

**THE
INSURANCE
EXPERT**

| MOTOR
| COMMERCIAL
| HOME
| SPECIALITY

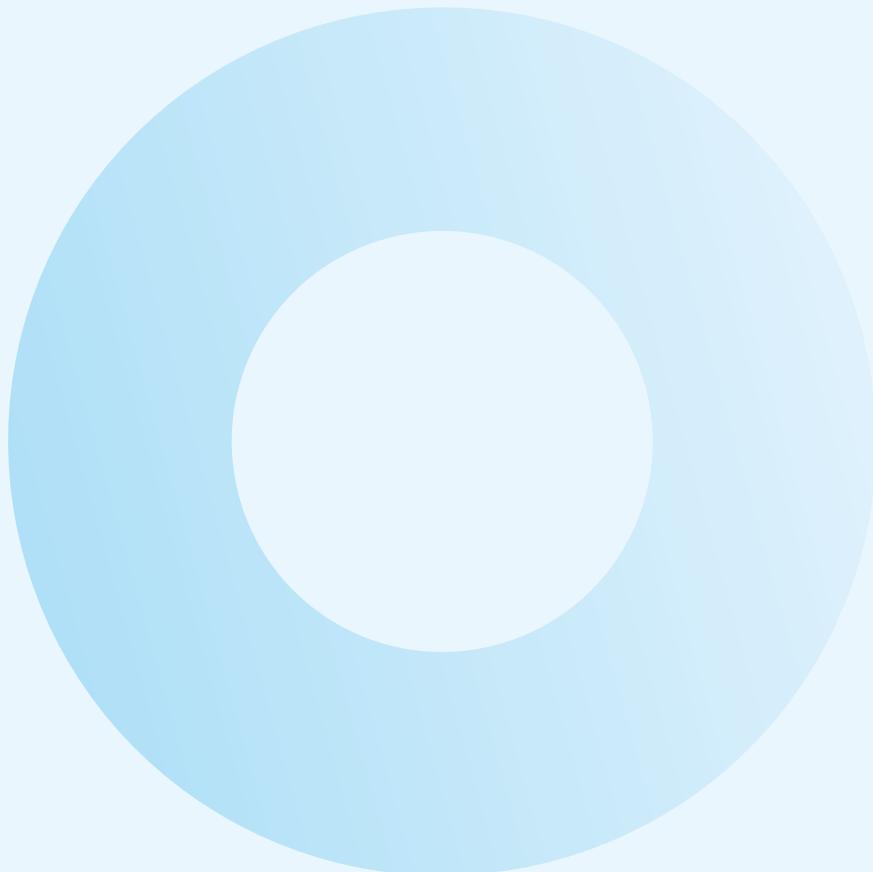


A smiling man wearing a beanie and headphones, with a large blue circle highlighting his face.

A GUIDE TO HEALTH INSURANCE

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A GUIDE TO HEALTH INSURANCE

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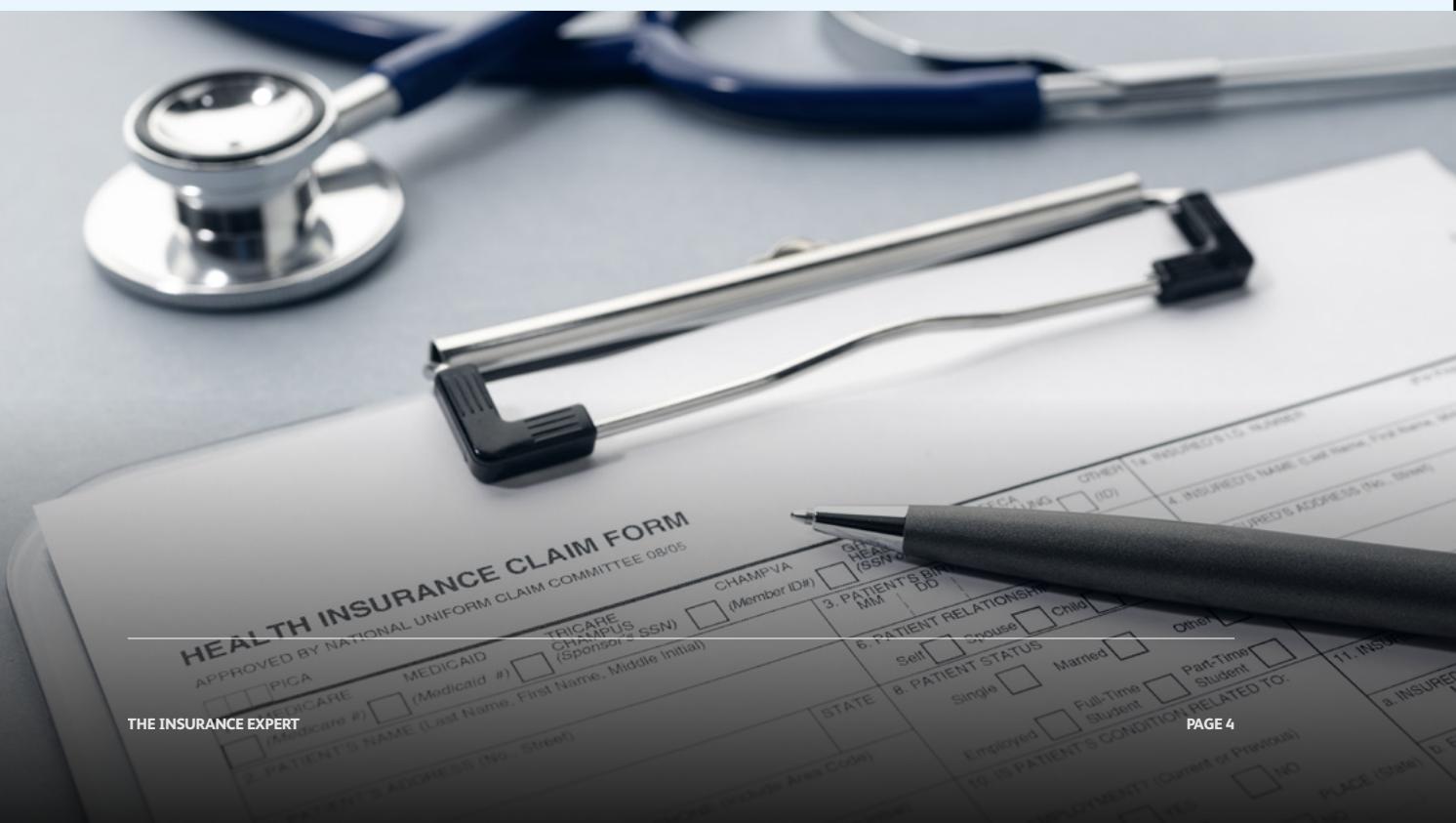
Health insurance is a critical component of financial planning that provides coverage for the cost of medical expenses. It is designed to protect individuals and families from unexpected medical bills, which can often be financially devastating. With the ever-increasing costs of healthcare and the wide 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.

WHAT IS HEALTH INSURANCE?

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

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

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



DO I NEED HEALTH INSURANCE IN IRELAND?

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

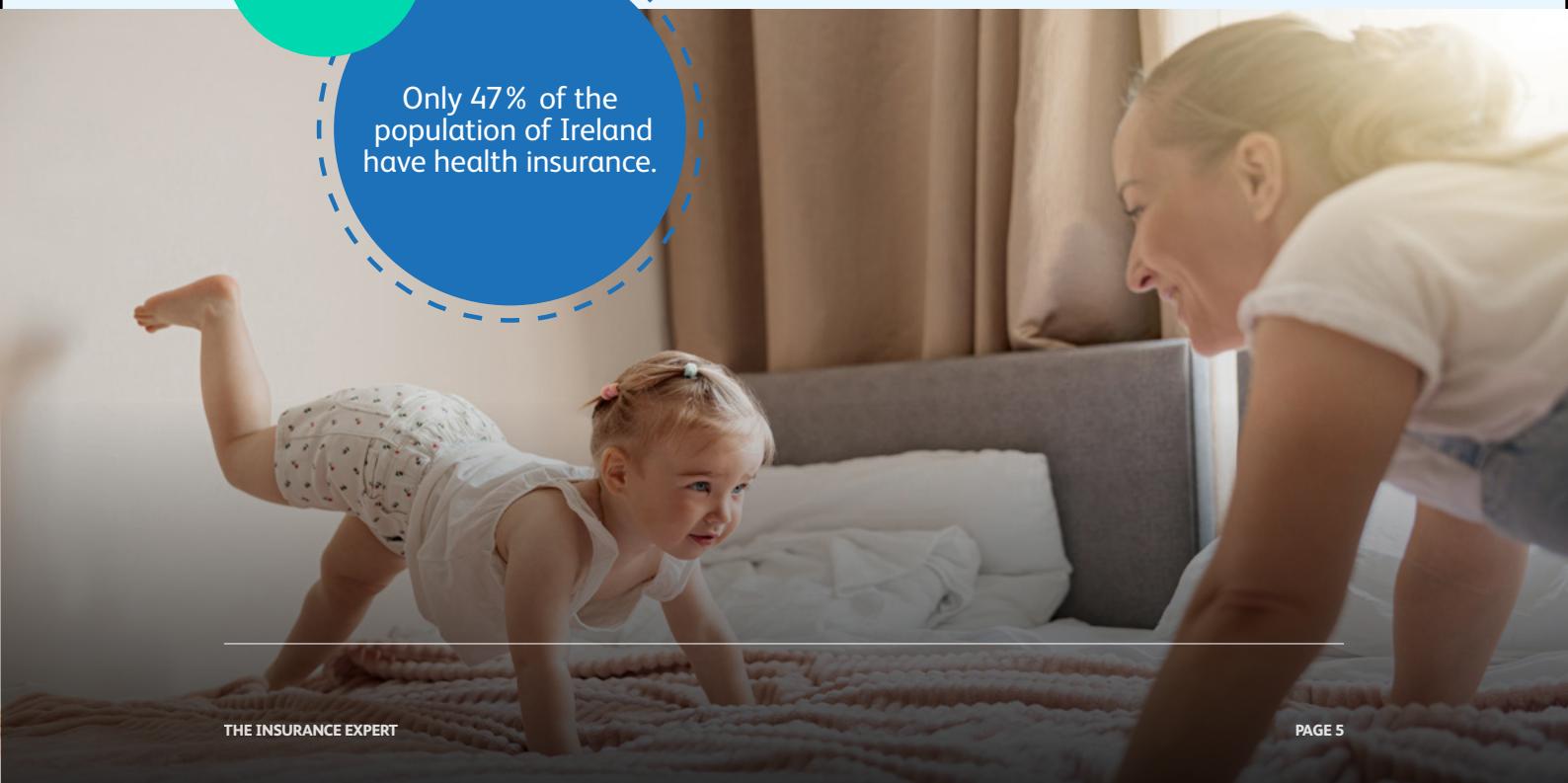
However, having health insurance in place can offer great piece of mind in the event of an illness should you become ill.

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

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

FACT FILE

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



TYPES OF HEALTH INSURANCE

There are two basic types of private health insurance cover.

1. Inpatient hospital cover:

This pays for services you receive if you are admitted to hospital, whether you stay the night or are treated as a 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.



