E Abroad

Our A&E Abroad benefits cover your medical costs and the costs of repatriation for you and your companion when you receive medical care outside Ireland. The table below explains all our A&E Abroad benefits but you should check your Table of Cover to see which benefits apply to you.

Our A&E Abroad benefits are not a substitute for travel insurance. We recommend that you purchase travel insurance before you travel outside Ireland and obtain a European Health Insurance Card before you travel (see [www.ehic.ie](http://www.ehic.ie)).

All claims will be assessed and settled in euro. Irish Life Health will use the foreign exchange rate which is in effect on the invoice we receive from the medical facility abroad or at the time of purchase, as appropriate.

Waiting periods may also apply, please see section 6.

Where you have not been admitted overnight for treatment as an inpatient, some of the costs incurred may not be covered by our outpatient benefits, please refer to the outpatient section of your table of cover to see what benefits you are entitled to. These are subject to an excess.

**Emergency Inpatient Treatment Abroad and related benefits**

#### Benefit Description / Criteria

Hospital bill for in- Under this benefit we will cover your medical costs for emergency care in a medical patient treatment booked temporary stay abroad not exceeding 31 days in duration where:

- > The emergency care is medically necessary;
- > The emergency care is authorised and arranged by Irish Life Health;
- > 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;

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- > 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
- reasonable person in your position would not have suspected that you would require any medical care when were abroad.

Your return journey must be booked before you begin your outward journey and your temporary stay abroad must be no longer than 31 days in duration. There is a maximum amount that can be claimed under this benefit of plan. This will be shown in your Table of Cover.

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
- > medical care that could be delayed until your return to Ireland.

How to claim

We must authorise and arrange your in-patient emergency care. You must call our international assistance when you are discharged from the medical facility where you received your emergency medical care. You will also need to provide details of your travel insurance and your European Health Insurance Card. If you are unable to contact our international party may do so on your behalf.

In most cases, where we have authorised and arranged your emergency care in advance, we will pay your medical providers directly (by direct settlement). However, some medical facilities and health care providers abroad may not accept direct settlement. Where this occurs, you must pay the medical facility and health care providers yourself and then claim back from us under this benefit. You will need to submit your original receipts to us to do so. You must return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.

Benefit Description / Criteria

Out-patient A&E Under this benefit you can claim a contribution from us towards the cost of the following medical care received abroad receive it as an out-patient whilst you are abroad:

- > Emergency room/department fees
- > GP visits
- > Consultant visits
- > Prescription drugs
- > Radiology and pathology fees
- > Cost of one ambulance journey to a hospital or clinic for treatment
- > Emergency dental treatment required as the result of an accident. (Please refer to section 2.1 for further details on the conditions of Emergency Dental Care.)

To avail of this benefit, the costs being claimed must have been incurred outside of Ireland on a pre-booked temporary stay abroad of not more than 31 days in duration and must have been incurred as a result of emergency medical care. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your out-patient excess does not apply to this benefit.

How to claim

You will need to pay the medical facility and health care providers yourself. You can claim the amount that you are entitled to under your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health member area on [www.irishlifehealth.ie](http://www.irishlifehealth.ie)). You must submit your receipts within six months of the end of your temporary stay abroad. If you received within these six months, your claim will not be paid. You should keep your original receipts for your records. If you need them to be resubmitted. Where receipts are not in English, you may need to provide a complete translation of the receipts.

Benefit Description / Criteria

Repatriation Under this benefit we will arrange and cover the costs (up to a specified amount) of your transport home if you are unable to use your return transport to return to Ireland for medical reasons. Our international assistance team will determine whether your medical condition requires you to have assistance to travel. The opinion of our medical advisors is final. You must be willing to travel as soon as you are medically fit to do so. If you fail to travel, we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover any travel that has not been arranged by us.

The maximum amount that we will cover under this benefit is set out in your Table of Cover.

This benefit is only available in conjunction with our 'hospital bill for in-patient treatment' benefit. Under this benefit we will also arrange and cover the return of your remains to Ireland should you die whilst on a temporary stay abroad not to exceed 31 days.

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How to claim

Please call our international assistance number 00353 148 17840 and we will arrange your transport back to Ireland. We will provide you with a medical certificate confirming you are fit to travel before we can arrange and cover your transport.

We will pay the transport providers directly where possible. If we are unable to pay your transport providers directly, you must pay them yourself and claim this back from us. You will need to submit your original receipts to us to do so. You must return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.

Benefit Description / Criteria

Companion This benefit allows you to claim back the transport costs incurred by your companion to return home if you are unable to use your return mode of transport as a result of remaining with you whilst on a temporary stay abroad. The maximum amount that we will contribute under this benefit is set out in your Table of Cover. This benefit is only available in conjunction with our 'hospital bill for in-patient treatment' benefit.



#### How to claim

Your companion must arrange and pay for their transport back to Ireland. You can claim the contribution towards their transport by sending us their receipts. You must send all original receipts to us in an envelope with your name, address and telephone number (see section 10 of this Membership Handbook). Unfortunately we are unable to return your original receipts to you, but we will send you a copy of your receipts for your records. Where receipts are not in English, you may need to provide a copy of the receipt with your claim.

#### Benefit Description / Criteria

Expenses for This benefit allows you to claim back reasonable accommodation, local transport and food costs for you and your companion who remain with you as a result of such companion remaining with you whilst you are receiving your emergency treatment. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Membership Handbook. This benefit is only available in conjunction with our hospital 'bill for in-patient treatment' benefit.

#### How to claim

Your companion must pay the providers of the goods and services and keep their receipts. You can claim the contribution towards their transport by sending us their receipts. You must send all original receipts to us in an envelope with your name, address and telephone number (see section 10 of this Membership Handbook). Unfortunately we are unable to return your original receipts to you, but we will send you a copy of your receipts for your records. Where receipts are not in English, you may need to provide a copy of the receipt with your claim.

#### Benefit Description / Criteria

24 hour telephone Under this benefit you have access to a 24 hour telephone assistance line whilst you are receiving your emergency treatment. Assistance is available in conjunction with our 'hospital bill for in-patient treatment' benefit.

#### How to claim

Please call 00353 148 17840

Please note that our A&E Abroad benefits will not apply where > for conditions and/or injuries arising from your emergency care is required: a passenger on a licensed aircraft operated by a commercial airline;

> for a nervous, mental or psychiatric condition;

> 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.

> for conditions and/or injuries arising from substance abuse;

> in a country in which the Irish Department of Foreign Affairs has recommended that you should not travel;

> for conditions and/or injuries arising from deliberately has recommended that you should not travel; injuring yourself;

> in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel; or

> for conditions and/or injuries arising from your own negligence; travel unless your journey is essential. Evidence of why your journey is essential will be required. Details of what we consider to be essential reasons for travel are if:

> for conditions and/or injuries arising from hazardous sports; constitute essential travel to be, as well as the evidence you need to provide is detailed below.

> for conditions and/or injuries arising from breaking the law; need to provide is detailed below.

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If you have decided to travel despite the Department of Foreign Affairs advising to avoid non-essential travel to that country, you in Ireland'. The table below explains the circumstances in which you may be eligible for our 'benefit abroad for surgical procedure' benefits but you should check your Travel Handbook for details of travelling to ascertain whether we consider your travel to be if these benefits are covered under your policy. What we consider to be essential reasons for travel are if:

All elective medical care received abroad must be pre-authorised

i. Your relative is in intensive care in hospital or has by Irish Life Health. See the "How to Claim" section for details of how to have your elective surgery pre-authorised by us.

Please note you will only be covered up to the amount pre-

ii. Your relative has died and you need to attend the funeral;

authorised by us. Your overseas medical facility and health care

iii. Your property abroad has been seriously damaged and you providers may charge more than this amount.

need to arrange and/or oversee professional repairs; be responsible for paying the balance. In addition you may be able to claim back the cost of overseas medical facilities and health care providers directly.

iv. You have an urgent work matter that cannot reasonably be

You will need to pay your entire bill to the medical facility and/

cancelled, postponed or delayed;

or health care providers yourself. You can then claim the pre-

v. You have a full-time but short-term (not exceeding 31 days) authorised amount from us by submitting your claim.

placement at a recognised educational establishment When you submit an Irish Life Health Overseas Pre-Approval Form to us, our medical advisers will decide whether the

where attendance must be in person. Form to us, our medical advisers will decide whether the

surgical procedure you require abroad is available in Ireland.

Evidence must be provided in advance of travel and must be

This can require a complex medical assessment of the

in a formal written format which clearly sets out all relevant

treatments and procedures you wish to receive abroad and

dates, the subject and the source of the evidence. Examples of

the treatments and procedures available in Ireland to treat

evidence are as follows:

your condition. The decision of our medical advisers is final. In

i. Where your relative is in intensive care in hospital or has addition, their assessment is based entirely on your condition.

unexpectedly been given a terminal prognosis with a short below for details of how to have your elective surgery pre-authorised by us.

life expectancy we will require a letter from your relative's your Irish Life Health Overseas Pre-Approval Form to us, our medical advisers will decide whether the

doctor recommending that you needed to be with your pre-authorised by us cannot be reassessed following your relative due to their medical condition (please do not state treatment regardless of whether the treatment is for a condition that medical condition); differs from that anticipated in your Irish Life Health Overseas

Pre-Approval Form or otherwise.

ii. Where your relative has died and you need to attend the funeral; we will require a notice of your relative's funeral in If there are any unforeseen medical costs a recognised publication; additional medically necessary treatment from the same episode of care, we will cover you for an amount up to the same  
iii. Where your property abroad has been seriously damaged amount of the costs that would have arisen and you need to arrange and/or oversee professional would be covered for in Ireland.  
repairs we will require a police or property insurer's report  
Please note that the following conditions apply to Elective confirming damage to your property;

Overseas Referrals:

iv. Where you have an urgent work matter that cannot > The surgical procedure must be performed within 31 reasonably be cancelled, postponed or delayed, we will from when you leave Ireland;  
require, a formal letter/email from your employer stating  
> You must have been referred for the surgical procedure  
you are travelling for an urgent work matter that cannot  
abroad by a participating consultant in Ireland or through the  
reasonably be cancelled, postponed or delayed;

International Second Opinion Service benefit, if applicable

v. Where you have a full-time but short-term placement at a > The surgical procedure must be performed be recognised educational establishment where attendance authorisation expires. Your pre-authorisation will must be in person, we will require a formal letter from a six months from when it is granted, or at the e recognised educational establishment confirming that year;  
you are travelling for a short-term (not exceeding 31 days) > The surgical procedure must be medically ne placement that cannot reasonably be cancelled, postponed our medical advisers must agree that the surgica or delayed. will result in a reasonably favourable medical prognosis;

> The proposed surgical procedure you require abroad must  
The application of the above rules and acceptance of the evidence  
be related to and have the same objective as a procedure or  
provided will be at our discretion and our decision will be final.  
treatment that you are covered for in Ireland; and

Elective Overseas Referrals > The surgical procedure or, where the surgical procedure is not available in Ireland, the most similar surgical procedure  
Our Elective Overseas Referral benefits cover some of the cost of available in Ireland, must not be controlled by a national  
having a surgical procedure performed abroad. We provide two register of waiting lists for transplants or other complex  
benefits under our Elective Overseas Referral benefits; (A) 'benefit procedures.

abroad for surgical procedures that are available in Ireland' and

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You must have an Irish PPSN in order to claim any of the above benefits. If you do not have an Irish PPSN covered for any medical or additional costs incurred while outside Ireland or the cost of repatriation to Elective Overseas Referral  
Benefit Description / Criteria

Benefit abroad for Under this benefit we will cover the following:  
surgical procedures

> Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that wo that are available in

covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Co Ireland

you were to be admitted to a medical facility in Ireland to have the surgical procedure performed. Our me advisers will base their assessment on the hospital costs that would be covered in the medical facility i which, in their opinion, would have been most suitable for you.

> Consultant's fees: Consultants practicing overseas are treated as standard rate consultants. Under this Irish Life Health will cover your consultant's fees to the same level as would be covered under your plan were treated by a standard rate consultant whilst admitted to a medical facility in Ireland to receive yo procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fee standard rate consultants are covered.

Our medical advisers will decide the hospital costs and the consultant's fees that would have been covere were admitted to a medical facility in Ireland to undergo the surgical procedure you wish to receive abro decision of our medical advisers is final. The costs of traveling to and from the country in which you wi your surgical procedure will not be covered. We will confirm the amount that we will cover under this ben we pre-authorise your overseas surgical procedure. In some cases your benefit may not cover all your medi and you will need to pay such costs yourself.

Benefit abroad for Under this benefit we will cover the following:  
surgical procedures

> Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that wo that are not available

covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Co in Ireland

you were to be admitted to a medical facility in Ireland to receive the most similar surgical procedure a in Ireland. Our medical advisers will base their assessment on the hospital costs that would be covered i medical facility in Ireland, which, in their opinion, would have been most suitable for you.

> Consultant's fees: Consultants practicing overseas are treated as standard rate consultants. Under this Irish Life Health will cover your consultant's fees to the same level as would have been covered under yo if you were treated by a standard rate consultant whilst admitted to a medical facility in Ireland to rec surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the profess fees of standard rate consultants are covered.

Our medical advisers will decide the hospital costs and the consultant's fees that would be covered if yo admitted to a medical facility in Ireland to undergo a surgical procedure to treat the medical condition/ specified in your Irish Life Health Overseas Pre-Approval Form.

Our medical advisers must believe that the surgical procedure that you wish to undergo abroad is medically to be a more effective method of treatment than the treatments and procedures available in Ireland to treat your condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. The decisions of our medical advisers are final. In some cases your benefit may not cover all your medical costs and you will need to pay some costs yourself. The costs of traveling to and from the country in which you wish to receive your surgical procedure will not be covered.

#### How to claim

If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. You will need to complete the Irish Life Health Overseas Pre-Approval Form which is available on our website. The Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you are required to provide us with additional information including a detailed medical report from your GP or Consultant or the treating consultant abroad.

We will assess your pre-authorisation request within 15 working days and confirm the amount for which we will pay your overseas medical facility and health care providers directly for your medical care. You can then claim your benefit authorised back from us by submitting your original receipts to us in an envelope with your name, address and contact details (see section 10 for details of where to send your receipts). Unfortunately we are unable to return your original receipts, so you will need to keep a copy of your receipts for your records.

#### Benefit Description / Criteria

International Second Opinion Service See Irish Life Health Member Benefits under section 2.6

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#### 2.6 Irish Life Health Member Benefits

As an Irish Life Health member, you are eligible to receive discounts on certain health related products and services. Irish Life Health Member Benefits and are explained in the table below. To claim your Irish Life Health Member Benefits, you must be an Irish Life Health member at the time of purchasing the products or booking/receiving the services. You must provide your Irish Life Health membership number. The companies providing the products and services and the discounts are listed in the table below. Please refer to your table of cover, member benefits are only available to members who have purchased a policy with Irish Life Health Member Benefits.

##### Benefit & Provider Description / Criteria

**Health screening** Charter Medical Group and Corporate Health Ireland provide Irish Life Health members with a point of sale discount on health screening. This offer may not be used in conjunction with any other offer or promotion run by Charter Medical Group\*.

Charter Medical Group\*  
by Charter Medical Group and Corporate Health Ireland. This discount can be claimed once per policy year.  
Telephone: 01 657 9000

In addition to the discount, you may also be able to claim a contribution from us on the amount that you have paid to Charter Medical Group or Corporate Health Ireland for your health screening. To claim the contribution, you must provide the following details to us:  
Telephone:

contribution from us you need to settle the bill directly with Charter Medical Group or Corporate Health Ireland.  
021 4350360 Cork,  
Ireland and scan your receipt to us through our online claims tool (Irish Life Health Online Claiming) in the member area on [www.irishlifehealth.ie](http://www.irishlifehealth.ie)  
061 303 975 Limerick

You should keep your original receipts for your own records.

**Smoking Cessation** Allen Carr's Easyway to Stop Smoking Programme provide Irish Life Health members with a point of sale discount on its smoking cessation programme. This offer may not be used in conjunction with any other offer or promotion run by Allen Carr's Easyway to Stop Smoking Programme\*.

Allen Carr's Easyway to Stop Smoking Programme\*.

Smoking Programme\*

Telephone: 01 4999010

Website: [www.easyway.ie](http://www.easyway.ie) or

[www.allencarr.ie](http://www.allencarr.ie)

**Dental Access Package** Smiles Town and Dental provide Irish Life Health members with a point of sale discount on dental treatments. This offer may not be used in conjunction with any other offer or promotion run by Smiles Town and Dental\*.

Smiles Town and Dental\*

This discount cannot be used in conjunction with any other offer or promotion run by Smiles Town and Dental\*.

Telephone: 01 507 9202

Dental facilities. Where the treatment or procedure is not supplied for the entire mouth, the discount shall be applied on a pro-rata basis.

Website: [www.smiles.ie](http://www.smiles.ie)

be applied on a pro-rata basis.

**Asthma care programme** Asthma Care Ireland provide Irish Life Health members with a point of sale discount on asthma care programme. This offer may not be used in conjunction with any other offer or promotion run by Asthma Care Ireland\*.

Asthma Care Ireland\*

The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland\*.

Telephone: 1800 931 935

and cannot be redeemed online.

or 091 756229

Email: [info@asthmacare.ie](mailto:info@asthmacare.ie)

Website: [www.asthmacare.ie](http://www.asthmacare.ie)

**Laser eye surgery** Lominol Limited t/a Optilase provide Irish Life Health members with a point of sale discount on LASIK treatments. Where the treatment is not supplied for both eyes, the discount shall be applied on a pro-rata basis. This offer may not be used in conjunction with any other offer or promotion run by Lominol Limited t/a Optilase\*.

Optilase\*  
pro-rata basis. This offer may not be used in conjunction with any other offer or promotion run by Lominol Limited t/a Optilase.  
Telephone: 01 619 1400 Limited t/a Optilase.

Website: [www.optilase.com](http://www.optilase.com)

**U Mamma** U Mamma provide Irish Life Health members with a point of sale discount on pre and post natal treatments. This offer may not be used in conjunction with any other offer or promotion run by U Mamma\*.

U Mamma\*

Telephone: 01 2014900

Website: [www.umamma.ie](http://www.umamma.ie)

4d scans Ultrasound Dimensions provide Irish Life Health members with a point of sale discount on 4D maternal scans. This offer may not be used in conjunction with any other offer or promotion run by Ultrasound Dimensions\*

Dimensions.

21 Main Street, Blackrock,

Co. Dublin

Telephone: 01 210 0232

Email: [info@ultrasound.ie](mailto:info@ultrasound.ie)

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Irish Life Health Member Benefits

Benefit & Provider Description / Criteria

Back-Up Back-Up is our physiotherapist-led case management programme unique to Irish Life Health. It provides with advice on prevention and treatment for back, neck and spine pain. Treatment programmes are tailored to your condition and may include online or in-person treatment with a CORU registered Physiotherapist. Even

Telephone: 01 562 5150 effort will be made to find a Physiotherapist within your locality from our network. Up to two Back-Up treatment programmes are available each policy year subject to eligibility and

each treatment programme must be completed within three months from the date it began. Where in-person treatment is advised, a once off fee of €50 will apply for the course of treatment payable to your

Physiotherapist. Once treatment has commenced, we are unable to facilitate transfers to another clinic. Your physiotherapist's policy on amending/cancelling appointments will apply. Your physiotherapist may

charge you if you do not notify them of any amendments or cancellations in line with their policy. Clinic responsibility for treatment is with your physiotherapist.

Irish Life Health cannot guarantee the availability of specific treatment modalities. You will not be eligible for our Back-Up service if you fall into one of the following groups:

> Patients who are currently pregnant (however if you have written clearance from your GP then an assessment can be done which will determine your individualised treatment programme)

> Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back

> Patients who are under 18 years of age

> Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months To access: Login to your Irish Life Health member portal and complete an online suitability assessment for the programme or call the MyClinic line on 01 562 5150.

Further information on Back-Up is available on our website at [www.irishlifehealth.ie/members/memberbenefits/back-up/](http://www.irishlifehealth.ie/members/memberbenefits/back-up/).

Back-Up is managed by Spectrum Health Limited\* and our network of CORU registered physiotherapists. International Second Opinion MediGuide International LLC\* provide Irish Life Health members with access to

Service MediGuide's\* Medical Second Opinion Service can help give you peace of mind if you, whether an adult or a child member, are diagnosed with a medical condition, including paediatric and fertility conditions. This means you can have an independent review of your diagnosis and treatment plan from one of a range of

Telephone: 1800 902 251 leading medical centres around the world.

Irish Life Health members may request a medical second opinion through MediGuide\* under most circumstances, with the following exceptions:

Member has not received a diagnosis – a member must have been given an official diagnosis by his or her treating consultant as a prerequisite in order for the medical centre giving the second opinion to review the diagnosis and to provide treatment recommendations where appropriate on a particular medical condition;

> Member has not been evaluated by a treating consultant within the last 12 months – recent medical records are required by the medical centre giving the second opinion in order to provide relevant treatment recommendations;

> Member has developed an acute or life threatening condition – if a member requires immediate medical attention, they should seek the care of their treating consultant on an urgent basis, and not delay while awaiting the arrival of the medical second opinion;

> Physical evaluation of the member is required – certain conditions will always require an in-person study and evaluation (for example, mental health conditions), such cases would not be eligible to receive a medical second opinion.

To access this service, please freephone MediGuide\* directly on 1800 902 251. Remember to have your Irish Life Health policy number ready when you call. There is no charge for using this service. When you call, a customer care agent will explain the service and take some information from you. Your case will be reviewed by a team of experts in the specific field of medicine involved. You will be assigned a clinical case manager and a comprehensive, confidential report will be provided to you within 10 working days, after MediGuide\* has received all the required medical records. You will be brought through the report by your clinical case manager to make sure you understand everything. This service offers you the reassurance of knowing if your diagnosis and treatment plan is right for you or give you alternative options and support, where appropriate. If you choose an alternative option, such as treatment in an international facility, an additional unique management programme called Navigator can be accessed.

Navigator can assist you with case management and advice on recommended medical facilities and arrange admission, cost containment and claims settlement from medical providers, provide you with a cost estimate for the treatment package, arrange a translation service and provide travel arrangements assistance, if required.

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Irish Life Health Member Benefits

Benefit & Provider Description / Criteria

Important information about the International Second Opinion Service

Any contact you make with MediGuide\* around the International Second Opinion Service will be directly with MediGuide\* itself. Irish Life Health does not provide this service and has no involvement in the International Second Opinion or Navigator Service. Irish Life Health has no access to your medical records or the medical second opinion nor do we provide MediGuide\* with any medical information.

Please note there are limits to your health insurance cover. Treatments and procedures proposed as a result of the medical second opinion provided by MediGuide\* may not be covered by your health insurance policy. Where cover may be available on your plan under your Elective Overseas Referral benefits, any

proposed treatment or procedures must be pre-authorized by Irish Life Health before you travel abroad for treatment and must meet all the criteria in relation to the Elective Overseas Referral benefits, the decision of our medical advisers is final.

You will be liable for the cost of travel and all other costs such as treatment outside of those covered by your health insurance policy.

MediGuide\* provides an independent and confidential service. MediGuide\* is independent from Irish Life Health and Irish Life Health accepts no liability for this service. Your access to the MediGuide\* International Second Opinion Service is subject to MediGuide\*'s terms and conditions. In the event that the MediGuide\* provider is based outside the EEA or Switzerland, you will be required to pay a deposit of no more than €1,000 to the MediGuide\* provider. This fee is not covered by Irish Life Health and the terms and conditions around this payment should be discussed in full with MediGuide\* in advance of you making the payment.

Wellness DNA Test As an Irish Life Health member, you can receive a point of sale discount on a Wellness DNA Test. To avail of this offer, you should log in to your member area at [irishlifehealth.ie](http://irishlifehealth.ie) and under the Benefits section, click on the Wellness DNA Test link to redeem your discounted test. The test is available to members aged 18 years and over.

Log on to your member area aged 18 years and over on [www.irishlifehealth.ie](http://www.irishlifehealth.ie) to redeem the discount applies to the Wellness DNA Test offered through this link and cannot be used for the purchase of other tests or in conjunction with other promotions being offered by DNAfit\*. Any contact you make with DNAfit\* around this service will be directly with DNAfit\* itself. By availing of this benefit you are subject to the terms and conditions. Irish Life Health does not provide nor accepts liability for this. Irish Life Health has no liability for the provision of their services and are not liable for any point of sale or other discount on your DNA results or test information nor do we provide DNAfit\* with any medical information.

\* The provider partners named under these benefits may change from time to time. Access to these benefits is subject to the provider partners' terms and conditions of use. Our provider partners operate independently from Irish Life Health and have no liability for the provision of their services and are not liable for any point of sale or other discount on your DNA results or test information nor do we provide DNAfit\* with any medical information.

Exclusions from Your Cover

3 Exclusions from Your Cover

disfigurement at birth or (iii) a significant disfigurement caused by disease;

We do not cover the following (subject to compliance with the > Any costs arising from or related to medical procedures or medical care which are required as a result of

Minimum Benefit Regulations): by Irish Life Health, including subsequent treatments, procedures or medical care which are required as a result of

> Any costs that are not covered under a benefit listed on your Table of Cover;

> Any costs related to genetic testing except where such costs are 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;

> Gender affirmation treatments or procedures other than those covered under the gender affirmation benefit;

> Any costs that our medical advisers believe are not reasonable;

> Any costs that relate in any way to transplants including any and customary costs;

> The cost of any medical care that our medical advisers believe is not an established treatment;

> Any nursing home care and convalescence care that is not covered under our convalescence benefit or Home Recovery under your plan;

> The cost of any treatment or procedure provided by a health care provider who is not registered with Irish Life Health;

> Ambulance costs except those covered under our Medical ambulance costs benefit;

> Any costs associated with treatments and procedures that are not listed in the Schedule of Benefits;

> The costs of any form of vaccination except that covered under our vaccination benefit as a Day-to-day Benefit or an Out-patient Benefit;

> Preventative or maintenance treatments and procedures unless listed in the Schedule of Benefits;

> Cosmetic surgery unless this is medically necessary to restore

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> Any costs associated with birth control, infertility treatment, different from that for which they were assisted reproduction or their reversal except where such costs are listed on your Table of Cover.

> The cost of rehabilitation services;

> Any treatment programmes for weight related disorders

> The costs of a robotic surgical procedure which or eating disorders that are not provided by a consultant above the costs that would have been incurred by a psychiatrist in a medical facility covered under your plan;

> Any costs relating to participation in clinical studies or trials;

> Any costs, legal or otherwise, incurred by or related to injury or illness caused by or making a claim or taking legal action in the virtue of war, chemical, biological or nuclear disasters, civil company/public body;

disobedience or any act of terrorism; > Medical expenses imposed for non-attendance or late

> The cost of any medical care or other goods or services self- cancellation of an appointment; provided or self-prescribed by the insured or provided or > The costs of medical certificates, medical re prescribed by a member of the insured's immediate family; the costs associated with obtaining details of

> Expenses for which you are not liable; > Differences in foreign exchange rates, bank charges or other

> The cost of any medical care or other goods or services which charges applied to foreign exchange. were not received by you;

> Any costs not incurred during your policy year;

#### 4 Your Policy

> Any costs associated with the treatment of symptoms which are not due to any underlying disease, illness or injury;

> Nursery fees; Joining Irish Life Health

> The cost of ophthalmic procedures for correction of short- Your plan/policy lasts for one year which me sightedness, long-sightedness or astigmatism where the policy/plan will run until the renewal date shown procedure is being performed to avoid wearing glasses or documentation unless cancelled by the policyholder contact lenses other than those covered under the laser eye the reasons outlined in this Membership Handk surgery benefit; receive your first premium, you will be covered from your chosen

> The cost of any medical care which is performed by, or under commencement date subject to the terms and the direction of, a consultant who is not registered with the policy. When you've joined, you will have a Irish Medical Council as a specialist in the area in question; membership area of our website where you c

> The cost of health screening except where the costs are covered to your cover and to your personal deta under our health screening benefit, sexual health screening by post, email, phone, SMS and through your I benefit, health screening at any centre benefit or where a secure member area. Please note that if you ar contribution is available on health screening under our Irish member you may not be able to make changes Life Health Member Benefits; the secure membership area of our website. Please see section 8 for further details on group schemes.

> Any penalty charge in lieu of Health Act contributions;

> Any psychologists fees other than those covered under the You may add your newborn to your policy witho psycho-oncology counselling benefit, the psychologist the first renewal after his/her birth. The newborn benefit, the counselling benefit, the child psychologist within 13 weeks of the date of birth or waiting benefit, the child/teen counselling benefit, the sports

#### Changing your policy

psychologist benefit and the psychotherapy and counselling benefit (including practitioners at the Dean Clinic); The policyholder can make changes to their policy c

> The cost of prophylactic procedures to remove organs or of the plans listed on their policy at any time glands that shows no sign of cancer in an attempt to prevent the membership area on our website ([www.irishlife.ie](http://www.irishlife.ie)) the development of cancer of the organ or gland in question, ie/members/manage-my-plan) or by contacting unless the procedure is listed in the Schedule of Benefits and it broker) directly. Changes can affect th provides that it can be performed for that purpose; payable. If a change is made to the policy, we will i

> The cost of drugs or medication unless they are covered under policy documents to the policyholder as s a Day-to-day Benefit or an Out-patient Benefit or are provided completed. Please be aware that an upgrade to you as part of your hospital costs whilst you are an in- apply where there is an upgrade in cover (ple patient or a day case patient in a medical facility covered for further details on upgrade waiting period under your plan; instructions to make changes to the policy or any of the plans listed on the policy from a member. However, the policyholder

> The cost of a drug which is over and above the cost of a drug can nominate a person to act on their behalf to make changes to which is, in the opinion of our medical advisers, an alternative, the policy or any of the plans. If you wish to nominate someone, generic or bio similar drug;

please call or write to us and let us know if they have authority to

> The cost of a drug not recommended for cover by the National act on the entire policy or just specific plans.

Centre for Pharmacoeconomics, National Cancer Control Programme or the Health Service Executive unless pre- Where a plan is altered prior to the end of the pol approved by us prior to treatment; Day-to-day Benefits and Out-patient Benefits will be applied on a pro-rata basis.

> The costs of drugs where they are used for a purpose which is

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#### Renewing your plan on a pro-rata basis.

To renew your membership: If a fully paid policy or plan is cancelled before the end of the policy year, we will reimburse the policyholder for the cover the

> If you pay in monthly instalments by direct debit, simply member(s) have not received - i.e. from the Cancellation Date continue to make your direct debit payments. We will until the next renewal date. Please note we will apply a mid-term automatically renew your policy.

cancellation charge (you can find more information about this

> If you pay your annual premium in advance by credit card, charge in the paragraph below). We will not return the amount of please contact us to arrange payment and renew your policy premium for any cover received before the date of cancellation. If (see section 10 of this Membership Handbook for our contact we cancel a fully paid policy or plan before the end of the policy details).

year due to the submission of a fraudulent or dishonest claim, we Where your premium is collected by monthly direct debit via will not refund any of the premium that has already been paid. your broker, your monthly direct debit will automatically roll over at your next renewal date. If you wish to amend this, change Mid-term cancellation charge your bank details, or change your method of payment to an

We will apply a mid-term cancellation charge if:

- > annual payment, please contact your broker directly.
- > you choose to cancel your policy or any of the plans listed in Cancellation your policy your policy before the end of your policy year;
- > we are forced to cancel your policy or any of the plans listed

Your policy or any of the plans listed on your policy may be in your policy due to non-payment of premium, because cancelled before the end of your policy year for one of three you or any of the members on the policy try to claim when reasons:

- you're/they're not entitled to or because you have provided
- 1) You no longer want health insurance with Irish Life Health us with incorrect information.

The policyholder can choose to cancel the policy or any of the The mid-term cancellation charge is made up as follows:

- 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. We > An administration fee of €25;
- will refund any amount due on cancellation to the policyholder. > The portion of the government levy which
- In the case of a policyholder who has passed away, we will issue paid by you. The government levy is a st
- a refund by cheque to the deceased's estate. If we're asked to payable on health insurance plans. A full
- remove a member from the policy, we reserve the right to tell government levy is contained in the Definit
- them that they are no longer covered, however, please note that this Membership Handbook.
- it is not our policy to do so. It is the policyholder's responsibility We reserve the right to deduct the
- to inform the members on their policy of any changes that affect cancellation charge against any amount d
- their cover. all other cases we will send you an invoice in respect of the mid-
- 2) Premiums are not kept up to date term cancellation charge. A mid-term cancellation charge also

We will cancel the policy or any of the plans listed on your policy applies to policies paid by direct de 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 Cooling Off that your premiums were paid up to (the Cancellation Date). We You can cancel your policy free of charge will not pay any claims for goods or services received after the date the policy was entered into or from Cancellation Date. We will send you a letter or email giving you 14 the policy documentation, whichever i days' notice of our intention to cancel. We will send this to the last as the cooling off period. We'll s postal or email address you provided. unless you or any member has made a claim during this period.

- 3) Incorrect information / fraud If a claim has been made and you wish to cancel your policy

We may cancel the policy or any of the plans on the policy if from the start date, the cost of any out-pa > we are provided with incorrect information about any of the deducted from the refund due and you will b members named on the policy; or charge relating to in-patient care. Should you wish to cancel your policy with effect from a date later than the start date, we > if any of the members named on your policy try to or make will charge you for providing health insurance cover up to the a fraudulent claim.

date of cancellation and we will apply a mid-term cancellation Consequences of cancellation charge in this case.

Once a plan is cancelled, the member will no longer be covered.

Paying your premiums

We will not pay any claims for goods or services received after the Cancellation Date. We will be entitled to recover any claim All premiums must be paid in euro. We hav amount paid for in-patient care or goods or services received payment options which are outlined below. after the Cancellation Date. The Out-patient Benefits and Day- You can pay your premium monthly by direct to-day Benefits will be allocated on a pro-rata basis. (e.g. where in full, by debit or credit card only. the GP visits benefit covers a contribution of up to €30 for up to by cheque.