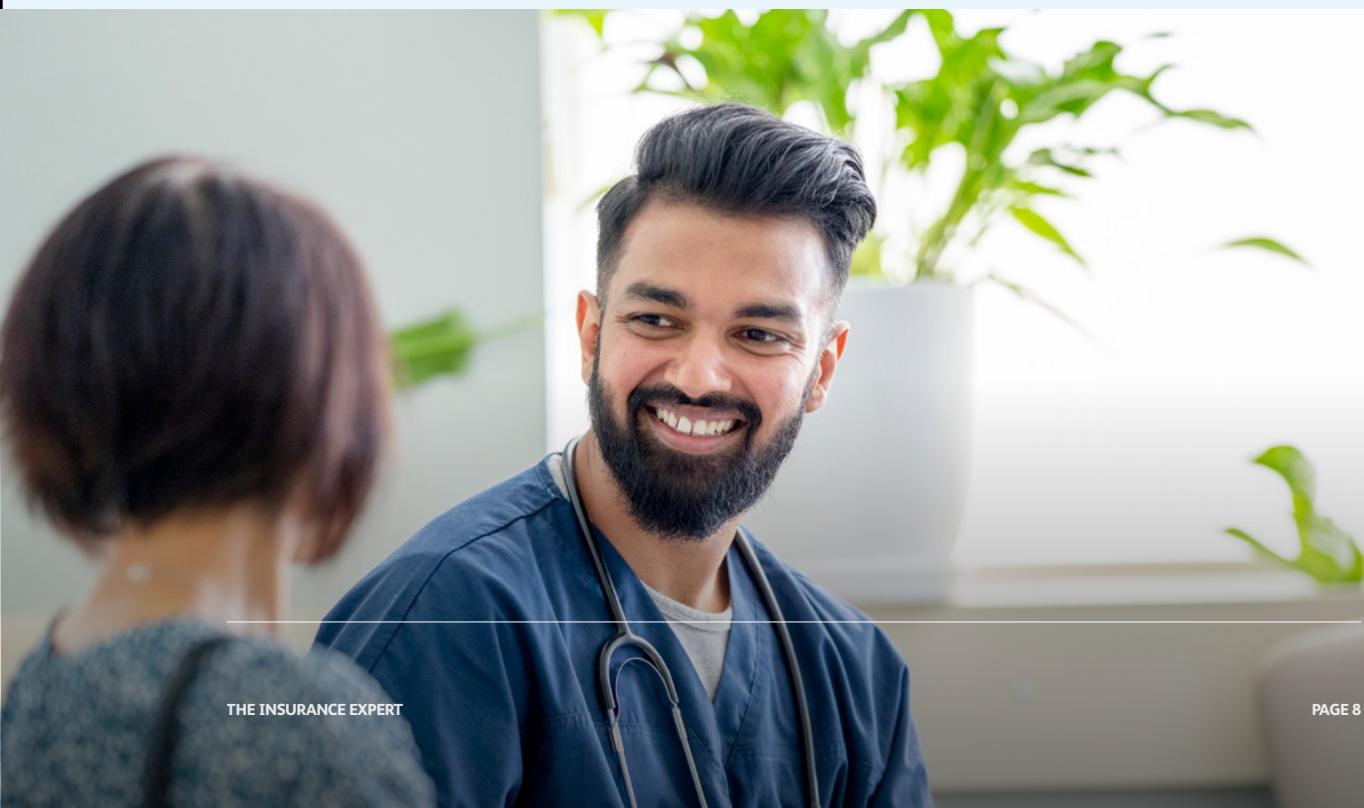
WHAT DOES HEALTH INSURANCE COVER?

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

ARE ALL MEDICAL PROCEDURES COVERED?

Health insurance will cover inpatient procedures that are medically necessary.

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



LIFETIME COMMUNITY RATING

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

The Irish government introduced this legislation back in 2015 which altered the “community rating” which was a rule that everyone should be charged the same rate. The new legislation means that a late entry loading will be applied to anyone who opts to join aged 35 or over.

These loadings were introduced to persuade younger people to purchase health insurance. Younger people tend to claim less than older people. If you wait until you are 35, the government will enforce a levy of 2% for every year after that. The levy will apply for the first 10 years of payment.

THINK ABOUT YOUR LIFESTYLE.

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

It has been used in more of a proactive manner, with many plans now covering your gym membership, consultations with dieticians and counselling.

This has allowed people to live a healthier life and safeguarding themselves from certain illnesses.



This has allowed people to live a healthier life and safeguarding themselves from certain illnesses.

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.

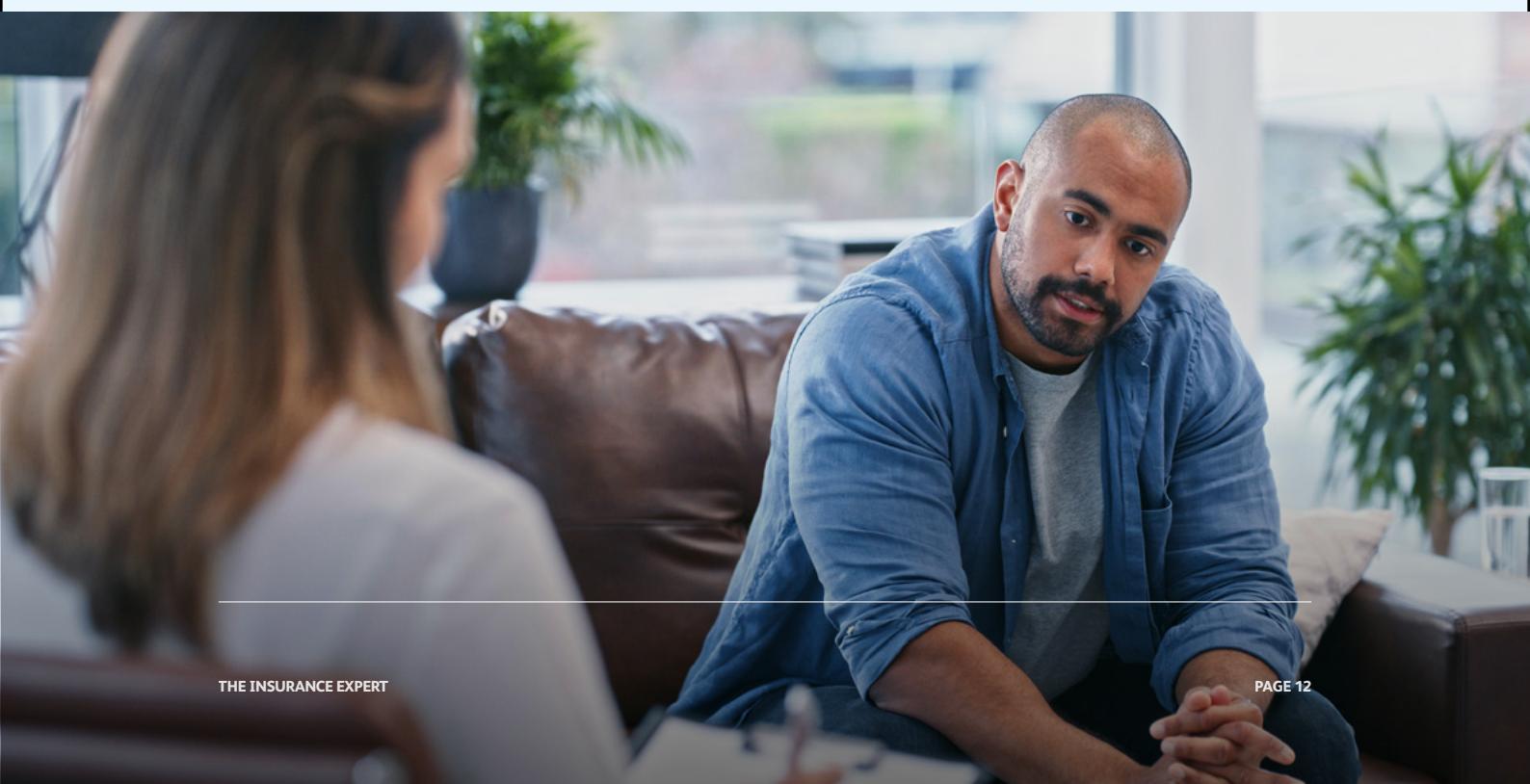
Circumstance	Waiting Period
Pre-existing condition	5 years
New Condition	26 weeks
Accident or new injury	Immediately
Maternity benefits	52 weeks



CHOOSING THE BEST PLAN FOR YOUR NEEDS

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

- **Age:**
This will affect the price (see lifetime community rating above)
- **Price:**
What can you afford to pay on a regular basis?
- **Locality:**
If paying for private cover, is it available in your local area?
- **Future plans:**
are you planning to start a family in the future?



THINGS TO CONSIDER WHEN LOOKING AT HEALTH INSURANCE POLICIES:

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

WILL HEALTH INSURANCE COVER ME WHILE I TRAVEL?

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

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

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



CAN I CLAIM TAX-RELIEF?

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

The relief is given as a discount on the cost of the policy, regardless of who the policy is for. This is known as tax relief at source (TRS).

Adult policy

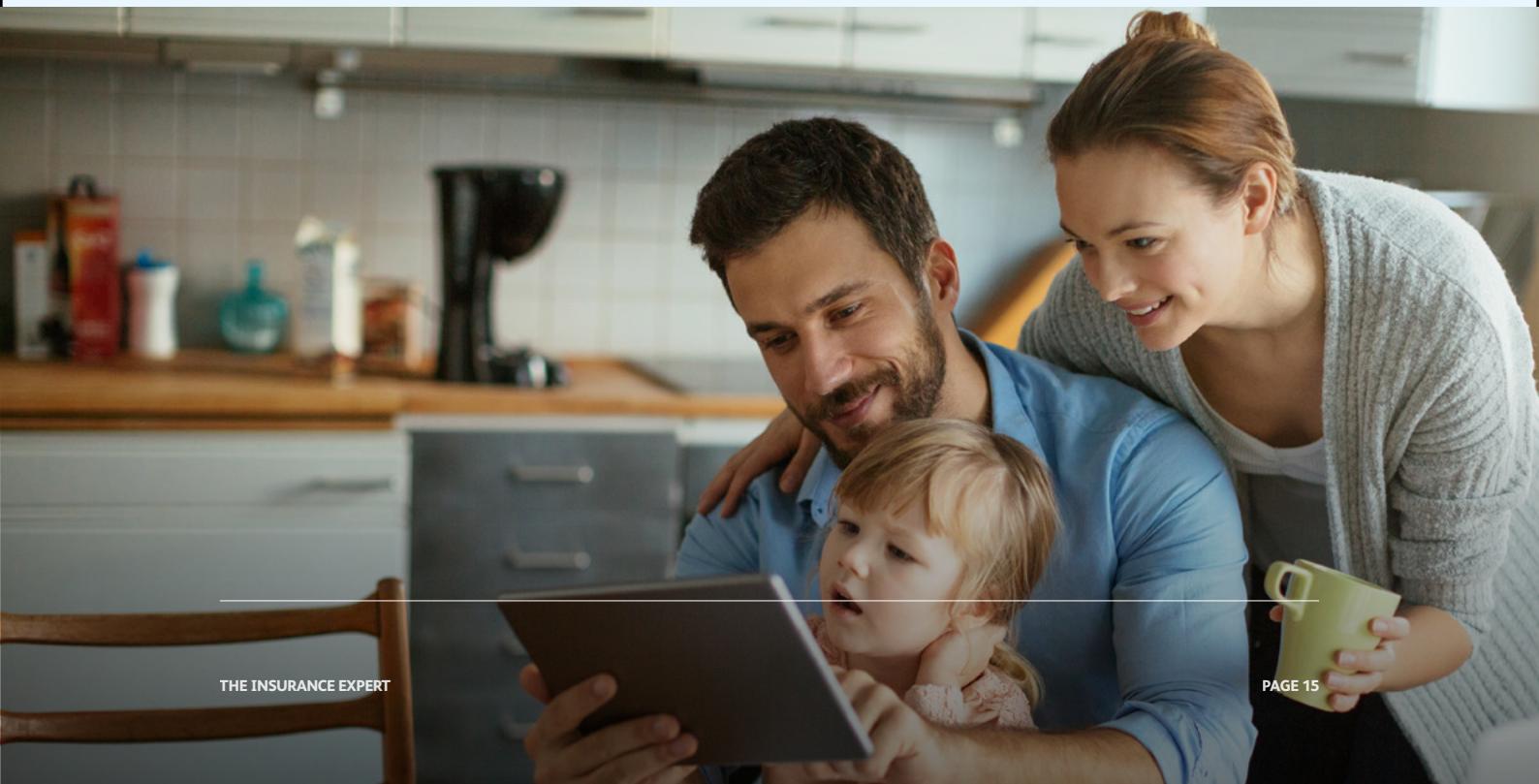
Relief available is equal to the lesser of either:

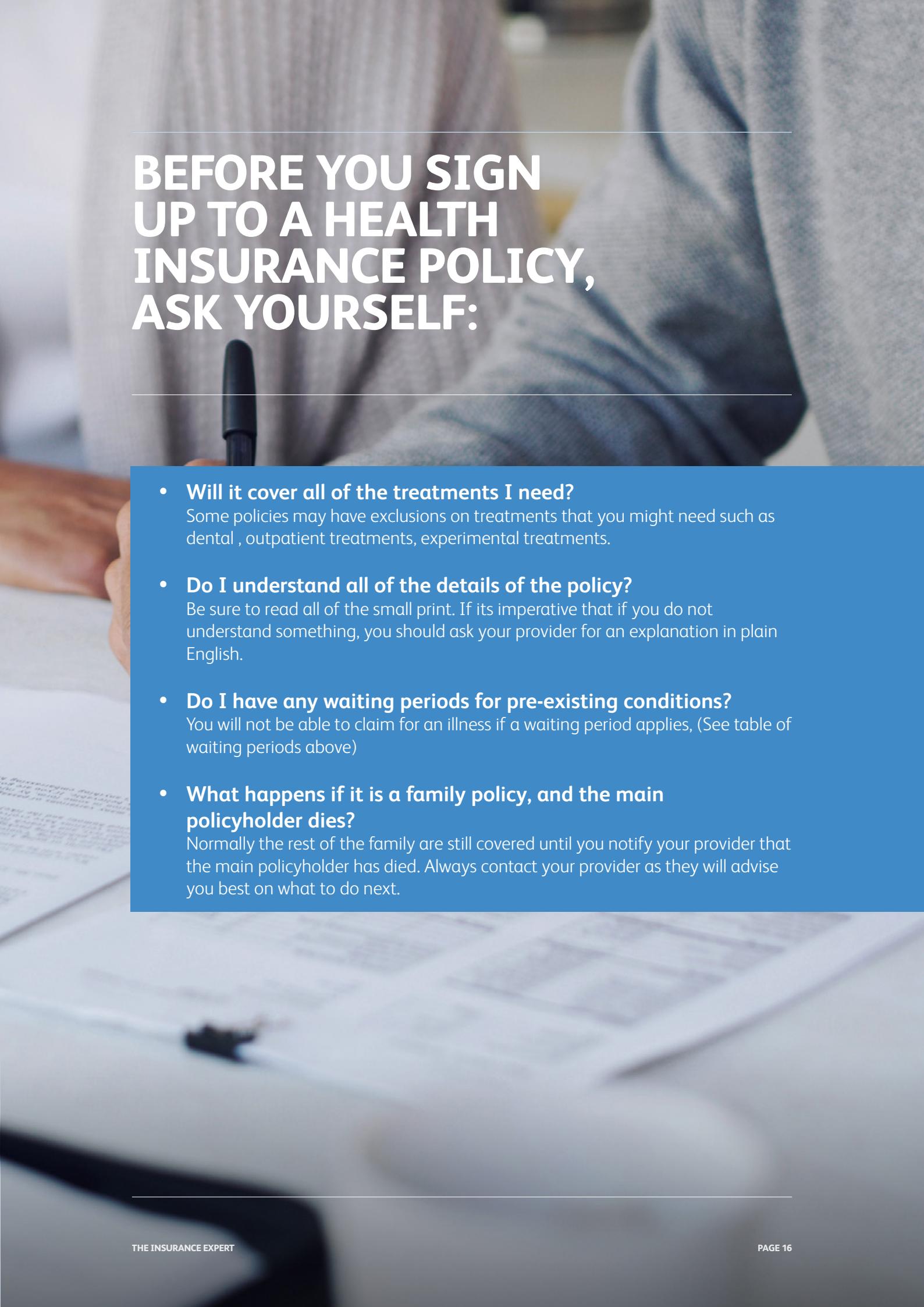
- 20% of the cost of the policy
- 20% of €1000 (a credit of €200)

Child Policy

Relief available is equal to the lesser of either:

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





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

- **Will it cover all of the treatments I need?**

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

- **Do I understand all of the details of the policy?**

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

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

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

- **What happens if it is a family policy, and the main policyholder dies?**

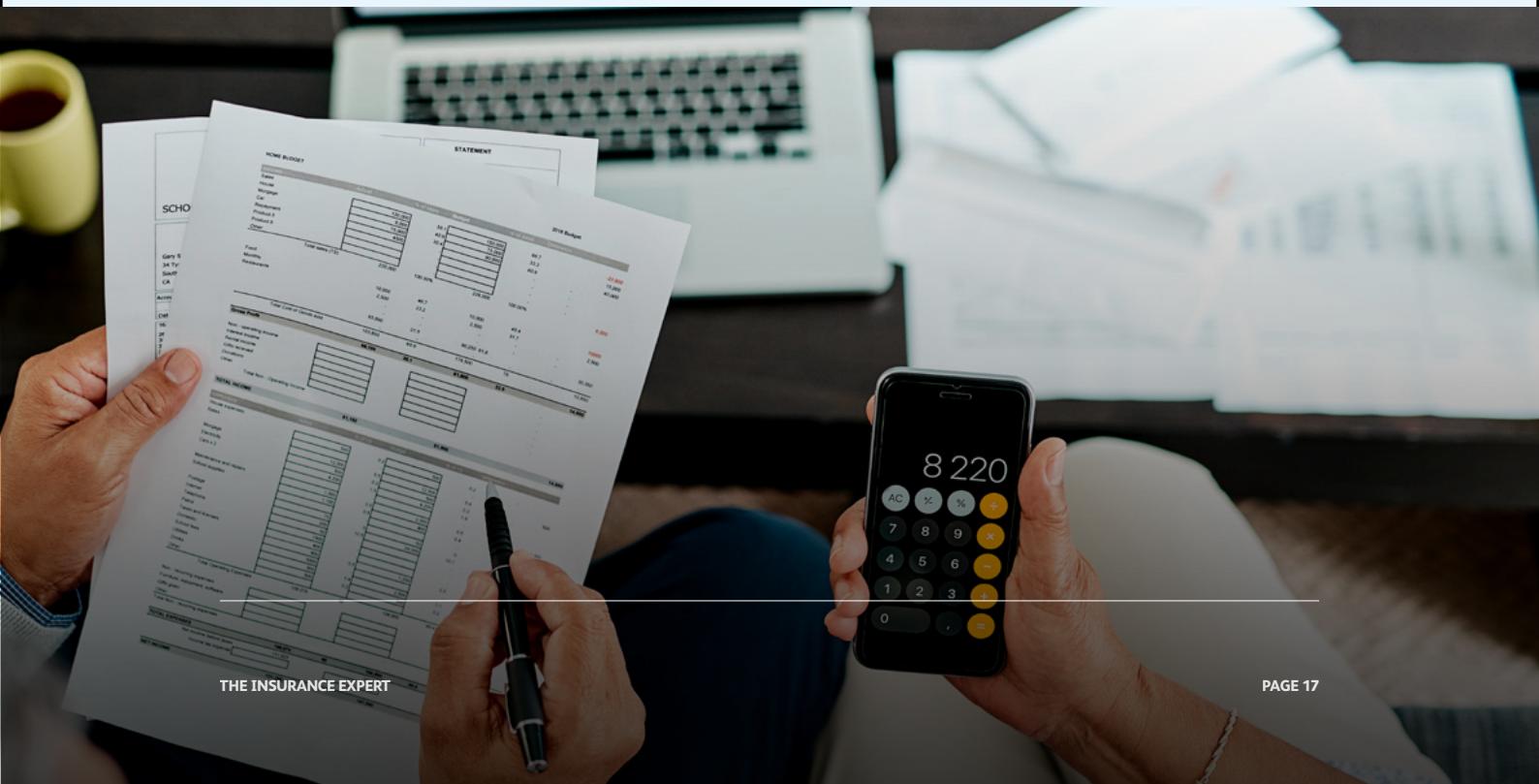
Normally the rest of the family are still covered until you notify your provider that the main policyholder has died. Always contact your provider as they will advise you best on what to do next.

CAN YOU EARN A NO CLAIMS BONUS WITH HEALTH INSURANCE?

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

No claims bonuses (NCBs) are typically associated with motor insurance and refer to a discount on the premium that is applied when you renew your policy if you have not made a claim during the previous year.

However, some health insurance providers in Ireland offer rewards programs or other incentives for policyholders who engage in healthy behaviours or participate in wellness programs. These programs may offer discounts on premiums or other benefits, but they are not the same as a no claims bonus.

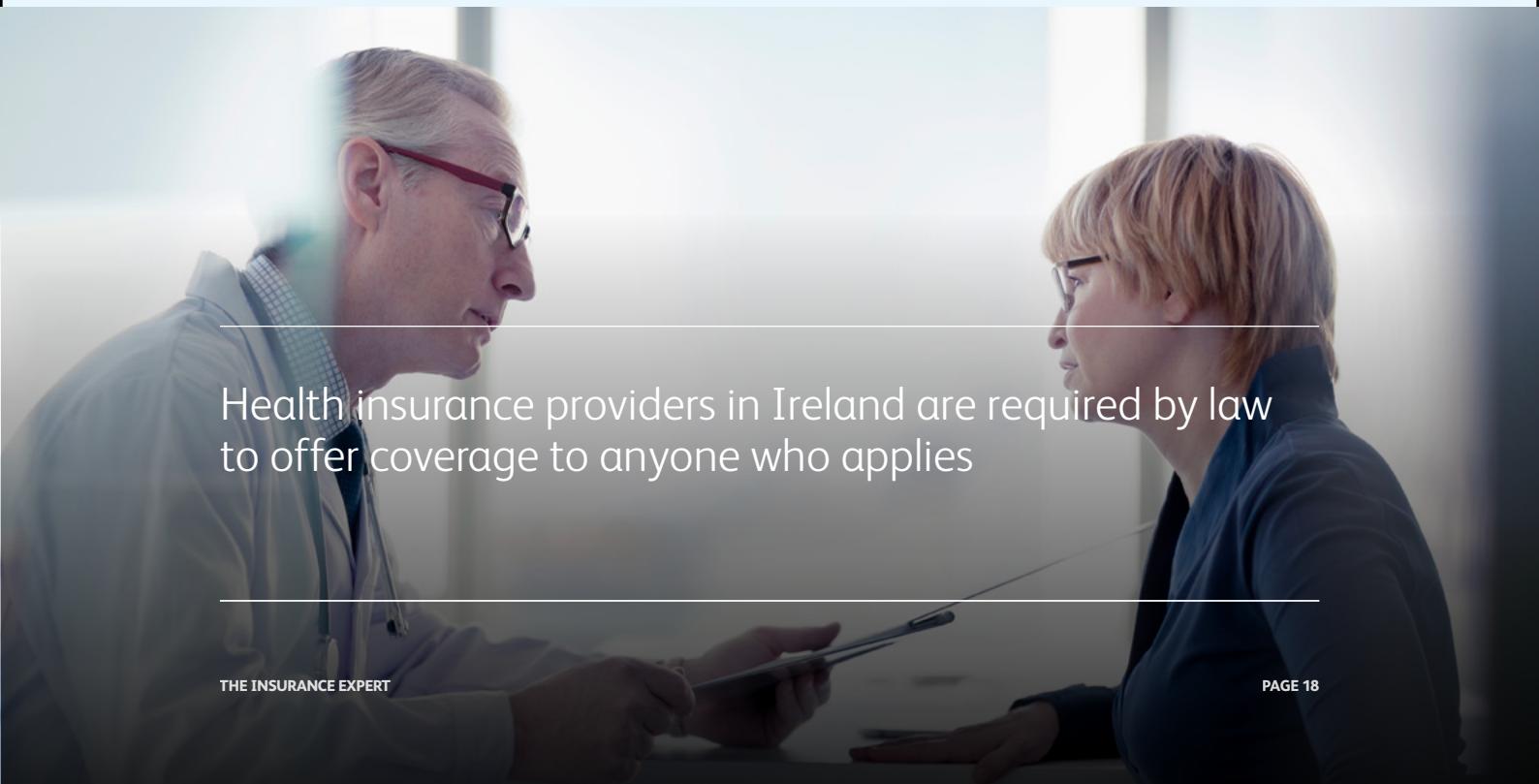


CAN ANYONE IN IRELAND BUY HEALTH INSURANCE

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

However, some factors may affect your ability to purchase health insurance, such as pre-existing medical conditions, age, and affordability.

Health insurance providers in Ireland are required by law to offer coverage to anyone who applies, regardless of their medical history or health status. However, they may impose waiting periods for coverage of certain medical conditions or exclude coverage for pre-existing conditions.

A photograph showing a male doctor with glasses and a white coat, and a female patient with short blonde hair, both looking at a clipboard or document together in a clinical setting.