8 visits and the plan is cancelled after six months, the number of

If you have chosen to pay by direct debit, we will collect your visits for which the member can claim will be reduced to 4). The premium on a monthly basis and it's up to you to make sure your yearly excess applicable to those benefits will not be reduced

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monthly payments are available for collection. The first payment cover on your plan, this lower level of in any policy year may be more or less than your monthly immediately;

premium if your policy start date is different to your chosen direct > You must provide details of your m debit collection date. This may also occur if you decide to change medical facility and health care provi your direct debit collection date mid policy year. your procedure or treatment or being admitted to a med Where your premium is collected by your broker, your monthly facility;

direct debit will automatically roll over at your next renewal date. > We will not return the original re If you wish to change your bank details or change to an annual your claim, however, we may return other c payment, please contact your broker directly. 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

5 General Terms and Conditions

- with any of the terms of our contractual documents;
- > We have absolute discretion whether or not to exercise our legal

General rules rights. Failure to exercise our legal rights shall not prevent us from doing so in the future;

- > Your policy is governed at all times by the laws of Ireland and
- > Irish Life Health and our agents reserve the right to review any

the exclusive jurisdiction of the courts of Ireland;

information which relates to the medical care, goods or services

- > All policy documents and communications to members

that you are claiming for (including your medical records)

will be in English. We can provide policy documents and/or

where we are of the opinion that access to such information communications in braille or large print if requested; is required to process your claim and/or detect or prevent

> You can only take out health insurance in Ireland if you are a fraud. You must provide your medical facility and health care resident of Ireland. If you are not a resident of Ireland we will providers with any consents which they require to allow them not be able to provide you with health insurance cover and to release such information to Irish Life Health and our agents. we will decline any claims made by you whilst you are not a We will not pay your claim where we are unable to gain access resident of Ireland;

to any information which we believe is necessary to enable us to

> You may be required to validate the information contained process the claim or detect fraud; in your claim form. We may contact you during the claims

> If any provision of this Membership Handbook is found by any process for this purpose;

court or administrative body of competent jurisdiction to be

> Where the amount that can be claimed under a benefit is invalid or unenforceable, the invalidity or unenforceability shall not affect the amount you have been charged for the goods or services that are covered under that benefit, we will only Membership Handbook and all provisions not cover the amount that you have been charged subject to any invalidity or unenforceability shall remain in excess, shortfall or co-payment which may apply;

> In the event that Irish Life Health disagrees with the classification

> The availability of beds in a semi-private room or private of a member as a public or a private patient room is determined by the medical facilities and is outside or a health care provider, our decision shall be the control of Irish Life Health;

> Any dispute between you and us (about our liability over a

> Where we cover the cost of goods or services that you claim or the amount to be paid, where the amount have received as a result of an accident or injury for which is €5,000 or more) must be referred (within another person/company/public body may be liable and you dispute arising) to an arbitrator appointed jointly by you and the company/public body, you must include the cost of the goods or services of Ireland will decide on the arbitration or services covered by us in the damages you seek to recover of that arbitrator will be final. We may not recover from the person/company/public body. If you successfully arbitration without your consent where the amount recover some or all of the costs covered by Irish Life Health, by is less than €5,000. If you do not refer the claim to arbitration, you must reimburse us as soon as possible. within 12 months, we will treat the claim as a 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 Irish Life 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

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6 Waiting periods Initial Waiting Periods

Benefit Under 55 years 55 years and

old older

Waiting periods

A waiting period is the amount of time that must pass before you

All In-patient Benefits

will be covered under your plan or before you will be covered including Overseas Benefits

to the level of cover available under your plan. Previous foreign

EXOGEN therapy

health insurance coverage is not taken into account for waiting

Gender Affirmation Benefit

periods. There are a number of different types of waiting periods:

Genetic Testing for Cancer

> Initial waiting periods Treatment Options -

Foundation One CDx

> Pre-existing condition waiting periods

Health In the Home

> Upgrade waiting periods 26 weeks

Care Connect

Initial waiting periods Hormone Replacement

Therapy for Gender Dysphoria

Initial waiting periods apply when you take out health insurance

Medical Ambulance Cost

for the first time or when you take out health insurance after your

Oncotype Dx

health insurance has lapsed for more than 13 weeks. You will not be

PET CT Scans

covered during your initial waiting period.

Public Hospital Levy



Initial waiting periods do not apply in the following circumstances:

- > To claims made in respect of children who have been added to Maternity In-patient benefits your policy within 13 weeks of the date of their birth
- Home Birth
- > To claims made in respect of adopted children who have Grant In Aid been added to your policy within 13 weeks of the date of their 52 weeks adoption Egg Freezing
- > To claims in respect of medically necessary treatment Sperm Freezing provided as a result of an accident or injury which occurred Infertility benefit: IVF, ICSI, IUI while that person was named as an insured person.

The table below sets out the initial waiting periods applied by Irish All Day-to-Day Benefits Life Health. These waiting periods will apply from the date you Genetic Testing:

- took out health insurance with Irish Life Health or another insurer Initial consultation for the first time, or, from the date you took out health insurance
- Genetic Testing: Test for with Irish Life Health or another insurer after your health insurance specified genetic mutations
- None 26 weeks
- had lapsed for more than 13 weeks. Post Operative Home Help
- Alternative amount for post-operative home help
- Convalescence Benefit
- Parent Accompanying Child
- In-patient Support Benefit
- Cancer Support Benefit
- Medical & Surgical Appliances
- All Out-patient Benefits
- None
- Minor Injury Clinic Cover
- Minor Injury Clinic Cover (Pay & Claim)
- Healthy Minds
- Mental Health Guide
- Child Home Nursing None N/A

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Pre-existing condition waiting periods

Pre-Existing Condition Waiting Periods

Where you make a claim which relates to a pre-existing Benefit Under 55 years 55 years and condition, a pre-existing condition waiting period will apply.

old older

A pre-existing condition is an ailment, illness or condition that, on the basis of medical advice, the signs or symptoms of All In-patient Benefits which existed at any time in the six months before you took out including Overseas Benefits health insurance for the first time or before you took out health Gender Affirmation Benefit insurance after your health insurance had lapsed for more than Genetic Testing for Cancer 13 weeks.

Treatment Options –

You will not be covered for a pre-existing condition during your Foundation One CDx 5 years pre-existing condition waiting period. Our medical advisers Hormone Replacement will decide whether your claim relates to a pre-existing Therapy for Gender Dysphoria condition. Their decision is final. PET-CT Scans

Pre-existing condition waiting periods do not apply in the Health In the Home following circumstances: Care Connect

- > To claims made in respect of children who have been added to your policy within 13 weeks of the date of their birth Maternity In-patient Benefits
- > To claims made in respect of adopted children who have Home Birth been added to your policy within 13 weeks of the date of Grant In Aid 52 weeks their adoption.
- Egg Freezing

The following table sets out the pre-existing condition waiting Sperm Freezing periods applied by Irish Life Health. These waiting periods will Infertility benefit: IVF, ICSI, IUI apply from the date you took out health insurance for the first time (with Irish Life Health or another insurer), or from the date you took out health insurance (with Irish Life Health or another All Day-to-Day Benefits insurer) after your health insurance had lapsed for more than 13 All Out-patient Benefits weeks. Minor Injury Clinic Cover

- Minor Injury Clinic Cover (Pay & Claim)
- Genetic Testing: Initial

None  
 consultation  
 Genetic Testing: Test for  
 specified genetic mutations  
 Healthy Minds  
 Mental Health Guide  
 Medical Ambulance Cost  
 Medical & Surgical Appliances  
 Convalescence Benefit  
 Child Home Nursing  
 Parent Accompanying Child  
 In-patient Support Benefit  
 Cancer Support Benefit None  
 Public Hospital Levy  
 Post Operative Home Help  
 Alternative amount for post-  
 operative home help  
 Oncotype Dx  
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 Upgrade waiting periods  
 Upgrade Waiting Periods  
 An upgrade waiting period will apply when you upgrade your  
 Under 55 years 55 years and  
 cover (i.e. you purchase a plan with more comprehensive cover Benefit  
 old older  
 than your previous plan). This may happen if you change your  
 plan with us or when coming to Irish Life Health from another  
 All In-patient Benefits  
 health insurer. We will apply an upgrade waiting period to claims  
 including Overseas Benefits  
 where your treatment relates to a pre-existing condition. Where  
 Gender Affirmation Benefit  
 an upgrade waiting period applies, we will cover you up to the  
 Genetic Testing for Cancer  
 level that was available under the benefit that you are claiming  
 Treatment Options –  
 of your previous plan. Where the benefit you are claiming was not Foundation One CDx 2 years  
 available on your previous plan, you will not be covered.  
 Health In the Home  
 A pre-existing condition is any ailment, illness or condition that,  
 Care Connect  
 on the basis of medical advice, the signs or symptoms of which  
 Hormone Replacement  
 existed at any time in the period of six months ending on the day  
 Therapy for Gender Dysphoria  
 on which  
 Medical Ambulance Cost  
 > you took out health insurance for the first time PET CT Scans  
 > or you took out health insurance after your health insurance  
 had lapsed for more than 13 weeks.  
 Maternity In-patient benefits  
 > or you upgraded your cover to a higher level plan  
 Home birth  
 In these circumstances, you will be covered up to the level of cover  
 Grant in aid  
 that was available on the plan that you previously held before 52 weeks  
 Egg Freezing  
 upgrading your cover. Please see the upgrade waiting period table  
 Sperm Freezing  
 below for the details of upgrade waiting periods by benefit type.  
 Our medical advisers will determine when your ailment, illness or Infertility benefit: IVF, ICSI, IUI  
 condition commenced. Their decision is final.  
 The table below sets out the upgrade waiting periods applied by Post Operative Home Help  
 Irish Life Health. These waiting periods will apply from the date Alternative amount for post-  
 operative home help  
 you upgraded.  
 Oncotype Dx  
 Convalescence Benefit  
 None 52 weeks  
 Parent Accompanying Child  
 In-patient Support Benefit  
 Cancer Support Benefit  
 Medical & Surgical Appliances  
 All Day-to-Day Benefits  
 Genetic Testing: Initial  
 consultation None 26 weeks  
 Genetic Testing: Test for  
 specified genetic mutations  
 All Out-patient Benefits  
 Minor Injury Clinic Cover  
 Minor Injury Clinic Cover (Pay None

& Claim)  
Healthy Minds  
Mental Health Guide  
Public Hospital Levy  
Child Home Nursing None N/A

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may result in a change to the amount that you are required to  
7 Fraud Policy

pay to us for the plans listed in your policy.

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 10 Your Contacts  
comprehensive investigation. If a claim submitted by you or on  
your behalf is found to be fraudulent or dishonest in any way, the  
When contacting our numbers below, please quote your  
claim will be declined in its entirety, benefits under the policy  
membership number which is detailed on your digital  
will be forfeited and the policy and/or any plans listed on the  
membership card or policy documentation.

policy may be cancelled and we may refuse any new policies for  
you. We reserve the right to refer the matter and details of the Irish Life Health customer service team  
fraudulent claim to the appropriate authorities for prosecution.  
Contact us should you have any queries or in order to obtain  
pre-authorisation.

Address: Customer Care Team,  
8 Group Schemes Irish Life Health dac,  
PO Box 13028, Dublin 1

E-mail: [heretohelp@irishlifehealth.ie](mailto:heretohelp@irishlifehealth.ie)

If your plan was started as part of a group scheme arrangement

Telephone: 01 562 5100

and the group scheme sponsor is acting on your behalf, you  
agree that the group scheme sponsor will have the following  
Corporate enquiries

powers and responsibilities for the policy:

E-mail: [justaskus@irishlifehealth.ie](mailto:justaskus@irishlifehealth.ie)

> The group scheme sponsor may instruct us to start and  
Telephone: 01 562 5399

cancel the policy;

> The group scheme sponsor may instruct us to change your  
Claims submission  
plan or level of cover;

For Out-patient or Day-to-Day claims, submit your receipts

> The group scheme sponsor may instruct us to add or reduce  
through our online claims tool (Irish Life Health Online  
the number of members on the policy;

Claiming) in your member area on [www.irishlifehealth.ie](http://www.irishlifehealth.ie) within

> The group scheme sponsor may amend or cancel any or all of  
six months of the end of your policy year. Where receipts are  
the plans listed under the policy;

not in English, you may need to provide a complete translations

> The group scheme sponsor must ensure that all premiums  
when submitting your claim. We may ask you to submit a receipt  
are paid on time as unpaid premiums may impact whether  
for verification. For pay and reclaim In-patient claims, send your  
claims are paid;

receipts to Claims Team, Irish Life Health dac, PO Box 13028,

> The group scheme sponsor must ensure that all adequate  
Dublin 1

consents from members are obtained prior to the policy  
entering into force, including consents from members for the Appeals  
processing of their personal data.

Should you wish to appeal a claim decision, you can contact the  
Members who are part of a group scheme arrangement may

Customer Care Team:

require the permission of the group scheme sponsor to amend  
By phone on 01 562 5100

their cover. In such circumstances, the members may be  
required to pay additional premium for such amended cover. If By email: [heretohelp@irishlifehealth.ie](mailto:heretohelp@irishlifehealth.ie)  
you join a group scheme after the scheme start or renewal date,

By post at: Claims Support Team, PO Box 13028, Dublin 1

your benefit entitlement may be adjusted on a pro-rata basis.

If you remain dissatisfied with the appeal decision, you may refer

If your policy was arranged through a group scheme sponsor,  
your appeal to the Financial Services and Pensions Ombudsman  
your cover will continue as long as you fulfil the conditions  
(FSPO) at the following address:

for participation in the group scheme and the group scheme  
Financial Services and Pensions Ombudsman  
sponsor continues to pay your premium.

Lincoln House,  
Lincoln Place,

Dublin 2,  
9 Premium Changes  
D02 VH29.

Telephone: (01) 567 7000

We may change the premium payable for our plans from

Email: [info@fspo.ie](mailto:info@fspo.ie)

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

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International assistance number Benefit

You must call this number in advance of receiving any Benefits are the individual pieces of cover that may emergency care outside Ireland. plan. Each benefit covers a different type of medical expense or associated cost.

Telephone: 00353 148 17840

Claim

Nurse-on-call

Where a member (or a medical facility or a health care

All Irish Life Health members have unlimited access to

provider on their behalf) requests payment from Irish Life

a team of qualified nurses for non-emergency medical

Health of the costs that are covered by a benefit available

information. Nurse-on-call is a telephone based service that

under their plan.

provides general, non-diagnostic information over the phone.

Clinical environment

All calls will remain fully confidential.

A hospital, out-patient facility or clinic that is involved in the

Telephone: 01 562 5150

direct medical observation, assessment and treatment of

Complaints patients.

We aim to give excellent service to all our members; however, Clinical indicators

we recognise that things may occasionally go wrong. We will

The medical criteria that must be satisfied in order for a

do our best to deal with your complaint as effectively and

treatment or procedure to be deemed to be medically

quickly as possible.

necessary by our medical advisers.

If you arranged your cover through broker initially then you

Consultant

should direct your complaint to the broker through whom

you arranged your cover. Consultant means a medical practitioner who:

Alternatively you can contact the Complaints Team: > is engaged in hospital practice;

> By phone on 01 562 5100 > holds all necessary qualifications to act as a consultant in

> By email: [heretohelp@irishlifehealth.ie](mailto:heretohelp@irishlifehealth.ie) the Republic of Ireland;

> By post at: The Complaints Team, PO Box 13028, Dublin 1 > by reason of his/her training, skill and experience

designated specialty (including appropriate specialist

If you remain dissatisfied with Irish Life Health, you may

training) is consulted by other registered medical

refer your complaint to the Financial Services and Pensions

practitioners and undertakes full clinical responsibility for

Ombudsman (FSPo) at the following address:

patients in his or her care, or that aspect of care on which

Financial Services and Pensions Ombudsman

he or she has been consulted, without supervision in

Lincoln House,

professional matters by any other person and;

Lincoln Place,

> holds a current full registration as a specialist with the

Dublin 2,

Medical Council of Ireland and is listed on the Specialist

D02 VH29.

Division of the Register of Medical Practitioners maintained

Telephone: 01 567 7000 by the Medical Council of Ireland.

Email: [info@fspo.ie](mailto:info@fspo.ie) In relation to treatments and procedures which are

performed outside Ireland, a consultant is a surgeon,

Website: [www.fspo.ie](http://www.fspo.ie)

physician or anaesthetist who is legally qualified and

recognised to provide the treatment or procedure in that

country on a tertiary referral basis.

11 Definitions

Convalescence home

Accident

A nursing home registered pursuant to the Health (Nursing

Accident Homes) Act 1990 which is approved by the Health Information

resulting in injury.

and Quality Authority and retains a current registration with that body. Details can be found at [www.hiqa.ie/find-a-centre](http://www.hiqa.ie/find-a-centre)

Acute

Short and sharp onset and which requires immediate medical attention.

Treatments or procedures or part of a treatment or procedure which are purely aesthetic and are intended to Authorise(d)

improve the member's appearance for psychological or Irish Life Health must agree before certain treatments and personal reasons and which are not medically necessary. procedures will be covered, you must call Irish Life Health to seek authorisation. Day case

A patient who is admitted to a medical facility but who does not stay overnight. This includes patients who are admitted to a medical facility to receive side room procedures.

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Dentist a person's age or health does not determine the level of premium they pay. The government levy is included in your premium for

A dental practitioner, who:

each of the plans listed in your policy. Where your premiums

> holds a current full registration with the Irish Dental Council, are being paid monthly, we disburse the cost of the government

> is on the Register of Dentists, levy evenly across your payments. Details of the amount of the

> is qualified to practice as a primary medical care physician, government levy are set out in your policy

> holds a primary medical qualification

Group scheme

Direct settlement

A collection of members who are insured by Irish Life Health as a

Where we settle your bill with your medical facility or health group under the instructions of a group scheme care providers directly so you don't have to pay them and claim

Group scheme sponsor

it back from us.

A group scheme sponsor is a natural or legal person whether

EEA

an employer, association, professional body or otherwise who

The EEA includes EU countries and also Iceland, Liechtenstein, Norway and Switzerland. Insurance cover from Irish Life Health as a group scheme.

E.G. Hazardous sports

An abbreviation meaning "for example". Any dangerous sporting activity including, but not limited to:

hunting, shooting, mountaineering, rock climbing, motor sports

Elective treatments or procedures

including motor cycle sport, quad-biking, aviation other than

Any treatment or procedure that is scheduled in advance as a fare paying passenger, ballooning, bungee jumping

because it does not involve emergency care. gliding, microlighting, parachuting, paragliding or parasailing

potholing or caving, power boat racing, water rafting, competitive

Emergency care

yachting or sailing, bobsledding, off-piste skiing, competitive

Medical care required to treat a sudden, unexpected, acute canoeing or kayaking, boxing, wrestling, karate

medical or surgical condition that without medical care within 48 hours, scuba diving, any professional sports

hours of onset would result in death or cause serious impairment sports such as free diving, base jumping

of critical bodily functions.

Health care provider

Established treatment

A consultant, GP, dentist, oral surgeon or periodontist.

A treatment or procedure that is, in the opinion of our medical

Hospital costs

advisers, an established clinical practice for the purpose for

which it has been prescribed, is supported by publication in Irish Charges imposed by a medical facility

or international peer reviewed journals, and is proven and not medically necessary services provided by a

experimental. to such in-patient, excluding the costs of take home drugs

and the costs of telephone calls made whilst the patient was

Excess

admitted. The professional fees of consultants are not part of

The part of a claim which must be paid by the member and your hospital costs.

which applies after all co-payments and shortfalls are paid.

I.E.

First degree relative

An abbreviation meaning "that is to say/ specifically"

A blood related parent, brother, sister, son or daughter of a

Immediate family

member.

Your parent, child, sibling, spouse and partner.

Follow on care

Injury

Medical care received after emergency care ends including

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

General practitioner / GP In-patient

A medical practitioner who holds all necessary qualifications A patient who is admitted to a medical facility

to act as a general practitioner in Ireland, holds a current full a bed overnight or for longer for medical

registration with the Irish Medical Council and is registered with

Irish Life Health  
Irish Life Health.  
Irish Life Health dac.  
Government levy  
Internationally recognised hospital  
A stamp duty which health insurers must pay to the Revenue  
Commissioners on each health insurance plan sold. The An institution that is, in the opinion of our medical  
government levy is paid into a central fund and is redistributed legally licensed as a medical or surgical  
by the government to maintain a health insurance system where of the country in which it is situated.  
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Ireland Minimum Benefit Regulations  
The Republic of Ireland excluding Northern Ireland. The Health Insurance Act 1994 S.I. 83/1996 (Minimum Benefit  
Regulations, 1996 made pursuant to the Health Insurance Act  
Level 1 plans  
1994 as amended. The Minimum Benefit Regulations set out the  
These are: Select, Select Starter, Select with Day 2 Day and minimum payments that all health insurers must  
Emergency packs, Select with Day 2 Day pack, Select with of health services that are listed in those regulations  
Emergency Access pack, Day2Day Focus, Day2Day Focus.1, health services are known as prescribed health services  
Health Starter, Level 1 Everyday, Health Level 1, Level 1 Hospital, guaranteed to receive cover to the level  
me plan level 1, me plan level 1 with day-to-day 50, me plan level Benefit Regulations in respect of prescribed  
1 with day-to-day me, Value Focus, we plan level 1, we plan level  
Newborn  
1 with day-to-day 50 and day-to-day a.  
A child under 13 weeks of age who is born to or adopted by a  
Medical adviser  
member.  
A fully qualified GP, consultant or nurse who holds all the  
Oral surgeon  
necessary registrations to practice in Ireland and who provides  
medical advice to Irish Life Health. A dentist who is on the Specialist Register of Oral Consultants  
maintained by the Dental Council of Ireland and who is  
Medical care  
registered with Irish Life Health.  
Care relating to the science or practice of medicine.  
Out-patient  
Medical facility  
A patient who receives a procedure, treatment or medical  
A hospital, scan centre, or treatment centre. service without being an in-patient or day case.  
Medically necessary Periodontist  
Medical care which is prescribed by a consultant, GP, dentist, A dentist who has completed a 3 year post  
oral surgeon or periodontist, and which, in the opinion of our course which is, or is recognised as, equivalent  
medical advisers, is generally accepted as appropriate with courses accredited by the European Federation  
regard to good standards or medical practice and:  
Plan  
i) is consistent with the member's symptoms or diagnosis or  
A package of health insurance benefits. Policyholders choose  
treatment;  
the plans which apply to each member named on their policy  
ii) is necessary for such a diagnosis or treatment;  
when they take out their policy.  
iii) is not provided primarily for the convenience of the member,  
Policy  
the medical facility or health care provider or at the request  
of the member; The health insurance contract between the policyholder and  
Irish Life Health under which the policyholder and members (if  
iv) is furnished at the most appropriate level, which can be safely  
applicable) are insured by Irish Life Health.  
and effectively provided to the member;  
v) is for procedures and investigations that are medically Policyholder  
proven and appropriate;  
The person who holds a contract of insurance with Irish Life  
vi) does not include extended convalescence or palliative care. Health for the benefit of themselves and  
on their policy. The policyholder is responsible for paying the  
Medically proven  
premiums for all the plans listed in that policy.  
Clinical and medical practice that the results reported for  
Policy year  
a procedure were actual, significant, based on appropriate  
research and able to pass the legislative requirements (if any) and The period for which a policyholder a  
relevant medical regulations imposed by the relevant Europeans under a policy. All policies run for a period  
Medical Agency or medical body, and is not subject to limitation  
Pre-authorisation / pre-authorised / pre-authorise  
by the Regulatory or Advisory bodies.  
Irish Life Health must agree in advance before certain  
Member  
treatments and procedures will be covered. This consent is  
A person named on a policyholder's policy. Each member will known as pre-authorisation.  
be covered to the level of benefits available under the plan  
The Schedule of Benefits sets out the treatments and procedures  
assigned to him/her by the policyholder.  
that require pre-authorisation.

Membership number

Pre-existing condition

The number assigned by us to a member. Each person named on Any ailment, illness or condition that, on the basis of medical the policy has a separate membership number, as set out in the advice, the signs or symptoms of which existed at any time in the policy documentation.  
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.

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Private hospital Side room procedure

A hospital categorised as a private hospital in the tables of A treatment or procedure which is classified in the Schedule of Benefits.

Private room Surgical procedure/surgery

• A room in a private hospital which contains only one bed, or The treatment of disease, injury or deformity requiring surgical intervention.

• A room in a public hospital which contains only one bed

Substance abuse

Procedure

A mental or physical condition caused directly or indirectly  
A medical process or course of action. Use of the term 'procedure' by taking any chemical substance or solvent unless a general practitioner or consultant has prescribed it.

Pro-rata

Tax relief

In proportion, proportional or proportionally as appropriate.  
Tax relief on health insurance payments. Everybody is entitled Where benefits are available on a pro-rata basis, the benefit to tax relief on some or all of the premium they pay for health entitlement may be adjusted based on the number of days the insurance. Tax relief on health insurance premiums is applied member is actually insured for.  
at source. This means that we claim your tax relief from the Public hospital Revenue Commissioners on your behalf and automatically reduce the premium you pay us for the plans listed on your A publicly funded hospital other than a nursing home which policy by this amount.

provides services to a person pursuant to his or her entitlements under Chapter 11 of Part IV of the Irish Health Act 1970 and

Terminal illness

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

The public hospital levy is a daily charge imposed by public

Transplants

hospitals on in-patients and day case patients. The public The transfer of tissue or organ(s) from its original position to a hospital levy will be charged for a maximum of 10 days in any new position(s) necessary to treat irreversible end stage failure period of 12 consecutive months.

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

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

National Waiting List for Organ Transplants.

Reasonable and customary costs

Treatment

Medical expenses that are of a similar level to those claimed by Any health service a person needs for the medical investigation, the majority of our members for similar medical care carried out cure, or alleviation of the symptoms of illness or injury.  
in Ireland.

Treatment centre

Rehabilitation

A private in-patient or out-patient clinic categorised as a Long term, sub-acute treatment that aims to restore a person's treatment centre, addiction centre or ophthalmic clinic in the maximum physical or mental capabilities after a disabling illness table of medical facilities in section 12 of this Membership Handbook.

Relative

Visit

Your parent/parent in-law/step parent/step parent in-law,  
A consultation with an approved medical provider, allied health

sibling/sibling in law, spouse/ partner (including common law professional, specified provider partner or other practitioner and civil partnerships or fiancé(e), child/child in law/step child/ listed in this handbook. Extended appointments or back-to-back foster child, grandparent, grandchild, uncle, aunt, nephew, niece, (consecutive) appointments performed on the same day are cousin.

considered as a single visit.

Renewal date

We, us

The day after the final day of a policy year. The policyholder's Irish Life Health dac.

next renewal date is shown on the policyholder's policy documentation. Working day

Semi-private room Monday to Friday excluding bank holidays.

> A room in a private hospital which contains not more than You, your three beds, or

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

> A multiple occupancy room in a public hospital

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11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners

Allied Health Professionals, Alternative (Complementary) and other practitioners

Acupuncturist A person who is on the professional register of one of the following bodies:

> The Acupuncture Council of Ireland (TCMCI Ltd)

> The Acupuncture Foundation Professional Association

> The Professional Register of Traditional Chinese Medicine

Baby massage therapist A member of Baby Massage Ireland, (BMI) the Irish chapter of International Association

Breastfeeding consultant A member of the Association of Lactation Consultants in Ireland (ALCI) and who has

Certified Lactation Consultant (IBCLC) membership.

Carer A person who is registered with Home Instead as a CAREGiver.

Chiropodist A member of one of the following Societies:

> The Society for Chiropodists/Podiatrists

> Society of Chiropodists and Podiatrists in Ireland

> Institute of Chiropodists and Podiatrists in Ireland

> Irish branch of the British Chiropody and Podiatry Association

> The Irish Chiropodists/Podiatrists Organisation Ltd

Chiropractor A member of one of the following Associations:

> The Chiropractic Association of Ireland

> Mc Timony Chiropractic Association of Ireland

Developmental specialist A member of the Psychological Society of Ireland

Dietician A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)

Homeopath A person who is on the professional register of one of the following Societies:

> The Irish Society of Homeopaths

> The Irish Medical Homeopathic Society

Life Coach The life coach must be a Master or Professional coach registered with one of the following bodies:

Coach Federation (ICF) Ireland or Life and Business Coaching Association of Ireland (LBCAI) or have a degree

psychology/ sports science and a postgraduate qualification in psychology (min. masters)

Massage therapist A member of the Irish Massage Therapists Association or Athletic Rehabilitation Therapy

Medical herbalist A member of the Irish Institute of Medical Herbalists (IIMH).

Menopause Specialist A menopause practitioner accredited by the British Menopause Society, North American Society

or the International Menopause Society.

Midwife A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing

Midwifery Board of Ireland).

Nurse (also including A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing

paediatric nurse) of Ireland).

Nutritionist A person who is registered with Nutritional Therapist of Ireland (NTOI)

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Allied Health Professionals, Alternative (Complementary) and other practitioners

Occupational therapist An occupational therapy professional who is registered with CORU (Health & Social Care Professionals Council)

Optometrist An eye health professional who is registered with CORU (Health & Social Care Professionals Council)

Orthodontist A person who is registered as an Orthodontist with the Dental Council of Ireland.

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 Orthoptic Society

Osteopath A member of The Osteopathic Council of Ireland.

Personal Trainer A personal trainer or fitness instructor holding a European Qualification Framework Level 3

Physiotherapist or Physical A professional who is engaged in the assessment, treatment and management of

Therapist and registered with CORU (Health & Social Care Professionals Council) or is a member of the Irish Association of

Chartered Physiotherapists (ISCP)

Play Therapist A member of the Irish Play Therapy Association (IPTA), or the Irish Association of Play Therapists

(IAPT) or Play Therapy Ireland (PTI).

Podiatrist A member of one of the following Societies:

> The Society for Chiropodists/Podiatrists > Irish branch of the British Chiropody and Podiatry

> Society of Chiropodists and Podiatrists in Ireland Association

> Institute of Chiropodists and Podiatrists in Ireland > The Irish Chiropodists/Podiatrists Organisation Ltd

Pregnancy pilates Standard pilates practice hours requirement plus must have completed a pregnancy pilates

instructor recognised by Pilates Teacher Training Ireland (PTTI).

Pregnancy yoga instructor Standard yoga practice hours requirement plus must have completed a pregnancy yoga

recognised by Yoga Alliance USA, Yoga Alliance Professionals (UK) or Yoga Therapy Ireland.

Psychologist A member of the Psychological Society of Ireland.



Psychotherapist or An accredited member of the Irish Association for Counselling and Psychotherapy (IACP)  
 Counsellor 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.  
 Speech and language A speech and language therapy professional who is registered with CORU (Health & Social  
 therapist Council)  
 Sports Psychologist A member of the Psychological Society of Ireland.  
 Yoga/pilates instructor A person who has completed at least 200 accredited training hours which is recognised by  
 USA, Yoga Alliance Professionals (UK) or Yoga Therapy Ireland or a person who has completed at least 150  
 accredited training hours recognised by Pilates Teacher Training Ireland.

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12 Lists of Medical Facilities

Please refer to your Table of Cover to check whether list 1, 2, 3 or 4 applies to your plan and the percentage of cover for  
 hospitals, treatment centres or scan facilities.