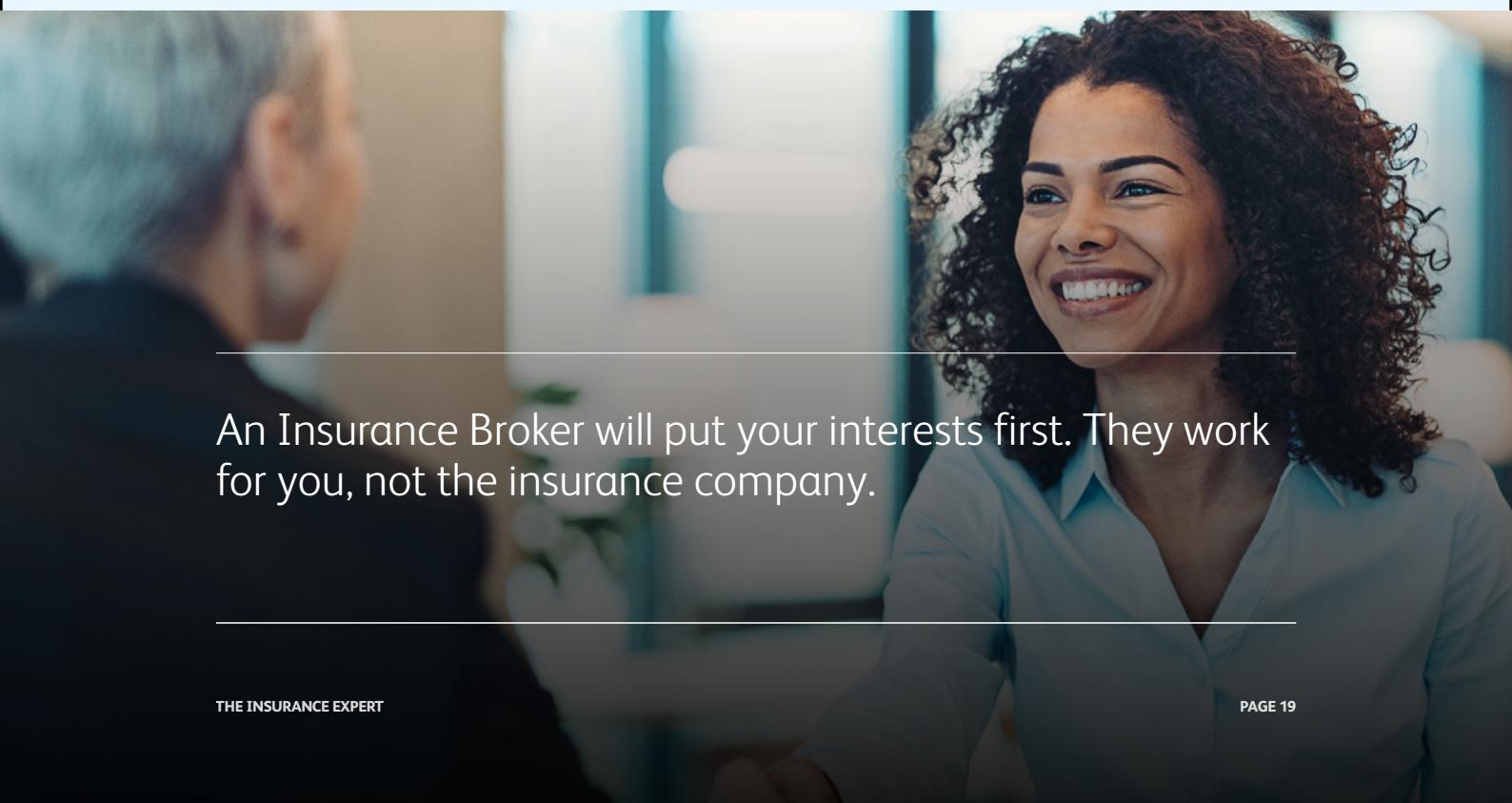
Health insurance providers in Ireland are required by law to offer coverage to anyone who applies

WHERE DO I GO FOR THE RIGHT ADVICE?

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

As an expert who knows the market, they will help you decide what kind of cover you need and choose the right insurer to meet your requirements at the most reasonable cost. An 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.



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www.insurancebroker.ie



Irish Life
health



Membership Handbook

Everyday Care Plans

July
2021

Thank you for choosing Irish Life Health

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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.



1 | YOUR CONTRACT

EVERYTHING YOU NEED TO KNOW ABOUT YOUR POLICY

Your contract with us is made up of the following:

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

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

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

UNDERSTANDING YOUR COVER

Health insurance cover can be difficult to understand so to help you check your cover we have set out a checklist below. We understand that it may be difficult for you to figure out whether you are covered yourself so if you're in any way unsure, please call us on 1890 717 717 and we'll walk you through it.

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

Day-To-Day Benefits

What to look for	Where to check
> Is the benefit covered under your plan?	Your Table of Cover
> How much will we pay?	
> Is there an excess?	

Day-To-Day Benefits

What to look for	Where to check
> What terms and conditions apply to the benefit?	Your Membership Handbook
> How can you claim?	
> What does the benefit cover?	The Lists or the Schedule of Benefits (if applicable)
> Are there any further criteria?	

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

MEMBERSHIP HANDBOOK

This document:

- > will help guide you through your health insurance cover
- > explains the general terms and conditions of your contract with us
- > explains all our benefits including the terms and conditions which apply to each (but please note that all these benefits may not be available on your plan)
- > sets out the things that are not covered under your plan
- > explains how to make a claim

Section 12 of this Membership Handbook contains tables which show the medical facilities that are covered under our plans. They also show if we pay them directly (known as direct settlement) or if you need to pay them yourself and claim this back from us. Your Table of Cover shows which List of Medical Facilities applies to you.

TABLE OF COVER

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

THE SCHEDULE OF BENEFITS

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

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

THE LISTS

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

1. The List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans

This list sets out the *clinical indicators* that must be satisfied for cardiac MRI and cardiac CT scans.

2. List of Provider Partners

This list confirms the provider partners for which you can claim a benefit, discount from or contribution from us under certain benefits.

GROUND RULES

We will only cover the costs of *medical care* which *our medical advisers* believe is an *established treatment* which is *medically necessary*. In addition **we** only cover *reasonable and customary costs*.

CLINICAL INDICATORS

In some cases medical criteria known as *clinical indicators* need to be satisfied before *our medical advisers* will consider the *treatment* or *procedure* to be *medically necessary*. If *clinical indicators* apply, they will be set out in the Radiology section of the Schedule of Benefits or the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.

WAITING PERIODS

Your medical expenses will not be covered until after your waiting periods have expired. Waiting periods are explained in section 6 of this Membership Handbook.

EXCESS/SHORTFALL

You will need to pay any *excess* or shortfall that applies to a *benefit* or a group of *benefits* under *your plan*. **You** can't *claim* these expenses back from *us*. **You** can see if an *excess* or shortfall applies by checking *your* Table of Cover. See section 2.1 of this Membership Handbook for more information on *excesses* and shortfalls.

UNDERSTANDING CHANGES TO YOUR COVER

1. Changes to *your plan* on renewal

From time to time **we** alter the *benefits* available under *our plans*. If **we** alter the *plan* that *you* are on, the *benefit* changes will not affect *you* during *your policy year* but will apply if *you* purchase that *plan* at *your* next renewal. Therefore, it is important to remember that where *you* renew on the same *plan* the *benefits* may not be the same as they were in *your previous policy year*.

2. Changes to *your cover* throughout *your policy year*

In some cases the cover that is available under *your plan* may change throughout *your policy year* for the following reasons:

Changes to the Schedule of Benefits

We review and where necessary amend the Schedule of Benefits regularly to update the *procedures* and *treatments* that are covered by *us* and the clinical indicators, conditions of payment and/or payment indicators that apply to *procedures* and *treatments*. These changes may become effective during *your policy year*. **You** can find the most current version of the Radiology section of the Schedule of Benefits on our website or call us on 1890 717 717 to check cover.

Changes to the Lists of Medical Facilities

We may add *medical facilities* to the Lists of Medical Facilities from time to time. **We** may also need to remove *medical facilities* from the Lists of Medical Facilities if *our* arrangement with those *medical facilities* ends. The *medical facilities* which will be paid directly by *us* may also change from time to time. See section 2.2 of this Membership Handbook for further details. **You** can find the most current versions of these lists on *our* website or call *us* on 1890 717 717 to check cover.

Changes to The Lists

We may need to make changes to the Lists from time to time to update the *procedures*, *treatments* and appliances that are covered under certain *benefits* and review the *clinical indications*, conditions of payment and/or payment indicators that are applied to them. **You** can find the most current versions of these on *our* website or call *us* on 1890 717 717 to check cover.

Changes to benefits provided by provider partners

Provider partner benefits may change or cease during the *policy year* and such changes are outside of *our* control.

Changes required by law

In the event that **we** are legally required to make changes to any of *our contracts*, *policies* or *plans*, such changes shall effect *your plan* immediately.

The changes described above are automatically applied to all *our plans* as soon as they occur. **You** and the *members* named on *your policy* should always check the most recent Schedule of Benefits, List of Medical Facilities and Lists. **You** can do this yourself by checking the most up to date information on *our* website or *you* can call *us* and **we** will check this for *you*.

ACKNOWLEDGMENT

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

2 YOUR COVER & HOW TO CLAIM

The **benefits** available under **your plan** are shown in **your Table of Cover**. They are divided into different sections mainly due to how they are **claimed** or the type of expenses covered.

The following sections of this Membership Handbook explain the different types of **benefits** offered by **us**. Within each section is a table which lists **our benefits**, shows the terms and conditions that apply to each **benefit**, and tells **you** how to **claim** it.

Please note that all these **benefits** may not be available under **your plan**. You should check **your Table of Cover** to see which **benefits** apply to **you** and how much **you** can **claim** under each **benefit**. You will also be able to see on **your Table of Cover** if an **excess** or shortfall applies.

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

If a day-to-day **excess** applies to **your plan**, this will always affect all the **benefits** included in that section of **your Table of Cover**. It doesn't matter if one or more of **your Day-to-day Benefits** appear in a different section in this Membership Handbook.

You will always be covered to the level of cover set out in the **Minimum Benefit Regulations** for the applicable medical services listed in those regulations (subject to any waiting periods). Please see section 6 and the Definitions section of this Membership Handbook for an explanation of the **Minimum Benefit Regulations**. We will always deduct any withholding tax or other deductions required by law before paying **your claim**.

2.1 DAY-TO-DAY BENEFITS

These **benefits** typically allow **you** to **claim** a contribution from **us** towards visits to certain medical practitioners or for certain medical services. The amounts that can be claimed and frequency or number of **visits** they apply to are set out in **your Table of Cover**. Where contributions are listed as a single amount, they are claimable once per **policy year** unless otherwise stated. Please see the "How to calculate your cover under your Day-To-Day Benefits" section below for details on how **you** may be covered under these **benefits**. You can **claim** these **benefits** for medical services received in **Ireland** or when **you** are abroad.

There may be instances where **benefits** in different sections of **your Table of Cover** apply to the same medical expenses. In this instance when claiming online, please check **your Table of Cover** to choose the section **you** wish to **claim** under. You cannot **claim** for the same medical expenses twice.

Day-to-Day Benefits	
Benefit	Description / Criteria
> Consultant fees > Dentist visits > Physiotherapist or Physical Therapist* visits > Acupuncturist* > Chiropodist* > Chiropractor* > Dietician* > Massage therapist* > Medical herbalist* > Nutritionist* > Occupational therapist* > Orthoptist* > Podiatrist* > Reflexologist* > Reiki practitioner* > Speech therapist*	Under these benefits we will contribute towards the costs of attending the practitioners named in the benefit for treatment provided to a member on a one to one basis. Consultant fees excludes costs incurred for maternity related consultations. Where practitioner visits are shown as having a combined benefit on your Table of Cover , we will pay the maximum number of consultations overall for any and all of those combined visits each year and not for each type of practitioner visit separately.
> Minor Injury Clinic Cover (Pay & Claim)	This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor injury clinic. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. You can find the most current list of minor injury clinics covered on our website www.irishlifehealth.ie/hospital-lists

Day-to-Day Benefits	
Benefit	Description / Criteria
> Optical (eye test and/or glasses/lenses combined)	This benefit allows you to claim back some of the costs of an eye test and glasses/lenses (including contact lenses) provided by a qualified optician, orthoptist, optometrist* or an ophthalmologist.
> Pathology & Radiology	This benefit allows you to claim back some of the costs of pathology and/or radiology (<i>i.e.</i> x-rays, mammograms and non-maternity ultrasounds carried out in an accredited medical facility) up to the limit listed on your Table of Cover.
> Pre/post natal medical expenses	<p>This benefit allows you to claim back some of the costs of pre/post natal care provided by a consultant, GP or a midwife* during and after your pregnancy. The following costs can be claimed per pregnancy:</p> <ul style="list-style-type: none"> > 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. <p>This benefit covers pre/post natal care which is received between 9 months before and 3 months after your anticipated delivery date.</p>
> GP and Prescriptions	Under this benefit we will contribute towards the costs of attending a GP and/or prescriptions (prescribed by a GP , consultant , dentist or prescribing nurse*) up to the limit listed on your Table of Cover. This benefit excludes costs of the use of a remote GP advice line / digital consultation service – these services are provided through the Virtual GP benefit .
> Psychotherapy and counselling benefit	This benefit allows a member to claim back some of the cost of attending a psychotherapist* or a counsellor*, or to claim back some of the costs of consultations with a practitioner at the Dean Clinic.
> Health Screen	<p>This benefit allows you to claim back some of the costs of health screening.</p> <p>A health screen includes some or all of the tests listed below:</p> <ul style="list-style-type: none"> > 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. <p>This benefit is only available where the health screen is carried out in a clinical environment by a qualified practitioner. Subsequent consultations, treatment or therapy is not covered under this benefit. If the consultation takes place within a hospital or clinic, all consultations must be received on an out-patient basis.</p>
> At Home Lipid or Iron Test	Under this benefit we will contribute towards the cost of an at home Lipid/Cholesterol or Iron/Ferritin testing kit once per policy year .
> At Home STI Screening	Under this benefit we will contribute towards the cost of an at home STI screening kit once per policy year .
> Mindfulness course	Under this benefit you can claim a contribution from us towards the cost of an annual subscription to the HEADSPACE or Calm mindfulness apps or the cost of a mindfulness course or programme which is listed on the Qualifax database available at www.qualifax.ie .

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

How to claim

You need to pay the practitioner/**health care provider** yourself and then **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through **our** online **claims** tool (**Irish Life Health Online Claiming**) in **your member** area on www.irishlifehealth.ie. Where **your** broker offers an online claiming facility, **your** receipts should be uploaded through their online claiming tool. **You** must submit **your** receipts within six months of the end of **your policy year**. If **your** receipts are not received within these six months, **your claim** will not be paid.

You should keep **your** original receipts for **your** own records and in case **we** request them to be resubmitted. Please ensure that all receipts state:

- > The amount paid;
- > The full name of the **member** receiving **treatment** and their date of birth;
- > The date the **treatment** was received;
- > The type of practitioner that **you** attended;
- > The name, address and qualifications of the practitioner providing the care on the practitioner's headed paper.

When claiming for prescription costs **you** must also submit the prescription claim form issued by **your** pharmacist.

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

How to claim

You can find the most current lists of facilities on our website www.irishlifehealth.ie/hospital-lists. The medical facilities which will be paid directly by us may change from time to time.

Benefit	Description / Criteria
Diagnostic Scans (in approved centres)	<p>Under this benefit we will provide cover for the MRI or CT scans listed below when carried out in an approved facility in your List of Medical Facilities on pages 19–20 (i.e. on approved centre). The following criteria must be satisfied before your scan will be covered:</p> <p>MRI Scans You must be referred by a consultant or GP. 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.</p> <p>CT Scans You must be referred by a consultant or GP. For CT 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.</p> <p>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).</p> <p>Cardiac CT Scans You must be referred by a consultant. All cardiac CT scans must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities in section 12 of this Membership Handbook). Calcium CT scoring is not covered under this benefit.</p> <p>In addition the clinical indicators which relate to your type of scan must be satisfied before it will be covered. The clinical indicators which must be satisfied before you will be covered for a cardiac MRI or cardiac CT scan are set out in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.</p>

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 for **your** scan type in **your** List of Medical Facilities), **we** will pay the scan facility directly up to the **policy limit** specified on your Table of Cover. There is no cover available if **your** scan is carried out in a non-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 trading as Health Hero**. You can speak to a GP anytime day or night over the phone, or if you would prefer a face-to-face consultation, the online video service is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). If necessary, through this service GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be faxed 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be faxed the next working day . This service shouldn't be used for emergencies or urgent conditions as this may delay necessary treatment .

How to claim

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

Benefit	Description / Criteria
Virtual Physio	This benefit gives you access to consultations with a Chartered Physiotherapist provided by Medical Solutions UK Limited trading 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, to provide a clinically appropriate treatment plan which may or may not include further consultations. There may be a limit to the number of consultations available per policy year but this will be detailed on your Table of Cover. This benefit may not be suitable for members who are currently pregnant without written clearance from their GP or for members who are recovering from or seeking rehabilitation after recent surgery. This benefit is only available to members who are 16 years and over and only relates to physiotherapy provided by Medical Solutions UK Limited trading as Health Hero**. This service shouldn't 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 book a consultation.

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

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 book a consultation.

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

HOW TO CALCULATE YOUR COVER UNDER YOUR DAY-TO-DAY BENEFITS

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



2.2 | OVERSEAS BENEFITS

EMERGENCY IN-PATIENT TREATMENT ABROAD

Our Hospital bill for **in-patient treatment benefit** provides cover towards **your** medical costs where **you** require **emergency care** outside **Ireland**. The table below explains more about this **benefit**. This **benefit** is not a substitute for travel insurance. **We** recommend that **you** purchase travel insurance prior to travelling outside **Ireland** and obtain a European Health Insurance Card before **you** travel (see www.ehic.ie).

All **claims** will be assessed and settled in euro. **Irish Life Health** will use the foreign exchange rate which applied at the date of the invoice from the **medical facility** abroad.

Waiting periods may also apply, please see section 6.

Where **you** have not been admitted overnight for **treatment** as an **in-patient**, some of the costs incurred may be claimed under **your** day to day **benefits**, please refer to **your** table of cover to see what **benefits** **you** may **claim** for and whether these are subject to an **excess**.

Emergency In-patient Treatment Abroad

Benefit	Description / Criteria
Hospital bill for in-patient treatment	<p>Under this benefit we will contribute towards your medical costs for emergency care in a medical facility abroad whilst on a temporary stay abroad not exceeding 31 days in duration where:</p> <ul style="list-style-type: none">> 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;> You have not travelled against medical advice;> You were not suffering from a terminal illness when you left Ireland; and> You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. <p>You must pay the medical facility yourself and claim the benefit from us. There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover.</p>

Benefit	Description / Criteria
	<p>We will not cover:</p> <ul style="list-style-type: none">> non-medical expenses;> costs incurred where you did not stay overnight in hospital> medical care that has not been authorised and arranged by us;> elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care;> medical care that could be delayed until your return to Ireland.

How to claim

We must **authorise** and arrange **your in-patient emergency care**. You must call **our** international assistance number 00353 148 17840 before you are discharged from the **medical facility** where you received **your emergency medical care**. **You** will also need to provide **us** with details of **your travel insurance** and **your European Health Insurance Card**. If **you** are unable to contact **our** international assistance number, a third party may do so on **your behalf**.

You must pay the **medical facility** and **health care providers** yourself and **claim** the amount covered under this **benefit** back from **us**. **You** will need to submit **your original receipts** to **us** to do so. **You** should send all receipts to **us** in an envelope with **your name, address and membership number** (see section 10 of this Membership Handbook). Unfortunately **we** are unable to return **your original receipts** to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your records**.

Please note that our Hospital bill for in-patient treatment **benefit** will not apply where **your emergency care** is required:

- > for a nervous, mental or psychiatric condition;
- > for conditions and/or **injuries** arising from excessive alcohol consumption;
- > for conditions and/or **injuries** arising from **substance abuse**;
- > for conditions and/or **injuries** arising from deliberately injuring yourself;
- > for conditions and/or **injuries** arising from **your own negligence**;
- > for conditions and/or **injuries** arising from **hazardous sports**;
- > for conditions and/or **injuries** arising from breaking the law;
- > for conditions and/or **injuries** arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline;
- > in a country in which the Irish Department of Foreign Affairs has recommended that **you** should avoid non-essential travel or not travel; and
- > for giving birth where **you** travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of **your departure** that **you** would give birth abroad.

You must have an Irish PPSN in order to claim any of the above benefits. If you do not have an Irish PPSN, you will not be covered for any medical or additional costs incurred while outside Ireland or the cost of repatriation to Ireland.

3 EXCLUSIONS FROM YOUR COVER

We do not cover the following (subject to compliance with the *Minimum Benefit Regulations* as they apply to your cover):

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

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

4 YOUR POLICY

JOINING IRISH LIFE HEALTH

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

CHANGING YOUR POLICY

The *policyholder* can make changes to their *policy* or any of the *plans* listed on their *policy* at any time by logging onto the membership area on *our* website (www.irishlifehealth.ie/members/manage-my-plan) or by contacting *us* (or their broker) directly. Changes can affect the premium that is payable. If a change is made to the *policy*, *we* will issue new *policy* documents to the *policyholder* as soon as the change is completed. *We* cannot take instructions to make changes to the *policy* or any of the *plans* listed on the *policy* from a *member*. However, the *policyholder* can nominate a person to act on their behalf to make changes to the *policy* or any of the *plans*. If *you* wish to nominate someone, please call or write to *us* and let *us* know if they have authority to act on the entire *policy* or just specific *plans*.

Where a *plan* is altered prior to the end of the *policy year*, the Day-to-day Benefits will be applied on a *pro-rata* basis.

RENEWING YOUR PLAN

To renew *your* membership:

- > If *you* pay in monthly instalments by direct debit, simply continue to make *your* direct debit payments. *We* will automatically renew *your policy*.
- > If *you* pay *your* annual premium in advance by credit card, please contact *us* to arrange payment and renew *your policy* (see section 10 of this Membership Handbook for *our* contact details).

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

CANCELLING YOUR POLICY

Your policy or any of the *plans* listed on *your policy* may be cancelled before the end of *your policy year* for one of three reasons:

1) You no longer want health insurance with *Irish Life Health*

The *policyholder* can choose to cancel the *policy* or any of the *plans* listed on the *policy* at any time. To do this, they just need to call *our* customer services team or let *us* know in writing. If we're asked to remove a *member* from the *policy*, *we* reserve the right to tell them that they are no longer covered, however, please note that it is not *our* policy to do so. It is the *policyholder's responsibility* to inform the *members* on their *policy* of any changes that affect their cover.

2) Premiums are not kept up to date

We will cancel the *policy* or any of the *plans* listed on *your policy* if *you* do not pay *your* premium when it falls due. *We* will cancel the *policy* or any of the *plans* listed on the *policy* from the date that *your* premiums were paid up to (the Cancellation Date). *We* will not pay any *claims* for goods or services received after the Cancellation Date. *We* will send *you* a letter or email giving *you* 14 days' notice of *our* intention to cancel. *We* will send this to the last postal or email address *you* provided.

3) Incorrect information / fraud

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

- > *we* are provided with incorrect information about any of the *members* named on the *policy*; or
- > if any of the *members* named on *your policy* try to or make a fraudulent *claim*.

CONSEQUENCES OF CANCELLATION

Once a *plan* is cancelled, the *member* will no longer be covered. *We* will not pay any *claims* for goods or services received after the Cancellation Date. *We* will be entitled to recover any *claim* amount paid to a *member* for goods or services received after the Cancellation Date. The Day-to-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.

If a fully paid *policy* or *plan* is cancelled before the end of the *policy year* and no *claims* have been made before the *policy* or *plan* is cancelled, *we* will reimburse the *policyholder* for the cover the *members* have not received – i.e. from the Cancellation Date until the next *renewal date*. Please note *we* will apply a mid-term cancellation charge (*you* can find more information about this charge in the paragraph below). *We* will not return the amount of premium for any cover received before the date of cancellation. If *we* cancel a fully paid *policy* or *plan* before the end of the *policy year* due to the provision of incorrect information or fraud, *we* will not refund any of the premium that has already been paid.

MID-TERM CANCELLATION CHARGE

We will apply a mid-term cancellation administration fee of €25 if:

- > *you* choose to cancel *your policy* or any of the *plans* listed in *your policy* before the end of *your policy year*;
- > *we* are forced to cancel *your policy* or any of the *plans* listed in *your policy* due to non-payment of premium, because *you* or any of the *members* on the *policy* try to *claim* when *you're*/they're not entitled to or because *you* have provided *us* with incorrect information.