Direct

A. Hospitals Hospital type List 1 List 2 List 3 List 4

Settlement

Cavan

Cavan General Hospital Public hospital Yes Covered Covered Covered Covered

Clare

Midwestern Regional Hospital, Ennis Public hospital Yes Covered Covered Covered Covered

Cork

Bantry General Hospital Public hospital Yes Covered Covered Covered Covered

Bon Secours Hospital Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

Cork Radiation Oncology at Bon Secours Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

Cork University Hospital Public hospital Yes Covered Covered Covered Covered

Cork University Maternity Hospital Public hospital Yes Covered Covered Covered Covered

Mallow General Hospital Public hospital Yes Covered Not Covered Not Covered Not Covered

Mater Private Hospital Cork Private hospital Yes Covered Δ Covered Covered Not Covered

Mercy University Hospital, Grenville Place Public hospital Yes Covered Covered Covered Covered

South Infirmary / Victoria University Hospital Public hospital Yes Covered Covered Covered Covered

Public hospital

St. Patrick's (Marymount Hospice) Yes Covered Covered Not Covered Not Covered

(hospice)

Donegal

Letterkenny University Hospital Public hospital Yes Covered Covered Covered Covered

Dublin

Beacon Hospital, Sandyford, Dublin 18 High-tech hospital Yes Covered Δ Covered Covered Not Covered

Beaumont Hospital, Dublin 9 Public hospital Yes Covered Covered Covered Covered

See Table of

Blackrock Clinic, Co. Dublin High-tech hospital Yes Not Covered Not Covered Not Covered

Cover Δ

Bon Secours Hospital, Glasnevin, Dublin 9 Private hospital Yes Covered Δ Covered Covered Not Covered

Cappagh National Orthopaedic Hospital, Finglas,  
 Public hospital Yes Covered Covered Covered Not Covered

Dublin 11

Children's University Hospital, Temple St., Dublin 1 Public hospital Yes Covered Covered Covered Covered

Children's Hospital Ireland at TUH, Dublin 24 Public hospital Yes Covered Covered Covered Covered

Connolly Hospital, Dublin 15 Public hospital Yes Covered Not Covered Not Covered Not Covered

Coombe Women's and Infant's University Hospital,  
 Public hospital Yes Covered Covered Covered Covered

Dublin 8

Private hospital

Hermitage Medical Clinic, Old Lucan Road,  
 High-tech hospital Yes Covered Δ Covered Covered Not Covered

Dublin 20

for Level 1 plans\*

Highfield Healthcare incorporating Highfield

Private hospital Yes Covered Δ Covered Not Covered Not Covered

Hospital and Hampstead Clinic Services, Dublin 9

La Ginesa - St John of God, Stillorgan, Co. Dublin Private hospital Yes Covered Δ Covered Not Covered Not Covered

Mater Misericordiae University Hospital, Dublin 7 Public hospital Yes Covered Covered Covered Covered

See Table of

Mater Private Hospital, Dublin 7 High-tech hospital Yes Not Covered Not Covered Not Covered

Cover Δ

National Maternity Hospital, Holles St, Dublin 2 Public hospital Yes Covered Covered Covered Covered

Our Lady's Hospice Blackrock (part cover only), Public hospital  
 Yes Covered Covered Not Covered Not Covered

Co. Dublin (hospice)

Our Lady's Hospice, Harold's Cross (part only), Public hospital  
 Yes Covered Covered Not Covered Not Covered

Dublin 6W (hospice)

Our Lady's Hospital for Sick Children, Crumlin,  
 Public hospital Yes Covered Covered Covered Covered

Dublin 12

Peamount Hospital, Newcastle, Co. Dublin Public hospital Yes Covered Not Covered Not Covered Not Covered

Rotunda Hospital, Dublin 1 Public hospital Yes Covered Covered Covered Covered

Royal Victoria Eye and Ear Hospital, Dublin 2 Public hospital Yes Covered Covered Covered Covered

Sports Surgery Clinic, Santry, Dublin 9 Private hospital Yes Covered Δ Covered Covered Not Covered

St. Columcille's Hospital, Loughlinstown, Co.  
 Public hospital Yes Covered Not Covered Not Covered Not Covered

Dublin

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Direct

A. Hospitals Hospital type List 1 List 2 List 3 List 4

Settlement

St. Edmundsbury Private Hospital, Lucan,

Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

Co. Dublin

St. James's Hospital, Dublin 8 Public hospital Yes Covered Covered Covered Covered

St. John of God Hospital, Stillorgan, Co. Dublin Private hospital Yes Covered Δ Covered Not Covered Not Covered

St. Joseph's Hospital, Raheny, Dublin 5 Public hospital Yes Covered Not Covered Not Covered Not Covered

St. Luke's Hospital, Rathgar, Dublin 6 Public hospital Yes Covered Not Covered Not Covered Not Covered

St. Michael's Hospital, Dun Laoghaire, Co. Dublin Public hospital Yes Covered Covered Covered Covered

St. Patrick's University Hospital, Dublin 8 Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

St. Vincent's Hospital, Fairview, Dublin 3 Public hospital Yes Covered Covered Covered Covered

St. Vincent's Private Hospital, Dublin 4 Private hospital Yes Covered Δ Covered Covered Not Covered

St. Vincent's University Hospital, Dublin 4 Public hospital Yes Covered Covered Covered Covered

Tallaght University Hospital, Dublin 24 Public hospital Yes Covered Covered Covered Covered

Galway

Merlin Park Regional Hospital Public hospital Yes Covered Covered Covered Covered

Bon Secours Hospital, Renmore Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

Private hospital

Galway Clinic High Tech Hospital Yes Covered Δ Covered Covered Not Covered

for Level 1 plans\*

Portiuncula Hospital Public hospital Yes Covered Covered Covered Covered

University College Hospital Galway Public hospital Yes Covered Covered Covered Covered

Kerry

Bon Secours Hospital, Tralee Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

Kerry University Hospital Public hospital Yes Covered Covered Covered Covered

Kildare

UPMC Kildare Hospital, Clane Private hospital Yes Covered Δ Covered Covered Not Covered

Naas General Hospital Public hospital Yes Covered Not Covered Not Covered Not Covered

Kilkenny

Lourdes Orthopaedic Hospital, Kilcreene Public hospital Yes Covered Covered Covered Not Covered

St. Luke's General Hospital Public hospital Yes Covered Covered Covered Covered

UPMC Aut Even Private hospital Yes Covered Δ Covered Covered Not Covered

Laois

Midland Regional Hospital (Portlaoise) Public hospital Yes Covered Covered Covered Covered

Leitrim

Our Lady's Hospital (Manorhamilton) Public hospital Yes Covered Not Covered Not Covered Not Covered

Limerick

Bon Secours Hospital Limerick at Barringtons Private hospital Yes Covered Δ Covered Covered Not Covered

Mid-Western Regional Orthopaedic Hospital Public hospital Yes Covered Covered Not Covered Not Covered

Mid-Western Radiation Oncology Unit Private hospital Yes Covered Δ Covered Covered Not Covered

Milford Care Centre Public hospital Yes Covered Covered Covered Covered

St. John's Hospital Public hospital Yes Covered Not Covered Not Covered Not Covered

University Hospital Limerick (Mid-Western Public hospital Yes Covered Covered Covered Covered  
Regional Hospital)

University Maternity Hospital, Limerick Public hospital Yes Covered Covered Covered Covered

Louth

Louth County Hospital, Dundalk Public hospital Yes Covered Not Covered Not Covered Not Covered

Our Lady of Lourdes Hospital, Drogheda Public hospital Yes Covered Covered Covered Covered

Mayo

Mayo University Hospital (Castlebar) Public hospital Yes Covered Covered Covered Covered

Meath

Our Lady's Hospital (Navan) Public hospital Yes Covered Not Covered Not Covered Not Covered

Monaghan

Monaghan General Hospital Public hospital Yes Covered Covered Covered Covered

Offaly

Midland Regional Hospital (Tullamore) Public hospital Yes Covered Covered Covered Covered

Roscommon

Roscommon County Hospital Public hospital Yes Covered Not Covered Not Covered Not Covered

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Direct

A. Hospitals Hospital type List 1 List 2 List 3 List 4

Settlement

Sligo

Kingsbridge Private Hospital (Garden Hill) Private hospital Yes Covered Δ Covered Covered Not Covered

Sligo University Hospital Public hospital Yes Covered Covered Covered Covered

Tipperary

Mid-Western Regional Hospital Nenagh (St.

Public hospital Yes Covered Covered Covered Covered

Joseph's)

South Tipperary General Hospital (Clonmel) Public hospital Yes Covered Not Covered Not Covered Not Covered

Waterford

UPMC Whitfield Clinic, Butlerstown North Private hospital Yes Covered Δ Covered Covered Not Covered

UPMC Whitfield Cancer Centre Private hospital Yes Covered Δ Not Covered Not Covered Not Covered

University Hospital Waterford Public hospital Yes Covered Covered Covered Covered

Westmeath

Midland Regional Hospital (Mullingar) Public hospital Yes Covered Covered Covered Not Covered

Charter Medical Private Hospital, Ballinderry Private hospital Yes Covered Δ Covered Covered Not Covered  
 Wexford  
 Ely Hospital HSE South, Ferrybank Public hospital Yes Covered Covered Covered Not Covered  
 Wexford General Hospital Public hospital Yes Covered Covered Covered Not Covered  
 Northern Ireland  
 Antrim  
 Royal Victoria Hospital (Belfast) Private hospital No Covered Δ Not Covered Not Covered Not Covered  
 Ulster Independent Clinic (Belfast) Private hospital Yes Covered Δ Not Covered Not Covered Not Covered  
 Derry  
 Altnagelvin Area Hospital Private hospital Yes Covered Δ Not Covered Not Covered Not Covered  
 Kingsbridge Private Hospital North West, Ballykelly Private hospital Yes Covered Δ Not Covered Not Covered  
 Direct  
 B. Treatment centres Facility Type List 1 List 2 List 3 List 4  
 Settlement  
 Clare  
 Bushypark Treatment Centre, Ennis Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Cork  
 Cuan Mhuire (Farnanes) Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Tabor Lodge, Belgooly Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Dublin  
 Eccles Clinic, Dublin 7 Treatment centre Yes Covered Δ Covered Covered Not Covered  
 Medical Optics, Dublin 3 (covered up to the level  
 of private hospital benefits listed on the Table of Ophthalmic Clinic Yes Covered Δ Covered Covered Not Covered  
 Cover for Level 1 plans\*)  
 M.S. Care Centre, Rathgar, Dublin 6 Respite care Yes Covered Δ Covered Not Covered Not Covered  
 NEDRC (National Eating Disorder Recovery Centre),  
 Treatment centre Yes Covered Δ Covered Covered Not Covered  
 Ballsbridge, Dublin 4  
 Oxycafe, Santry Treatment centre Yes Covered Δ Covered Covered Not Covered  
 Park West Clinic, Nangor Road, Dublin 12 Treatment centre Yes Covered Δ Covered Covered Not Covered  
 Progressive Vision, Dublin 18 (covered up to the  
 level of private hospital benefits listed on the Table Ophthalmic Clinic Yes Covered Δ Covered Covered Not Covered  
 of Cover for Level 1 plans\*)  
 Rutland Centre, Knocklyon, Dublin 16 Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Donegal  
 White Oaks Treatment Centre Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Galway  
 Cuan Mhuire, Coolarne Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Oxygeneration Treatment centre Yes Covered Δ Covered Covered Not Covered  
 Kerry  
 The Grove, Abbeylands, Ardfert, Co. Kerry Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
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 Direct  
 B. Treatment centres Facility Type List 1 List 2 List 3 List 4  
 Settlement  
 Kildare  
 Cuan Mhuire, Athy Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Kilkenny  
 Aislinn Treatment Centre, Ballyragget Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Limerick  
 Cuan Mhuire (Bruree) Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Citygate MHD Rooms, Citygate House, Raheen  
 Ophthalmic Clinic Yes Covered Δ Covered Covered Not Covered  
 Business Park, Limerick  
 Mayo  
 Hope House (Foxford) Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Tipperary  
 Aiséirí Centre (Cahir) Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Wexford  
 Aiséirí Centre (Roxborough) Addiction centre Yes Covered† Δ Covered† Covered† Not Covered  
 Wicklow  
 Medical Optics, Bray Ophthalmic Clinic Yes Covered Δ Covered Covered Not Covered  
 Approved  
 C. Scan Facilities: Direct Cardiac  
 Facility Type List 1 List 2 List 3 List 4  
 Approved MRI Scan Facilities Settlement Scan  
 Facilities  
 Belfast  
 Ulster Independent Clinic (Belfast) Private hospital Yes No Covered Not Covered Not Covered Not Covered  
 Cork  
 Alliance Medical: Cork University Hospital Public hospital Yes Yes Covered Covered Covered Covered  
 Alliance Medical Mercy University Hospital Scan centre Yes Yes Covered Covered Covered Not Covered  
 Alliance Medical Mater Private Cork Public hospital Yes Yes Covered Covered Covered Covered  
 Affidea Cork, The Elysian Scan centre Yes No Covered Covered Covered Covered  
 Bon Secours Hospital Private hospital Yes No Covered Not Covered Not Covered Not Covered  
 Southscan MRI at South Infirmary /  
 Public hospital Yes No Covered Covered Covered Covered  
 Victoria University Hospital  
 Donegal  
 Affidea Letterkenny Scan centre Yes No Covered Covered Covered Covered  
 Dublin

Alliance Medical Cherrywood, Cherrywood  
 Scan centre Yes No Covered Covered Covered  
 Business Park, Dublin 18  
 Alliance Medical Smithfield, Dublin 7 Scan centre Yes Yes Covered Covered Covered Covered  
 Affidea Dundrum, Rockfield Medical  
 Campus, Balally, Scan centre Yes No Covered Covered Covered Covered  
 Dublin 16  
 Affidea at The Meath Primary Care  
 Scan centre Yes No Covered Covered Covered Covered  
 Centre, Dublin 8  
 Affidea Northwood, Santry, Dublin 9 Scan centre Yes No Covered Covered Covered Covered  
 Affidea Tallaght, Dublin 24 Scan centre Yes No Covered Covered Covered Covered  
 Beacon Hospital, Sandyford, Dublin 18 Private hospital Yes Yes Covered Covered Covered Not Covered  
 Blackrock Clinic, Co. Dublin Private hospital Yes Yes Covered Not Covered Not Covered Not Covered  
 Bon Secours Hospital (Glasnevin),  
 Private hospital Yes No Covered Covered Covered Not Covered  
 Dublin 9  
 Private hospital  
 Hermitage Clinic, Old Lucan Road, High-tech  
 Yes Yes Covered Covered Covered Not Covered  
 Dublin 20 hospital for  
 Level 1 plans \*  
 Mater Private Hospital, Dublin 7 Private hospital Yes No Covered Not Covered Not Covered Not Covered  
 Sports Surgery Clinic, Santry, Dublin 9 Private hospital Yes No Covered Covered Covered Not Covered  
 St. James's Hospital, Dublin 8 Public hospital Yes No Covered\*\* Covered\*\* Covered\*\* Covered\*\*  
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 Approved  
 C. Scan Facilities: Direct Cardiac  
 Facility Type List 1 List 2 List 3 List 4  
 Approved MRI Scan Facilities Settlement Scan  
 Facilities  
 Galway  
 Bon Secours Hospital, Renmore Private hospital Yes No Covered Not Covered Not Covered Not Covered  
 Private hospital  
 High-tech  
 Galway Clinic Yes Yes Covered Covered Covered Not Covered  
 hospital for  
 Level 1 plans \*  
 Alliance Medical Merlin Park Hospital Scan centre Yes Yes Covered Covered Covered Covered  
 Alliance Medical Portiuncula Hospital,  
 Scan centre Yes No Covered Covered Covered Covered  
 Ballinasloe  
 Kerry  
 Alliance Medical Bon Secours Hospital,  
 Scan centre Yes No Covered Covered Covered Covered  
 Tralee  
 Kildare  
 Affidea at Vista Primary Care Centre Scan centre Yes No Covered Covered Covered Covered  
 Alliance Medical UPMC Kildare Hospital,  
 Scan centre Yes No Covered Covered Covered Not Covered  
 Clane  
 Kilkenny  
 Affidea, Dean Street Clinic, Kilkenny Scan centre Yes No Covered Covered Covered Covered  
 UPMC Aut Even Private hospital Yes No Covered Covered Covered Not Covered  
 Limerick  
 Alliance Medical Bon Secours Limerick at  
 Scan centre Yes Yes Covered Covered Covered Covered  
 Barringtons  
 Limerick Clinic, City Gate House, Raheen  
 Scan centre Yes No Covered Covered Covered Not Covered  
 Business Park  
 Louth  
 Alliance Medical Our Lady Of Lourdes  
 Scan centre Yes Yes Covered Covered Covered Covered  
 Hospital, Drogheda  
 Offaly  
 Alliance Medical Midland Regional  
 Scan centre Yes No Covered Covered Covered Covered  
 Hospital, Tullamore  
 Sligo  
 Affidea at Sligo General Hospital Scan centre Yes No Covered Covered Covered Covered  
 Tipperary  
 Alliance Medical South Tipperary General  
 Scan centre Yes No Covered Covered Covered Covered  
 Hospital  
 Waterford  
 Affidea Dunmore Road, Waterford Scan centre Yes No Covered Covered Covered Covered  
 UPMC Whitfield Clinic, Butlerstown North Private hospital Yes No Covered Covered Covered Not Covered  
 Westmeath  
 Alliance Medical Charter Medical Private  
 Scan centre Yes No Covered Covered Covered Not Covered

Hospital, Mullingar  
Approved  
C. Scan Facilities: Direct Cardiac  
Facility Type List 1 List 2 List 3 List 4  
Approved CT Scan Facilities Settlement Scan  
Facilities  
Cork  
Affidea Cork, The Elysian Scan centre Yes No Covered Covered Covered Covered  
Alliance Medical, Mater Private Cork Scan centre Yes Yes Covered Covered Covered Not Covered  
Bon Secours Hospital Private hospital Yes No Covered\*\*  
Not Covered Not Covered Not Covered  
(Oncology CT only)  
Dublin  
Beacon Hospital, Sandyford, Dublin 18 Private hospital Yes Yes Covered Covered Covered Not Covered  
Beaumont Consultants Private Clinic, Private hospital Yes No Covered Covered Covered  
Not Covered  
Santry, Dublin 9  
Blackrock Clinic, Co. Dublin Private hospital Yes Yes Covered Not Covered Not Covered Not Covered  
51  
=== ILH-Health-Plans-Handbook-Apr-2023.pdf – Page 53 ===  
Approved  
C. Scan Facilities: Direct Cardiac  
Facility Type List 1 List 2 List 3 List 4  
Approved CT Scan Facilities Settlement Scan  
Facilities  
Bon Secours Hospital, Glasnevin Private hospital Yes No Covered Covered Covered  
Not Covered  
Dublin 9  
Alliance Medical Smithfield, Dublin 7 Scan centre Yes No Covered Covered Covered Covered  
Affidea Dundrum, Rockfield Medical Scan centre Yes No Covered Covered Covered Covered  
Campus, Balally,  
Dublin 16  
Affidea Tallaght, Dublin 24 Scan centre Yes No Covered Covered Covered Covered  
Private hospital  
Hermitage Clinic, Old Lucan Road,  
High-tech hospital Yes Yes Covered Covered Covered Not Covered  
Dublin 20  
for Level 1 plans \*  
Mater Private Hospital, Dublin 7 Private hospital Yes No Covered Not Covered Not Covered Not Covered  
St. James's Hospital, Dublin 8 Public hospital Yes No Covered\*\* Covered\*\* Covered\*\* Covered\*\*  
St. Vincent's Private Hospital, Dublin 4 Private hospital Yes No Covered Covered Covered Not Covered  
Galway  
Bon Secours Hospital, Renmore Private hospital Yes No Covered Not Covered Not Covered Not Covered  
Private hospital  
Galway Clinic High-tech hospital Yes Yes Covered Covered Covered Not Covered  
for Level 1 plans \*  
Alliance Medical Merlin Park Hospital Scan centre Yes No Covered Covered Covered Covered  
Kerry  
Bon Secours, Tralee Private hospital Yes No Covered Covered Covered Covered  
Kildare  
Alliance Medical UPMC Kildare Hospital, Scan centre Yes No Covered Covered Covered Covered  
Clane  
Limerick  
Alliance Medical Bon Secours Limerick at Scan centre Yes No Covered Covered Covered Covered  
Barringtons  
Waterford  
UPMC Whitfield, Butlerstown Private hospital Yes No Covered Covered Covered Not Covered  
Approved  
C. Scan Facilities: Direct  
Facility Type PSMA Scan List 1 List 2 List 3 List 4  
Approved PET-CT Facilities Settlement  
Facilities  
Cork  
Alliance Medical: Cork University Public hospital Yes Yes Covered Covered Covered Covered  
Hospital  
Dublin  
Beacon Hospital, Sandyford, Dublin 18 Private hospital Yes No Covered Covered Covered Not Covered  
Blackrock Clinic, Co. Dublin Private hospital Yes Yes Covered Not Covered Not Covered Not Covered  
Private hospital,  
Hermitage Clinic, Old Lucan Road,  
High-tech hospital Yes No Covered Covered Covered Not Covered  
Dublin 20  
for Level 1 plans \*  
Mater Private Hospital, Dublin 7 Private hospital Yes No Covered Not Covered Not Covered Not Covered  
St. James's Hospital, Dublin 8 Public hospital Yes No Covered Covered Covered Covered  
St. Vincent's Private Hospital, Dublin 4 Private hospital Yes No Covered Covered Covered Not Covered  
Galway  
Private hospital,  
Galway Clinic High-tech hospital Yes No Covered Covered Covered Not Covered  
for Level 1 plans \*  
Waterford  
UPMC Whitfield, Butlerstown Private hospital Yes No Covered Covered Covered Not Covered

D. Minor Injury Clinic: Approved Direct Direct

Facility Type List 1 List 2 List 3 List 4

Settlement Minor Injury Clinics Settlement

Cork

Affidea Expresscare Clinic, The Elysian, Cork Minor Injury Clinic Yes Covered Covered Covered Covered  
Dublin

Affidea Expresscare Clinic, Northwood, Dublin 9 Minor Injury Clinic Yes Covered Covered Covered Covered

Affidea Expresscare Clinic, Tallaght, Dublin 24 Minor Injury Clinic Yes Covered Covered Covered Covered

D. Minor Injury Clinic: Approved Pay & Claim Direct

Facility Type List 1 List 2 List 3 List 4

(including HSE) Minor Injury Clinics Settlement

Clare

Ennis Injury Unit, Ennis Hospital Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Cork

The Mercy Injury Unit, Gurrabraher Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Mallow Injury Unit, Mallow General Hospital Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Bantry Injury Unit, Bantry General Hospital Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Dublin

Children's Hospital Ireland at Connolly, Blanchardstown Urgent Care Centre (CHI) No Covered Covered Covered

novaworks Health & Wellbeing Clinic, Minor Injury Clinic No Covered Covered Covered Covered

Cherrywood Business Park, Dublin 18

Mater Smithfield Rapid Injury Clinic, Dublin 7 Minor Injury Clinic (HSE) No Covered Covered Covered Covered

St. Columcille's Injury Unit, Loughlinstown, Co Dublin Minor Injury Clinic (HSE) No Covered Covered Covered

Galway

novaworks Health & Wellbeing Clinic, Briarhill Minor Injury Clinic No Covered Covered Covered Covered

Limerick

novaworks Health & Wellbeing Clinic, Ennis Road Minor Injury Clinic No Covered Covered Covered Covered

St. John's Injury Unit, St. John's Hospital, Limerick Minor Injury Clinic (HSE) No Covered Covered Covered

Louth

Dundalk Injury Unit, Louth County Hospital Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Monaghan

Monaghan Injury Unit, Monaghan Hospital, Hill Street Minor Injury Clinic (HSE) No Covered Covered Covered

Roscommon

Roscommon Injury Unit, Roscommon University Hospital Minor Injury Clinic (HSE) No Covered Covered Covered

Tipperary

Cashel Injury Unit Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Nenagh Injury Unit, Tyone, Nenagh Minor Injury Clinic (HSE) No Covered Covered Covered Covered

Please note: Hospitals may be managed by a different hospital or hospital group, the hospital in which you specifically named on the applicable Hospital List for cover to apply. If your treating hospital is not s List, then you will not be covered for that hospital.

Δ First Cover and First Cover Extra plans do not provide any in-patient cover for private hospitals, high

\* Level 1 plans are: Select, Select Starter, Select with Day 2 Day and Emergency packs, Select with Day 2 Access pack, Day2Day Focus, Day2Day Focus. 1, Health Starter, Level 1 Everyday, Health Level 1, Level 1 H 1 with day-to-day 50, me plan level 1 with day-to-day me, Value Focus, we plan level 1, we plan level 1 w with day-to-day a.

\*\* Referrals must be made by an oncologist or other clinician at this facility (St. James's Hospital and be related to the diagnosis, treatment or staging of a cancer. These lists are subject to change and are 2023. For the most up-to-date lists, visit [www.irishlifehealth.ie](http://www.irishlifehealth.ie).

† Cover may be limited to specific treatment programmes only. Length of stay covered under your plan will programme or evidence based model employed by the treatment centre based on what is deemed medically necessary appropriate for the member's presenting condition.

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Solvency And Financial Condition Report

Irish Life Health's Solvency and Financial Conditions Report is available at [www.irishlifehealth.ie/private](http://www.irishlifehealth.ie/private) condition.

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Irish Life Health dac is regulated by the Central Bank of Ireland.

Registered Office: Irish Life Centre, Lower Abbey Street, Dublin 1, Ireland. ILH\_10013\_27\_23-02

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General

Rules

Policy Booklet

looking after you always

Welcome to novaworks Healthcare.

Thank you for choosing us to look after your healthcare cover. This rules booklet contains very detailed legal information about our schemes and can act as a reference to your Benefit Table.

Due to the detail in this booklet we understand you may have questions, so please feel free to contact our award winning Customer Care team.  
Call us between 8am and 7pm  
Monday to Friday and 10am and 3.30pm on Saturdays, or use our Web Chat facility. In the interest of customer service, calls are recorded and monitored.

1890 700 890

visit [www.layahealthcare.ie](http://www.layahealthcare.ie) or  
email us at [info@layahealthcare.ie](mailto:info@layahealthcare.ie)  
novaworks healthcare, Eastgate Road,  
Eastgate Business Park, Little Island,  
Co. Cork, T45 E181.

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Digital Customer Care, How to make a claim  
serving you online

While in hospital

We are always looking for ways to make things a little simpler for our members. Digital Customer Care does just this. It combines the latest in hospital and consultants. This means that when advanced digital technology from our Member you go into hospital (for in-patient or day-case Area, Member App and Web Chat with our award treatment), you simply fill out a form when you winning Customer Care team. Our members can arrive, sign it when you leave, and the hospital access all of the benefits of their membership then deals directly with us. There's no need for anytime, anywhere and from any device. you to do anything else. We will then contact you afterwards to let you know how your claim has It's never been easier for you to be assessed. It's as simple as that.

access information when it suits you.

Please log into your Member Area any time of the

By logging into your secure Member

day prior to any treatment to confirm your cover.

Area, the main member on the policy To confirm your cover you will need details of the can do things such as: hospital/centre you are attending along with your consultant's name and the procedure code.

- Check your everyday medical expenses cover
- Make changes to your personal details

Everyday Medical Expenses

- Add a member to your policy
- Review your hospital and scan centres cover If you have other health expenses, like physiotherapy, GP or casualty visits, just keep
- Access your policy documentation, including

your receipts. Claiming has never been easier  
claim forms

with our Member App. You can submit your

- Check your claims history
- claims for everyday medical expenses through
- Check your cover

the app at any point during the year - 24 hours

Just visit [www.layahealthcare.ie/memberarea](http://www.layahealthcare.ie/memberarea) a day, 7 days a week. Alternatively fill in an

out-patient claim form (which you can download  
Web Chat from your Member Area or which can be posted

to you if requested) include all your receipts and

Our award winning Customer Care team are send to:

available on Web Chat. Simply click the 'On-line

novaworks healthcare, PO Box 12679, Dublin 15.

Chat' button on our website and they will help

you. Visit [www.layahealthcare.ie/howtoclaim](http://www.layahealthcare.ie/howtoclaim) for forms

and more details on claiming through the app.

Read on for a full explanation of our benefits.

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Scheme Rules Age of Entry

The sum of your age minus any Lifetime

Effective from 1st of December 2020

Community Rating Credited Months. This figure

1. Reading your rules is used to determine any additional LCR Amount  
that you may have to pay.

booklet

This booklet consists of the Scheme Rules which Benefits

sets out definitions and the rules applicable to

The hospital charges, medical fees, shortfall

your policy.

amounts, excess amounts and other benefits

You need to read these rules (including the shown in your Benefit Table.

notes) in conjunction with the current Benefit

Table applicable to your policy, your membership

Clinical Indicators

certificate and your application form (if

applicable). These documents and the Scheme Certain procedures require Clinical Indicators

Rules make up the agreement between us, novaworks which will need to be provided by your GP

healthcare, and you, the member, or Consultant. The application of a Clinical

Indicator for a specific procedure is a widely

The benefits/cover you have available on your

accepted practice of achieving quality of

chosen scheme are set out on your Benefit Table.

care by providing guidance as to acceptable

investigation/treatment according to current

best practice. If Clinical Indicators apply to a

2. Policy Definitions

procedure, they will be set out alongside the

procedure or treatment listed in our Schedule

It is important for you to understand that some of

of Benefits and must be included in order to

the terms we use have specific meanings. These

process a claim. novaworks healthcare, will only

terms and their meanings are set out below and

accept and provide benefit for claims for

bolded throughout the remainder of the Scheme

specified procedures where a correct clinical

Rules.

indicator, as per our Schedule of Benefits,

The following words and phrases in bold have the is provided by the treating Clinician. Certain

meanings shown below. procedures require Clinical Indicators which will

need to be provided by your GP, Consultant or

3D 4D scans treating Clinician.

3D 4D scanning is a medical ultrasound Consultant

technique, often used in obstetric

ultrasonography. Any registered medical practitioner who meets

all of the following requirements:

Accommodation

- they hold a current full registration with the  
Irish Medical Council

The overall costs associated with treatment in

- they are engaged in hospital practice by

hospital including the type of room a member

reason of their training, skill and experience

occupies, the use of operating theatres,

in a designated specialty, they are consulted

technical services, selected drugs, specialist

by other registered medical practitioners

support, nursing care, housekeeping, hospital

and they undertake full clinical responsibility

administration and other services which would



for patients in their care, or that aspect of care be associated with treatment in hospital. Please note that not all of these services or charges will apply to every hospital admission.

other person

- they hold a public consultant post or are

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eligible to hold a public consultant post

- they are recognised by us as a novaworks healthcare

Your husband or wife or partner and any child

consultant for the purpose of our insurance

or dependant of yours who we have agreed

schemes in Ireland (you can phone or write

to us if you would like to know whether or not with you to accept into membership of one

a particular registered medical practitioner is of the schemes, and who is also named on

recognised by us or you can check our website your membership certificate as one of your

www.layahealthcare.ie). dependants.

If you need to receive treatment in a country

Emergency dental treatment

outside Ireland, a consultant will refer you to a

surgeon, physician, or anaesthetist who is less

Restorative dental treatment urgently required

than 70 years of age and is legally qualified to

in order to alleviate pain, inability to eat or any

provide the treatment in that country.

acute dental condition caused by an accidental

external impact to the mouth and which presents

Consultant Psychiatrist

an immediate and serious threat to a person's

general health.

A consultant as defined above, who specialises

in Psychiatry.

Experimental treatment

Consultant Paediatrician

That which is not considered customary practice

in Ireland or the EU taking NICE and HSE

A consultant as defined above, who specialises

guidelines into account. novaworks healthcare do not

in Paediatrics.

pay for procedures, devices or drugs that are

considered unproven or investigational, including

Cosmetic treatment

those in clinical trials, irrespective of the phase of

trail. Our medical advisors will determine whether

Treatment which is defined as medical or surgical

a treatment is experimental or unproven. Their

and is primarily for the purpose of improving

decision is final.

appearance or self-esteem.

Female recipient

Day-case treatment

The female recipient of the specified infertility

Treatment where, for medical reasons, you have

treatment available on one of the schemes and

to be admitted into a hospital and occupy a bed

who is named on a novaworks healthcare membership

in that hospital during the day, but not overnight,

certificate.

for treatment which would be accepted generally

by the medical profession in Ireland as day-case

Fertility Clinic

treatment as opposed to out-patient treatment.

Any fertility clinic accredited by the Irish

Dental Hygienist

Medicines Board (IMB) and listed as a novaworks

healthcare recognised clinic at the time you

A dental hygienist with a current full registration

receive your treatment. This list can change from

with the Dental Council of Ireland.

time to time. Please check with us before having

your treatment.

Dental practitioner

A dental practitioner with a current full Full cover scheme

registration with the Irish Dental Council, who

The scheme known as the full cover scheme

holds a primary dental qualification. He/She is

under which novaworks healthcare agrees limits on

community based and provides dental care.

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consultants' fees with participating consultants. Membership start date  
A consultant is participating in the full cover scheme if he or she is listed in novaworks healthcare's The date on which a person begins his or her list of full cover scheme participating current continuous period of membership of consultants (you can phone or write to us if you their scheme. The membership start date for would like to know whether or not a consultant is you and your dependants is shown for each of participating in the full cover scheme or you can you individually on your current membership check our website). certificate. We will treat a person's cover under the scheme as continuous if there is no break in membership of more than 13 weeks.

General medical practitioner/GP

A registered medical practitioner who is fully Midwife registered with the Irish Medical Council and who is not a consultant and is currently practicing as a A midwife registered on the midwife register primary care physician in the community. with An Bord Altranais.

Health Insurance Contract Minimum benefit regulations

A health insurance contract to which the Irish The Irish Health Insurance Act 1994 (minimum Health Insurance Act, 1994 (as amended), and the benefit) Regulations 1996, made pursuant to the regulations made under that Act, apply. Irish Health Insurance Act 1994 (as amended).

Hospital Northern Ireland participating hospital

A novaworks healthcare participating hospital. Any hospital in Northern Ireland listed in your hospital list. Please visit the 'Check cover' section of your personalised Member Area for

In-patient treatment

your most up to date hospital list. See Note 1

Treatment where, for medical reasons, you have also.

to stay in a hospital overnight.

Nurse

Ireland

A nurse who is registered with An Bord Altranais

Ireland excluding Northern Ireland. for midwifery, health visiting and/or nursing.

Lifetime Community Rating Regulations Pre-existing condition

The Health Insurance Act 1994 (Determination of Pre-existing condition: An ailment, illness or Relevant Increase under section 7A and Provision condition, where, on the basis of medical advice, of Information under section 7B) Regulations the signs or symptoms of that ailment, illness or 2014. condition existed at any time in the period of 6 months immediately preceding:

Lifetime Community Rating Health

a) the day you took out a Health insurance

Insurance Contract

contract for the first time; or

A contract that provides for in-patient indemnity b) the day you took out a Health insurance payment and to which the Health Insurance Act, contract again after your previous Health 1994 applies. insurance contract had lapsed for 13 weeks or

more: or

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c) the day you changed your scheme and gained Private Hospital additional cover/benefits.

These are hospitals listed as private hospitals

Please note that our medical advisors

in the hospital list. Please visit the 'Check cover'

will determine whether a condition is a

section of your personalised Member Area for

pre-existing condition. Their decision is final.

your most up to date hospital list.

Private Hospitals: Tier (Level) 1

Beacon Hospital

- Aut Even Hospital, Kilkenny

This is benefit in the Beacon Hospital, Sandyford,

- Bons Secours Hospital Limerick at Barringtons, Dublin 18. You can check your cover for this Limerick hospital by reviewing your Benefit Table, visiting

- Clane Hospital, Kildare the 'Check cover' section of your Member Area

- Mater Private, Cork or by contacting us directly.

- National MS Centre, Rathgar

Hi tech - Blackrock Clinic, Mater Private

- Park West Clinic, Dublin 12

Dublin and the Beacon Hospital

- St Francis, Mullingar

- Kingsbridge Private hospital, Sligo This is the benefit available in the Blackrock Clinic, the Mater Private Dublin and the Beacon

\*Please contact us prior to admission to ensure

Hospital. You can check your cover for these

your treatment is covered.

hospitals by reviewing your Benefit Table, visiting

the 'Check cover' section of your Member Area

Private Hospitals; Tier (Level) 2

or by contacting us directly.

- Bon Secours Hospital (Cork, Tralee, Galway

novaworks healthcare participating hospital and Dublin)

- Galway Clinic
- Any hospital listed in the novaworks healthcare
- Hermitage Medical Clinic, Dublin participating hospital list at the time you receive
  - Mater Private, Cork your treatment. This list may change from time to time, so please check with us before going
  - North West Independent Hospital, Derry to hospital that you are fully covered for that
  - St Vincent's Private hospital, Dublin hospital and that the hospital is still listed. We
  - Ulster Independent Clinic, Belfast will send you a copy of the most up-to-date list if
  - UPMC Whitfield, Waterford you ask us to.
  - Sports Surgery Clinic, Dublin

You can refer to the 'Check cover' section of your Member Area for the most up to date novaworks Private Hospitals: Tier(Level) 3 - Hi-Tech healthcare participating list relating to your Hospitals scheme.