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

COOLING OFF

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

PAYING YOUR PREMIUMS

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

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

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

GENERAL RULES

- > Your policy is governed at all times by the laws of Ireland and the exclusive jurisdiction of the courts of Ireland;
- > All policy documents and communications to members will be in English. We can provide policy documents and/or communications in braille or large print if requested;
- > You can only take out health insurance in Ireland if you are a resident of Ireland. If you are not a resident of Ireland we will not be able to provide you with health insurance cover and we will decline any claims made by you whilst you are not a resident of Ireland;
- > You may be required to validate the information contained in your claim form. We may contact you during the claims process for this purpose;
- > Where the amount that can be claimed under a benefit is greater than the amount you have been charged for the goods or services that are covered under that benefit, we will only cover the amount that you have been charged subject to any excess, shortfall or co-payment which may apply;
- > Where we cover the cost of goods or services that you have received as a result of an accident or injury for which another person/company/public body may be liable and you make a claim or take legal action against such other person/company/public body, you must include the cost of the goods or services covered by us in the damages you seek to recover from the person/company/public body. If you successfully recover some or all of the costs covered by Irish Life Health, by whatever means, you must reimburse us as soon as possible. We will not contribute towards the costs of pursuing such a claim or legal action;
- > Where you (or any other person for whom you are seeking health insurance) hold any form of health insurance with another company you must let us know at the inception of your policy. Where the costs of the goods or services which are covered under your plan with 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 cover on your plan, this lower level of cover becomes effective immediately;
- > You must provide details of your membership with us to your medical facility and health care providers before undergoing your procedure or treatment;
- > We will not return the original receipts you send us as part of your claim, however, we may return other original documents you submit to us provided you let us know you require us to return them to you at the time you submit them to us;
- > We will not pay your claim where you have failed to comply with any of the terms of our contractual documents;
- > We have absolute discretion whether or not to exercise our legal rights. Failure to exercise our legal rights shall not prevent us from doing so in the future;
- > Irish Life Health and our agents reserve the right to review any information which relates to the medical care, goods or services that you are claiming for (including your medical records) where we are of the opinion that access to such information is required to process your claim and/or detect or prevent fraud. You must provide your medical facility and health care providers with any consents which they require to allow them to release such information to Irish Life Health and our agents. We will not pay your claim where we are unable to gain access to any information which we believe is necessary to enable us to process the claim or detect fraud;
- > If any provision of this Membership Handbook is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of this Membership Handbook and all provisions not affected by such invalidity or unenforceability shall remain in full force and effect.
- > Any dispute between you and us (about our liability over a claim or the amount to be paid, where the amount of the claim is €5,000 or more) must be referred (within 12 months of the dispute arising) to an arbitrator appointed jointly by you and us. If we cannot agree on an arbitrator, the President of the Law Society of Ireland will decide on the arbitrator and the decision of that arbitrator will be final. We may not refer the dispute to arbitration without your consent where the amount of the claim is less than €5,000. If you do not refer such a dispute to arbitration within 12 months, we will treat the claim as abandoned.



PRE-EXISTING CONDITION WAITING PERIODS

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

You will not be covered for a **pre-existing condition** during your **pre-existing condition** waiting period. Our **medical advisers** will decide whether **your claim** relates to a **pre-existing condition**. Their decision is final.

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

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

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 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 insurer) after **your** health insurance had lapsed for more than 13 weeks.

Pre-Existing Condition Waiting Periods

Benefit	Under 55 years old	55 years and older
Overseas Benefits		5 years
All Day to Day Benefits		
Diagnostic Scans (in approved centres)		None
Minor Injury Clinic Cover		
Minor Injury Clinic Cover (Pay & Claim)		

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

- Initial waiting periods
- **Pre-existing condition** waiting periods
- Upgrade waiting periods

INITIAL WAITING PERIODS

Initial waiting periods apply when **you** take out health insurance for the first time or when **you** take out health insurance after **your** health insurance has lapsed for more than 13 weeks. **You** will not be covered during **your** initial waiting period.

Initial waiting periods do not apply in the following circumstances:

- To **claims** made in respect of children who have been added to **your policy** within 13 weeks of the date of their birth
- To **claims** made in respect of adopted children who have been added to **your policy** within 13 weeks of the date of their adoption
- To **claims** in respect of **emergency care** for **accidents** and **injuries**.

The table below sets out the initial waiting periods applied by **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.

Initial Waiting Periods		
Benefit	Under 55 years old	55 years and older
Overseas Benefits		26 weeks
All Day to Day Benefits	None	26 weeks
Diagnostic Scans (in approved centres)		
Minor Injury Clinic Cover		
Minor Injury Clinic Cover (Pay & Claim)		



UPGRADE WAITING PERIODS

An upgrade waiting period will apply when *you* upgrade *your* cover (*i.e.* *you* purchase a *plan* with more comprehensive cover than *your* previous plan). This may happen if *you* change *your* *plan* with *us* or when coming to *Irish Life Health* from another health insurer. *We* will apply an upgrade waiting period to *claims* where your treatment relates to a pre-existing condition. Where an upgrade waiting period applies, *we* will cover *you* up to the level that was available under the *benefit* that *you* are claiming of *your* previous plan. Where the *benefit* *you* are claiming was not available on *your* previous *plan*, *you* will not be covered.

A *pre-existing condition* is any ailment, illness or condition that, on the basis of medical advice, the signs or symptoms of which existed at any time in the period of six months ending on the day on which

- > *you* took out health insurance for the first time
- > or *you* took out health insurance after *your* health insurance had lapsed for more than 13 weeks.
- > or *you* upgraded *your* cover to a higher level *plan*

In these circumstances, *you* will be covered up to the level of cover that was available on the *plan* that *you* previously held before upgrading *your* cover. Please see the upgrade waiting period table below for the details of upgrade waiting periods by *benefit* type. *Our* medical advisers will determine when *your* ailment, illness or condition commenced. Their decision is final.

The table below sets out the upgrade waiting periods applied by *Irish Life Health*. These waiting periods will apply from the date *you* upgraded.

Upgrade Waiting Periods		
Benefit	Under 55 years old	55 years and older
Overseas Benefits		2 years
All Day to Day Benefits	None	26 weeks
Diagnostic Scans (in approved centres)		
Minor Injury Clinic Cover		
Minor Injury Clinic Cover (Pay & Claim)	None	



7 FRAUD 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 comprehensive investigation. If a *claim* submitted by *you* or on *your* behalf is found to be fraudulent or dishonest in any way, the *claim* will be declined in its entirety, *benefits* under the *policy* will be forfeited and the *policy* and/or any *plans* listed on the *policy* may be cancelled. *We* reserve the right to refer the matter and details of the fraudulent *claim* to the appropriate authorities for prosecution.

8 GROUP SCHEMES

If *your* *plan* was started as part of a *group scheme* arrangement and the *group scheme sponsor* is acting on *your* behalf, *you* agree that the *group scheme sponsor* will have the following powers and responsibilities for the *policy*:

- > The *group scheme sponsor* may instruct *us* to start and cancel the *policy*;
- > The *group scheme sponsor* may instruct *us* to change *your* *plan* or level of cover;
- > The *group scheme sponsor* may instruct *us* to add or reduce the number of *members* on the *policy*;
- > The *group scheme sponsor* may amend or cancel any or all of the *plans* listed under the *policy*;
- > The *group scheme sponsor* must ensure that all premiums are paid on time as unpaid premiums may impact whether *claims* are paid;
- > The *group scheme sponsor* must ensure that all adequate consents from *members* are obtained prior to the *policy* entering into force, including consents from *members* for the processing of their personal data.

Members who are part of a *group scheme* arrangement may require the permission of the *group scheme sponsor* to amend their cover. In such circumstances, the *members* may be required to pay additional premium for such amended cover. If *you* join a *group scheme* after the scheme start or renewal date, your benefit entitlement may be adjusted on a *pro-rata* basis.

If *your* *policy* was arranged through a *group scheme sponsor*, *your* cover will continue as long as *you* fulfil the conditions for participation in the *group scheme* and the *group scheme sponsor* continues to pay *your* premium.

9 PREMIUM CHANGES

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

10 YOUR CONTACTS

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

IRISH LIFE HEALTH CUSTOMER SERVICE TEAM

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

Address: Customer Care Team, *Irish Life Health* dac,
PO Box 13028, Dublin 1

E-mail: heretohelp@irishlifehealth.ie

Telephone: 1890 717 717 or 021 480 2040

CORPORATE ENQUIRIES

E-mail: justaskus@irishlifehealth.ie

Telephone: 1890 721 721

CLAIMS SUBMISSION

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

APPEALS

Should *you* wish to appeal a *claim* decision, *you* can contact the Customer Care Team:

- > By phone on 1890 717 717
- > By email: heretohelp@irishlifehealth.ie
- > By post at: Claims Support Team, PO Box 13028, Dublin 1

If *you* remain dissatisfied with the appeal decision, *you* may refer *your appeal* to the Financial Services and Pensions Ombudsman (FSPO) at the following address:

Financial Services and Pensions Ombudsman

Lincoln House,

Lincoln Place,

Dublin 2,

D02 VH29.

Telephone: (01) 567 7000

Email: info@fspo.ie

Website: www.fspo.ie

INTERNATIONAL ASSISTANCE NUMBER

You must call this number in advance of receiving any *emergency care* outside *Ireland*.

Telephone: 00353 148 17840

COMPLAINTS

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

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

Alternatively *you* can contact the Complaints Team:

- > By phone on 1890 717 717
- > By email: heretohelp@irishlifehealth.ie
- > By post at: The Complaints Team, PO Box 13028, Dublin 1

If *you* remain dissatisfied with *Irish Life Health*, *you* may refer *your complaint* to the Financial Services and Pensions Ombudsman (FSPO) at the following address:

Financial Services and Pensions Ombudsman

Lincoln House,

Lincoln Place,

Dublin 2,

D02 VH29.

Telephone: (01) 567 7000

Email: info@fspo.ie

Website: www.fspo.ie

ACCIDENT

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

ACUTE

Short and sharp onset and which requires immediate medical attention.

AUTHORISE(D)

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

BENEFIT

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

CLAIM

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

CLINICAL ENVIRONMENT

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

CLINICAL INDICATORS

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

CONSULTANT

Consultant means a medical practitioner who:

- > is engaged in hospital practice;
- > holds all necessary qualifications to act as a **consultant** in the Republic of *Ireland*;
- > by reason of his/her training, skill and experience in a designated specialty (including appropriate specialist training) is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and;
- > holds a current full registration as a specialist with the Medical Council of Ireland and is listed on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of *Ireland*.

In relation to *treatments* and *procedures* which are performed outside *Ireland*, a **consultant** is a surgeon, physician or anaesthetist who is legally qualified and recognised to provide the *treatment* or *procedure* in that country on a tertiary referral basis.

DENTIST

A dental practitioner, who:

- > holds a current full registration with the Irish Dental Council,
- > is on the Register of **Dentists**,
- > is qualified to practice as a primary medical care physician,
- > holds a primary medical qualification

DIRECT SETTLEMENT

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

EEA

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

E.G.

An abbreviation meaning "for example".

EMERGENCY CARE

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

ESTABLISHED TREATMENT

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

EXCESS

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

FIRST DEGREE RELATIVE

A blood related parent, brother, sister, son or daughter of a **member**.

FOLLOW ON CARE

Medical care received after **emergency care** ends including convalescence or **rehabilitation**.

GENERAL PRACTITIONER / GP

A medical practitioner who holds all necessary qualifications to act as a general practitioner in *Ireland*, holds a current full registration with the Irish Medical Council and is registered with *Irish Life Health*.

GROUP SCHEME

A collection of **members** who are insured by *Irish Life Health* as a group under the instructions of a **group scheme sponsor**.

GROUP SCHEME SPONSOR

A **group scheme sponsor** is a natural or legal person whether an employer, association, professional body or otherwise who arranges or facilitates for a group of persons to receive health insurance cover from *Irish Life Health* as a **group scheme**.

HAZARDOUS SPORTS

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

HEALTH CARE PROVIDER

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

I.E.

An abbreviation meaning "that is to say/ specifically"

IMMEDIATE FAMILY

Your parent, child, sibling, spouse and partner.

INJURY

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

IN-PATIENT

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

IRISH LIFE HEALTH

Irish Life Health dac.

HOSPITAL COSTS

Charges imposed by a **medical facility** on an **in-patient** for **medically necessary** services provided by such **medical facility** to such **in-patient**, excluding the costs of take home drugs and the costs of telephone calls made whilst the patient was admitted. The professional fees of **consultants** are not part of **your hospital costs**.

INTERNATIONALLY RECOGNISED HOSPITAL

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

IRELAND

The Republic of Ireland excluding Northern Ireland.

MEDICAL ADVISER

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

MEDICAL CARE

Care relating to the science or practice of medicine.

MEDICAL FACILITY

A hospital, scan centre, or treatment centre.

MEDICALLY NECESSARY

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

- i) is consistent with the **member's** symptoms or diagnosis or **treatment**;
- ii) is necessary for such a diagnosis or **treatment**;
- iii) is not provided primarily for the convenience of the **member**, the **medical facility** or **health care provider** or at the request of the **member**;
- iv) is furnished at the most appropriate level, which can be safely and effectively provided to the **member**;
- v) is for **procedures** and investigations that are **medically proven** and appropriate;
- vi) does not include extended convalescence or palliative care.

MEDICALLY PROVEN

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

MEMBER

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

MEMBERSHIP NUMBER

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

MINIMUM BENEFIT REGULATIONS

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

NEWBORN

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

OUT-PATIENT

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

PLAN

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

POLICY

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

POLICYHOLDER

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

POLICY YEAR

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

PRE-AUTHORISATION / PRE-AUTHORISED / PRE-AUTHORISE

Irish Life Health must agree in advance before certain **treatments** and **procedures** will be covered. This consent is known as **pre-authorisation**.

PRE-EXISTING CONDITION

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

PRIVATE HOSPITAL

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

PROCEDURE

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

PRO-RATA

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

PUBLIC HOSPITAL

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

QUALIFIED PRACTITIONER

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

REASONABLE AND CUSTOMARY COSTS

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

REHABILITATION

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

RENEWAL DATE

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

SUBSTANCE ABUSE

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

TAX RELIEF

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

TERMINAL ILLNESS

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

TRANSPLANTS

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

TREATMENT

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

VISIT

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

WE, US

Irish Life Health dac.

WORKING DAY

Monday to Friday excluding bank holidays.

YOU, YOUR

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

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 and Midwifery Board of Ireland).
Nurse (also including paediatric nurse)	A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board 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 Therapist	A professional who is engaged in the assessment, treatment and management of musculoskeletal disorders and registered with CORU (Health & Social Care Professionals Council) or is a member of the Irish Society of Chartered Physiotherapists (ISCP)
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 Ireland.
Medical herbalist	A member of the Irish Institute of Medical herbalists (IIMH).
Nutritionist	A person who is registered with Nutritional Therapist of Ireland (NTOI)
Orthoptist	A person who holds a BSc or BMEdSci in Orthoptics and is registered with the Irish Association of Orthoptists or the British and Irish Orthoptist Society.
Psychologist	A member of the Irish Association for Counselling & Psychotherapy or a member of the Psychological Society of Ireland.
Psychotherapist or Counsellor	An accredited member of the Irish Association for Counselling and Psychotherapy (IACP) or the Irish Council for Psychotherapy (ICP).
Reflexologist	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.
Reiki practitioner	A member of Reiki Federation Ireland or the Reiki Association of Ireland

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

Scan Facilities: Approved MRI Scan Facilities	Facility Type	Location	Direct Settlement	Approved Cardiac Scan Facilities	List 5
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
Southscan 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, Dublin 16	Scan centre	Dublin	Yes	No	Covered
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 Portiuncula	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

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, Ballinderry	Scan centre	Westmeath	Yes	No	Covered

Scan Facilities: Approved CT Facilities	Facility Type	Location	Direct Settlement	Approved Cardiac Scan Facilities	List 5
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

Minor Injury Clinic: Approved Direct Settlement Minor Injury Clinics	Facility Type	Location	Direct Settlement	List 5
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: Approved Pay & Claim (including HSE) Minor Injury Clinics	Facility Type	Location	Direct Settlement	List 5
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 to the diagnosis, treatment or staging of a cancer.
These lists are subject to change and are correct at time of going to print, July 2021. For the most up-to-date lists, visit www.irishlifehealth.ie.

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All information included in this Membership Handbook is correct at time of going to print, July 2021. For full details and terms and conditions you can access Membership Handbooks on www.irishlifehealth.ie or call us on 1890 717 717.

SOLVENCY AND FINANCIAL CONDITION REPORT

Irish Life Health's Solvency and Financial Conditions Report is available at www.irishlifehealth.ie/privacy-and-legal/solvency-and-financial-condition.







Membership Handbook **Health Plans**

April
2023

Thank you for choosing Irish Life Health

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Words in bold 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.

1 Your Contract

Everything you need to know about your policy

Your contract with us is made up of the following:

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

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

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

Understanding your cover

Health insurance cover can be difficult to understand so to help you check your cover we have set out a checklist below. We understand that it may be difficult for you to figure out whether you are covered yourself so if you're in any way unsure, please call us on 01 562 5100 and we'll walk you through it. In fact we would always advise you to check your cover with us before undergoing any procedure or treatment or being admitted to a medical facility. When checking your cover with us you will need to tell us where you intend to have the procedure or treatment performed; the name of your health care provider and the procedure/treatment code. You can get this information from your health care provider.

The checklists below explain what to look for to see if you are covered under your Day-to-day Benefits, Out-patient Benefits or In-patient Benefits. You will notice that some of your benefits 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.

Day-To-Day Benefits and Out-patient Benefits

What to look for	Where to check
> Is the benefit covered under your plan? > How much will we pay? > Is there an excess?	Your Table of Cover
> What terms and conditions apply to the benefit? > Does a waiting period apply? > How can you claim?	Your Membership Handbook
> What does the benefit cover? > Are there any further criteria?	The Lists (if applicable)

In-patient Benefits

What to look for	Where to check
> Is the treatment or procedure an established treatment? > Is the treatment or procedure medically necessary? > Is your health care provider registered with Irish Life Health and a participating health care provider? > Will you be admitted to a medical facility and if so which one? > If not, where will you be having your procedure or treatment performed?	Your health care provider
> Is your treatment or procedure covered (is it listed in the Schedule of Benefits)? > Do any clinical indicators apply and do you meet them? > Does your treatment or procedure need to be pre-authorised? > Is your treatment or procedure covered when it is carried out by the type of health care provider you are attending (i.e. is it covered when carried out by a GP, dentist, oral surgeon, periodontist)? > 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 your health care provider's rooms?	The Schedule of Benefits or your health care provider
> Which List of Medical Facilities applies to you? > What's your level of cover? i.e. Do you need to pay an excess, shortfall or co-payment?	Table of Cover
> If you are being admitted to a medical facility, is it included in the Lists of Medical Facilities covered under your plan? > Does a waiting period apply? > How can you claim? > Are there any further criteria?	Your Membership Handbook

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

Membership Handbook

This document:

- > will help guide **you** through **your** health insurance cover
- > explains the general terms and conditions of **your** contract with **us**
- > explains all **our benefits** including the terms and conditions which apply to each (but please note that all these **benefits** may not be available on **your plan**)
- > sets out the things that are not covered under **your plan**
- > explains how to make a **claim**

Section 12 of this Membership Handbook contains tables which show the **medical facilities** that are covered under **our plans**. They also show if **we** pay them directly (known as **direct settlement**) or if **you** need to pay them yourself and **claim** this back from **us**. **You** will be covered for the **medical facilities** specified in one of four lists shown in the tables (**your** "List of Medical Facilities"). **Your** Table of Cover shows which List of Medical Facilities applies to **you**.

Table of Cover

Your Table of Cover sets out the **benefits** that are available under **your plan**.

The Schedule of Benefits

The Schedule of Benefits is sectioned by specialty and sets out the **treatments** and **procedures** we cover and which of these need to be **pre-authorised**. It shows the **clinical indicators** that must be present in order for a **procedure** or **treatment** to be covered. It also specifies that certain **treatments** and **procedures** will only be covered if they are performed by a certain type of **health care provider** or if they are performed in a certain place (i.e. in a hospital).

The **GP** section sets out the **procedures** and **treatments** that **we** will cover when they are carried out by **your GP** in their surgery. It also shows which of these **procedures** and **treatments** require **pre-authorisation** and sets out any **clinical indicators** that apply.

These documents contain medical language which is really designed to be read by doctors and **consultants**. For this reason, **we** would advise **you** to contact **us** or **your health care provider** before undergoing **your procedure** or **treatment** to confirm whether it will be covered by **us**. The Schedule of Benefits can be accessed on **our** website at www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits or a hard copy can be requested from **us**.

The Lists

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

1. The List of Special Procedures

This confirms which **procedures** are covered under the Listed Special Procedures **benefit**. See section 2.2 of this Membership Handbook for further information on this **benefit**.

2. The List of Cardiac Procedures

This confirms which **procedures** are covered under the Listed Cardiac Procedures **benefit**. See section 2.2 of this Membership Handbook for further information on this **benefit**.

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

The post-operative home help **benefit** is only available following certain **procedures**. These are set out in the List of Post-Operative Home Help (POHH) Procedures.

4. The List of Medical and Surgical Appliances

This list confirms the medical and surgical appliances for which **you** can **claim** a contribution from **us** under the medical and surgical appliances **benefit**. It also sets out the contribution that can be **claimed** for each appliance.

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

This list specifies the orthopaedic **procedures** where a co-payment applies when such **procedures** are carried out in a **private** or high-tech hospital.

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

This list specifies the cardiac **procedures** where a co-payment applies when such **procedures** are carried out in a **private** or high-tech hospital.

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

This list sets out the **clinical indicators** that must be satisfied for cardiac MRI and cardiac CT scans.

8. The List of Gender Affirmation Procedures

This list confirms which **procedures** are covered under the gender affirmation **benefit**.

9. List of Provider Partners

This list confirms the provider partners for which **you** can claim a **benefit**, discount from or contribution from **us** under certain **benefits**.

10. The List of Ophthalmic Procedures Subject to Co-Payment

This list specifies the ophthalmic **procedures** where a co-payment applies when such **procedures** are carried out in a **private** or high-tech hospital.

11. The List of Care Connect health programmes

This list confirms the health programmes available under the Care Connect **benefit**.

Ground rules

We will only cover the costs of **medical care** which **our medical advisers** believe is an **established treatment** which is **medically necessary**. In addition **we** only cover **reasonable and customary costs**.

Clinical indicators

In some cases medical criteria known as **clinical indicators** need to be satisfied before **our medical advisers** will consider the **treatment** or **procedure** to be **medically necessary**. If **clinical indicators** apply, they will be set out alongside the **procedure** or **treatment** in the Schedule of Benefits or in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.

Pre-authorisation

Certain **procedures** and **treatments** are not covered unless they are approved in advance by **us**. Approval is only given where the **procedure** or **treatment** meets specific **clinical indicators** or **we**

determine that it will result in a reasonably favourable medical prognosis. If **your treatment or procedure** needs to be **pre-authorised**, this will be specified in the Schedule of Benefits. To apply for **pre-authorisation**, **your health care provider** must submit a request in writing to **Irish Life Health** in order for **your claim** to be considered. **We** will assess **your** request as soon as possible but in any case within 15 working days.

Your health care provider

In most cases **your treatment or procedure** will be carried out by **your consultant** but there are some **treatments** and **procedures** listed in the Schedule of Benefits which can be performed by **your GP, dentist, oral surgeon or periodontist**. The professional fees of health professionals can be covered as an In-patient Benefit, an Out-patient Benefit or a Day-to-day Benefit depending on type of care you receive.

Generally when **you** receive a **procedure or treatment** that is listed in the Schedule of Benefits, **your health care provider's** fees will be covered under **your** In-patient Benefits. **We** fully cover **health care providers** who are registered with **us** and have agreed to accept payment from **us** in full settlement of their professional fees (*i.e.* a participating **health care provider**). **You** will have to pay most, or all, of **your health care provider's** fees yourself if they are not registered with **us** or are not participating. Please see section 2.2 of this Membership Handbook for a full explanation about how **your health care provider's** professional fees are covered under **your** In-patient Benefits.

Generally an **out-patient** consultation with a **consultant** or a visit to **your GP or dentist** will be covered as a Day-to-day Benefit or an Out-patient Benefit. In these circumstances it doesn't matter if **your consultant/GP/dentist** is registered with **Irish Life Health** or is participating. Day-to-day Benefits and Out-patient Benefits usually allow **you to claim** a contribution from **us** towards a certain number of visits to **your consultant/GP/dentist** in **your policy year**. If these **benefits** are available under **your plan**, the amount **you can claim** back per visit and the number of visits for which **you can claim** will be shown in **your Table of Cover**.

Waiting periods

Your medical expenses will not be covered until after **your** waiting periods have expired. Waiting periods are explained in section 6 of this Membership Handbook.

Excess/Shortfall/Co-payment

You will need to pay any **excess**, shortfall or co-payment that applies to a **benefit** or a group of **benefits** under **your plan**. **You** can't **claim** these expenses back from **us**. **You** can see if an **excess**, shortfall or co-payment applies by checking **your Table of Cover**. See sections 2.1 and 2.2 of this Membership Handbook for more information on **excesses**, shortfalls and co-payments.

Understanding changes to your cover

1. Changes to **your plan** on renewal

From time to time **we** alter the **benefits** available under **our plans**. If **we** alter the **plan** that **you** are on, the **benefit** changes will not affect **you** during **your policy year** but will apply if **you** purchase that **plan** at **your** next renewal. Therefore, it is important to remember that where **you** renew on the same **plan** the **benefits** may not be the same as they were in **your** previous **policy year**.

2. Changes to **your cover throughout your policy year**

In some cases the cover that is available under **your plan** may change throughout **your policy year** for the following reasons:

Changes to the Schedule of Benefits

We review and where necessary amend the Schedule of Benefits regularly to update the **procedures** and **treatments** that are covered by **us** and the **clinical indicators**, conditions of payment and/or payment indicators that apply to **procedures** and **treatments**. These changes may become effective during **your policy year**. **You** can find the most current versions of these on **our website** or call **us** on 01 562 5100 to check cover.