- Blackrock Clinic, Dublin

Psychologist

- Mater Private hospital, Dublin
- Beacon Hospital, Dublin Psychology is both a general practice and a health service provider speciality in professional Public Hospital

psychology. Psychologists provide professional services relating to the diagnosis, assessment, A publicly funded hospital, other than a nursing evaluation, treatment and prevention of home, which provides services for a person psychological, emotional, psychophysiological pursuant to his or her entitlements under Chapter and behavioural disorders in individuals across II of Part IV of the Irish Health Act 1970. the lifespan.

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Participating therapist (i) a. For the purpose of adult counselling- psychologists a full member of the

We will recognise a person who is a participating Psychological Society of Ireland. (The alternative therapist and is registered with the British Psychological Society is also relevant associations at the time of treatment for applicable for the 360 Care and 360 Care the purpose of our insurance schemes in Ireland. Select schemes).

We will also recognise registered general

b. For the purpose of adult counselling practitioners who are participating therapists -counsellors and therapists a full with the relevant alternative associations. These member of the Irish Association of are listed as follows:

Counsellors and Psychotherapy (IACP),  
The Irish Council for Psychotherapy, the  
(a) a member of the Irish Society of Chartered  
British Association of Behavioural and  
Physiotherapists or registered on the  
Cognitive Psychotherapy or the Irish  
Physiotherapists Registration Board at CORU  
Association of Behavioural and Cognitive  
(b) a member of the Irish Association of Speech psychotherapy.  
and Language Therapists and/or the Royal  
(j) a member of the Association of Occupational  
College of Speech and Language Therapists  
Therapists of Ireland or registered on The  
and/or registered on the Register for Speech  
Occupational Therapists Registration Board at  
and Language Therapists at CORU  
CORU

(c) a member of the Society of Chiropodists/  
(k) a member of the Irish Nutrition and Dietetic  
Podiatrists, the Institute of Chiropodists and  
Institute or registered on the Register for  
Podiatrists, the Irish Chiropodists/Podiatrists  
Dietitians at CORU

Organisation Ltd, and/or the British  
Chiropody and Podiatry Association

(l) a member of the International Association of  
Infant Massage

(d) a person who is either on the Professional  
Register of Traditional Chinese Medicine,

(m) a member of MLD (Manual Lymph Drainage)  
the Traditional Chinese Medicine Council  
Ireland

of Ireland (TCMCI), British Medical

Acupuncture Society, Acupuncture (n) a member of the Irish Reflexologists Institute, Foundation Professional Association, and/ the Federation of Holistic Therapists Ireland, or is accredited to the British Acupuncture the National Register of Reflexologists. Council and/or the Academy of Chinese

(o) a member of the British and Irish Orthoptic Culture and Medicine Society and/or Fellow of the Association of

(e) a person who is on the Professional Register Optometrists of Ireland (FAOI) of the Irish Society of Homeopaths or the

(p) a member of the Association of Alliance of Registered Homeopaths Neuromuscular Therapists (ANMT), The Irish

(f) a member of the Chiropractic Association of Association of Physical Therapists, Register Ireland (CAI) and McTimoney Chiropractic of Orthopaedic & Soft Tissue Therapists Association of Ireland of Ireland or the Irish Institute of Physical Therapists

(g) a member of The Osteopathic Council of Ireland and the Association of Osteopaths in (q) a member of the Irish Society of Hearing Aid Ireland Audiologists

(h) for the purpose of child counselling a (r) a member of the Association of Lactation full member of the Irish Association of Consultants in Ireland who holds Counsellors and Psychotherapy (IACP) or International Board Certified Lactation The Irish Council for Psychotherapy or the consultant membership. Psychological Society of Ireland. (The British

(s) a member of Yoga Alliance, Yoga Therapy Psychological Society is also applicable for Ireland or the Irish Yoga Association. the 360 Care and 360 Care Select schemes).

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(t) a member of the Pilates Teacher Training schemes in Ireland. This Schedule lists various Institute. surgical and diagnostic procedures and medical illnesses. Certain procedure codes listed in the (You can phone or write to us if you would Schedules have Clinical Indications or conditions like to know whether or not someone is a of payment indicators attached to them. It also participating therapist for the purpose of explains the amount of the benefits we shall pay for the scheme).

treatment provided by a consultant and for surgical out-patient treatment provided by a general Qualifying Period of Unemployment practitioner. Certain procedure codes listed in the Schedules have Clinical Indications or conditions of Any period or periods of time, greater than 6 payment indicators attached to them therefore it is continuous months up to a combined maximum important that you contact us in advance of your of 36 months, after 1st January 2008 where procedure to check your cover. you ceased to have a Lifetime Community Rating Health Insurance Contract by reason of Scheme unemployment of either you or the person you were dependent on and you or that person you Scheme means whichever novaworks healthcare were dependent on was in receipt of a Relevant health insurance scheme you are a member Social Welfare Payment. of. Please see your membership certificate for the name of you and/or your dependents Registered medical practitioner scheme(s).

A person whose name appears in the General Surgical out-patient treatment Register of Medical Practitioners maintained under the Irish Medical Practitioners Act 2007. Out-patient treatment consisting of a surgical procedure listed in the schedule of benefits. Registered nursing home Treatment

A nursing home registered pursuant to the Health Act 2007. Any health services a person needs solely for the medical investigation, treatment, cure or Renewal date alleviation of the symptoms of illness or injury. The treatments which are covered and/or level of cover The renewal date shown on your membership for those treatments may change during the Year certificate. (for example where a procedure is re-designated or is no longer covered by novaworks healthcare in a Routine dental treatment participating hospital), so please check with us before booking in for those treatments that you

We refer to routine dental as being a general are properly covered for the relevant treatment. check-up, scale or polish, routine filling or We will send you a copy of the most up to date extraction (excludes wisdom teeth) carried treatment list if you ask us to. out by a registered Dental Practitioner or a registered Dental hygienist with respect to Year a scale and polish only. A dental x-ray, where deemed necessary in the clinical judgement of The period starting on your membership start a registered dentist, is also considered routine date or a renewal date and ending at midnight on dental treatment. the day before the next renewal date.

You/your

Schedule of benefits

This means you, the main member and your

This is the Schedule which we publish from time dependants.

to time for the purpose of our medical insurance

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3. Joining the scheme LCR Amount:

The additional loading that you have to pay in

(a) Your membership of your scheme begins

accordance with Lifetime Community Rating

on your start date as shown on your

Regulations

membership certificate.

LCR Waivers:

(b) The membership of each of your dependants

of their scheme begins on their start date as These are exemptions that mean that you will not

shown on your membership certificate. be subject to an LCR Amount. These exemptions

are listed below:

(c) If you enrol your child as a dependant within

13 weeks of the child's birth, your child's Non-resident - you are entitled to this waiver if

membership of the scheme will be treated as you:

having begun on the date of the child's birth. • were resident outside of Ireland on 1st May

And if you are a member of the scheme, you 2015, and you subsequently established

can apply to enrol your newborn child as a residency in Ireland,

dependant of their scheme(s) free of charge

• subsequently became resident in Ireland after

until your first renewal date after his or her

that date, and

birth.

• you took out a Health Insurance contract

(d) The agreement between you and us for your within 9 months of establishing residency in

membership of any of the scheme(s) shall Ireland

be separate from any agreement between

Continuous PMI Cover - you are entitled to this

us and you for your membership of any

waiver if you:

other novaworks healthcare insurance scheme or

schemes. • had a Lifetime Community Rating Health

Insurance Contract on the 30th April 2015

(e) The scheme of which you are a member is

and

shown on your membership certificate.

• you have held a Lifetime Community Rating

Health Insurance Contract on a continuous

basis since that date

4. Your membership

certificate

5. Renewing your

Your membership certificate forms part of the

membership

agreement between you and novaworks healthcare.

This section explains the information that is (a) Your membership of the scheme will

provided on your membership certificate automatically renew on your renewal date,

each year (subject to Rule 11 on page 16) for

LCR Credit Months:

a further year unless we write to notify you

Any previous months in which you had a Lifetime that we have decided to end the scheme. In

Community Rating Health Insurance Contract that case, your scheme membership will end

or in which you had a Qualifying Period of at the end of the year in which we notify you

Unemployment. The amount of credited of our decision.

months you have is subtracted from your age to

(b) You renew your membership of the scheme

determine your Age of Entry

by continuing to pay your subscriptions after

PMI: your renewal date.

This is the total amount of months you previously

had a Lifetime Community Rating Health

6. Your subscriptions

Insurance Contract

You must pay the subscriptions you have

UE:

agreed with us for your membership of the  
This is the total amount of months you previously  
scheme when it falls due. We may increase the  
had a Qualifying Period of Unemployment

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subscriptions you have to pay each year (see writing to us within 14 days of you receiving  
Rule 11 on page 16). your first membership certificate which lists

them as a member. We will give you a full  
You must pay your subscriptions in a way which  
refund of any money you have paid for those  
is reasonably acceptable to us. You can pay

dependants, whose membership you have  
either annually, quarterly or monthly by direct cancelled within 14 days, as long as no claims  
debit from a bank or with Mastercard, Visa or have been made in respect of them.

Laser card. A credit charge will apply if paying

(d) Your dependants contract is for a period  
by installments. If your company operates a  
of one year unless we agree to a different

salary deduction payment agreement with  
period when commencing your policy. If you  
novaworks healthcare and you choose to pay your  
do cancel your dependants contract mid-

subscription through this method of payment, the  
year, you will not receive any refund on your  
responsibility for ensuring that the deductions

premium. In the event of non-payment in  
have been made rests solely with you. Beyond  
accordance with the payment terms of your

facilitation of this payment method, both your  
contract, such non-payment will constitute  
company and novaworks healthcare accepts no

a breach of contract. In such circumstances  
responsibility of any kind in this matter. we will not pay any benefits for the contract  
term and we will seek recovery of the losses

If a change to your membership results in a  
and expenses incurred by us as a result of  
premium refund of less than or equal to €5, no

your non-payment.

refund will be provided unless agreed by you with

novaworks healthcare. (e) We can end or refuse to renew someone's  
membership of the scheme if they

If a change to your membership results in a  
have at any time made a fraudulent  
premium shortfall of less than or equal to €10,

misrepresentation which relates to their  
payment will not be required unless agreed by  
contract with novaworks healthcare or any other

you with novaworks healthcare. Health Insurance Contract, and which has,  
or could have, resulted in us, or any other  
registered health insurer, suffering financial

loss. This includes information which could

7. Ending your

have affected our decision to allow anyone to  
membership join the scheme or what subscriptions they  
have to pay, or whether or not we have to

(a) You have the right to cancel your

pay any claim for benefits.

membership of the scheme by writing to

us within 14 days of you receiving your first (f) Your membership of the scheme will end  
membership certificate. We will give you a immediately if you stop living in Ireland for a  
full refund of any money you have paid us as consecutive six month period.

long as you have not made any claims.

(g) We may end your membership of the

(b) Your contract is for a period of one year scheme by writing to you if you do not  
unless we agree to a different period when pay any or part of your subscriptions on  
commencing your policy. If you do cancel the date they are due. If your membership

mid-year, you will not receive any refund ends because you do not pay your  
on your premium. In the event of non- subscriptions, we may allow you to continue  
payment in accordance with the payment your membership, as long as you pay the

terms of your contract, such non-payment subscriptions you owe within 30 days.  
will constitute a breach of contract. In such

(h) Where a change made to your policy  
circumstances we will not pay any benefits  
increases your subscriptions and we choose

for the contract term and we will seek  
to cancel your policy in accordance with 7(g),  
recovery of the losses and expenses incurred

we may cancel your policy from whatever

by us as a result of your non-payment.

period your subscriptions provide cover for.

(c) You may also cancel the membership of any

(i) If a person's membership of the scheme of your dependants of their scheme by  
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ends because we end their membership (eg. that you are properly covered for the relevant for fraudulent misrepresentation), we will give treatment.

a refund of subscriptions paid for them for

(d) We may pay benefits direct to the person

the period after their membership ends.

who provided the treatment or to you or

(j) If you cease to be a member of your scheme your dependants. We will pay benefits

for any reason at any time, the membership after deducting any withholding tax or other

of each of your dependants on the scheme deductions that we are required to make by

will also end at the same time unless we law.

otherwise agree in writing at the time. Your

(e) We will only pay benefits for costs and

dependants will need to make their own

expenses that you have to pay. We will only

arrangements with us to continue their

pay benefits for treatment that you need

membership of their schemes. They can do

and have received.

this by telephoning or writing to us. We will

explain to them what they will need to do. (f) Any benefits we pay for treatment to

which you are not entitled, will still count

towards the maximum amount we will pay

under the scheme. We may decide to make

8. What is covered under

these payments, but it does not mean we will

the scheme have to pay them in the future.

(a) We will pay benefits for treatment a person (g) We will pay benefits for in-patient treatment

receives while they are a member of their for psychiatric or addictive conditions or

scheme. We will pay benefits under the problems up to the following limits:

scheme of which they were a member at

(i) The maximum number of days of

the time they received the treatment and

in-patient treatment for psychiatric

according to the rules and Benefit Table of

conditions (other than those referred to

the scheme that applied to them at that time.

in 'ii') for which we shall pay benefits for

We will not pay benefits for treatment which

any person in any calendar year shall

a person receives while he or she is not a

be 100 less the number of days of such

member of the schemes.

treatment that the person has received

(b) We will only pay fees and charges for during the same calendar year, in respect

treatment, services and facilities that are of which a payment has been made by us

reasonable and customary and in any event or any other Health Insurance Contract.

only up to the limits shown in the Benefit

(ii) The maximum number of days of

Table. By reasonable and customary we

in-patient treatment for alcoholism,

mean that what you are charged for and

gambling addiction, drugs or substance

how much you are charged is not more than

abuse for which we shall pay benefits

what the majority of our other members

for any person in any continuous period

of the schemes are charged in Ireland

of five years shall be 91 less the number

for similar treatment services or facilities.

of days of such treatment received by

Should you wish to find out the reasonable

that person during the same five-year

and customary amount for a service, please

contract period in respect of which a

contact us and we will be happy to advise

payment has been made by us or any

you.

other Health Insurance Contract.

(c) The treatments which are covered and/

(h) The maximum number of days of in-patient

or level of cover for those treatments

treatment and day-case treatment

may change during the Year (for example

combined for which we shall pay benefits for

where a procedure is re-designated or is

any person in any calendar year shall be 180

no longer covered by novaworks healthcare in a

less the number of days of such treatment

participating hospital), so please check with  
received by that person during the same  
us before booking in for those treatments  
calendar year for which any payment has  
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been made or is payable under any Health fees for in-patient treatment or day-case  
Insurance Contract. In the case of anyone treatment if the treatment is provided in a  
who joins or cancels during the year, their novaworks healthcare participating hospital.  
number of eligible days for in-patient or day-

(n) In the case of a person who was covered  
case treatment will be calculated on a pro  
under a Health Insurance Contract within  
rata basis.

13 weeks before their membership start

(i) We will only pay benefits in relation to the date, we will only pay benefits for treatment  
diagnosis or treatment of illness or injury of received during their additional cover  
a person which would be accepted generally waiting period if benefits for the treatment  
by the medical profession in Ireland as would have been payable under that Health  
appropriate and necessary, having regard Insurance Contract. And we will only  
to the standards of medical practice and to pay benefits for such treatment during  
the nature and cost of any other recognised the additional cover waiting period up to  
forms of treatment as well as to all the the amount that would have been payable  
circumstances relevant to the person. under that Health Insurance Contract if  
the amount is less than would otherwise be

(j) We do not have to pay benefits for in-patient  
payable by us under the scheme.

treatment provided by a hospital if we are of  
the reasonable opinion, based on appropriate A person's additional cover waiting period for  
medical advice, that the treatment could this purpose shall be:

have been received as day-case treatment

- the first year following their membership

or out-patient treatment. We also do not

start date for maternity in-patient and

have to pay benefits for day-case treatment

home birth benefits shown on your

if we are of the reasonable opinion, based

Benefit Table.

on appropriate medical advice, that the

treatment could have been received as • the first two years following their  
out-patient treatment. However, we will pay membership start date for all other  
benefits for such treatment as follows: benefits

- if you receive in-patient treatment This rule will not restrict cover for treatment  
and we determine that the treatment arising out of any illness, injury or disease  
could have been received as day-case which originated after the person's  
treatment, we may treat such treatment membership start date. This rule applies  
as day-case treatment for the purpose of both to a person who becomes a member  
paying benefits of the scheme for the first time or to anyone  
changing their scheme to a scheme which

- if you receive in-patient treatment or  
generally provides more extensive cover.

day-case treatment and we determine

that the treatment could have been (o) Subject to novaworks healthcare paying benefits  
received as out-patient treatment, we up to the amount required by the minimum  
may treat such treatment as out-patient benefit regulations, novaworks healthcare shall  
treatment for the purpose of paying deduct the private hospital excess/Hi-tech  
benefits. hospital excess. The excess applies on a per  
claim basis.

(k) Despite anything to the contrary in these

rules and the Benefit Table, you may claim

any benefits we are required to pay under

the minimum benefit regulations. 9. What is not covered

(l) Colon cancer screening provided by a under the scheme

participating hospital, this benefit is paid

subject to certain medical conditions or

We will not pay benefits for the following

Clinical Indicators. An excess may apply.

Please ask us for details.

(a) Treatment which a person requires

(m) We will only pay benefits for consultants' during any waiting period that may apply

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to the treatment under their scheme. All Waiting periods for First Steps Fertility

waiting periods commence on a person's Benefit

membership start date or the date of the

change to their policy/schemes. The following waiting periods apply for First Steps  
Fertility Benefit:

Waiting periods which apply

- the first 104 weeks of membership for those

who join

- the initial waiting period - this applies to any

treatment that a person may require • the first 104 weeks of membership for existing



members that transfer or change between

- the pre-existing condition waiting period - schemes to avail of this benefit

this only applies to treatment which a person requires for a pre-existing condition

The above waiting periods will not apply

- the maternity waiting period - this only applies

to treatment that a person requires for • to any child of yours who becomes a member pregnancy or childbirth of the scheme within 13 weeks of their birth; or

- the additional cover waiting period - following • to any treatment received by a person a change to a persons level of cover/benefits, resulting from an accident or injury which this waiting period applies to additional cover/ occurred while they were a member of the benefits for any pre-existing conditions. scheme or covered under another Health

- the Infertility waiting period, fertility Insurance Contract.

preservation and First Steps Fertility Benefit The waiting periods shall be reduced by

waiting period - these apply to fertility a person's continuous period of cover (if treatment which a person may be eligible for any) under one or more health insurance

under their scheme. contracts prior to their membership start

date if the period of continuous cover ended

The initial waiting period is within 13 weeks of their membership start

date. (A person's cover shall be treated by us

- the first 26 weeks of membership as continuous even if there is a break in cover, but only if the break in cover does not last

The pre-existing condition waiting period is more than 13 weeks). Please remember that we will not pay benefits for any treatment

- the first five years of membership which a person receives while he or she is not a member of the scheme.

The maternity waiting period applies to

(b) Treatment directly or indirectly relating from

or to do with male or female birth control,

- the maternity in-patient and home birth infertility or assisted reproduction. This

benefits in the Benefit Table and applies during

exclusion will not apply to investigations

the first 52 weeks of membership.

relating to infertility or the infertility benefit.

The additional cover waiting period is

(c) Any treatment including drug therapy, device

and procedure, which is experimental (see

- the first 2 years following the change.

definition on page 4) and unproven and not

recognised as a standard treatment in Ireland,

Waiting periods for Infertility and Fertility

UK and Europe.

Preservation

(d) Cosmetic treatment, except the correction

The following waiting periods apply for infertility of accidental disfigurement or significant treatment and fertility preservation: congenital disfigurement or significant disfigurement due to disease.

- the first 52 weeks of membership for those who join. (e) Treatment where injury or illness is caused

by war, civil disobedience or any act of

- the first 52 weeks of membership for existing

terrorism or chemical, biological or nuclear

members that transfer or change between

disaster in Ireland or overseas.

schemes to avail of this benefit.

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(f) Treatment for symptoms which are not due • pregnancy-related admissions after 34

to any underlying disease, illness or injury. weeks including giving birth

- expenses incurred after a member has

(g) Treatment you receive outside Ireland.

been discharged from hospital

This exclusion will not apply to in-patient

treatment that you receive in an emergency • injuries caused by air travel unless you are because of a sudden illness or injury while a passenger on a licensed aircraft operated

travelling temporarily outside Ireland by an airline.

or treatment approved as part of novaworks

(h) Treatment provided by a consultant whom

healthcare's medical tourism benefit. But

the Irish Medical Council does not recognise

we will only pay those benefits and costs

as having knowledge and expertise in a

under the Treatment Overseas benefit in

specialty relevant to that treatment.

the Benefit Table. We will not pay benefits if

any of the following apply to the person who (i) Treatment in any hospital or by any receives the treatment: registered medical practitioner or therapist

to whom we have sent a written notice

- if you are receiving treatment at the time

saying that we no longer recognise them as

of travel and/or you know before you  
a novaworks healthcare participating hospital, or  
travel that treatment may be required  
consultant or participating therapist, as the  
while temporarily overseas  
case may be.

- you travelled abroad despite being given

(j) Any dental or orosurgical or orthodontic  
medical advice that you should not travel  
treatment or procedure unless it is a surgical  
abroad

or medical procedure listed in the Schedule

- with regards to the 'Emergency hospital  
of Benefits.

admission overseas' and 'Medical

Evacuation' benefits you travelled to a We will only pay benefits for the following  
country which was listed at the time of treatment if you get our permission  
travel by the Irish Department of Foreign beforehand:

Affairs as 'avoid non-essential travel' or 'do

- periodontal mucoperiosteal flap surgery  
not travel'

- removal of buried teeth (single or multiple)
- you were told before travelling abroad that
- removal of buried or impacted tooth/teeth.

you were suffering from a terminal illness

Please note: emergency or routine dental

- you travelled abroad to receive treatment  
treatment is not covered overseas.

- you knew you would need the treatment

before travelling abroad (k) Preventive treatment such as check-ups or

screening, except colon cancer screening

This exclusion will not apply to treatment

provided by a novaworks healthcare participating

that we have agreed you may receive in

hospital. This benefit is paid subject to certain

a hospital in the EU and which has been

Clinical Indicators. Please ask us for details.

pre-approved by us because the treatment

is not available in Ireland. (l) Treatment relating to eating disorders or

weight reduction other than anorexia nervosa

- conditions arising from deliberately injuring  
or bulimia nervosa.

yourself

- conditions arising from alcohol and drug (m) Convalescence in a nursing home other than  
a registered nursing home or the benefit

abuse

described under your convalescence benefit

- conditions arising from a psychiatric

on your Benefit Table.

condition

- injuries caused during mountaineering, (n) Medical reports and fees where no GP visit  
occurred.

motor competitions and competitive or

professional sport

(o) Any penalty charge in lieu of Health Act

- convalescence or rehabilitation services contributions.

- injuries you received while breaking the law

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(p) Nursery fees. • a written claim within 12 months of the date

of any non-surgical out-patient treatment

(q) Hearing aids, spectacles and contact lenses

and six months of the date of any other

(except as specified in the Benefit Table),

treatment (unless this was not reasonably

dentures or orthodontic appliances.

possible). Please note, for non-surgical

(r) Any treatment not specified in the minimum out-patient treatment, it is necessary to

benefit regulations or in our Schedule submit a receipt which is stamped by the

of Benefits unless we agree to include it. practitioners or on their headed paper. In

This exclusion will not apply to the benefit addition, the receipt must provide the date

'Treatment not available in Ireland' shown on of treatment, the name of the recipient

your Benefit Table. of the treatment and a full breakdown of

the costs. You must make the claim in the

(s) Charges for drugs or medication unless way that we reasonably ask you. We may

provided when an in-patient and as agreed change the procedure for making a claim. If

with the hospital. we do change the procedure, we will write

and let you know.

(t) novaworks healthcare will have no obligation

to pay otherwise eligible claims where • any proof we reasonably need to help us to

they are submitted in respect of a spouse, decide if you are entitled to benefits.

parent, child, brother, sister, uncle, aunt,

This can include:

niece, nephew of a consultant, dentist or  
• any medical reports and other information  
alternative therapist, general practitioner or  
to do with the treatment for which you  
any other provider of service.

are making a claim

(u) Vaccinations other than those specifically • the results of an independent medical  
covered by your plan.

examination which we may ask you to  
undergo

(v) Long term care in a novaworks healthcare  
participating hospital which in the opinion • original accounts and invoices for the  
of our medical advisors is in relation to benefits you are claiming  
rehabilitation or convalescence. • written confirmation from you as to  
whether or not you think you can recover

(w) Any treatment or provider unless we have  
the cost of the benefits from another  
specified that we provide full cover.  
person or insurance company

(x) Treatment in Ireland or abroad for the reversal  
• details of any Health Insurance Contract  
of previous Gender Reassignment surgery.  
under which you were covered prior to  
becoming a member of the scheme

• original flight/travel tickets which will act  
10. Making a claim as proof of your stay outside of Ireland  
up to but not exceeding 180 days in each

(a) When possible, you should tell us about any  
calendar year.

treatment you are going to have. This gives

(d) Notwithstanding Section 10(c)1, we shall only  
us the chance to tell you if you can claim  
pay benefits for out-patient treatment after  
for benefits. We may ask your consultant  
your renewal date. Claims for out-patient  
or other registered medical practitioner  
treatment submitted to us prior to your  
to provide us with full written details of the  
renewal date will not be processed and shall  
treatment.

be returned to you.

(b) We will not pay benefits while you

(e) In order to process a claim we require a  
are breaking any of the terms of your  
fully completed claim form. If information  
membership.

required to process the claim is incomplete

(c) You should send your claims to us as soon or ambiguous on the claim form, our claims  
as possible. We will only pay benefits if we department will follow up with the necessary  
receive all of the following: party to obtain this information.

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Please note: if the required information is • In addition, if any claim is fraudulent in any  
not received within six months, the claim respect, novaworks healthcare reserves the right  
will be deemed ineligible for benefit. to refer the matter and details of the claim  
to the appropriate authorities to prosecute

(f) All out-patient receipts are assessed in date  
the member.

order received and treatment date, as per  
your novaworks healthcare scheme rules and  
Benefit Table.

11. Changes to the

Appeals agreement

If we decline your claim, you may appeal in (a) We may change any of the terms of your  
writing to the Claims Appeals Department, novaworks membership of your schemes each year  
on your renewal date. These changes

healthcare, Eastgate Road, Eastgate Business  
can include, for example, how much your  
Park, Little Island, Co. Cork, T45 E181. Any proof  
subscription will be and how often you

we reasonably need to help us to decide if you  
have to pay it. The changes can also include  
are entitled to benefits will be requested from  
changes to the benefits. We will not add any  
necessary/relevant party. This can include any  
restrictions or exclusions to your cover that  
medical reports and other information to do with  
are personal and specific to you concerning  
the treatment for which you are making a claim.  
medical conditions that started after you  
joined the scheme. Changes will only apply

#### Important Note

to you for the period following the renewal date when the change was made. The

#### FRAUD POLICY:

changes will not apply to the period before the renewal date.

- novaworks healthcare operates a fraud policy in respect of all claims made under our (b) We will write to tell you about any of these Health Insurance Contract. changes before the renewal date on which they are to take effect.
- Members should note that regular audits of claims are undertaken by novaworks healthcare. (c) We can increase or reduce the subscriptions in respect of a particular claim, a full and or decrease in the rate of tax or any other comprehensive investigation will be carried government or statutory charge or if any out by us. new tax or government or statutory charge is introduced which is related to your Health
- If, following that investigation, a finding of Insurance Contract with novaworks healthcare. If fraud is made or if a claim be deemed in we do, we will only increase the subscriptions any respect fraudulent, the claim shall be you have to pay to cover the cost to us of disallowed in its entirety.
- the changes in the taxes or charges. We
- If, after that investigation, a finding of fraud will write to tell you before increasing your is made, or if a claim is in any respect subscription.
- fraudulent or dishonest and submitted with a view to obtaining any benefit under this (d) We may make any changes to the terms of policy, all benefit under this policy shall be your membership of the scheme and your forfeited. For example, overstatement of subscriptions at any time if we are required to any medical fees incurred. do so by law. We will write to tell you about any such change as soon as is reasonably
- Any member found guilty of submitting practical and you may end your membership a fraudulent claim shall have their Health of the scheme within 14 days of us telling Insurance Contract suspended with you about the change. If, as a consequence, immediate effect.
- you end your membership, we will refund
- All claims of whatever nature being any subscriptions that you have paid for the considered under that individual member period after your membership ends. shall be suspended with immediate effect.

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12. General terms and However, if you claim benefits for treatment which was due to the fault of someone else, conditions

you must take any steps we may reasonably ask you to take to recover the cost of the (a) Your policy and all communication between benefits we have paid from the person you and us will be in English.

whose fault it was. You must also claim

(b) These terms will be governed by Irish law and interest if you are entitled to interest. You all matters to do with the schemes will be must pay us the money (and any interest) dealt with by the courts in Ireland.

that you recover from that person up to the amount of the benefits we have paid for the (c) We will not return any documents you send treatment.

us, unless you ask us to do so at the time you send them to us.

#### Third-party Claims

(d) Any changes to these terms will only be valid if they are made according to these rules

1) Expenses which you are entitled to recover or the Benefit Table, unless we agree any and do in fact recover from another person/ changes with you in writing. Nobody else legal entity (a Third-Party) are, where novaworks can change your terms of membership of healthcare has already paid out in respect the scheme on our behalf or decide not to of the treatment concerned, required to be enforce any of our rights. refunded to novaworks healthcare on the following

basis:

(e) If we do not use our legal rights it does not mean we have given them up. We may use

2) Legal Action Proceedings Where a claim is them in the future.

submitted to novaworks healthcare in respect of treatment required as a result of an injury

(f) If you write to us about anything, you must caused through the fault of a Third-Party,

send your letter by pre-paid post or deliver and where you propose to pursue a legal

it personally to: novaworks healthcare, Eastgate claim against that Third Party (a Third Party

Road, Eastgate Business Park, Little Island, Claim), novaworks healthcare will pay benefit in

Co. Cork, T45 E181.

accordance with these rules provided that

If we change this address, we will write to tell you (or the subscriber if you are under 18 you about the change. years of age) complete and sign the standard

novaworks healthcare claim form (including the

We will send any letters to the address you accident section).

last told us about. You and we can assume

that the letter is received on the day after it novaworks healthcare will also require you

to complete and sign the standard novaworks

has been delivered, if delivered personally,

healthcare authorisation letter (the

or three days after posting if it was sent by

Authorisation Letter) which includes an

pre-paid post.

undertaking

(g) You must write and tell us as soon as

(i) to incorporate a claim for all benefits/

possible if you have claimed benefits for

medical treatment costs already paid out by

any treatment which you needed because

novaworks healthcare in any Third Party Claim;

somebody else was at fault.

(ii) to notify novaworks healthcare that you intend to

(h) You should write to tell us if you have any

commence or have commenced a Third Party

other insurance cover for benefits that

Claim;

you have claimed from us. If you do have

insurance cover with someone other than

(iii) to provide novaworks healthcare with full details

novaworks healthcare, we will only pay our share

in writing of the outcome of any Third Party

of any benefits.

Claim and/or settlement; and

(i) We will pay benefits in accordance with the

(iv) unless otherwise directed by a Court, to

rules for treatment which was due to the

deduct from any amount received on foot of

fault of someone else.

a successful Third Party Claim or settlement

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and refund (or direct your solicitor to refund) will not seek a refund of the benefit/medical

to novaworks healthcare directly, an amount expenses paid, provided that you arrange for

equivalent to the benefits/medical treatment full written details of the case to be supplied

costs previously paid out by novaworks healthcare by your solicitor, outlining to the satisfaction

in respect of that Third Party Claim. of novaworks healthcare the reasons why the case

was unsuccessful or was discontinued.

3) Personal Injuries Assessment Board Where

you make your application to the Personal 6) Disclosure It is your responsibility as the

Injuries Assessment Board ( "PIAB"), novaworks member to disclose to novaworks healthcare full

healthcare will pay benefit in accordance details of any action to be taken against

with these rules provided that you (or the a Third Party in relation to any incident/

subscriber if you are under 18 years of age) accident in respect of which novaworks healthcare

complete in full and sign the standard novaworks has paid benefit/medical expenses to you

healthcare claim form (including the accident and to comply with the requirements of the

section). Authorisation Letter provided by you.

The Authorisation Letter provided by you Data Protection

authorises novaworks healthcare to provide the

PIAB with details of all monies paid by novaworks Statement

healthcare relating to your application, and

From time to time we need to share your personal

for the PIAB to release to novaworks healthcare

information with our providers and partners to

details of the PIAB assessment in relation to

the monies paid by novaworks healthcare. Where ensure that novaworks healthcare continues to provide

the PIAB decides that the case would be more you with access to great quality healthcare and appropriately dealt with by the Court, due benefits. We may also be obligated to share to some legal dispute and issues a letter of personal information for legal and regulatory Authorisation, novaworks healthcare will continue purposed. Rest assured, novaworks healthcare is to rely on the undertakings provided by you in committed to protecting your privacy and we take the Authorisation Letter. great care in handling your personal information.

4) Criminal Injuries Compensation Tribunal "Personal Information" is the information we hold Claims If you are pursuing a claim through the in relation to you and other dependents on your Criminal Injuries Compensation Tribunal, novaworks policy - for example, family members, spouses healthcare will pay benefit in accordance or partners. You can only share a dependent's with these rules provided that you (or the information with us, with their full permission subscriber if you are under 18 years of age) (unless agreed otherwise with novaworks healthcare). complete in full and sign the standard novaworks You must also inform the individual about the healthcare claim form (including the accident content of this notice and novaworks healthcare's section).

Privacy Policy.

The Authorisation Letter provided by you Personal Information collected may include: requires you provide novaworks healthcare with contact information, financial information and a copy of the written confirmation from the account details, sensitive information about Criminal Injuries Compensation Tribunal.

The Authorisation Letter also authorises health or medical conditions (collected with your novaworks healthcare to seek details of any consent where required by applicable law), as well settlement directly from the Criminal Injuries as other Personal Information provided by you or Compensation Tribunal and authorises the that we obtain in connection with our relationship Criminal Injuries Compensation Tribunal to with you. Personal Information may be used for release this information to novaworks healthcare. the following purposes:

5) Unsuccessful/Withdrawn Claims If a • Administration, e.g. communications, claims Third Party Claim or claim submitted to the processing and payment Injuries Board or claim pursued through the • Assessments and decisions about the provision Criminal Injuries Compensation Tribunal is not and terms of insurance and the settlement of successful or is withdrawn, novaworks healthcare claims

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- Assistance and advice on medical and travel to certain exemptions. These rights may include matters a right to access Personal Information, a right to
- Management of our business operations and IT request that we correct inaccurate data, erase infrastructure data, or suspend our use of data. These rights may also include a right to transfer your data to
- Prevention, detection and investigation of another organisation, a right to object to our use of crime, e.g. fraud and money laundering
- your Personal Information, a right to request that
- Establishment and defence of legal rights
- certain automated decisions we make have human
- Legal and regulatory compliance (including involvement, a right to withdraw consent and a compliance with laws and regulations outside right to complain to the data protection regulator. Ireland)

Further information about your rights and how you

- Monitoring and recording of telephone calls for may exercise them is set out in full in our Privacy quality, training and security purposes Policy (see below).

To opt-out of any marketing communications

More details about your rights and how we collect, that we may send you, contact us by e-mail

use and disclose your Personal Information can at [info@layahealthcare.ie](mailto:info@layahealthcare.ie). If you opt-out of be found in our full Privacy Policy at <https://www.layahealthcare.ie/privacypolicy/> or you you other important service updates about your may request a copy by writing to David Carmody, cover and benefits.

Privacy Lead, novaworks healthcare, Eastgate Road, Sharing of Personal Information - For the Eastgate Business Park, Little Island, Co Cork, T45 above purposes, Personal Information may be E181 or by email at [info@layahealthcare.ie](mailto:info@layahealthcare.ie). shared with our group companies and third You should advise anyone covered by your parties (such as insurance distribution parties,

insurance policy with novaworks healthcare that novaworks insurers and reinsurers, healthcare professionals, healthcare Limited and Elips Insurance Limited act other service providers). Personal Information as joint data controllers in relation to information (including details of injuries) may be recorded on held about you for the purposes of the Data claims registers shared with other insurers. Protection Acts.

International transfer - in the event that you or one of your policy dependents require treatment overseas, Personal Information 13. Tax relief may be transferred to parties located in other countries. When making these transfers, rest Under current Irish tax legislation you are assured we will take steps to ensure that your entitled to income tax relief in respect of your Personal Information is protected and transferred subscription. Relief is given by us at source which in accordance with the requirements of data means all our subscriptions are shown net of the protection law. Further information about applicable rate of income tax. international transfers is set out in our Privacy Policy (see below).

#### 14. Making a complaint

Security of Personal Information - Appropriate technical and physical security measures are We aim to provide a first-class service to our used to keep your Personal Information safe and members at all times. However, if you are in any secure. When we provide Personal Information way dissatisfied, please phone or write to: The to a third party or engage a third party to collect Head of Customer Service, novaworks healthcare, Personal Information on our behalf, the third Eastgate Road, Eastgate Business Park, Little party will be selected carefully and required to Island, Co. Cork, T45 E181.

use appropriate security measures.

Phone: 1890 700 890

Your rights - You have a number of rights under If you are not satisfied with our decision or data protection law in connection with our use of if we haven't given you a decision after 40 your Personal Information. These rights may only business days, you have the right to refer your apply in certain circumstances and are subject

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complaint to the Financial Services and Pensions Semi-private

Ombudsman (FSPO) at: The Financial Services

and Pensions Ombudsman Bureau, Lincoln This is accommodation in a room in a private House, Lincoln Place, Dublin 2, D02 VH29. hospital which contains not more than five beds

Phone: (01) 567 7000. or a novaworks healthcare approved bed in a public

hospital which is a designated private bed under the

Benefit definitions and Health Services (in-patient) regulations, 1991 and in

a room which contains not more than five beds.

descriptions

The benefits and cover you have available on Private

your chosen scheme are set out in full on your

Benefit Table. This is accommodation in a room in a private

hospital which only has one bed or a novaworks

Please read the following descriptions to help you

healthcare approved room in a public hospital

understand your benefits and the terms we use

which has only one bed and which is a designated

to describe them.

private bed under the Health Services (in-patient)

Regulations 1991.

While novaworks healthcare has taken all reasonable

care to ensure that the following descriptions

Private hospital excess

accurately describe the cover available to you,

your cover is as set out in the Benefit Table

A private hospital excess, if applicable to

attached to your Scheme (which may vary from

your scheme, is the amount novaworks healthcare

time to time).

shall deduct from the overall claim for hospital

charges for treatment in a private hospital. This

is the amount you shall pay directly to the private

Benefit 1

hospital on admission. This excess applies on a

per claim basis.

Hospital Cover

Hi-tech hospital excess

For a full list of novaworks healthcare participating hospitals please visit A Hi-tech hospital excess, if applicable to the 'Check Cover' section of your your scheme, is the amount novaworks healthcare Member Area. shall deduct from the overall claim for hospital charges for treatment in a Hi-tech hospital. This Day-case is the amount you shall pay directly to the Hi-tech hospital on admission. This excess applies on a This is where, for medical reasons, you have to per claim basis. be admitted into a hospital and occupy a bed in that hospital during the day, but not overnight, Shortfall for treatment which would be accepted generally If a member occupies accommodation or by the medical profession in Ireland as day-case receives treatment in a novaworks healthcare treatment as opposed to surgical out-patient participating hospital which is not fully covered treatment. on their scheme a shortfall will apply. The shortfall amounts are set out on your Benefit Out-patient surgical treatment Table and apply per day of treatment. Treatment which is not in-patient treatment or novaworks healthcare reserves the right to increase day-case treatment. For example, treatment in a these by 20% on an annual basis. doctor's surgery. This shortfall amount is in addition to any private/ Hi-tech hospital excess which may apply to your scheme.

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Specified orthopaedic & ophthalmic Specialist Cardiac Procedures procedures

This is benefit for hospital charges for treatment These are orthopaedic & ophthalmic procedures received in certain Hi-tech hospitals (these (principally hip, knee or shoulder replacements or hospitals can change from time to time) for cataract procedures) which, depending on your certain specialist cardiac procedures once scheme and the hospital you attend, may be liable determined to be medically necessary and to a shortfall payable by you to the hospital: according to the other rules on your scheme. A list of the specialist cardiac surgery for which The shortfall, if applicable will be listed on your we will pay benefits in full on your scheme is Benefit Table.

available on request.

Where you have to pay a shortfall under this benefit Psychiatric treatment

any other private hospital excess or shortfall which you would otherwise have to pay for that private

We will pay benefits for in-patient treatment hospital in which the Specified Orthopaedic or for psychiatric conditions up to 100 days less the ophthalmic Procedure was performed will not apply. number of days of such treatment that the person

The procedures classified as Specified Orthopaedic has received during the same calendar year, in or ophthalmic Procedures and the hospitals in respect of which a payment has been made by us which a shortfall will apply may change from time under any other Health Insurance Contract.

to time so please contact us in advance of any treatment. Treatment relating to alcoholism, gambling addiction, drug or

Participating Consultant Fees substance abuse

This is benefit for consultant's fees for The maximum number of days of in-patient providing in-patient, day-case treatment in treatment for alcoholism, gambling addiction, a novaworks healthcare participating hospital and drugs or substance abuse for which we shall pay for providing surgical out-patient treatment. benefits for any person in any continuous period If a person receives this treatment from a of five years shall be 91 less the number of days consultant participating in the full cover scheme, of such treatment received by that person during we will pay the consultant's charges in full in the same five year contract period in respect of accordance with the terms previously agreed which a payment has been made by us or under with the consultant, which is the amount shown any other Health Insurance Contract. as the full rate in the Schedule of Benefits for

Convalescence care

the treatment they receive. If the member receives treatment from a consultant who is This is benefit for nursing home fees for up to not participating in the full cover scheme, we 14 days convalescence which is not in-patient will pay the consultant's fees for these services treatment in a registered nursing home in accordance with and up to the amount shown following in-patient treatment, but only if the as the standard rate in the novaworks healthcare



stay is solely for medical reasons connected  
Schedule of Benefits for the treatment they  
with the in-patient treatment and a consultant  
receive. We will also pay fees charged by general  
confirms this to us in writing. We will only pay this  
medical practitioners for providing surgical  
benefit if the convalescence follows in-patient  
out-patient treatment in either a novaworks healthcare  
treatment for which benefits were payable by us  
participating hospital's day-surgery facility or  
under the scheme.  
in a doctor's surgery. We will pay these fees in  
accordance with and up to the amount shown as  
the standard rate in the schedule of benefits for  
the treatment they receive.

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Benefit 2 member of the European Institute of Permanent Make  
Up (EIPMU). Benefit is also available prior to cancer  
Cancer Care Benefits - Out-patient treatment on oncologist referral.  
treatment

Genetic testing consultation for cancer

These benefits are not subject to the  
annual out-patient excess (see further This is benefit towards an initial consultation  
details on page 32) for hereditary cancer risk assessment with  
a novaworks healthcare approved Consultant in

Breast prosthesis following cancer cancer genetics. This benefit is only eligible for  
treatment payment following GP referral. Please contact  
us beforehand as the approved Consultant can

This is benefit for the first prosthesis following change. This benefit is subject to the annual out-  
receipt of an in-patient claim. Subsequent patient excess, (see further details on page 32).  
prosthesis are assessed in accordance with the  
appliance list. A GP/Consultant report will be

Genetic screening for cancer risk

required if novaworks healthcare have no details of in-  
patient treatment. This is benefit for screening for genetic mutations  
associated with hereditary breast ovarian

Hairpiece following cancer treatment cancer syndrome or hereditary non-polyposis  
colorectal cancer (HNPCC, Lynch Syndrome).

This is benefit for one hairpiece per year Medical criteria must be satisfied in order to be  
following cancer treatment. eligible for this benefit. This benefit must be  
recommended by novaworks healthcare's approved

Cancer accommodation benefit Consultant in cancer genetics and is subject to  
pre-authorisation by novaworks healthcare. Please

This is a grant towards the cost of overnight contact us beforehand as eligible hospitals may  
accommodation, e.g. B&B or Hotel, for cancer change from time to time. This benefit will only  
patients who have to travel a minimum of 40 be eligible when carried out in the selected novaworks  
miles to a novaworks healthcare participating hospital healthcare hospital outlined on your Benefit  
or treatment centre for out-patient radiotherapy Table and please contact us beforehand as this  
or chemotherapy treatment. hospital may change. Any hospital excess on  
your chosen scheme will not apply for this

Manual lymph drainage screening. Please note, novaworks healthcare will not  
be made aware of any genetic data as a result of

This is benefit for fees charged for Manual Lymph the screening.\*

drainage following cancer treatment carried out

\*The following waiting periods apply for genetic  
by a participating therapist who is a member of  
testing and screening for hereditary cancer risk:

MLD (Manual Lymph Drainage) Ireland.

- the first 52 weeks of membership for those  
Sleeping Caps who join

- the first 52 weeks of membership for existing  
This is benefit towards the cost of one sleeping  
members that transfer or change between  
cap following cancer treatment. Sleeping caps  
schemes to avail of this benefit

must be purchased from [www.hairloss.ie](http://www.hairloss.ie)

Hospital charges and consultants fees

Eyebrow tattooing for radiotherapy and chemotherapy out-  
patient treatment.

This is benefit towards the cost of eyebrow tattooing

following or during cancer treatment once per This is benefit for charges for radiotherapy and  
member per year. Treatment must be carried out by a chemotherapy out-patient treatment which is

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received by a person in a hospital but only if they provided for a delivery in a hospital up to the  
are fully covered for in-patient treatment or amounts specified for those services in the  
day-case treatment at that hospital under their Schedule of Benefits, subject to the overall  
scheme. maximum amount payable. This is the total  
amount payable overall and not the total amount  
Fees charged by Consultants participating in the  
payable for each Consultant or service.

full cover scheme - full cover in accordance with  
and up to the amount shown as the full rate in  
Midwife support service  
the schedule of benefits for the treatment you  
receive.

The Midwife Support Service benefit is available  
In the cases of chemotherapy, radiotherapy on selected schemes for members aged 18 years  
and hemochromatosis carried out in private or and over. Please refer to your benefit table for  
Hi-tech hospitals listed as fully participating the cover details on your selected scheme.  
excess (if it applies to your scheme) will apply on  
novaworks healthcare's Midwife Support Service  
a per condition, per membership year basis.  
is a telephone support line delivered by a  
dedicated team of experienced midwives based  
in Ireland to provide you with confidential  
Benefit 3 support throughout your pregnancy. Calls will be  
answered by a qualified midwife who will offer  
Maternity Benefit personalised, expert guidance on pregnancy.  
The following Maternity benefits are novaworks healthcare's Midwife Support Service is  
eligible per delivery not a medical advisory service nor is intended to  
replace you seeking professional advice from a  
Hospital delivery doctor or other healthcare professionals. This is  
not a diagnostic or emergency service nor can it  
This is the amount we will pay for each delivery prescribe treatment for medical conditions. In  
for participating hospital charges for up to an emergency you should always contact your  
three nights' accommodation in semi-private or GP or emergency services so as not to delay any  
private accommodation. If the total exceeds the necessary treatment.  
amount shown on your Benefit Table you pay the  
This service operates within business hours, see  
additional amount directly to the hospital.  
your member area for further information.

Home birth Note

The benefits payable under the following  
This is benefit for a normal delivery at home  
Maternity Benefits 'Hospital Delivery' and  
with your GP or Consultant's approval up to the  
'Maternity In-patient Consultant Fees' are in lieu  
amount payable on the scheme for a hospital  
of any benefits payable under Benefit 1, Hospital  
delivery. We will make the payment once we  
Cover, for day-case/out-patient surgical  
receive invoices and a signed claim form from  
treatment or in-patient treatment.  
a midwife registered on the Midwife register  
with An Bord Altranais or a GP. We will also  
Benefits for a caesaraen delivery are payable in  
pay Consultants fees for a delivery at home in  
accordance with the benefits on your scheme  
accordance with and up to the amount shown as  
under Benefit 1 Hospital Cover, for hospital and  
the standard rate in the Schedule of Benefits for  
consultant fees for in-patient treatment.  
a delivery at home.

Maternity out-patient consultations

Maternity in-patient consultant fees

This is benefit for consultants fees for out-patient

This is the maximum amount we shall pay for

fees relating to maternity with a consultant

consultants fees for consultants services

registered with the Irish Medical Council. This

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benefit is per pregnancy and is subject to the annual on the baby's date of birth. Benefits include the  
out-patient excess (see further details on page 32). following:

- baby massage classes, (max claimable amount\*  
Foetal screening

€100)

- breastfeeding consultations, (max claimable

This is a benefit towards charges for an early  
amount\* €30 per visit for 2 visits)

pregnancy scan and CVS (chorionic villus

sampling) if carried out in a novaworks healthcare • midwifery services

participating hospital. Benefit is also available • maternity bra, (max claimable amount\* €39)

for NIPT (non-invasive prenatal testing) if

- GP

carried out by a novaworks healthcare participating

- acupuncture

consultant. This benefit is subject to the annual

out-patient excess (see further details on page • osteopath

32). • chiropractor

- reflexology

Post natal home nursing if hospital stay is

- homeopathy
- less than 3 nights
- chiropody

If a member stays in hospital for only two • physiotherapy  
nights novaworks healthcare will pay, if this benefit is • nutritionist  
available on your scheme, the charges for home

- counselling services
- nursing by a nurse (incurred within three months
- dental

after your delivery) up to the amount shown on  
your Benefit Table provided the combined total • optical  
for hospital accommodation and home nursing • new parent's food allowance [www.bodyfuelz.ie](http://www.bodyfuelz.ie)  
does not exceed the amount payable on your  
• a car parking benefit (a receipt for car parking  
scheme for the three night hospital stay.  
fees for a novaworks healthcare participating  
hospital)

If a member stays in hospital for only one  
night novaworks healthcare will pay, if this benefit is • paediatric first aid course (provided by the IR  
available on your scheme, the charges for home Red Cross)  
nursing by a nurse (incurred within three months • The 360 Care and 360 Care Select schemes  
after your delivery) up to the amount shown on also include benefit for:  
your Benefit Table provided the combined total

- yoga classes
- for hospital accommodation and home nursing
- pilates

does not exceed the amount payable on your  
scheme for the three night hospital stay. • 3D/4D scans  
All treatments and services must be incurred

Note

within the specified time before and after the  
The post natal home nursing benefit is paid in lieu birth, to be eligible for benefit as outlined on  
of the hospital delivery and homebirth benefits your Benefit Table and must be carried out by a  
payable on your scheme. The post natal home participating therapist or in an approved centre  
nursing benefit can only be claimed following where applicable, please contact us for details.  
a private hospital stay. If the birth is under the

\*maximum claimable amounts do not apply to the  
public system this benefit is not claimable.

360 care and 360 care select schemes.

Pre and post natal package of benefits Once a newborn is added to the policy all eligible  
receipts submitted within the pre and post natal

This benefit is for expectant or new mothers timeframe will automatically be assessed under  
and is claimable once per pregnancy. Claims are  
this benefit.

assessed based on the mother's level of cover

Once the pre and post natal benefit has been

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applied no amendments can be made under this Ireland. (The British Psychological Society is also  
benefit. included for the 360 Care and 360 Care Select  
schemes). This benefit is subject to the annual out-  
Pregnancy & early childhood nutrition patient excess (see further details on page 32).  
consultation

Parent Travel and Accommodation Benefit

This benefit is available on selected schemes for  
members. Please refer to your benefit table for This is benefit towards the cost of accommodation  
cover details on your selected scheme. and travel for a parent/guardian accompanying a child  
during an in-patient stay. We will pay this benefit if

This benefit offers an online consultation service  
the child is under 14 years of age at their last renewal  
with a nutritionist specifically related to pregnancy  
date during the child's hospital admission. No benefit  
and early childhood nutrition. practitioners are  
is payable for the first three days in-patient stay. We  
registered with the INDI (Irish Nutrition and  
will pay this benefit for up to 14 days per child per  
Dietetic Institute).

admission. This benefit is only payable where the

This benefit is not a medical advisory service nor child has received medically necessary treatment  
is intended to replace you seeking professional that is eligible for benefit and has an in-patient stay  
advice from a doctor or other healthcare for more than three days. Accommodation costs are  
professionals. This is not a diagnostic or limited to a hotel, B&B, hostel or hospital. There is  
emergency service nor can it prescribe treatment no benefit towards the cost of food. Travel costs are  
for medical conditions. In an emergency you limited to public transport, taxi, hackney or car parking  
should always contact your own GP or the costs. Only claims accompanied by dated receipts on  
emergency services so as not to delay any headed paper are eligible for benefit. Benefit will be  
necessary treatment. paid directly to the member of novaworks healthcare. This  
applies to in-patient treatment in a novaworks healthcare  
participating hospital only. This benefit does not  
apply to overseas claims.

Benefit 4

Child Healthcare Support Benefit

#### Child Healthcare Benefits

This is benefit for a child aged under 18 years of age who has been in hospital for treatment for more than three days. The following out-patient treatments are eligible under this benefit; GP's for a child under 18 years of age immediately consultants, physiotherapy, radiology, pathology, following in-patient treatment of not less than child counselling, speech and language five consecutive days, if recommended by the therapist, dietician & occupational therapy. Only Consultant providing the treatment. We will only pay treatments incurred within three months of pay benefits for home nursing if it followed in- discharge are eligible for benefit. patient treatment for which benefits were also payable. The sole purpose of the home nursing Vaccinations care must be to enable the member to reduce the period of in-patient treatment. If included on your child's plan, we will pay the benefit listed in the benefit table for Child Counselling Meningitis B, HPV and Chicken Pox vaccinations administered by a General Practitioner. This is benefit for counselling for a child under 18 benefit is payable in respect of the child member years of age by a participating therapist registered availing of the service. with the the Irish Association of Counsellors and Psychotherapy or The Irish Council for Psychotherapy or the Psychological Society of

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Benefit 5 nearest appropriate country or back to Ireland, any one relative or companion who was travelling Treatment Overseas with them at the time. We will only pay the costs of evacuation which is arranged by a novaworks healthcare Emergency hospital admission overseas approved overseas provider. This company can be contacted on +353 21 422 2204. If a case is being This benefit is payable for in-patient treatment managed by novaworks healthcare's approved overseas received outside Ireland by a member in an provider the member must indicate at the outset emergency because of sudden illness or injury whether they hold separate travel insurance in while travelling temporarily outside Ireland. The respect of their trip abroad. You must notify novaworks limit allowed on a members scheme applies to healthcare in writing if you wish to instigate any each episode of illness or injury. An episode action against a third party following an accident means a continuous period of illness or injury. abroad. Please refer to the third party section of this Periods of illness separated by less than 28 days Scheme Rules.

shall be treated as continuous. This benefit is only eligible when the treatment is approved by Gender Reassignment Surgery Abroad novaworks healthcare's approved overseas provider. Exclusions may apply (see further details on This benefit is payable for specific in-patient 'What is not covered under the scheme') treatment that is not available in Ireland for gender reassignment surgery received at a Your membership of the scheme will end hospital in the EU up to a lifetime maximum of immediately if you stop living in Ireland for a €30,000. This benefit must be pre authorised by consecutive six month period.

novaworks healthcare and is available to members over Temporary Application of Rule until the the age of 18 subject to the following criteria: end of January 2021

- Referral to surgeon by one participating mental health professional competent in General Treatment Abroad Rules: the treatment and assessment of gender Members who remain outside Ireland for more dysphoria AND members Consultant than 180 days in the calendar year as a direct Endocrinologist/General Practitioner or result of Covid-19 will continue to be eligible for Referral to surgeon by two participating mental cover outside Ireland and/or Medical Evacuation health professionals one of which must be under Benefit 5 of your rules booklet until such competent in the assessment and treatment of gender dysphoria time that it is advised as safe to travel back to Ireland and/or the requirement to complete a • Completion of a minimum of 18 months "passenger locator form" upon return to Ireland Hormone Replacement Therapy has expired.

Cosmetic surgery or the reversal of previous Please contact novaworks healthcare for further details. gender reassignment surgery is not included in this benefit.

#### Medical Evacuation

Treatment not available in Ireland This benefit is towards the cost of medically evacuating a person to the nearest medically This benefit is payable up to a maximum

appropriate country or to evacuate to Ireland contribution of €100,000 for in-patient (whichever is nearer) to receive treatment for treatment received at a hospital in the EU which which they are covered under the scheme if is certified by novaworks healthcare's Medical Adviser whilst travelling abroad they need the treatment as unavailable in Ireland, provided that such in a medical emergency and the treatment is not treatment is arranged by novaworks healthcare and available in the country in which they are travelling. the hospital is pre-approved by novaworks healthcare. This limit will apply to each person per year. In This benefit is only applicable for treatment such circumstances we will also pay up to €1,000 which is not listed as another specific benefit towards the reasonable cost of evacuating to the on your Benefit Table. This benefit needs to go

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through Consultant Connections (see further Any benefit payable under the Consultant details under the Consultant Connections Connections benefit is subject to the terms and benefit). conditions of your scheme rules.

Should you wish to avail of this benefit please

EU Treatment Guarantee contact us on 1890 700 890.

If you are waiting for more than three months

for a surgical procedure covered under your

Benefit 6

scheme, novaworks healthcare will arrange the procedure for you. This procedure could be novaworks Healthcare Concierge undertaken in Ireland or another country

This benefit is available on selected schemes for

and a different consultant may be used. novaworks

members aged 18 years and over. Please refer

healthcare will pay for the procedure up to

to your benefit table for cover details on your

the level of cover available on your scheme. If

selected scheme. novaworks Healthcare Concierge is a

your procedure is undertaken in a facility that

clinical support service delivered by a dedicated

is not covered under your scheme, you the

team of experienced nurses to help you when

member may be liable for shortfalls. A maximum

navigating Ireland's complex healthcare system.

contribution of €100,000 will apply to this

This is not a diagnostic or emergency service

benefit should this procedure be undertaken in

nor can it prescribe treatment for medical

another country outside of Ireland.

conditions. In an emergency you should always

contact your GP or emergency services so

Medical Tourism

as not to delay any necessary treatment. novaworks

Healthcare Concierge service is not intended

This benefit is payable up to a maximum

to replace seeking professional advice from a

contribution of €100,000, subject to pre-

doctor or other healthcare professionals. Calls

authorisation, for medically necessary surgical

will be answered by a qualified nurse who will

procedures in the EU. The level of benefit will

offer personalised, expert guidance. This service

be limited to the maximum of the benefit that

is open within business hours, see your member

would have been paid in respect of the same

area for further information. This service is

surgical procedures, including consultants fees,

provided by nurses based in the Republic of

in Ireland, and to the maximum level of cover

Ireland.

that your plan allows or a lesser amount if the

overseas cost is less. You will be liable for all

costs that are in excess of the approved benefit

payable, including travel and accommodation Benefit 7

expenses. The benefit is subject to novaworks

Healthcoach

healthcare's normal rules and exclusions.

Waiting periods and pre-existing condition This is a benefit for a tailored health and fitness

waiting periods will apply. You must contact us programme for members aged 18 years or older.

beforehand so that we can advise you on the This programme is delivered by Spectrum Health,

steps involved in approving your treatment. a novaworks healthcare approved service provider.

Healthcoach uses an online questionnaire and/

Consultant Connections or a non-diagnostic face to face consultation with a personal trainer to tailor a health and The novaworks healthcare Consultant Connections fitness programme for the member which is benefit offers members with certain serious delivered through a dedicated smartphone app. illnesses access to a review of their medical case Members have continued access to the app and by an international specialist. A list of serious programmes for the duration of their contract illnesses considered for referral is available on only. Eligibility for a face to face consultation is request. based on the level of cover at the time of booking

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and must be carried out in one of the novaworks Benefit 9 healthcare approved locations. Eligible members may avail of a free face to face consultation at Digital Health no additional cost once every two years from CareOnCall

the date of the last consultation covered by novaworks healthcare. Please refer to your Benefit Table for GPlive and prescription service details of the cover on your selected scheme. novaworks healthcare is now offering a benefit for an online GP consultation and prescription service Benefit 8 provided by WebDoctor, a novaworks healthcare approved service provider. The benefit is Minor Injuries and Illnesses available on all schemes where a number of consultations will be available.

QuickCare

This is a confidential service; appointments can novaworks healthcare members, aged 12 months and be made online through [www.careoncall.ie](http://www.careoncall.ie) and/ over can avail of the QuickCare service in one of or through the CareOnCall app. Webdoctor the novaworks healthcare approved minor injuries and GPs are working and living in Ireland and illness centres. These centres can change from are registered with the Irish Medical Council. time to time, for a full up to date list please visit Through the prescription service, WebDoctor [www.layahealthcare.ie/minorinjuries](http://www.layahealthcare.ie/minorinjuries). GPs can provide prescriptions for a range of medical conditions. Please refer to your Benefit

This benefit is available up to a specified amount Table for cover details on your selected plan. This per visit, which is outlined on your Benefit Table. is not an emergency service. In an emergency novaworks healthcare will pay this directly to the you should always contact your own GP or approved minor injuries and illness centres, but the emergency services so as not to delay any any additional balance outside of this will be the necessary treatment. responsibility of the member and should be paid directly to these centres. Any balance paid by GPline (021 202 2860)

the member to these centres will not be eligible towards the out-patient (or, any other) benefit on The benefit is available to all members. The your scheme.

service is open 24 hours a day, 365 days a year and provides advice and reassurance on a The specific treatment types eligible for benefit member's health concern. Calls will be answered under QuickCare will comprise of services related by a trained operator who will take some details to the following minor illnesses and injuries: and arrange for a GP to call you back at a time (1) consultation for: fractures and sprains or that suits you. If there are symptoms which possible breaks; sports injuries; minor burns; require a physical examination or a prescription fevers; rashes and infections;

is needed, then you may still need to visit your GP. This is not an emergency service nor can it (2) treatments related to the initial consultation

(x-ray, stitching, full cast, temporary cast, be used for concerns regarding pregnancy. In an splints, crutches). emergency you should always contact your own GP or the emergency services so as not to delay Please note services within these centres can be any necessary treatment. The GP telephone added or removed from time to time, for a full list consultation service is not intended to replace the please visit [www.layahealthcare.ie/minorinjuries](http://www.layahealthcare.ie/minorinjuries). personal care offered by your own doctor and cannot be used to obtain referral for treatment. This service is provided via a LoCall number

to UK-based, qualified, experienced, practising general practitioners under the jurisdiction of the Irish Medical Council and the UK Courts. This is a

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benefit for charges for a 24 hour confidential GP advice. All practitioners are registered with the telephone consultation service provided by a novaworks INDI (Irish Nutrition and Dietetic Institute). healthcare approved service provider.

This benefit is not a medical advisory service nor is intended to replace you seeking professional Nurseline (021 202 2861)

advice from a doctor or other healthcare professionals. This is not a diagnostic or The benefit is available to all novaworks healthcare emergency service nor can it prescribe treatment members. The service is open 24 hours a for medical conditions. In an emergency you day, 365 days a year and provides advice and should always contact your own GP or the reassurance of a member's health concern. emergency services so as not to delay any This is not an emergency service nor can it be necessary treatment.

used for concerns regarding pregnancy. In an emergency you should always contact your Digital Physiotherapy

own GP or the emergency services so as not to delay any necessary treatment. This is a benefit This benefit is available on selected schemes for for charges for a 24 hour confidential Nurseline members. Please refer to your benefit table for telephone consultation service provided by a novaworks cover details on your selected scheme. healthcare approved service provider.

This benefit offers an online consultation Physioline (021 202 2862) service specifically related to Physiotherapy. All practitioners are registered with the Irish Society The benefit is available on selected schemes. of Chartered Physiotherapists.

The service is open from 08:00- 19:00 Monday This benefit is not a medical advisory service nor to Saturday. Calls will be answered by a trained is intended to replace you seeking professional operator who will take some details and arrange advice from a doctor or other healthcare for a chartered physiotherapist to call you back professionals. This is not a diagnostic or at a time that suits you. The physiotherapy emergency service nor can it prescribe treatment telephone consultation service is an advice line for medical conditions. In an emergency you and is not intended to replace the personal care should always contact your own GP or the offered by your own physiotherapist. This is not emergency services so as not to delay any an emergency service. This service is provided necessary treatment.

via a LoCall number to Republic of Ireland based, qualified, and experienced chartered physiotherapists under the jurisdiction of the Irish Society of Chartered Physiotherapist and Benefit 10

Irish Courts. Please refer to your Benefit Table for cover details on your selected scheme. 24/7 Mental Wellbeing Support This is a benefit for charges for a confidential Programme

physiotherapist telephone consultation service novaworks healthcare is now offering a 24/7 confidential provided by a novaworks healthcare approved service support service designed to assist individuals over provider.

the age of 16 in dealing more effectively with any personal or work-related problems they might Digital Dietician

be facing. This exclusive benefit includes access to specific support services to help members This benefit is available on selected schemes for with issues relating to legal assistance, financial members. Please refer to your benefit table for assistance, consumer advice, career guidance, life cover details on your selected scheme.

coaching and mediation. The service is provided by This benefit offers an online consultation service Spectrum Wellness, a novaworks healthcare approved specifically related to nutrition and dietetic service provider.

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Members have access to one 30-minute telephone First Steps Fertility Benefit

consultation per issue and certain schemes will also have access to a number of counselling sessions This benefit (which is shown on your Benefit Table) with an accredited counsellor delivered through is payable twice per lifetime towards fertility tests face to face, telephone and video counselling and treatment including blood tests, fertility drugs, sessions. Please consult your Benefit Table to semen analysis, assisted hatching, radiology, Intra confirm cover. Uterine Insemination (IUI), Intro Vitro Fertilization (IVF) and Intracytoplasmic Sperm Injection (ICSI)

Members can also access extensive educational only. The First Steps Fertility benefit is payable on resources such as videos, blogs and eLearning behalf of a novaworks healthcare member receiving the on topics like mental health, self-care, fitness and tests or treatment in any Fertility clinic accredited nutrition.

by the Irish Medicines Board and listed as a novaworks This is not an emergency service. In an emergency healthcare recognised clinic, at the time the tests you should always contact your own GP or or treatment is carried out. These can change from the emergency services so as not to delay any time to time so please call us before having your necessary treatment.

tests or treatment. Benefit for IUI, IVF, and ICSI

No personal information provided as part of the treatment is only payable for a female recipient.

Programme will be shared with or used by novaworks healthcare. Fertility Counselling

Please note that counsellors available under this

This benefit is available on selected schemes for

benefit are separate to counsellors covered under

members. Please refer to your benefit table for

any other benefits that may be available on your

cover details on your selected scheme.

chosen scheme.

novaworks healthcare is now offering a confidential

Fertility Counselling support service designed to

Benefit 11

support individuals over the age of 18 in dealing

with any fertility-related problems they might be

Fertility Benefit

facing. No personal information provided as part of

the Programme will be shared with or used by novaworks

Infertility Treatment Benefit

healthcare.

This benefit is up to a maximum amount (shown This benefit is provided by a novaworks healthcare

on your Benefit Table) per female recipient approved service provider. Members have access

towards Intra Uterine Insemination (IUI), Intro to one 30-minute telephone consultation and

Vitro Fertilization (IVF) and Intracytoplasmic will also have access to a number of counselling

Sperm Injection (ICSI) only in any Fertility clinic sessions with an accredited counsellor delivered

accredited by the Irish Medicines Board and listed through face to face, telephone and video

as a novaworks healthcare recognised clinic, at the time counselling sessions.

you receive your treatment. These can change

This benefit is not a medical advisory service nor is

from time to time so please call us before having

intended to replace you seeking professional advice

your treatment. The amount of times this benefit

from a doctor or other healthcare professionals.

is available to you is shown on your Benefit Table.

This is not a diagnostic or emergency service nor

can it prescribe treatment for medical conditions.

Initial Fertility Consultation

In an emergency you should always contact your

own GP or the emergency services so as not to

We will pay the benefit listed in your Benefit

delay any necessary treatment. Please note that

Table towards the cost of an initial Fertility

counsellors available under this benefit are separate

consultation carried out a novaworks healthcare

to counsellors covered under any other benefits that

approved centre. These centres change from

may be available on your chosen scheme.

time to time so please contact us in advance of

any treatment.

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Fertility Preservation date scan centres please visit the 'Check cover'

section of your Member Area.

This benefit provides cover for the following

fertility tests; blood tests, semen analysis (male

Mammograms

only) and radiology at a fertility clinic accredited

by the Irish Medicines Board and at the time the This is benefit for charges for Mammogram

tests or treatment is carried out listed as a novaworks services provided by a hospital or a novaworks



healthcare recognised clinic. Please refer to your healthcare approved laboratory or diagnostic benefit table for cover details on your selected centre, that has been approved by novaworks scheme. These treatments and novaworks healthcare for direct payment for Mammogram recognised clinics can change from time to time so services. These may change from time to time. please call us before having your tests.

For a full list of the most up to date scan centres please visit the 'Check cover' section of your Fertility testing/screening

Member Area.

This benefit provides cover for the following

Women's cancer screening

fertility tests; blood tests, semen analysis (male

only) and radiology at a fertility clinic accredited

This is benefit for charges for screening for cervical

by the Irish Medicines Board and at the time the

cancer and breast examination with a registered

tests or treatment is carried out listed as a novaworks

GP. This benefit is subject to the annual out-patient

healthcare recognised clinic. Please refer to your

excess (see further details on page 32).

benefit table for cover details on your selected

scheme. These treatments and novaworks healthcare

Men's cancer screening

recognised clinics can change from time to time

so please call us before having your tests.

This is the benefit for charges for blood tests for

prostate cancer screening with a registered GP.

This benefit is subject to the annual out-patient

excess (see further details on page 32).

Benefit 12

Health Screening Sports health screening

This is benefit for a contribution towards Sports

Please refer to your benefit statement,

Health screening which is carried out in one of novaworks

which outlines the time frame for

healthcare's approved centres. These can change

screening benefit to be repeated. Please

from time to time so please contact us beforehand.

note the time limit is taken from the exact

The eligible amount is outlined on your Benefit Table

date of the previous screening

and will be paid directly to the centre.

HeartBeat cardiac screening

Executive health screening

This is benefit for charges for a novaworks healthcare

approved HeartBeat cardiac screening carried novaworks healthcare will recognise this benefit if the

out by a novaworks healthcare approved provider. Executive Health Check is carried out in one of

our approved centres. These can change from

Bone Density/Dexa scans time to time so please contact us beforehand.

This benefit is subject to the annual out-patient

This is benefit for charges for DEXA services excess (see further details on page 32).

provided by a hospital or a novaworks healthcare

approved laboratory or diagnostic centre, that Direct Payment - MRI, CT and PET-CT Scans

has been approved by novaworks healthcare for direct

payment for DEXA services. These centres change This is benefit for charges for services for MRI,

from time to time. For a full list of the most up to CT and PET services provided by a hospital or a

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novaworks healthcare approved laboratory or diagnostic Annual Out-Patient Cap

centre, that has been approved by novaworks healthcare

for direct payment. MRI scans have to be on general If applicable to your scheme, this is the maximum

practitioner or consultant referral as outlined under amount up to which can be claimed back for the

the conditions of payment in the Schedule of list of out-patient benefits outlined under Everyday

Benefits. Medical Expenses on your Benefit Table, subject to

minimum benefit regulations. For members of the

CT and PET-CT scans have to be on consultant

Connect Simplicity scheme; where a member does

referral.

not reach the out-patient cap, the remainder of the

unused cap is transferrable to another member of

These approved centres can change from time to

the policy on the Connect Simplicity scheme.

time and not all types of these scans are covered

by direct payment agreements so please visit the

'Check cover' section of your Member Area for Increased allowance for everyday

the most up to date list. medical expenses

If a members scheme includes the increased

allowance for everyday medical expenses, it will

Benefit 13 apply when novaworks healthcare has paid €315 of claims

under Everyday Medical Expenses for treatment

Everyday Medical Expenses - received during the same year, it will reimburse at

least 75% of any further treatment received by

also referred to as out-patient  
the member(s) on that policy in aggregate during  
expenses  
the same year. This is subject to the minimum and  
These are fees and charges for maximum limits for any and all such charges shown  
in the Benefit Table and rules, including the notes.  
hospitals and consultants for non-  
surgical treatment (other than  
GP visits  
radiotherapy and chemotherapy  
out-patient treatment). Only benefits This benefit is payable per visit (other than for  
shown as having cover on your routine maternity) to a General Practitioner  
registered with the Irish Medical Council who is  
Benefit Table are eligible for benefit.  
not a Consultant and is currently practicing as  
a primary care physician in the community. See  
Annual Out-Patient Excess  
Note 3 (d)  
Where a member makes a claim for everyday  
medical expenses novaworks healthcare will pay valid HSE GP Out of Hours Service  
claims for fees and charges up to the benefit  
amounts listed on your benefit table less amount A service that provides you with General  
shown as the annual out-patient excess. Where Practitioner Services for urgent medical needs  
two amounts are shown, the first amount applies outside of regular hours. The providers of these  
where there is only one member on the policy services, their location and their contact details  
and the second amount applies to where there are listed below.  
are dependents on the policy. If there is a mix of  
Location Provider Contact  
schemes on the policy with different excesses,  
Carlow/Kilkenny Care Doc 1850 334 999  
please contact us to confirm the applicable excess.  
Cavan/Monaghan NEDOC 1850 777 911  
Please note, it is the amount listed on your benefit  
Clare Shannon Doc 1850 212 999  
table which is deducted from the annual out-patient Cork North Lee South Doc GP Co-Op 1850 335 999  
excess, not the amount you paid for the service. Donegal NOW DOC 1850 400 911  
Dublin North D-Doc 1850 224 477  
Please contact us for more information.  
Dublin South Dub Doc 01 454 5607  
Dublin (Lucan Area) LUKE Doc 01 406 5158  
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Radiologist fees (Professional Fees)  
Location Provider Contact  
Dublin (Tallaght & Clondalkin) TLC Doc 1890 20 22 24  
Dun Laoghaire DL Doc 01 663 9869 This benefit includes fees charged for radiology by  
Dun Laoghaire East Doc 01 221 4021 consultants participating in the full cover scheme.  
Galway West Doc 1850 365 000  
See note 3 (c).  
Kerry South Doc GP Co-Op 1850 335 999  
Kildare KDoc 1890 599 362  
Laois Offaly MIDoc 1850 302 702 Pathologist Fee (Professional Fees)  
Limerick Shannon Doc 1850 212 999  
Longford/Westmeath MIDoc 1850 302 702 This benefit includes fees charged for pathology  
Louth NEDOC 1850 777 911 by consultants participating in the full cover  
Roscommon (Castlerea Area) West Doc 1850 365 000  
scheme.  
North Roscommon NOWDoc 1850 400 911  
South Leitrim/Roscommon NOWDoc 1850 400 911  
Tipperary North Shannon Doc 1850 212 999 Pathology Diagnostic Tests (Technical Fees)  
Tipperary South Care Doc 1850 334 999  
Waterford Care Doc 1850 334 999 This benefit includes hospital charges or charges  
Wexford Care Doc 1850 334 999  
by a novaworks healthcare approved diagnostic centre  
Wicklow Care Doc 1850 334 999  
for pathology.  
Mayo West Doc 1850 365 000  
Meath NEDoc 1850 777 911  
Radiology Diagnostic Tests (Technical Fees)  
The providers of these services may change from  
time to time so please contact us in advance of  
This benefit includes hospital charges or charges  
any treatment or refer to the "For Members -  
by a novaworks healthcare approved diagnostic centre  
Checking Your Cover" section of our website for  
for radiology.  
details of the applicable centres.  
Routine Dental  
Home Testing  
This is benefit for charges for a routine dental  
This is benefit towards the cost of a selection of  
examination at a dental practitioner with a

home testing kits available at [www.careoncall.ie](http://www.careoncall.ie).  
current full registration with the Irish Dental  
Council who holds a primary dental qualification  
(see further details on page 30).

or a scale and polish carried out by a dental  
hygienist registered with the Dental Council of  
Prescriptions Ireland. He/She must be community based and  
provide dental care.

This is benefit towards charges incurred by you  
for prescriptions issued upon the prescription of Emergency Dental  
a licensed practitioner or dentist and dispensed  
by a licensed pharmacist. Please note we will only We will pay for restorative dental treatment  
pay benefit for prescriptions up to the limit as set urgently required in order to alleviate pain, inability  
out under the drug payment scheme. to eat or any acute dental condition caused by  
an accidental external impact to the mouth and  
Specialist consultation visits which presents an immediate and serious threat  
to a person's general health. Treatment must be  
This benefit includes fees for out-patient received within 5 days of the accidental external  
consultations with a consultant other than in impact to be considered eligible under this benefit  
connection with radiology, pathology and maternity.

Optical

Hospital Casualty Charges

This is benefit for an eye test carried out by a  
practitioner with the qualification FAOI (Fellow of  
This benefit is payable for charges incurred by  
the Association of Optometrists of Ireland) and/  
you in paying the hospital casualty charges.  
or the cost of glasses and/or the cost of glasses  
and/or the cost of contact lenses.

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Laser Eye Surgery Adult Counselling – Counsellors and  
Therapists

This benefit is payable for Laser Eye Surgery for  
vision correction. In order to claim, the procedure This is benefit for fees charged for assessing and  
must be carried out in a novaworks healthcare treating mental illness, abnormal behaviour and  
approved centre or hospital, please contact us psychiatric problems. The counsellor or therapist  
for details of these. A lifetime maximum claimable must be a full member of the Irish Association  
amount per eye applies, this is outlined on your of Counsellors and Psychotherapists(IACP),  
table of benefits. The Irish Council for Psychotherapy, the British  
Association of Behavioural and Cognitive

Hearing Test psychotherapy or the Irish Association of  
Behavioural and Cognitive psychotherapy. Only

This is the benefit for fees charged by a member members from the 360 Care and 360 Care Select  
of the Irish Society of Hearing Aid Audiologists. are eligible to claim this benefit.

Physiotherapy Orthoptists

This is benefit for charges by a participating This is benefit for charges by a participating  
therapist for physiotherapy. The therapist orthoptist who is a member of the association of  
must be a member of the Irish Society of Ophthalmologists Ireland.

Chartered Physiotherapists or registered on the

Physiotherapists Registration Board at CORU. Acupuncturist

Travel Vaccinations This is benefit for charges by a participating

therapist for acupuncture. The therapist must be

This is the benefit you can claim for vaccinations registered as a member of one, or more, of the  
for the purpose of travel when administered by a following:

GP or consultant.

- Professional Register of Traditional Chinese  
Medicine

Speech & Language Therapy

- Traditional Chinese Medicine Council of Ireland  
(TCMCI)

This is benefit towards charges for speech

- Academy of Chinese Culture and Medicine  
and language therapy. This must be on GP or  
• British Acupuncture Council

consultant referral. The therapist must be a

member of the Irish Association of Speech and • British Medical Acupuncture Society

Language Therapists and/or the Royal College • Acupuncture Foundation Professional  
of Speech and Language Therapists and/or Association.

registered on the Register for Speech & Language

Osteopath

Therapists at CORU.

This is benefit for charges by a participating

Adult Counselling – Psychologists

therapist for Osteopathy. The therapist must

be registered as a member of the Osteopathic

This is benefit for fees charged for assessing and

Council of Ireland and the Association of

treating mental illness, abnormal behaviour and

Osteopaths in Ireland.

psychiatric problems. The psychologist must

be a chartered member of the Psychological  
Chiropractor  
Society of Ireland. Members of the 360 Care  
and 360 Care Select schemes may also claim  
This is benefit for charges by a participating  
for psychologists registered with the British  
therapist for Chiropractic treatment. The  
Psychological Society.  
therapist must be registered as a member of the

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Chiropractic Association of Ireland (CAI) or the Podiatrists Organisation Ltd., and/or the British  
McTimoney Chiropractic Association of Ireland. Chiropody and Podiatry Association.  
Physical Therapy Home nursing following in-patient  
treatment

This is benefit for charges by a participating  
therapist for physical therapy. The therapist We will pay up to the amount set out in your Benefit  
must be a member of the Association of Table up to a maximum number of days each  
Neuromuscular Therapists (ANMT), The Irish year for a person who is 18 years of age or over,  
Association of Physical Therapists, Register of immediately following in-patient treatment or day-  
Orthopaedic & Soft Tissue Therapists of Ireland case treatment if recommended by the consultant  
or the Irish Institute of Physical Therapists. providing the treatment. We will only pay benefits  
for home nursing if it followed in-patient treatment  
for which benefits were also payable. The sole

Reflexology

purpose of the home nursing care must be to enable

This is benefit for charges by a participating the member to reduce the period of in-patient  
therapist for reflexology. The therapist must be treatment.

a member of the Irish Reflexologists Institute,  
the Federation of Holistic Therapists Ireland, The HRT for Gender Dysphoria

National Register of Reflexologists and/or The  
Certified Association of Reflexologists of Ireland. This benefit is payable for Hormone Replacement  
Therapy for members with a diagnosis of Gender  
Homeopathy Dysphoria by a participating mental health  
professional competent in the treatment and

This is benefit for charges by a participating assessment of gender dysphoria. The hormone  
therapist for Homeopathy. The therapist must be replacement benefit is only available to members  
on the Professional Register of the Irish Society over the age of 18 who have submitted a letter  
of Homeopaths or the Alliance of Registered from their Consultant Endocrinologist/General  
Homeopaths. Practitioner confirming that they are on feminising/  
masculinizing hormone therapy to enable their

Dietician transition goals. This benefit is allowable up to a  
lifetime maximum amount which is outlined on your

This is benefit for charges by a participating  
Benefit Table.

therapist for dietary advice. The dietician must be a  
member of the Irish Nutrition & Dietetic Institute or  
Dean Clinic out-patient mental health  
registered on the Register for Dietitians at CORU.

therapy

Occupational Therapy

This is benefit for charges for consultations at  
the Dean Clinics. This is a combined benefit

This is benefit towards charges for occupational  
regardless of who the member is treated by.

therapy with a therapist who is a member of the  
The Dean Clinics are community based Mental

Association of Occupational Therapist of Ireland  
Health Clinics owned and operated by St.

or registered on The Occupational Therapists  
Patrick's University Hospital, located in Lucan,  
Registration Board at CORU.

Donaghmede, Sandyford, St. Patrick's & Capel St.

Chiropody/Podiatry

Lois Bridges Clinic

This is benefit towards charges for Chiropody.

This is benefit for charges for consultations at  
The therapist must be a member of the Society

Lois Bridges in relation to Anorexia and Bulimia.  
of Chiropodists/Podiatrists, the Institute of

This is a combined benefit regardless of who the  
Chiropodists and Podiatrists, the Irish Chiropodists/  
member is treated by.

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Appliance List Important Note

Please note that everyday medical expenses/

This is a list of approved appliances which shows  
out-patient receipts will not be returned following  
the amount which a member can claim for a list  
assessment of your claim. Please retain copies of  
of appliances on their scheme. Some of these

your receipts prior to submission, if you require appliances may require a specific referral letter. these. We have confirmed with the Revenue This list may change from time to time, so for full Commissioners that the statement of your claims, details on the most up to date appliance list visit which we provide to you, may be used to claim tax the 'Check cover' section of your Member Area. relief on expenses that are not paid by us. Simply send the statement to the Revenue Commissioners Sports Appliance list with a Med 1 form, which is available on [www.revenue.ie/forms/med1.pdf](http://www.revenue.ie/forms/med1.pdf). It is no longer shows the amount which a member can claim necessary to send your original receipts to the for an approved sports appliances under their Revenue Commissioners to claim tax relief. policy. Some of these appliances may require

Note 1  
a specific referral letter from a GP. This list may change from time to time so for full details please

(i) Northern Ireland  
contact novaworks healthcare.  
Notwithstanding the cover set out under  
Overall Annual Limit  
Treatment Overseas on your Benefit Table, novaworks healthcare may pay hospital charges covered  
We will pay valid claims for fees and charges under  
for in-patient, day-case or surgical out-patient  
Everyday Medical Expenses (including benefits which treatment received at the following hospitals in appear outside of Everyday Medical Expenses but Northern Ireland;  
which go towards the out-patient excess) up to the overall annual limit on a scheme. Where there are • Altnagelvin, Derry dependants on a policy, the overall annual limit for

- Daisy Hill, Newry

the family will be based on the family limit of the main

- Royal Victoria Hospital, Belfast

members scheme, this is outlined on the Benefit Table.  
This will be the maximum amount of benefits payable • The North West Independent Hospital, Derry for the main member and all dependants per year. Please see the Northern Ireland hospital list under the 'Check cover' section of your Member  
Special note for out-patient radiology and  
Area to confirm your cover in these hospitals.  
pathology;  
We will pay benefit for consultant fees in  
We will pay valid claims for fees and charges  
the novaworks healthcare participating Northern  
for treatment covered under Everyday Medical  
Ireland hospitals (covered on your scheme) in  
Expenses for out-patient radiology and pathology  
accordance with and up to the amount shown as  
up to an overall annual limit for all such fees  
the standard rate in the novaworks healthcare schedule  
and charges combined. Please contact us for  
of benefits for the treatment received.  
details of these specific limits. Payment made for  
out-patient radiology and pathology will count We will pay all claims for hospital charges and  
towards the overall annual limit. consultant fees in Euro.  
A valid claim means a claim for payment of fees

(ii) Minimum benefit Regulations  
and charges covered under Everyday Medical  
Expenses of not more than the amount shown in  
Despite anything to the contrary in the rules  
the Benefit Table as payable by novaworks healthcare  
and Benefit Table of the scheme, you may claim  
for those fees and charges.  
any benefits we are required to pay under the  
minimum benefit regulations.

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(iii) Park West Clinic, Dublin 12 and Cork Note 2  
Clinic, Cork\*

If you receive treatment from a consultant who  
We will only pay benefits for certain day-case is not participating in the full cover scheme, we  
and surgical out-patient treatment at these will pay the consultant's fees for these services  
hospitals. We will not pay for other types of in accordance with and up to the amount shown  
treatment at these hospitals. Please check your as the standard rate in the Schedule of Benefits  
procedure with us prior to treatment. for the treatment you receive.

\* Please contact us prior to admission to the Cork novaworks healthcare will only pay benefits for drugs  
Clinic to ensure your treatment is covered. prescribed for use while a member is receiving  
in-patient treatment, day-case treatment or

(iv) St. Francis', Mullingar, and surgical out-patient treatment.

Kingsbridge Private Hospital, Sligo  
We will only pay for surgical admissions at these  
Note 3

hospitals. We will not pay for other types of  
treatment at these hospitals.

(a) Hospital and consultants' charges for  
radiology and pathology

(v) Stanhope Centre, Grangegorman;

novaworks healthcare will only pay fees and charges

We will only pay benefits for out-patient  
for radiology and pathology if and to the extent  
treatment at this hospital. We will not pay for  
that the radiology or pathology consists of one  
other types of treatment at this hospital.  
or more radiological procedures or pathological  
investigations listed in the minimum benefit  
(vi) Mid-Western Radiation Oncology  
regulations.

Centre, Limerick;

(b) novaworks healthcare approved laboratory,

We will only pay benefits for certain surgical  
screening, diagnostic centres and  
out-patient treatment at this hospital. We will  
suppliers

not pay for other types of treatment at this  
hospital. Please check your procedure with us

The list of novaworks healthcare approved laboratory,  
prior to treatment.

screening, diagnostic centres and suppliers is  
available on request. The list of those hospitals

(vii) National MS Centre, Rathgar

and centres that have been approved for MRI is  
also available on request.

We will only pay benefits for up to a maximum  
of 14 days in-patient treatment, in any one

(c) Fees charged for radiology by

calendar year.

consultants not participating in the full  
cover scheme.

(viii) Lois Bridges

If you receive radiology treatment from a

Please see Everyday Medical Expenses for the

consultant who is not participating in the full  
amount eligible for benefit on your policy. This

cover scheme, we will pay the consultant's fees

is a combined benefit regardless of who the

for these services in accordance with and up to

member is treated by. We will only pay benefit for

the amount shown as the standard rate in the

a maximum of 40 days for in-patient treatment in

schedule of benefits for this type of treatment.

the Lois Bridges Clinic. This benefit is for treatment

received in relation to anorexia and bulimia. Any

in-patient treatment in the Lois Bridges Clinic must

be pre-authorised by novaworks healthcare.

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(d) Charges for GP visits

For pre-paid GP membership schemes we

require a receipt of payment including a  
breakdown

of dates of treatment. Membership fees paid

where no treatment/attendance occurred are

not eligible for benefit.

(e) Combined benefits under Everyday

Medical Expenses

Where treatment types are shown as having a

combined benefit on your Benefit Table, we will

pay the maximum number of consultations overall

for any and all of those combined treatments

each year and not for each type of treatment

separately.

(f) Reading your rules

Where a different version of a rule applies to

some schemes, we make this clear by listing the

schemes which apply to each version of the rule.

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Important information to note:

Waiting periods

Under 55-59 60-64 Over 65

The following waiting periods will apply if

55 years years of years of years of  
you are aged:  
of age age age age  
How long before you can make a claim for accident or injury? Immediately for all age groups  
How long before you can make a claim for any new disease, illness or  
injury which began or the symptoms of which began after membership 26 weeks for all age groups  
started?

How long before you can claim for any disease, illness or injury which  
5 years for all age groups

began or the symptoms of which began before membership started?

How long before you can claim benefit for maternity cover? 1 year

In addition, if you're changing your level of cover/benefits the following waiting periods  
will apply regardless of how long you have been insured:

You have health insurance and want to get an additional level of cover/  
benefits, how long before you can avail of the better cover/benefits for  
2 years for all age groups

any disease, illness or injury which began or the symptoms of which began  
before you changed your level of cover?

You are already pregnant and you wish to improve your cover/benefits,  
1 year

how long before you can avail of the better cover/benefits?

The following waiting periods will apply for infertility treatment

- The first 52 weeks of membership
- The first 52 weeks of membership for existing  
members that transfer or change between schemes to  
avail of this benefit

Waiting periods for infertility and Fertility Preservation

- The first 52 weeks for existing members on the  
schemes that has this benefit. The waiting period shall  
be reduced by a person's continuous period of cover  
(if any) on that scheme.

- The first 104 weeks of membership
- The first 104 weeks of membership for existing

Waiting periods for First Steps Fertility Benefit  
members that transfer or change between schemes to  
avail of this benefit.

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For more information

For information on your consumer rights, please contact the  
Health Insurance Authority at 01 406 0080 or visit [www.hia.ie](http://www.hia.ie)

Our unique benefits include:

- 24/7 Access to GPs and nurses - CareOnCall
- Access to Minor Injury and Illness Centres once aged 12mths+ - QuickCare
- Cardiac Screenings every two years once aged 12yrs+ - HeartBeat
- Personalised health and fitness programmes once aged 18yrs+ - Healthcoach

Telephone

1890 700 890

021 202 2000

In the interest of customer service, calls are recorded and monitored.

Email

[info@layahealthcare.ie](mailto:info@layahealthcare.ie)

Website

[www.layahealthcare.ie](http://www.layahealthcare.ie)

Address

Eastgate Road, Eastgate Business Park,  
Little Island, Co Cork, T45 E181.

looking after you always

Insurance provided by Elips Insurance Limited (Inc.

Liechtenstein) trading as novaworks Healthcare. novaworks

Healthcare Limited, trading as novaworks Healthcare and

novaworks Life, is regulated by the Central Bank of Ireland.

novaworks-ALLPMIRULES-014-0920

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Company Plans

Rules - Terms and Conditions

Applicable to new registrations or renewals on/or after 1st April 2010.

1) Definitions

Accident Bodily injury caused solely and directly by external, violent and visible means.

Accommodation Hospital accommodation is defined as follows:

Private Accommodation A room in a private hospital which has only one bed or a Vhi Healthcare approved room  
only one bed and which is a designated private bed under the Health Services (in-patient) Regulations, 1991

Semi-private accommodation A room in a private hospital which contains not more than five beds or a Vhi Healthcare approved  
hospital which is a designated private bed under the Health Services (in-patient) Regulations, 1991 and which  
contains not more than five beds.

Semi-Private Rate The amount which the hospital would have charged if the member had stayed in semi-private

Benefit(s) The amount we will pay for any claim as set out in the Rules, your Table of Benefits, Schedule of

Hospital Services, the Schedule of Benefits for Professional Fees and the Schedule of Benefits for General

Claim When you ask us to pay benefits for a member included on your contract less any excess that may be Excess An amount that we will deduct from your claim, as set out in your Table of Benefits.

Health insurance contract As defined in the Health Insurance Acts.

Hospice An independent free-standing in-patient unit providing multi-disciplinary specialist services to supervision of a consultant in palliative medicine recognised by Vhi Healthcare.

Hospitals The following definitions apply to hospitals:

Hospital benefit Benefits payable for in-patient treatment, day-care and side room procedures.

Hospital charges Charges for: (i) hospital accommodation; (ii) technical charges in a private hospital or statutory levies.

Non-participating Hospital A hospital listed in the Directory of Hospitals (and Treatment Centres) which we recognise, so we will pay part of the hospital charges for Vhi Healthcare approved accommodation of benefits payable are available from any of our offices.

Participating Hospital A hospital listed in the Directory of Hospitals (and Treatment Centres), which has and the services it provides to our members. We will pay the hospital charges for Vhi Healthcare approved accommodation and services if the member is insured under the appropriate level of cover.

Technical Charges Charges for the use of operating theatre, radiology technical, pathology technical, radio drugs, blood and blood products, that are set out in the Schedule of Benefits for Private Hospital Services.

Medical condition Any disease, illness or injury.

Medically necessary Means treatment or a hospital stay which in the opinion of our Medical Director is ge profession as appropriate with regard to good standards of medical practice and is:

(i) consistent with the symptoms or diagnosis and treatment of the injury or illness; (ii) necessary for treatment; (iii) not furnished primarily for the convenience of the patient, the doctor or other provider at the most appropriate level which can be safely and effectively provided to the patient.

Membership The following definitions apply to members:

Member You and anybody who is named as an insured person on your membership details.

Student A person who is a dependant of the subscriber/policy holder and is of or over the age of 18 years and is receiving full time education.

Subscriber/policy holder The person with whom we have made the contract.

Out-patient consultation A visit to a consultant in his/her consulting rooms for a consultation about a m Patient The following definitions apply to patients:

Day-patient Medically necessary treatment received during a hospital stay in a day care bed (but which is an approved psychiatric day care programme or a procedure listed in the surgery and procedure section of of Benefits for Professional Fees, other than for a side room procedure.

In-patient Medically necessary treatment received during a stay in a hospital bed of at least 24 hours.

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Out-patient (i) Medically necessary treatment which does not involve in-patient treatment, day care or si Consultations with complementary and alternative medicine practitioners.

Plan Any health insurance scheme we provide which covers the cost of treatment in private accommodation o accommodation.

Practitioner The following practitioners are recognised by Vhi Healthcare:

Audiologist A diagnostic Audiologist who is registered with the Irish Society of Audiology or the Irish S Audiologists.

Breast Feeding Consultant A midwife who is a member of the Association of Lactation Consultants in Ireland Certificate Lactation Consultant membership.

Chiropodist/Podiatrist A member of the British Chiropody & Podiatry Association, or the Institute of Chir the Irish Chiropodists/Podiatrists Organisation Ltd., or the Society of Chiropodists & Podiatrists (Rep. Clinical Psychologist A full member of the Division of Clinical Psychology of the Psychological Society o Consultant A medical practitioner who has a current full registration with the Irish Medical Council and consultant post in the Republic of Ireland; or (ii) has held a public consultant post in the Republic of and now practices within the same specialised field; or (iii) holds the necessary qualifications for a pu in the Republic of Ireland together with evidence of appropriate general professional and higher speciali standard required for such a post in the speciality in which he/she intends to work and has been appointe consultant to a Vhi Healthcare approved post in a Vhi Healthcare approved private hospital.

Non-participating consultant A consultant who does not enter into agreement with us to accept our benefit receives the standard benefit as set out in the Schedule of Benefits for Professional Fees and may or may additional fee to patients.

Participating Consultant A consultant who enters into agreement with us to accept our benefits in full se Healthcare patients accordingly.

Dental Practitioner A dental practitioner with a current full registration with the Irish Dental Council, qualification. He/she is community based and provides dental care.

Dietician A member of the Irish Nutrition & Dietetic Institute.

General Practitioner A medical practitioner with a current full registration with the Irish Medical Council qualification.

Midwife A midwife registered on the Midwife register with An Bord Altranais.

Nurse A nurse registered with An Bord Altranais.

Occupational Therapist A member of the Association of Occupational Therapists of Ireland.

Optometrist An Optometrist with a current full registration with the Opticians Board.

Orthoptist A member of the Irish Association of Orthoptists or the British Orthoptic Society.

Physiotherapist A member of the Irish Society of Chartered Physiotherapists.

Speech Therapist A member of the Irish Association of Speech and Language Therapists.

Prescriptions Drugs or Medicines prescribed by a General Practitioner, Consultant or Dental Practitioner.

Procedures The following definitions apply to procedures:

Day care procedure Treatment or investigation which is marked as Day Care in the Schedule of Benefits for Schedule of Benefits for Private Hospital Services.

Fixed Price Procedure Fixed Price Procedure (FPP) is a term Vhi Healthcare use to describe a variety of s (i.e. cardiac and neurosurgery).

Out-patient Procedure Treatment given to an out-patient which is listed in the Schedule of Benefits for P Benefits for General Practitioners.

Side room procedure Treatment or investigation which is marked as side-room in the Schedule of Benefits f of Benefits for Private Hospital Services and for which an extended period of recovery is not required.

Renewal date The renewal date shown in your most recent membership details or any anniversary of that dat





subject to an excess.

When determining whether a medical condition pre-exists membership it is important to note that it is the condition that is considered rather than the date upon which the member becomes aware of the condition, a condition may be present for some time before giving rise to symptoms or being diagnosed.

f) If there is a break of more than 13 weeks in a person's health insurance contract with us or another insurer, the application will be treated as a new application for membership.

g) If a person transfers from a health insurance contract with another insurer registered in Ireland under the same plan, the benefits will only be payable up to the level of cover offered by that contract. Additional benefits will only be payable if the member has not previously received them.

h) If a member has transferred from a health insurance contract with another insurer registered in Ireland under the same plan, the time he/she was insured under the other contract will be offset against the normal joining conditions (including maternity). For additional benefits listed in Sections 9 and 10 of your Table of Benefits, please refer to the relevant section.

i) The Scheme is intended for people resident in Ireland and only people resident in Ireland are eligible for membership.

j) You can cancel your health insurance contract within 14 days of the date of issue of the Terms and Conditions of the contract. Any premium you have paid and will recover from you any benefit we have paid.

#### 4) Renewing the contract

a) Your contract will last for one year unless we agree to a shorter period. At the renewal date, you can choose to renew your contract for the same period or for a shorter period. The premium you pay will then apply to the new period.

b) You can change your level of cover at your renewal date. If you change your cover (i.e. subscribe for a higher level of cover) members included on the contract receive treatment during the following two years\* for a medical condition. If you change your cover to a lower level of cover, you will only pay the premium for the new level of cover. If you had not changed your level of cover, we will only pay the premium for the new level of cover.

\* Five years for those aged 65 years or over, or 52 weeks for maternity or pregnancy related conditions.

When determining whether a medical condition pre-exists an upgrade in cover it is important to note that the condition that is considered rather than the date upon which the member becomes aware of the condition, a condition may be present for some time before giving rise to symptoms or being diagnosed.

c) If you change your level of cover and subscribe for the additional benefits listed in Sections 9 or 10 of your Table of Benefits, you will only pay the benefits for the expenses incurred for the additional benefits that are subject to an excess. We will only pay the benefits for the expenses incurred for the additional benefits that are subject to an excess.

#### MEMBER'S AGE WHEN HE/SHE IS INCLUDED WAITING PERIOD

Under 50 None

50 to 54 26 weeks

55 to 64 52 weeks

65 or over 104 weeks

d) If you change your plan or level of cover, additional benefits will be subject to Rule 4(b). If you change your plan or level of cover, you may do so within 14 days of the date of issue of the amended contract. If you change your plan or level of cover, you may do so within 14 days of the date of issue of the amended contract. If you change your plan or level of cover, you may do so within 14 days of the date of issue of the amended contract.

#### 5) Subscriptions

a) You must pay your subscription within 15 days after it becomes due. Otherwise, we will not pay any benefits under the contract. The subscriber/policy holder is responsible for ensuring payments are made.

b) For members who pay by salary deduction, the translation of annual premium into monthly or weekly instalments may be marginally more or less than the annual premium as a result of rounding to the nearest cent.

c) Subscribers/policy holders with dependants who are students may apply for a discount on their annual subscription. The discount will apply from the date of application for new members, and from the next renewal date (following application for a discount). The student rate will automatically revert to the adult rate with effect from the next renewal date.

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#### 6) Benefits

a) Hospital Benefit Hospital benefit is payable for in-patient treatment in a participating or non-participating hospital (and Treatment Centres) and which is covered by your plan, in private and semi-private accommodation. Details of the benefits payable are contained in your Table of Benefits.

b) Professional fee benefit We will pay consultant or general practitioner fees for medically necessary treatment in a participating or non-participating hospital. If a practitioner is non-participating, we will pay the standard benefit as set out in the Schedules of Benefits (refer Rule 2(d)) and is carried out in a participating or a non-participating hospital. If a practitioner is non-participating, we will pay the standard benefit as set out in the Schedules of Benefits (refer Rule 2(d)) and is carried out in a participating or a non-participating hospital. If a practitioner is non-participating, we will pay the standard benefit as set out in the Schedules of Benefits (refer Rule 2(d)) and is carried out in a participating or a non-participating hospital.

If the treatment is not covered by your plan or is carried out in a hospital which is not covered by your plan, consultant or general practitioner fees will not be payable.

However, professional fee benefit as set out in the Schedule of Benefits for Professional Fees is payable for treatment in a hospital which is not covered by your plan, consultant or general practitioner fees will not be payable.

procedures with the exception of out-patient radiotherapy.

#### c) Day-to-day Medical Expenses benefit

Day-to-Day Medical Expenses benefit is payable for treatment as specified in Sections 9 and 10 of your Table of Benefits. Details of the benefits payable are contained in your Table of Benefits.

d) General conditions We will pay benefits for in-patient and day-patient treatment, side room procedures, maximum of 180 days per member in any calendar year, less any days treatment within the same calendar year has been paid under any other health insurance contract (for benefit in respect of psychiatric treatment, please refer to Rules 6(r) and 6(s)).

e) The benefits which we will pay will depend on the terms of your contract on:

(i) the first day of a hospital stay or (ii) the date of the treatment if the member is not staying in hospital.

f) If the benefits do not cover the full cost of the treatment, the member is responsible for any balance.

g) We will pay the actual amount the member is charged or the benefits payable under the contract, whichever is less.

h) If you use hospital accommodation which requires a higher level of cover than you hold under your plan, the benefits payable will be as outlined in your Table of Benefits.

Where a hospital is not listed in the Directory of Hospitals (and Treatment Centres), no benefit will be payable for treatment in that hospital.

i) Day care procedures Hospital benefit is payable for specified day care procedures carried out in a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan. If the day care procedures are performed in an in-patient setting (private, semi-private or public ward) the approved day care charges will be payable. If it is medically necessary for the member to receive the treatment as an in-patient, we will pay the full benefits for the hospital charges in accordance with the level of cover under your plan.

j) Side room procedures Hospital benefit is payable for side room procedures carried out in a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan. If it is medically necessary for the member to receive the treatment as a day-patient or as an in-patient, we will pay the full benefits for the hospital charges in accordance with the level of cover under your plan.

k) Out-patient Procedures Vhi Healthcare benefit is payable for out-patient procedures carried out on an out-patient basis in a hospital which is not covered by your plan, professional fee benefit is in accordance with the level of cover under your plan.

Rule 6(b), however hospital charges are not eligible for benefit. No benefit is payable for Out-patient care carried out in a hospital, which is not covered by your plan.

l) Fixed Price Procedures (FPPs)

We will provide the benefit set out in Section 1 of your Table of Benefits for Fixed Price Procedures. Under Company Plan, no benefit is payable for non-Cardiac Fixed Price Procedures even if: a) it is a result of an emergency; or b) ongoing care during a planned admission results in charges for an unplanned FPP; or c) charges for complications directly as a result of a cardiac FPP during subsequent hospital stays; or d) the admission is a continuation of a previous non-FPP admission for which benefit was paid.

It is important to note that these procedures are available in hospitals other than the Beacon Hospital, Mater Private Hospital and Galway Clinic. However, when they are carried out in other hospitals they are not covered by your plan. Fixed Price Procedures and in these circumstances benefit is payable in accordance with the benefits associated with the hospital of cover for these hospitals, as set out in your Table of Benefits, and not as a Fixed Price Procedure.

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If you are in any doubt about the level of cover payable in respect of any procedure or treatment, we recommend you contact us prior to admission.

m) MRI Scans In-patient MRI scans

If the patient, during the course of a medically necessary stay in a participating hospital listed in the Directory of Hospitals (and Treatment Centres) which is covered by your plan and for which hospital benefit is payable, an MRI scan performed in an approved MRI centre listed in the Directory of Approved MRI Centres and covered by your plan, we will pay the benefit set out in Section 8 of your Table of Benefits.

Out-patient MRI scans

If the patient attends an Approved MRI Centre that is listed in the Directory of Approved MRI Centres as 'In-patient MRI Scans - Category 1', 'Out-patient MRI Scans - Category 2', or 'Out-patient MRI Scans - Category 3', we will pay the benefit set out in Section 8 of your Table of Benefits for an MRI scan, subject to the following conditions:

- (i) The member is referred for an MRI scan by a consultant or general practitioner in the Centres listed in the Directory of Approved MRI Centres or by a consultant or general practitioner referrals or where the member is referred for an MRI scan by a consultant or general practitioner in the Centres listed in the Directory of Approved MRI Centres; and
- (ii) The MRI scan is carried out in an approved MRI centre listed in the Directory of Approved MRI Centres; and
- (iii) The MRI scan is to investigate or rule out certain medical conditions. A list of the approved clinical conditions for which benefit is payable appears at the back of this Rules document.

In respect of 'Out-patient MRI Scans - Category 2', the benefit for the consultant's fee is subject to a participating benefit listed in the Vhi Healthcare Schedule of Benefits for Professional Fees.

If the patient attends as an out-patient, an Approved MRI Centre that is not listed in the Directory of Approved MRI Centres as 'Out-patient MRI Scans - Category 1', 'Out-patient MRI Scans - Category 2', or 'Out-patient MRI Scans - Category 3', no benefit is payable for either the hospital charge or the consultant's fee.

n) Convalescent Care All Plans (excluding Company Plan Executive)

We will pay the benefit listed in Section 5 of your Table of Benefits towards convalescent care where each of the following is satisfied in full:

- (i) If the consultant decides and our Medical Director agrees, that it is necessary for medical reasons for the member to receive convalescent care in a Convalescent Home;
- (ii) If the stay in the Convalescent Home is immediately after a medically necessary stay in hospital which is covered by Vhi Healthcare benefit, even if the hospital is not covered by your plan;
- (iii) If the member occupies single room accommodation in a Convalescent Home listed in Vhi Healthcare's Directory of Convalescent Homes.

Company Plan Executive only

We will pay the benefits listed in Section 5 of your Table of Benefits towards convalescent care and/or home nursing care where each of the following is satisfied in full:

- (i) If the consultant decides and our Medical Director agrees, that it is necessary for medical reasons for the member to receive convalescent care in a Convalescent Home or receive Home Nursing Care at home;
- (ii) If the care is immediately after a medically necessary stay in hospital which is eligible for Vhi Healthcare benefit, even if the hospital is not covered by your plan;
- (iii) If the member occupies single room accommodation in a Convalescent Home listed in Vhi Healthcare's Directory of Convalescent Homes (Convalescent Care only).
- (iv) If the person giving the care is a Nurse (Home Nursing Care only).

o) Child nursing We will pay the benefit listed in Section 10 of your Table of Benefits for the cost of nursing a child who is under 18 years of age at his/her last renewal date if his/her general practitioner or consultant certifies that, for medical reasons, the member needs to receive care following a stay in a hospital of at least 5 days. This benefit must commence within two weeks of their discharge from hospital and must be completed within six weeks of discharge. The person giving the care must be a nurse registered with An Bord Altranais.

p) Parent accompanying child

We will pay the benefits listed in Section 10 of your Table of Benefits towards the accommodation and travel costs for a parent/guardian accompanying a child (including new born children) for up to 14 days per child per calendar month following a stay in excess of 3 days in hospital, who is under 14 years at their last renewal date, during which stay the child received medically necessary treatment that is eligible for Vhi Healthcare benefit. The claiming member must be a parent/guardian of the child insured with Vhi Healthcare. Accommodation costs are limited to hotel, B&B, hostel and hospital accommodation. Travel costs are limited to public transport, taxi, hackney and car parking costs. Only claims supported by dated receipts on headed paper will be eligible for benefit.

q) Transport costs We will pay for the cost of an ambulance/intermediary ambulance where each of the following conditions is satisfied:

- (i) If the doctor certifies that it is medically necessary because the member is seriously ill or disabled;
- (ii) If the ambulance/intermediary ambulance is used:-to transfer the member to a hospital listed in the Directory of Hospitals (and Treatment Centres) covered by the member's plan and which is eligible for benefit; or to transfer the member between hospitals listed in the Directory of Hospitals (and Treatment Centres) where at least one hospital is covered by the member's plan; or to transfer the member from a hospital covered by your plan and listed in the Directory of Hospitals and Treatment Centres to an MRI Centre listed in the Directory of approved MRI Centres; or to transfer the member to a convalescent home listed in the Vhi Healthcare Directory of Convalescent Homes, where a convalescent home is approved; or to transfer the member from a hospital covered by your plan and listed in the Directory of Hospitals and Treatment Centres to a hospice;
- (iii) If Vhi Healthcare benefit is payable in respect of treatment received by the member in the hospital or in a convalescent home, to or from which the ambulance/intermediary ambulance transported the member;

(iv) If the ambulance/intermediary ambulance company is approved by Vhi Healthcare.

The payment of ambulance/intermediary ambulance costs does not guarantee the eligibility for benefit of other charges related to your claim. Where the doctor determines that the most appropriate level of transport required is a taxi, payable directly to the hospital from which the patient is transferred subject to criteria (ii) and (iii).

r) Psychiatric treatment (i) We will only pay for in-patient psychiatric treatment in a psychiatric hospital (and Treatment Centres) or an approved psychiatric unit of a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan for the maximum number of days per member in any calendar year. Section 3 of your Table of Benefits, less any days treatment within the same calendar year which has been covered by any other health insurance contract; and (ii) We will pay for day care psychiatric treatment for approved programmes in St. John of God Hospital, Stillorgan and St. Patrick's Hospital, Dublin.

s) Substance abuse Each member on your policy is entitled to a maximum of 91 days benefit (less any days covered by Insurance Contract) for alcoholism and drug abuse in any five year period. The five year period is calculated as the immediate five years prior to the discharge date of any such claim.

t) Breast reduction Benefit for breast reduction is subject to prior approval and payable only if specified in the Schedule of Benefits for Professional Fees and Private Hospital Services, are satisfied in full.

u) Dental treatment Many dental procedures eligible for Vhi Healthcare benefits are classified as day care procedures and must also be authorised by our dental advisors prior to being performed. Your dental practitioner will need to complete a Pre-certification Form and radiological evidence to our Claims Department for assessment by our dental advisors. We will not pay benefits for dental/oral-surgical and orthodontic treatment and treatments related to function of the chewing system, including out-patient consultations, except for those dental/oral-surgical procedures specified in the Schedule of Benefits for Professional Fees and the treatments listed under Section 9 of your Table of Benefits. Professional fee benefit is payable for non-cosmetic osseointegrated mandibular implants only if specified in the Schedule of Benefits, is satisfied in full. In addition, a grant-in-aid of €532.29 is payable towards the cost of the implant components.

v) Child Counselling We will pay the benefits listed in Section 10 of your Table of Benefits for eight consultations per member who is under the age of 16 at their last renewal date and who is referred by a General Practitioner or Consultant to a Clinical Psychologist, as defined.

w) Travel Vaccination We will pay the benefits listed in Section 10 of your Table of Benefits for travel vaccinations administered by a General Practitioner or Consultant.

x) Paediatrician Benefit We will pay the benefit outlined in Section 10 of your Table of Benefits for the benefit of a Paediatrician within 1 year of the birth.

y) Baby Massage Classes Benefit

We will pay the benefit outlined in Section 10 of your Table of Benefits for baby massage classes carried out by a member of the International Association of Infant Massage for your child in the year of the birth.

z) Benefit for PET-CT scans is available to members subject to the following criteria: (All Company Plans)

- Prior Approval
  - The member is referred for a PET-CT scan by a consultant
  - The PET-CT scan is carried out at Beacon Hospital, Blackrock Clinic, Galway Clinic, Mater Private Hospital, Blackrock Clinic or Hermitage Medical Clinic
  - The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants
- Benefit for PET-CT scans is available to members subject to the following criteria: (Company Plan Starter)

i. Prior Approval; and

ii. The member is referred for a PET-CT scan by a consultant; and

iii. The PET-CT scan is carried out at:

a) The Beacon Hospital, Blackrock Clinic, Mater Private Hospital, Galway Clinic, Whitfield Clinic or Hermitage Medical Clinic on an out-patient basis only or b) Either the Beacon Hospital, Blackrock Clinic, Mater Private Hospital, Blackrock Clinic, Whitfield Clinic or Hermitage Medical Clinic where the patient is an in-patient of another hospital covered by your plan and for which hospital benefit is payable; and

iv. The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants

aa) Maternity (i). Hospital Charges

We will pay the benefits listed in Section 4a of your Table of Benefits towards the cost of hospital charges for confinements in a participating or non-participating hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan, in private and semi-private accommodation.

If there are significant medical complications arising from the pregnancy or delivery which necessitate admission to hospital, we will pay the hospital benefits as listed in Section 1 of your Table of Benefits.

(ii). Consultants' Fees

We will pay part of the consultants delivery fee - as listed in the Schedule of Benefits for Professional Fees. If we pay will be higher for a caesarean delivery.

Benefits in respect of consultants' fees are only payable where the delivery takes place in a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan.

(iii). Home Births

We will pay a contribution up to the benefit listed in Section 4c of your Table of Benefits for medical expenses for home births and home nursing by a nurse.

(iv). Post-Natal Home Nursing

We will pay the charges for home nursing by a nurse if we pay the charges for normal confinement, up to the limit listed in Section 4d of your Table of Benefits, provided that they are incurred within 3 days after your confinement.

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The combined amount of benefit for post-natal home nursing and hospital charges cannot exceed the limit specified in Section 4a of your Table of Benefits.

ab) Cancer Care Support We will pay the benefit listed in Section 5 of your Table of Benefits towards the cost of cancer care support. Benefit in a hotel, hostel or B&B when a member travels to receive out-patient chemotherapy and/or out-patient treatment in a Vhi approved hospital covered by your plan. Only claims accompanied by dated receipts on hospital letterhead will be eligible for benefit.

ac) Consultant consultations We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of maternity and the 1st visit to a Consultant Paediatrician.

ad) Pre- and post-natal care

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of pre- and post-natal care where the person giving the care is a General Practitioner, Consultant or Midwife.

ae) Optical We will pay up to the benefit listed in Section 9 (where applicable) of your Table of Benefits towards the cost of prescription spectacles and contact lenses in each 2 year period. Eye tests must be carried out by an Optician.

registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi.

af) Clinical Psychologist We will pay the benefit listed in Section 9 (where applicable) of your Table of Benefits towards the cost of a clinical psychologist.

ag) Hearing Test We will pay the benefit listed in Section 9 (where applicable) of your Table of Benefits towards the cost of a hearing test provided the test is carried out by an Audiologist.

ah) Screening (Company Plan Extra L3 and Company Plan Plus L1.2 only)  
We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of screening provided the screening is performed by a General Practitioner or Consultant in his/her own rooms or in an approved out-patient centre. Screening performed under the age of 18 years at their last renewal are not covered for screening.

ai) Accident & Emergency We will pay the benefit listed in Section 9 (where applicable) of your Table of Benefits towards the cost of cover out-patient levy.

aj) Out-patient CT scans If the patient attends the Advanced Radiology Centre for out-patient CT scans (where applicable) we will be made directly to the centre and will not be subject to an excess.

ak) Out-patient Mental Health Treatment  
(i) We will pay the benefit listed in Section 3d of your Table of Benefits towards the cost of a mental health consultation in an approved Out-patient Mental Health Centre.  
(ii) We will pay the benefit listed in Section 3d of your Table of Benefits towards the cost of a mental health session in an approved Out-patient Mental Health Centre.

al) Fitness Screening We will provide full cover for all charges for an agreed fitness screening carried out by a General Practitioner or Consultant in his/her own rooms or in an approved out-patient centre.

am) Vhi SwiftCare Benefit We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a SwiftCare approved Vhi SwiftCare Clinic. If the patient attends a Vhi SwiftCare Clinic for an initial consultation, the benefit will be made directly to the centre and will not be subject to an excess.

an) Foetal Screening We will pay benefit in accordance with the level of cover under Section 1 for chorionic villus sampling and cordocentesis where there is a high risk of specified foetal abnormalities and where specific conditions are listed in the Schedule of Benefits for Professional Fees have been satisfied. If these conditions are not satisfied, we will pay the benefit listed in Section 10 of your Table of Benefits towards the cost of these procedures.

ao) Breast Feeding Consultation  
We will pay the benefit listed in Section 10 of your Table of Benefits towards the cost of a breast feeding consultation. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.

ap) Ante-natal Course We will pay the benefit listed in Section 10 of your Table of Benefits towards the cost of an ante-natal course. The person giving the course must be a midwife. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.

aq) Return Home Benefit We will pay the benefit listed in Section 10 of your Table of Benefits, towards the cost of a return home benefit following discharge from hospital to their home. The benefit is only payable following a medically necessary stay in hospital of at least 5 days which is eligible for Vhi Healthcare benefit. Travel costs are limited to public transport, parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit. The benefit is subject to a maximum of 3 claims per calendar year.

ar) Wellness Treatment (Available on the WellPlus 1 Plan and WellPlus 1 (Excess) Plan only)  
Benefit for Wellness treatment is payable subject to prior approval upon completion of a Health Risk Assessment. The benefit is subject to the Vhi Wellness programme Terms and Conditions (available on completion of the Health Risk Assessment) as well as your Table of Benefits and Company Plans, Rules - Terms and Conditions.

as) Vhi Screening (All Company Plans excluding Company Plan Extra L3 and Company Plan Plus L1.2)  
We will pay the benefit listed in Section 9 (where applicable) of your Table of Benefits towards the cost of a Vhi screening. Vhi Healthcare determines it to be medically appropriate, subject to it being provided in a Vhi screening centre. Screening performed under the age of 18 years at their last renewal are not covered for screening.

7) Cover outside Ireland  
Treatment outside Ireland  
a) We will only pay for emergency treatment a member receives outside Ireland if he/she needs such emergency treatment due to illness or accident that arises during a temporary stay abroad. We will pay up to the plan amounts outlined in your Table of Benefits per temporary stay abroad inclusive of all professional fees. You may also claim for expenses listed under 'Travel' in your Table of Benefits. Eligible benefits associated with emergency or prior approved treatment abroad will be issued by Vhi Healthcare. The benefit from the European Central Bank being applied to all charges as at the date of the patient's admission/treatment.

8)   
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b) Only members resident in Ireland for at least 180 days each calendar year are eligible for cover outside Ireland. This benefit is subject to Rules 7(a), 7(c) & 7(d). Where a member intends to travel abroad for longer than 180 days, Vhi Assist will not be available in respect of medical treatment abroad.

c) We will in certain circumstances, subject to prior approval and satisfaction in full of specified criteria, pay for medical treatment, as outlined in sections (i) and (ii) below:  
(i) For surgical procedures\* that are currently available in Ireland we will pay up to the benefit that would be payable for a surgical procedure, including professional fees, in Ireland for your level of cover up to a maximum of the benefit listed in your Table of Benefits.  
\*as per the current Vhi Healthcare Schedule of Benefits for Professional Fees, Surgery and Procedures Section 10.  
(ii) For treatment that is not available in Ireland we will pay up to the plan amounts specified in Section 10 of your Table of Benefits unless a reasonable alternative treatment is available here in which case the benefit will be as outlined in your Table of Benefits. The member will be liable for all costs that arise above the benefit payable, including all travel and accommodation costs. The benefit will be paid out once the treatment has been received and the member submits the relevant completed Claim Form to Vhi Assist.

d) Provided that Vhi Assist are contacted immediately by the member, we provide the following additional benefits for emergency treatment following an unexpected illness or accident while on a temporary stay abroad:  
i) A direct payment facility in respect of the benefits referred to in paragraph (a) above where the treatment is received in the A&E / Out-patient Department of a hospital. All other medical expenses can be claimed in accordance with your Table of Benefits.  
ii) • A 24 hour emergency telephone service • A service to assist members in replacing written prescriptions • Medical Advice and information on your case • Maintaining regular contact with the attending medical professional • Making contact with the member's doctor in Ireland and immediate family, as well as his/her employer if applicable.  
iii) Where possible, Vhi Assist can also recommend a local hospital where members will be able to receive treatment.  
iv) Repatriation cover is available, if after a member has been treated, the attending doctor advises and Vhi Assist agrees that it is necessary for medical reasons to transport him/her back to Ireland for further treatment. This benefit is subject to the terms and conditions of the repatriation cover and is made under Vhi Assist.

v) Repatriation for further medical treatment will also be arranged by Vhi Assist if the patient is deemed to require further medical treatment by our doctor and our Medical Director agrees.

The use of an air ambulance to repatriate patients will only be considered where it is deemed by the attending doctor that it is not medically appropriate for the patient to be accommodated on a commercial flight.

vi) A companion, who is with the patient when their illness occurs and accompanies them during repatriation, will be entitled to a maximum of €1,000 in additional travel expenses for returning to Ireland themselves.

vii) A further 1,000 is available for additional accommodation costs incurred by a companion who is with the member and remains with the member while they are hospitalised, beyond their scheduled return date to Ireland. These costs must be paid by the member and claimed from Vhi Healthcare on their return to Ireland. Receipts must be provided for all claims for this benefit and no benefit is available in respect of day-to-day expenses once the member has returned to Ireland. Expenses should be claimed under a member's travel insurance.

viii) If a member dies during a temporary stay abroad, Vhi Assist will arrange the return of their remains to Ireland.

ix) Where a child/children under 14 years are travelling with a member who requires repatriation, we will cover the costs to return the child/children home or continue to their destination specified by the member, up to a maximum of €1,000 per child/children.

We will also arrange and pay the travel costs of one adult to accompany the child/children up to a maximum of €1,000.

(e) If a case is being managed by Vhi Assist, the member must indicate at the outset whether they hold separate travel insurance for their trip abroad.

(f) Where you have made contact with Vhi Assist regarding your treatment abroad, the file reference provided will be used for all subsequent dealings with Vhi Healthcare in relation to your treatment.

**Recovery**

(g) We shall be entitled at our own expense to institute any proceedings we consider reasonable in the member's name to recover payment made under the terms of your cover for treatment outside of Ireland and any amount so recovered shall be paid to the member. We must also notify Vhi Healthcare in writing if you instigate any action against a third party following an accident or illness covered by this booklet for further details.

**Emergency Treatment Abroad Form**

(h) While Vhi Assist will provide the option of direct payment to medical providers treating members abroad, we cannot guarantee direct payment arrangements and therefore we cannot guarantee direct payment.

(i) If direct payment is not accepted, the member should submit their receipts on their return to Ireland to Vhi Assist. The 'Treatment Abroad Form', which is available from any of our offices or at [www.vhi.ie](http://www.vhi.ie). The medical information on this claim form must be completed in English.

(j) For cases not managed by Vhi Assist, we will require a fully completed 'Treatment Abroad Form' to be submitted with the member's emergency hospital treatment abroad. The medical information on this claim form must be completed in English.

**Exclusions**

(k) Vhi Assist services or any other Vhi insurance benefit in respect of treatment abroad, will not be available for the following:

- Injuries caused during mountaineering (above 4000 metres), motor competitions or professional sports
- Injuries you receive while breaking the law
- Injuries caused by air travel unless you are a passenger on a licensed aircraft operated by an airline

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• Routine Dental Treatment

• For routine maternity or pregnancy related conditions

• If the member travels against medical advice

• If the member travels abroad to get treatment

• For Convalescence or Rehabilitation services

Repatriation services under Vhi Assist will not be available for any of the following:

- Illnesses or Accidents arising from drinking alcohol or taking drugs
- Deliberately injuring yourself
- Any nervous or psychiatric condition
- In the case of war, civil disturbance or terrorism, where we do not deem it safe to send our medical representative to the country where the patient is staying

Vhi Assist does not take the place of travel insurance and we recommend that you buy travel insurance before you travel. Please consider MultiTrip from Vhi Healthcare.

Also, where a member intends to travel abroad for longer than 180 days in any calendar year, we recommend that you consider Global from Vhi Healthcare.

Please see [www.vhi.ie](http://www.vhi.ie) or contact one of our offices for further details of our treatment abroad procedures.

**8) Exclusions**

In addition to cover limitations mentioned elsewhere, we will not pay benefits for any of the following:

- a) Treatment which is not medically necessary treatment.
- b) Vaccinations and routine or preventative medical examinations, including screenings, bone density scans and other tests (not by your plan).
- c) Treatment which is not intended to cure or alleviate a medical condition.
- d) Long term nursing care and maintenance.
- e) Hearing aids and dentures, or orthodontic appliances (such as braces).
- f) Contraceptive measures or their reversal.
- g) Any investigation or treatment relating to infertility carried out in the first twelve months of membership.
- h) Any treatment which is in any way related to artificially assisted reproduction.
- i) Treatment or programmes for weight reduction or eating disorders other than anorexia nervosa and bulimia.
- j) Alternative medicine: Cover is provided only for alternative therapies as specified in Section 9 of your plan. Cover is not provided for other alternative therapies, which include but are not limited to aromatherapy, homeopathy and acupuncture.
- k) Experimental drugs and treatments.
- l) Psychologists' fees, other than those specifically covered by your plan, as defined and listed in the plan document.
- m) Nursery fees.
- n) Any charge for special nursing in hospital.
- o) Any charge made for a medical report.
- p) Treatment or tests given by a practitioner to his/her wife/husband, children or parents.
- q) Expenses for which the member is not liable.
- r) Expenses which you are entitled to recover from a third party.
- s) Cosmetic treatment and treatment of any complications arising from cosmetic treatment - unless it is necessary for medical reasons or appearance after an accident or (ii) because the member was severely disfigured at birth.
- t) Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism.

u) No benefit is payable for any in-patient or out-patient charges incurred in a hospital or treatment centre (and Treatment Centres) while a patient is receiving treatment in an approved hospital or treatment centre.

v) Any investigation or treatment related to complications arising from treatment which is not eligible for payment.

### 9) Claims

In-patient treatment, day care, side room and out-patient procedures

a) We will only pay benefits when we receive a claim form completed and signed by the member and the member's doctor or receipts.

- You sign the claim form a) to confirm that the details on the form are correct and b) to authorise the release of your medical records, if requested.
- b) If we have a direct payment arrangement with a non-participating hospital, the hospital will send the invoices to us. Invoices must be in a format specified by us. If they are not, we may be unable to calculate your exact benefit. If we do not have a direct payment arrangement with the hospital, we will calculate the benefit due to the hospital as best we can from the information supplied, and we will send you details of the benefits we have paid. The Directory of Hospitals (and Treatment Centres) will provide details of a direct payment arrangement.
- c) If we do not have a direct payment arrangement with the hospital, you must send us a claim form completed by your member's doctor, together with the relevant invoices.
- Hospital invoices must be in a format specified by us. If they are not, we may be unable to calculate your benefit. In which case we will calculate the benefit due to you as best we can from the information supplied, and we will send you details of the benefits we have paid.
- Payment of that estimate will be a complete discharge of our obligations to you.
- You must do this within six months of the date the treatment started.
- We will then pay the benefits for the hospital charges to you.
- You must use all the benefits we pay to you for the services for which you are claiming.

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d) By law, we have to pay benefits for doctors' fees direct to the doctor (except for day-to-day medical expenses). We will withhold tax from the benefits we pay. We will send you details of the benefits we pay to the doctor. We will then pay the benefits to the doctor and you will then have to ask the doctor for a refund of any amounts you pay to the doctor.

e) Day-to-Day Medical Expenses cover

- We will pay benefits for eligible expenses listed in Sections 9 and 10 of your Table of Benefits which are incurred during the year (at the end of each year. However, if you have large expenses during the year, you may submit up to a maximum of 12 months' worth of expenses on your renewal date and subject to the relevant waiting period). We will only pay the benefits when you submit a claim form completed and signed, together with receipts. You must do this within three months of the end of the year.
- For those benefits listed in Section 10 of your Table of Benefits which are not subject to an excess, you must submit a claim form and signed by the member together with the relevant receipts. The benefit will be issued to the subscriber at the end of any time during the calendar year.
- Please note that receipts will not be returned following assessment of your claim, therefore you may wish to keep them.
- We will deduct an annual excess (as specified in Section 9 of your Table of Benefits) from the eligible benefits.

f) If you or another member are entitled to claim under any other insurance policy for all or any of the expenses covered by this contract, our liability shall apply as excess of, and not as contributory with such other insurance.

g) If the renewal period is less than one year, the limits and excess applied to some benefits during this period will be pro-rata.

h) In order to establish the eligibility and appropriateness of any claim, we may request access to and/or copies of your medical records, medical referral letters. By signing the claim form, you give us your consent to access this information. If you do not consent, we may refuse your claim and recoup any monies that we may have previously paid in respect of the claim. Where appropriate, this will be done directly from the medical providers concerned and you will be liable to pay the costs. At our own cost, we can also ask an independent medical consultant, chosen by us, to advise us about the claim.

### 10) Disputes

a) If there is a dispute about whether we should pay all or part of a claim or you have any other complaint, you should contact the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 (Tel: (01) 6620899) to deal with the dispute. The Financial Services Ombudsman is binding on all the parties, but where one party is dissatisfied with the decision, they can appeal to the Court.

b) If you do not wish to avail of the procedure outlined in Rule 10(a) you may refer your dispute directly to the Court.

### 11) General

a) When you deal with us, you are acting for all the members who are included on your contract.

b) We will send any letters and notices about your contract, by ordinary post, to the address which you give us. We will also send you a copy of any letter or notice by email to the email address which you give us. We will also send you a copy of any letter or notice by text message to the mobile phone number which you give us. We will also send you a copy of any letter or notice by fax to the fax number which you give us. We will also send you a copy of any letter or notice by post to the address which you give us. We will also send you a copy of any letter or notice by email to the email address which you give us. We will also send you a copy of any letter or notice by text message to the mobile phone number which you give us. We will also send you a copy of any letter or notice by fax to the fax number which you give us.

c) The member must notify Vhi Healthcare immediately of any change to their policy or circumstances which may affect the payment of benefits or which are material to same.

d) If any member makes, or tries to make, a dishonest application or claim we have the right to: (i) refuse to pay any benefits for the member, (ii) refuse to renew his/her membership immediately. We also have the right to refuse to pay any benefits for the member.

e) If you ask us to remove a member from your contract, we have the right to tell the member that he/she has been removed from the contract.

f) To pay your benefits, we may have to provide some of your membership details to the hospital, on a strict basis. We may also obtain copies of your medical records from the hospital/doctors concerned and this information will be treated as confidential. We will only use this information to pay your benefits.

g) If you use Assist, we have to provide some of your membership details to an international assistance company. The assistance company will in turn give us details of the member's illness or injury. This information will be treated as confidential. It will only be used to provide Assist services and benefits.

h) We will pay your benefits in euro.

i) Your contract is governed by the laws of Ireland.

j) In accordance with the Health(Provision of Information) Act, 1997, Vhi Healthcare provides government approved genetic screening programmes with the name, address, date of birth, RSI number and Vhi Healthcare policy number of the member. No other information about our members is released. Vhi Healthcare also fully complies with the Data Protection Act, 1987 and the Freedom of Information Act, 1997.

k) The availability of semi-private or private accommodation is determined by the hospitals and is outside our control.

### 12) Third Party Claims

a) As outlined in Rule 8(s) expenses which are recoverable from a third party, are excluded from benefit.

### b) Legal Action/Proceedings

Where a claim is submitted to Vhi Healthcare in respect of treatment required as a result of an injury caused by a third party and where you propose to pursue a legal claim against that party, Vhi Healthcare will pay benefit in accordance with the terms of your contract (or the subscriber/policy holder if you are under 18 years):

- (i) complete in full and sign the injury section of the claim form which includes an undertaking to include details of the third party responsible for causing the injury and
- (ii) submit a fully completed undertaking, which will be relied on by Vhi Healthcare once a copy of the A

Personal Injuries Assessment Board, refer to Rule 12(d) from your solicitor in the form prescribed by Vhi discharging the eligible hospital and medical expenses of my/our client, I/we hereby undertake to include monies so paid by Vhi (details of which will be supplied to us by Vhi) and subject to any court order to proceeds that come into our hands - all such monies paid by Vhi"

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(iii) notify Vhi Healthcare in writing if it is proposed that the case will be settled and

(iv) provide Vhi Healthcare with full written details of any settlement.

c) No Legal Action/Proceedings

Where a claim is submitted to Vhi Healthcare in respect of treatment you require as a result of an injury person, and you do not propose to pursue a claim against the third party and, in the view of our legal adviser, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber) (i) complete in full and sign the injury section of the claim form which includes an undertaking to include claim which may subsequently be made against the third party responsible for causing the injury and (ii) immediately notify Vhi Healthcare in writing of the instigation of any such claim and to repay the benefit to any court order to the contrary.

d) Personal Injuries Assessment Board

Where you make your application to the Personal Injuries Assessment Board ("PIAB"), Vhi Healthcare will pay benefit provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the undertaking provided by you also authorises Vhi Healthcare to provide the PIAB with details of all monies application, and for the PIAB to release to Vhi Healthcare details of the PIAB assessment in relation to the PIAB decides that the case is more appropriately dealt with by the court, due to some legal dispute a Vhi Healthcare will rely on the undertaking that has been provided by your solicitor, in accordance with Rule 12. Authorisation from PIAB to proceed to the courts.

e) Criminal Injuries Compensation Tribunal Claims

If you are pursuing a claim through the Criminal Injuries Compensation Tribunal, Vhi Healthcare will pay benefit provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the undertaking provided by you also authorises Vhi Healthcare to provide the Criminal Injuries Compensation Tribunal with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal also authorises Vhi Healthcare to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal to release this information to us. In circumstances where such a case is unsuccessful, Vhi Healthcare will refund the benefit paid.

f) Threshold Amount

Undertakings and refunds will not be sought if the total eligible benefit payable in respect of an accident is less than € 1,000.

€ €

1,000. However if subsequent claims are submitted in respect of the same incident, which would increase the total benefit payable, an undertaking must be completed.

g) Unsuccessful/Withdrawn Claims

If a claim against a third party is not successful or is withdrawn, Vhi Healthcare will not seek a refund of the benefit paid. If a claim against a third party is not successful or is withdrawn, Vhi Healthcare will not seek a refund for full written details of the case to be supplied by your solicitor to the satisfaction of Vhi Healthcare. If a claim against a third party is not successful or is withdrawn, Vhi Healthcare will not seek a refund for full written details of the case to be supplied by your solicitor to the satisfaction of Vhi Healthcare. If a claim against a third party is not successful or is withdrawn, Vhi Healthcare will not seek a refund for full written details of the case to be supplied by your solicitor to the satisfaction of Vhi Healthcare.

h) Disclosure

It is the responsibility of a member to disclose to Vhi Healthcare full details of any action to be pursued in respect of an accident/incident in respect of which Vhi Healthcare has paid benefit. Failure to do so will result in the member being liable to repay the benefit paid. Failure to do so will result in the member being liable to repay the benefit paid. Failure to do so will result in the member being liable to repay the benefit paid.

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Directory of Hospitals (and Treatment Centres)

Description Code Description Code

Facility qualifies for full cover for the plan held in accordance with (cid:4) Public Hospital Pub

Section 1 of your Table of Benefits.

Group 1 Private Hospital Group 1

Facility qualifies for partial cover for the plan held in accordance with (cid:5)

Group 2 Private Hospital Group 2

Section 1 of your Table of Benefits.

Stand-alone Day Care Unit (cid:7)

No cover in this facility (cid:3)

Covered for Specified Treatment Programmes only (cid:6)

County Hospitals Classification Company Plan Company Plan Company Plan Extra/ Company Plan (and treatment centres) Code Starter Plus Level 1/ Extra (Excess) Executive

Level 1.1/

Level 1.2

Corporate Company Plan Company Plan Extra Company Plan

Plan Plus Select Levels 1/2/3 and Executive

Level 2 (Excess) (Excess)

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)

CAVAN General Hospital, Cavan PUB

CLARE Bushypark Treatment Centre, Ennis Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)

(cid:3) (cid:4) (cid:4) (cid:4) (cid:4)

Cahercalla Community Hospital Group 1

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)

Mid Western Hospital, Ennis PUB

(cid:3) (cid:4) (cid:4) (cid:4) (cid:4)

CORK Bon Secours Hospital Group 1

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)

Cork University Hospital PUB

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)

Cork University Maternity Hospital PUB

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)

General Hospital, Bantry PUB

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)

General Hospital, Mallow PUB

(cid:4) (cid:4) (cid:4) (cid:4) (cid:4)



Marymount Hospice PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Mercy University Hospital PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Millbrook Hospital, Bandon Group 1  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Shanakiel Hospital Group 1  
 Shandon Street Hospital Group 1 (cid:7) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 South Infirmary, PUB  
 Victoria University Hospital Ltd  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Mary's Orthopaedic Hospital PUB  
 Tabor Lodge, Belgooly Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 DONEGAL General Hospital, Letterkenny PUB  
 (cid:3) (cid:5) (cid:4) (cid:4) (cid:4)  
 DUBLIN Beacon Hospital Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Beaumont Hospital (incorporating PUB  
 St. Joseph's Hospital, Raheny)  
 (cid:3) (cid:5) (cid:5) (cid:5) (cid:4)  
 Blackrock Clinic Group 2  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Bon Secours Hospital, Glasnevin Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Cappagh National Orthopaedic PUB  
 Hospital  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Children's University Hospital, PUB  
 Temple St.  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Connolly Hospital, Blanchardstown PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Coombe Women's Hospital PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Hampstead Private Hospital, Group 1  
 Glasnevin  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Hermitage Medical Clinic Group 1  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Highfield Private Hospital, Group 1  
 Drumcondra  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Incorporated Orthopaedic Hospital, PUB  
 Clontarf  
 13  
 === companyPlan\_Rules\_Apr10.pdf - Page 14 ===  
 Directory of Hospitals (and Treatment Centres) continued  
 County Hospitals Classification Company Plan Company Plan Company Plan Extra/ Company Plan  
 (and treatment centres) Code Starter Plus Level 1/ Extra (Excess) Executive  
 Level 1.1/  
 Level 1.2  
 Corporate Company Plan Company Plan Extra Company Plan  
 Plan Plus Select Levels 1/2/3 and Executive  
 Level 2 (Excess) (Excess)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Mater Misericordiae Hospital PUB  
 (cid:3) (cid:5) (cid:5) (cid:5) (cid:4)  
 Mater Private Hospital Group 2  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Mount Carmel Hospital Group 1  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 M.S. Care Centre, Rathgar Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 National Maternity Hospital, PUB  
 Holles St.  
 Northbrook Clinic (Dental/Oral) Group 1 (cid:7) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Our Lady's Hospice, Harold's Cross PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Our Lady's Children's Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Peamount Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Rheumatology Rehabilitation, PUB  
 Our Lady's Hospice, Harold's Cross  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Rotunda Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Royal Victoria Eye and Ear Hospital PUB  
 Rutland Centre, Templeogue Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)

(cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Sports Surgery Clinic, Santry Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Columcille's Hospital, PUB  
 Loughlinstown  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Edmundsbury Private Hospital, Group 1  
 Lucan  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. James's Hospital PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. John of God Hospital, Stillorgan Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Luke's Hospital, Rathgar PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Michael's Hospital, PUB  
 Dun Laoghaire  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Patrick's Hospital Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Vincent's University Hospital, PUB  
 Elm Park  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 St Vincent's Private Hospital, Group 1  
 Herbert Ave.  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Vincent's Hospital, Fairview PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 The Adelaide & Meath Hospital, PUB  
 Dublin incorp. the National  
 Children's Hospital, Tallaght  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 GALWAY Bon Secours Hospital, Galway Group 1  
 (cid:3) (cid:5) (cid:4) (cid:4) (cid:4)  
 Galway Clinic, Galway Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Portiuncula Hospital, Ballinasloe PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Regional Hospital, Merlin Park PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 University College Hospital, Galway PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 KERRY Bon Secours Hospital, Tralee Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Kerry General Hospital, Tralee PUB  
 Talbot Grove Centre Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 14  
 === companyPlan\_Rules\_Apr10.pdf - Page 15 ===  
 Directory of Hospitals (and Treatment Centres) continued  
 County Hospitals Classification Company Plan Company Plan Company Plan Extra/ Company Plan  
 (and treatment centres) Code Starter Plus Level 1/ Extra (Excess) Executive  
 Level 1.1/  
 Level 1.2  
 Corporate Company Plan Company Plan Extra Company Plan  
 Plan Plus Select Levels 1/2/3 and Executive  
 Level 2 (Excess) (Excess)  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 KILDARE Clane Hospital Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 General Hospital, Naas PUB  
 KILKENNY Aislinn Treatment Centre, Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Ballyragget  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Aut Even Hospital Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Lourdes Orthopaedic Hospital, PUB  
 Kilcreene  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Luke's Hospital, Kilkenny PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 LAOIS Midland Regional Hospital, PUB  
 Portlaoise  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 LEITRIM Our Lady's Hospital, PUB  
 Manorhamilton  
 LIMERICK Barringtons Hospital, Limerick Group 1 (cid:7) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Cuan Mhuire, Bruree Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Limerick Regional Maternity PUB  
 Hospital, Ennis Rd  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Mid-Western Regional Orthopaedic PUB

Hospital  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Mid-Western Regional Hospital, PUB  
 Dooradoyle  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Milford Hospice PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. John's Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 LOUTH County Hospital, Dundalk PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Drogheda Cottage Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Our Lady of Lourdes Hospital, PUB  
 Drogheda  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 MAYO Mayo General Hospital, Castlebar PUB  
 Hope House, Addiction Residential Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Treatment Centre, Foxford  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 MEATH Our Lady's Hospital, Navan PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 MONAGHAN General Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 OFFALY Midland Regional Hospital, PUB  
 Tullamore  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 ROSCOMMON County Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 SLIGO General Hospital PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Joseph's Hospital, Garden Hill Group 1  
 TIPPERARY Aiséirí Centre, Cahir Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Mid-Western Regional Hospital, PUB  
 Nenagh  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 South Tipperary General Hospital, PUB  
 Clonmel  
 15  
 === companyPlan\_Rules\_Apr10.pdf – Page 16 ===  
 Directory of Hospitals (and Treatment Centres) continued  
 County Hospitals Classification Company Plan Company Plan Company Plan Extra/ Company Plan  
 (and treatment centres) Code Starter Plus Level 1/ Extra (Excess) Executive  
 Level 1.1/  
 Level 1.2  
 Corporate Company Plan Company Plan Extra Company Plan  
 Plan Plus Select Levels 1/2/3 and Executive  
 Level 2 (Excess) (Excess)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 WATERFORD Waterford Regional Hospital PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 Whitfield Clinic Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 WESTMEATH Midland Regional Hospital, PUB  
 Mullingar  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 St. Francis Private Hospital, Group 1  
 Ballinderry  
 WEXFORD Aiséirí Centre, Roxborough Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 General Hospital PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Ely Hospital PUB  
 WICKLOW Forest Treatment Centre Group 1 (cid:6) (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 NORTHERN IRELAND  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 ANTRIM Ulster Independent Clinic, Belfast Group 1  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Royal Victoria Hospital, Belfast PUB  
 (cid:3) (cid:4) (cid:4) (cid:4) (cid:4)  
 DERRY North West Independent Hospital, Group 1  
 Ballykelly  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 Altnagelvin, Derry PUB  
 (cid:4) (cid:4) (cid:4) (cid:4) (cid:4)  
 DOWN Daisy Hill Hospital, Newry PUB  
 Non- Kylemore Clinic, Ballybrack Full details of benefits payable are available from any of our offices  
 Participating  
 Hospitals  
 Only hospitals that do not have a direct-payment arrangement with us are listed in bold.  
 Approved Out-Patient Centres

The out-patient departments of all participating acute general private hospitals are approved out-patient  
The following out-patient centres are also approved:  
Charlemont Clinic (Radiology & Pathology Units), Dublin  
Claymon Laboratories, Dublin  
Merlin Park, Imaging Centre, Galway  
Northwood Imaging, Dublin  
Mid-Western Radiation Oncology, Limerick  
Stanhope Street, Dublin  
UPMC Whitfield Cancer Centre, Waterford (covered for eligible out-patient radiotherapy services)  
Vhi SwiftCare Clinics  
City Gate, Mahon, Cork  
Rockfield Medical Campus, Balally, Dundrum, Dublin  
Dublin City University, Collins Ave, Dublin  
Columba House, Airside Business Park, Swords, Dublin  
Approved Out-Patient Mental Health Centres  
Dean Clinics

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Directory of approved MRI Centres

IN-PATIENT OUT-PATIENT REFERRAL TYPE

MRI SCANS MRI SCANS COVERED

15 November 2009 - 14 November 2011

(cid:2)

AutEvenHospital,Kilkenny Category1 ConsultantandGP

(cid:2)

BeaconHospital,Dublin Category1 Consultant

(cid:2)

Category2 GP

(cid:2)

BeaumontHospital,Dublin Category1 Consultant\*

\*Establishedoncologypatients

ofBeaumontHospitalonly

(cid:2)

Category2 ConsultantandGP

BlackrockClinic,Dublin

(cid:2)\*

Category1 Consultant

(cid:2)\*

Category2 GP

(cid:2)

BonSecoursHospital,Cork Category2 ConsultantandGP

(cid:2)

BonSecoursHospital,Dublin Category1 Consultant

(cid:2)

Category2 GP

(cid:2)

CappaghNationalOrthopaedicHospital,Dublin Category2 ConsultantandGP

(cid:2)

CavanGeneralHospital Category2 ConsultantandGP

(cid:2)

CharterMedicalGroup,Dublin Category1 ConsultantandGP

(cid:2)

Children'sUniversityHospital, TempleStreet, Dublin Category2 ConsultantandGP

(cid:2)

EuromedicDundrum Category1 ConsultantandGP

(cid:2)

GalwayClinic Category1 ConsultantandGP

(cid:2)

GeneralHospital,Letterkenny Category2 ConsultantandGP

(cid:2)

HermitageMedicalClinic,Dublin Category1 Consultant

(cid:2)

Category2 GP

(cid:2)

MaterMisericordiaeHospital,Dublin Category2 ConsultantandGP

MaterPrivateHospital,Dublin

(cid:2)\*

Category1 Consultant

(cid:2)\*

Category2 GP

(cid:2)

Mid-WesternRegionalHospital,Limerick Category1 Consultant\*

\*Establishedoncologypatients

ofMid-WesternRegional

Hospital,Limerickonly

(cid:2)

Category2 ConsultantandGP

(cid:2)

MPIC-MerlinParkRegionalHospital Category1 Consultant

(cid:2)

Category2 GP

(cid:2)

MRICentre,BarringtonsHospital,Limerick Category1 ConsultantandGP  
 (cid:2)  
 MRICentreGalwayLtd.,BonSecoursHospital Category2 ConsultantandGP  
 (cid:2)  
 MRIUnit,ClaneHospital Category1 ConsultantandGP  
 (cid:2)  
 20:20Imaging-MercyUniversityHospital,Cork Category1 Consultant  
 (cid:2)  
 Category2 GP  
 (cid:2)  
 MRICentre,OurLadyofLourdesGeneralHospital,Drogheda Category2 ConsultantandGP  
 (cid:2)  
 Euromedic-MayoGeneralHospital Category2 ConsultantandGP  
 (cid:2)  
 Euromedic-NaasGeneralHospital Category2 ConsultantandGP  
 (cid:2)  
 Euromedic-PortiunculaHospital Category2 ConsultantandGP  
 (cid:2)  
 Euromedic-Sligo Category1 ConsultantandGP  
 (cid:2)  
 MRICentreTraleeLtd,BonSecoursHospital Category1 ConsultantandGP  
 (cid:2)  
 MRICentreTullamore,TullamoreGeneralHospital Category2 ConsultantandGP  
 (cid:2)  
 OurLady'sChildren'sHospital,Crumlin Category2 ConsultantandGP  
 (cid:2)  
 ScancorLtd,Consultant'sPrivateClinic,CUH Category1 ConsultantandGP  
 (cid:2)  
 ScancorLtd,inCorkUniversityHospital Category2 ConsultantandGP  
 (cid:2)  
 SouthscanMRI,SouthInfirmary/VictoriaHospital Category1 ConsultantandGP  
 (cid:2)  
 SportsSurgeryClinic,SantryDemesne,Santry Category2 ConsultantandGP  
 (cid:2)  
 St.James'sHospital,Dublin Category2 ConsultantandGP  
 (cid:2)  
 St.Vincent'sPrivateHospital,Dublin Category2 ConsultantandGP  
 (cid:2)  
 St.Vincent'sUniversityHospital,Dublin Category2 ConsultantandGP  
 (cid:2)  
 TheAdelaide&MeathHospital,DublinincorporatingtheNationalChildren'sHospital,Tallaght Category2 ConsultantandGP  
 (cid:2)  
 UniversityCollegeHospital,Galway Category2 ConsultantandGP  
 (cid:2)  
 WaterfordRegionalHospital Category2 ConsultantandGP  
 (cid:2)  
 WhitfieldClinic,Waterford Category2 ConsultantandGP  
 (cid:2)  
 VistaPrimaryCare Category1 ConsultantandGP  
 (cid:2)  
 • In-patient MRI Scans:Coveredinaccordancewiththeplanheldaspartofamedicallynecessarystayinaparticipatinghospital.  
 • (cid:2)\* No coverforin-patientscansintheseMRICentresonCompanyPlanStarter.  
 • Out-patient Category 1:FullcoverforagreedMRICharges.  
 • Out-patient Category 2:AgreedMRIChargesmaybeclaimeduponreceiptofpaidaccountsandaresubjecttoanexcessof€100.  
 • Category 1providers(asindicatedintheDirectory)willbeopenataminimumfromMondaytoFridayforeighthourseachday.  
 \* Established oncology patient of the hospital-directpaymentreimbursementtotheHospitalforestablishedoncology.  
 Limerickapplies toreferralsfromOncologistsinadditiontoConsultantsofotherdisciplineswherethereisadiagnosisof  
 patient'scancer.  
 ThisDirectoryissubjecttochange.Themostup-to-dateversionalongwithcomprehensiveinformationoncoverarrangements  
 readilyavailableatthewebsite:www.vhi.ie/mri  
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 List of Clinical Indications for MRI Scans\*  
 \* We recommend that if members are referred for an MRI scan and have any query about cover, they should p  
 scan is eligible for benefit.  
 Head (including MRA if performed) Cardiovascular System (including MRA if performed)  
 For exclusion, further investigation and monitoring of:  
 Tumour of the brain or meninges Thoracic aortic disease  
 Skull base or orbital tumour Abnormal aortic contour or size on chest X-ray, differentiation of  
 Acoustic neuroma mediastinal mass vs. vascular abnormality, to rule out aortic dissection,  
 Pituitary tumour aneurysm, leaking thoracic aneurysm, exclude aortic source of peripheral  
 Inflammation of the brain or meninges embolisation, Valsalva aneurysm, Marfan's syndrome and aorta annula  
 Encephalopathy actasia, after therapy of aortic dissection of aortic arch anomalies,  
 Encephalitis coarctation, following aortic angioplasty, peri-aortic abscess or infection  
 Suspect leukodystrophies  
 Pericardial disease  
 ENT problems - following consultation with a Radiologist  
 To assess pericardial thickness and detection of metastases, for diagnosing  
 Demyelinating disease of the brain  
 pericarditis and constriction, for diagnosing effusion and tamponade  
 Congenital malformation of brain or meninges  
 Venous sinus thrombosis External or internal masses, pathology of lung and pleura

Screening of intracranial aneurysm in the following high risk individuals: Chest wall and mediastinal tumors

(a) Positive family history, defined as two or more first degree relatives with intracavity tumors, and cerebral subarachnoid haemorrhages assessment of vascular invasion, hilar assessment, and paracardiac/cardiac

(b) Patients with polycystic kidney disease invasion, pleural diseases

For further investigation and monitoring of:

Pathology involving surrounding structures

Head trauma

To evaluate intrinsic abnormalities of the pulmonary arteries, including

Epilepsy

central thrombi, aneurysms, stenoses, occlusions, dissection, and extra-cerebral

Stroke

vascular disease involving the pulmonary arteries

Post-operative follow-up after brain surgery

Assessment of ventricular dysplasia

Ophthalmic

Congenital heart disease

For further investigation of:

Pulmonary atresia, severe obstruction to the right ventricular outflow tract,

Suspected intra-orbital or visual pathway lesions

complex cyanotic heart disease, pulmonary venous anomalies, after surgery

Dysthyroid eye disease

for correction of congenital heart disease

Diplopia

Cardiac function, morphology, and structure

Spine

After it has been determined that echocardiogram is inconclusive

For exclusion, further investigation and monitoring of:

Tumour of the CNS or meninges Sudden cardiac death screening

Inflammation of the CNS or meninges Screening of first degree relatives (mother, father, brother, sister)

Demyelinating disease an individual who has experienced sudden cardiac death under 30 years of age

Spinal cord compression (acute) age following initial screening by ECG, echocardiogram and holter

Congenital malformations of the spinal cord, cauda equina or meninges monitoring that has identified unusual

Syrinx - congenital or acquired

Diseases of the large veins

Myelopathy

Acquired and congenital abnormalities of the superior vena cavae, inferior vena cavae, and portal venous system (e.g. vena caval thrombus, cervical radiculopathy with neurological signs differentiation of tumour thrombus and blood clot of the vena cava, Thoracic radiculopathy with neurological signs superior vena caval syndrome, superior vena caval invasion or encasement Lumbar radiculopathy with neurological signs by lung or mediastinal tumours, diagnosis of Budd-Chiari syndrome, and Spinal canal stenosis diagnosis of caval anomalies)

Previous spinal surgery

Trauma Valvular heart disease

For investigation of: After it has been determined that ECG and doppler studies are inconclusive

Any cause of spinal disease in pregnancy

To demonstrate complications of infarction

Musculoskeletal System Formation of an aneurysm, mural thrombus formation, to demonstrate

For exclusion, further investigation and monitoring of: regional wall motion or wall thickening abnormalities

Tumour arising in bone or other connective tissue ventricle

Infection arising in bone or other connective tissue

Others

Osteonecrosis

Post operative aortic graft infection or dehiscence

Derangement of the hip, knee, ankle, shoulder, elbow or wrist joints or

For further investigation, in persons under the age of 16 years, of the

their supporting structures

vasculature of limbs prior to limb or digit transfer surgery in congenital limb

Sacro-iliac joints in the following circumstances:

deficiency syndrome

1. There is a suspicion of the presence of ankylosing spondylitis and
2. Patients have negative or inconclusive plain radiography films of the sacro-iliac joints and
3. Patients are HLA B27 positive

For further investigation and monitoring of:

Slipped upper femoral epiphysis

Post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age

Complex cases of juvenile dermatomyositis

Gaucher's disease

For diagnosis of:

Juvenile dermatomyositis by guiding biopsy

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Abdomen

Characterisation of liver lesions when an ultrasound report is suggestive of haemangioma

Placenta Accreta / Percreta

Adenomyosis - Pre-procedural planning for uterine artery embolisation for fibroids  
Assessment of fistulae/abscesses in patients with established Crohn's disease following discussion with a multi-disciplinary team  
For post operative evaluation of:  
Perineal abscess  
Perineal fistula  
Assessment of the inferior vena cava in patients with known solid renal tumour  
MR urography (MRU) in patients with urographic contrast allergy  
MR urography in pregnancy  
Magnetic Resonance Cholangiopancreatography (MRCP)  
For further investigation of:  
Pancreatic and biliary disease where conventional methodology has not revealed the definitive diagnosis and ERCP is considered undesirable  
Magnetic Resonance Angiography (MRA)  
For exclusion or further investigation of:  
Stroke  
Carotid and vertebro-basilar disease  
Carotid or vertebral artery dissection  
Intracranial aneurysm  
Intracranial arteriovenous malformation  
Venous sinus thrombosis  
Vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium  
Obstruction of the superior vena cava, inferior vena cava or a major pelvic vein  
Peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities  
For exclusion of:  
Renal artery stenosis post renal transplant  
Renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered  
Body  
For further investigation and monitoring of:  
Malignant soft tissue tumours for diagnosis and staging  
For further investigation of:  
Congenital uterine or anorectal abnormality  
Breast  
For the detection of:  
Breast cancer - where mammogram and/or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations)  
Pre-operative evaluation of patients with:  
Invasive lobular carcinoma  
Multi-focal or multi-centric diseases and age less than 40yrs  
Other Exceptions  
As notified to the Vhi Medical Director and approved for benefit by Vhi Healthcare

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Voluntary Health Insurance Board

An Bord Árachais Sláinte Shaorálaigh

Postal Address: IDA Business Park, Purcellsinch,  
Dublin Road, Kilkenny.

Telephone Number: CallSave 1850 44 44 44

Lines open: 8am - 6pm Monday - Friday

9am - 3pm Saturday

Website: [www.vhi.ie](http://www.vhi.ie)

E-mail: [info@vhi.ie](mailto:info@vhi.ie)

Dublin Vhi House, Lower Abbey Street, Dublin 1.

Fax (01) 799 4091

Cork Vhi House, 70 South Mall, Cork.

Fax (021) 427 7901

Dun Laoghaire 35/36 Lower George's Street, Dun Laoghaire, Co. Dublin.

Fax (01) 619 7456

Galway Vhi House, 10 Eyre Square, Galway.

Fax (091) 564 307

Kilkenny IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.

Fax (056) 776 1741

Limerick Gardner House, Charlotte Quay, Limerick.

Fax (061) 310 361

CPRD24

SV

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Life Pensions Investments

Specified

Illness Cover

A guide to making

a claim

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How to find your way around

1. Introduction 2

2. The claim process 4

3. Claim payment 8

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5. Contact details 12

6. Other useful information 14

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1

Introduction

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INTRODUCTION

We have written this booklet to help you understand what is involved when you claim under your Specified Illness Cover.

At Irish Life Assurance, we understand the difficult time that you face after being told you have a serious illness. We hope this booklet helps to explain our claims process.

What is Specified Illness Cover?

Specified Illness Cover is a benefit which pays a one-off lump sum if you are diagnosed with one of the specific illnesses covered under your plan. Typically, the major conditions covered include certain types of malignant cancer, diagnosed heart attack, stroke with permanent symptoms and multiple sclerosis. Each illness is defined in your plan terms and conditions.

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2

The claim process

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THE CLAIM PROCESS

How do I make a claim? The claim form is a way of giving us the details of your condition, the names of the doctors and medical specialists you have seen, Before you give us your personal information it is important that details of your medical history and any other information you think you know what your data protection rights are and how and why will be useful to help us process your claim. This form includes a we use your personal information. This is set out in the Irish Life section for you to sign that will give us permission to contact your Data Privacy Notice which is available on our website at [www.irishlife.ie](http://www.irishlife.ie) or you can ask us for a copy.

your medical history, and to contact any other Insurance company you may have life or specified illness cover with. You can also If you want to make a claim under your Specified Illness Cover, enclose copies of any doctor's letters or test results relating to your you should contact our customer service centre on 01 704 1010. condition which you may have.

When you call, our customer service representative will take For certain conditions, such as malignant cancer, stroke, heart some initial details and will then arrange for one of our Specified attack, the claim form has two sections to be completed. Section A Illness claims assessors to phone you to explain the claims is for you to complete and Section B is for you to bring to your GP process. This is usually within two days of you making contact or specialist to complete.

with us. They will answer any questions you may have about how you claim.

What happens when I return my claim form?

If the condition you are claiming for is covered under your plan, When you send us a completed claim form, one of our claim's the claims assessor will then send you a claim form within five assessors will carry out a detailed review of the information working days of receiving your request. The claims assessor will received. They will write to your doctors if we need to ask them also provide their contact details for you to contact them if you for any medical information. They will then contact you to tell have any queries during the claims process. you what other information we need in order to assess your claim further.

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Who do you ask for my medical information How long will it take to assess my claim? and why?

Some Specified Illness Cover claims may be completed in 6 to 8



weeks while others may take several months or longer.  
We will usually ask the following people for your medical information. We aim to make a decision on your claim as quickly as possible, in some cases it can take time to receive the necessary requirements  
> Your GP - to confirm the condition you have has been diagnosed from all sources.  
and to get details of your medical history.  
Because we need detailed medical information to assess your claim,  
> Your medical consultant/specialist (if you have one) - to confirm we rely on your doctors and the medical specialists you have seen to the diagnosis of your condition.  
give us the information we need. We remind doctors regularly about  
> Any previous GP you have been to - to get details of your the medical information we have asked for, but medical history. time to give us all the information we need.  
Sometimes, if the information we are given is not clear or we need  
Why do you need details of my medical some extra medical information, we will write back to your doctors for this information.  
history?  
We will keep you up to date on how your claim is progressing. We are  
As your contract with us is based on the medical questions you  
here to answer any questions you may have during all stages of the  
answered on your application form when you applied for your plan,  
process.  
we will need details of your medical history to confirm that all the  
information you gave us on your application form was correct.  
Who will assess my claim?  
We assess all claims to make sure they are valid. This protects our  
Your claim will be assessed by qualified and experienced claims  
customers against the effects of increased claim costs, which could  
assessors, including our chief medical officers who are consultant  
lead to higher premiums for you. We want to avoid this.  
doctors.  
We will keep any medical information that we ask for confidential. All  
of our claims assessors must keep to a code of practice when they  
work with medical evidence. Any medical information we receive will  
only be seen by people who are authorised to do so. This includes  
keeping medical and other personal information confidential.  
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What decisions can be made on the claim?  
We pay the vast majority of Specified Illness claims that we receive, but sometimes we  
have to turn down a small number of claims.  
Here are some examples of why we may not pay a claim.  
> If the illness being claimed for is not covered under the plan. For example, we would  
refuse a claim for a stomach ulcer because it is not one of the specific illnesses listed  
in your plan.  
> If you do not meet our definition of an illness under the plan. For example, we would We may refuse to  
refuse a claim for removing a skin lump or growth which was not a malignant cancer. there is no direct me  
between the illness you are claiming  
> If you did not give us full and proper details on your original application for cover.  
for and the medical condition  
For example, if you:  
you have not told us about on the  
• had a history of high blood pressure and high cholesterol and you take  
application form. If we do this, we  
medication to treat these, but you did not tell us about this on your original  
will explain how the facts you did not  
application form; or  
tell us about, would have affected  
• told us on your application form that you were a non-smoker, but your medical  
in some way our original decision to  
evidence shows that you were a tobacco smoker at the time you took out the  
provide cover.  
plan.  
> If you have received special terms on your plan when you applied for cover and the  
condition has been excluded from your plan. For example the condition may be  
covered by the product type, but if you had a history of that condition, we might  
have excluded it from your plan.

Appeals  
If you wish to appeal a decision made on your claim you should write to us outlining the  
exact reasons for your appeal and enclose any additional information you feel we should  
take into account. Your claim file will be reviewed in full by another claims assessor and  
an appeal decision will be issued to you.  
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Claim payment  
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#### CLAIM PAYMENT

If you pay my claim who will you pay the What happens to my plan when you pay my  
money to? claim?

If your plan is held in just your name, we will send you a cheque in What happens to your plan after you your name, or transfer the money directly into your bank account if type of Specified Illness Cover you h you request this. cover and whether your plan is a single-life or dual-life plan. When we pay your claim, we will write to you confirming whether you are If your plan is a joint or dual-life plan (meaning that two lives are still covered by your plan and for what benefits. covered under the plan), we will make the cheque out to both people covered, or transfer the money directly into your bank account if you request this. If you have used your plan as security for a bank loan, we will make the cheque out to the bank. (This does not apply to children's specified illness cover claims). If the plan is owned by a third party (e.g. a business), we will make the cheque out to the third party. Personal plan benefits are usually tax-free. If the plan is owned by a business, they could still have to pay tax. If you have any questions about tax, please visit [www.revenue.ie](http://www.revenue.ie)

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Children's cover

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CHILDREN'S COVER

Are my children covered under Specified Illness Cover?

Once you have Specified Illness Cover benefit your children will be covered, at no additional cost. They are generally covered for the same illnesses listed in your plan conditions. Please see your plan terms and conditions for the full If you want to find out what details of the children's cover on your plan, including the ages your children are children's cover is on your plan or covered from and until.

make a claim contact us on

Because we do not ask for any medical evidence for your children when you take

01 704 1010.

out your plan, certain restrictions apply to your children's cover. You should read your plan terms and conditions for the specific details of what restrictions apply to children's Specified Illness Cover under your plan.

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Contact details

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CONTACT DETAILS

Who can I contact if I have a question about my claim?

If you have a question about your claim, you can contact one If you need to contact us outside these hours of our specified illness cover claims assessors in one of the member of our customer service department, following ways. [customerservice@irishlife.ie](mailto:customerservice@irishlife.ie) or call 01 704 1010.

Lines are open: 8am to 8pm Monday to Thursday

Phone: 01 704 1855

10am to 6pm Friday

Fax: 01 686 5623

9am to 1pm Saturday

Email: [protectionclaims@irishlife.ie](mailto:protectionclaims@irishlife.ie)

In the interest of customer service we will record and monitor

Post: Protection Claims Department, calls.

Irish Life, Irish Life Centre,

Lower Abbey Street, Dublin 1.

Our office hours are from 9am to 5pm.

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Other useful

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information

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OTHER USEFUL INFORMATION

Free Counselling Service NurseCare

We want to help you during this difficult period after the If you have a serious medical condition, you w diagnosis of a serious illness. As an Irish Life plan holder, you have many questions about your illness, can access up to three counselling sessions with the Clanwilliam may need to take or tests you may need t Institute at no additional cost while you are making a Specified

As an Irish Life plan holder, you have access to a service where

Illness cover claim. The Clanwilliam Institute is an independent,

you can phone and speak to a team of trained nurses who can

Irish company and registered charity, who were set up in 1982.

help with any medical questions you have.

The institute provides counselling and psychotherapy services

for individuals, couples and families. Over the years, Clanwilliam These nurses do not work for us and an

has helped many people through difficult times, including stress, be kept confidential. The team of nurse major illness, relationship difficulties, or bereavement. any of your Irish Life plan or claim details. T anybody else anything that you tell them.

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.

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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.

"

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

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

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 mid-contract, 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 periods, go to page 9.

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

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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, non-contact 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.

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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.

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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 [www.revenue.ie](http://www.revenue.ie).

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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 [www.revenue.ie](http://www.revenue.ie).

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

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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:

Illnesses

Illnesses that existed

Accident Maternity-

that start in the six

and related

after you months

injuries claims

join before you

join

None 26 weeks 5 years 52 weeks

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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 may have to serve waiting periods if:

- 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 Maternity benefits

2 years 52 weeks

The insurers don't always apply the maximum upgrade waiting periods. Contact your insurer directly to find out what waiting periods apply to you.

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Lifetime Community

Rating

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 age■

- 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

John 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 = €1200

22% loading 22% of €1200 = €264

Gross cost including the loading €1464

Amount that John must pay €1264

for his policy (€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.

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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 Rating loading.

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.

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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 health insurance?

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.

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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 Rating loading?

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.

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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 tool.

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Useful contacts

Name Phone Online

Health Insurance (01) 406 0080 [www.hia.ie](http://www.hia.ie)

Authority

[info@hia.ie](mailto:info@hia.ie)

Irish Life Health (01) 562 5100 [www.irishlifehealth.ie](http://www.irishlifehealth.ie)

[heretohelp@irishlifehealth.ie](mailto:heretohelp@irishlifehealth.ie)

novaworks Healthcare (021) 202 2000 [www.layahealthcare.ie](http://www.layahealthcare.ie)

Online contact form

Vhi Healthcare (056) 444 4444 [www.vhi.ie](http://www.vhi.ie)

[info@vhi.ie](mailto:info@vhi.ie)

HSF Health Plan 0818 473 473 [www.hsf.ie](http://www.hsf.ie)

[customer@hsf.ie](mailto:customer@hsf.ie)

Competition and (01) 402 5555 [www.ccpc.ie](http://www.ccpc.ie)

Consumer Protection

[ask@ccpc.ie](mailto:ask@ccpc.ie)

Commission

Financial Services and (01) 567 7000 [www.fspo.ie](http://www.fspo.ie)

Pensions Ombudsman

[info@fspo.ie](mailto:info@fspo.ie)

Citizens Information 0818 07 4000 [www.citizensinformationboard.ie](http://www.citizensinformationboard.ie)

Board

[info@ciboard.ie](mailto:info@ciboard.ie)

eolas@ciboard.ie

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.

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Beaux Lane House

Mercer Street Lower

Dublin 2

D02 DH60

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[info@hia.ie](mailto:info@hia.ie)

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