Changes to the Lists of Medical Facilities

We may add **medical facilities** to the Lists of Medical Facilities from time to time. **We** may also need to remove **medical facilities** from the Lists of Medical Facilities if **our arrangement** with those **medical facilities** ends. The **medical facilities** which will be paid directly by **us** may also change from time to time. See section 2.2 of this Membership Handbook for further details. **You** can find the most current versions of these lists on **our website** or call **us** on 01 562 5100 to check cover.

Changes to The Lists

We may need to make changes to the Lists from time to time to update the **procedures**, **treatments** and appliances that are covered under certain **benefits** and review the **clinical indications**, conditions of payment and/or payment indicators that are applied to them. **You** can find the most current versions of these on **our website** or call **us** on 01 562 5100 to check cover.

Changes to the status of **health care provider**

Your health care provider's status with **us** (*i.e.* whether they are registered and are a participating **health care provider**) may change from time to time. This means that the amount of their professional fees that **we** will cover may change throughout **your policy year**. **You** can check whether **your health care provider** is registered with **Irish Life Health** and whether they are a participating **health care provider** by contacting **us** on 01 562 5100. Please see section 2.2 of this Membership Handbook for further information on how **your health care provider's** status affects how their fees are covered.

Changes to **benefits** provided by provider partners

Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of **our** control.

Changes required by law

In the event that **we** are legally required to make changes to any of **our contracts, policies or plans**, such changes shall effect **your plan** immediately.

The changes described above are automatically applied to all **our plans** as soon as they occur. **You** and the **members** named on **your policy** should always check the most recent Schedule of Benefits, The List of Medical Facilities and Lists, and check whether **your health care provider** is registered with **us** and whether they are participating before undergoing any **procedure** or **treatment**, or being admitted to a **medical facility**. **You** can do this yourself by checking the most up to date information on **our website** or **you** can call **us** and **we** will check this for **you**.

Acknowledgment

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

2 Your Cover & How to Claim

The **benefits** available under **your plan** are shown in **your** Table of Cover. They are divided into different sections mainly due to how they are **claimed** or the type of expenses covered.

The following sections of this Membership Handbook explain the different types of **benefits** offered by **us**. Within each section is a table which lists **our benefits**, shows the terms and conditions that apply to each **benefit**, and tells **you** how to **claim** it.

Please note that all these **benefits** may not be available under **your plan**. You should check **your** Table of Cover to see which **benefits** apply to **you** and how much **you can claim** under each **benefit**. You will also be able to see on **your** Table of Cover if an **excess**, shortfall or co-payment applies.

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

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

You will always be covered to the level of cover set out in the **Minimum Benefit Regulations** for the medical services listed in those regulations (subject to any waiting periods). Please see section 6 and the Definitions section of this Membership Handbook for an explanation of the **Minimum Benefit Regulations**. **We** will always deduct any withholding tax or other deductions required by law before paying **your claim**.

2.1 Day-to-Day and Out-patient Benefits

These **benefits** typically allow **you to claim** a contribution from **us** towards visits to certain medical practitioners or for certain medical services. The amounts that can be claimed and frequency or number of **visits** they apply to are set out in **your** Table of Cover. Where contributions are listed as a single amount, they are claimable once per **policy year** unless otherwise stated. Please see the "How to calculate **your** cover under **your** Day-To-Day Benefits and Out-patient Benefits" section below for details on how **you** may be covered under these benefits. **You** can claim these benefits for medical services received in Ireland or when **you** are abroad.

Day-to-day Benefits are not included on all **plans**. If they are not covered on **your plan** and **you** wish to add day-to-day cover to **your plan**, 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 expenses. In this instance when claiming online, please check **your** Table of Cover to choose the section **you** wish to **claim** under. **You cannot claim** for the same medical expenses twice.

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 the benefit for treatment provided to a member on a one to one basis.
> Consultant fees (for out-patient consultations)	GP visits benefit excludes costs incurred through use of a remote GP advice line / digital consultation service - these services are provided through the Digital Doctor benefit .
> Dentist visits	Consultant fees (for out-patient consultations) excludes costs incurred for maternity related consultations.
> Paediatrician benefit	Where practitioner visits are shown as having a combined benefit on your Table of Cover, we will pay the maximum number of consultations listed on your Table of Cover across any combination of those practitioners.
> Physiotherapist or Physical Therapist* visits	
> Acupuncturist*	
> Chiroprapist*	
> Chiropractor*	
> Dietician*	
> Homeopath*	
> Massage therapist*	

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 scans	Under this benefit you can claim a contribution from us towards the cost of a 3D or a 4D maternity scan or an early pregnancy scan.
> A&E Cover (in choice of High Tech, Private and Public Hospitals)	This benefit allows you to claim back some of the charge imposed by a public, private or high tech hospital when you attend the A&E department without a referral letter from your GP .
> Antenatal Class	Under this benefit you can claim a contribution from us towards the cost of an antenatal class provided by a midwife* prior to the birth of your baby . This benefit may only be claimed by one member (either parent) 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 testing kit from 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 costs of baby massage 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 provided by a Baby Massage Therapist*. This benefit can only be claimed once per policy year .
> Breast prosthesis or wig (following cancer treatment)	This benefit allows you to claim a contribution from us towards the cost of your first breast prosthesis and/or your first wig following cancer treatment . Subsequent claims are covered as set out on the List of Medical 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 qualified breastfeeding consultant*.
> Cardiac screening	This benefit allows you to claim back some of the costs of cardiac screening carried out by a GP or 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/neurodevelopmental 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 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 carried out by a psychologist or psychotherapist*.

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 for 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 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 .
> 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 DermView Limited** 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 the dexa scan is medically necessary and carried out in a clinical environment by a qualified practitioner.
> Dietician or Nutritionist Consultation	Under this benefit you can claim a contribution from us towards the cost of attending a nutritionist* or a dietitian*.
> Emergency dental care	This benefit allows you to claim back some of the costs of dental treatments or procedures which are 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 once 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: <ul style="list-style-type: none"> > 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 (following cancer treatment)	This benefit allows you to claim a contribution from us towards the cost of eyebrow tattooing following or 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 fitness tracker which 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 where it is carried by a qualified 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: <ul style="list-style-type: none"> > lifestyle assessment > physical examination > blood count > urinalysis > written report <p>This health screen must be carried out by a qualified practitioner.</p>

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 assessment (anti-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 medical centre. You can only claim this benefit once during your policy year .
> Health screening (Optimise Platinum, Optimise Gold, Health Plan 09, Health Plan 04 and Business Plan Executive plans only)	This benefit allows you to claim back a contribution towards the cost of a comprehensive health screen once 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: <ul style="list-style-type: none"> > 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.
> Health screening and allergy testing	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: <ul style="list-style-type: none"> > 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 an out-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 audiologist.
> His & Hers fertility screening tests	Under this benefit you can claim a contribution per policy year from us towards the cost of a screening which 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, occupational therapy 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 only 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 .

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) and In Vitro Fertilisation (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.
> Kids Sports Clubs	This benefit allows a child member to claim a contribution towards the costs of an annual subscription to 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 this benefit . 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 carried out by 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 – Nutrition, Fitness, Sleep and Stress	Under this benefit , you can claim a contribution towards the cost of a lifestyle genomic test through DNAFit**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.
> 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 (MLD)	<p>This benefit allows you to claim back some of the costs of treatment provided by a full member of Manual Lymph Drainage Ireland or a physiotherapist registered with CORU. This benefit is only available where MLD is received to treat and manage the following conditions:</p> <ul style="list-style-type: none"> > Lymphoedema > Oedema > Wounds and burns > Chronic inflammatory sinusitis > Arthritis <p>This benefit will also cover the costs related to compression therapy and remedial and breathing exercises solely related to the above conditions.</p> <p>This benefit will not be covered when MLD is used in order to:</p> <ul style="list-style-type: none"> > 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, once per pregnancy.
> Maternity Mental Health Support	<p>Under this benefit we will contribute towards the cost of counselling sessions provided by Nurture** for antenatal 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.</p> <p>To book this service please see Nurture's website for contact details: 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.</p>
> Meditation support devices	Under this benefit you can claim a contribution from us towards the cost of electroencephalography (EEG) and electrodermal activity (EDA) meditation support devices i.e. Muse or Pip.
> Medical and surgical appliances	This benefit allows you to claim back the costs of the medical and surgical appliances set out on the List of 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*.
> Mindfullness app subscription	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 (Pay & Claim)	This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor injury clinic. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. You can find the most current list of minor injury clinics covered on our website www.irishlifehealth.ie/hospital-lists
> Optical (eye test and/or glasses/lenses combined)	This benefit allows you to claim back some of the costs of an eye test and glasses/lenses (including contact lenses) provided by a qualified optician, orthoptist, optometrist* or an ophthalmologist.

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 by a physiotherapist* 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 their capacity as an out of hours GP 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.
> 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 training session with 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 Training	Under this benefit we will contribute towards the Feeling Good 12-track Positive Mental Training audio 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 sleeping caps	This benefit allows you to claim a contribution from us towards the cost of a sleeping cap following cancer treatment .
> Psychologist	Under this benefit , we will contribute towards the costs of attending a psychologist*.
> Pre/post natal medical expenses	This benefit allows you to claim back some of the costs of pre/post natal care provided by a consultant , GP or a midwife* during and after your pregnancy. The following costs can be claimed per pregnancy: <ul style="list-style-type: none"> > 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 speciality 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 Costs	This benefit allows you to claim back a contribution towards your prescriptions from a GP , consultant , dentist or prescribing nurse*. The contribution is claimable on the total amount on your 'Prescription Claim 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 when you attend the A&E department.
> Psycho-oncology counselling	This benefit allows you to claim back some of the costs of psycho-oncology counselling (counselling received after in-patient or day-case chemotherapy) where it is carried out by a psychologist* and you have been referred to the psychologist* by your consultant .
> Psychotherapy and counselling benefit (including practitioners at the Dean Clinic)	This benefit allows a member to claim back some of the cost of attending a psychotherapist* or a counsellor*, or to claim back some of the costs of consultations with a practitioner at the Dean Clinic.
> Public A&E cover	This benefit allows you to claim back some of the charge imposed by a public hospital when you attend 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 (i.e. X-Rays, mammograms and non-maternity ultrasounds) carried out in an accredited medical facility .
> Retainers & fitted gum shields	Under this benefit you can claim a contribution from us towards the cost of a retainer or fitted gum shield provided by a dentist .
> SADS Screening	Under this benefit you can claim a contribution from us towards the cost of cardiac screening for sudden 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 Programme (MSC)	Under this benefit you can claim a contribution towards the Mindful Self-Compassion (MSC) programme for emotional resilience developed by Germer and Neff. This benefit is payable for an 8 week face to face or online 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 carried out by a GP or in a fully accredited medical centre.

Day-to-Day and Out-patient Benefits

Benefit	Description / Criteria
> Sports Club / Gym Membership / Classes	This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland; or children's dance, gymnastics, 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 performed 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 Programme (MBSR)	Under this benefit you can claim a contribution towards the Mindfulness-Based Stress Reduction Programme (MBSR) developed by Kabat-Zinn. This benefit is payable for an 8 week face to face or online 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 nurse or a GP .
> Vaccinations: Travel only (HealthGuide 1-4 plans only)	This benefit allows you to claim back some of the cost of your travel vaccinations provided by the Executive 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 provided by a nurse or a GP .
> Vasectomy (GP or consultant)	Under this benefit we will contribute up to a maximum of €360 towards the cost of a vasectomy including any related consultations pre and post procedure . The vasectomy must be carried out by a GP or consultant 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 speech and language therapist*.
> Yoga / Pilates classes	Under this benefit you can claim a contribution from us towards the cost of yoga or pilates classes provided by a yoga/pilates instructor*.
> Zika screening	Under this benefit we will contribute towards the cost of a Zika screening consultation and/or test when 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. Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations which each practitioner must hold.

How to claim

You need to pay the practitioner/**health care provider** yourself and then **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through our online claims tool (**Irish Life Health Online Claiming**) in your **member** area on www.irishlifehealth.ie. **You** must submit **your** receipts within six months of the end of **your policy year**. If **your** receipts are not received within these six months, **your claim** will not be paid.

You should keep **your** original receipts for **your** own records and in case **we** request them to be resubmitted. Please ensure that all receipts state:

- > The amount paid;
- > The full name of the **member** receiving **treatment** and their date of birth;
- > The date the **treatment** was received;
- > The type of practitioner that **you** attended;
- > The name, address and qualifications of the practitioner providing the care on the practitioner's headed paper.

When claiming for prescription costs **you** must also submit the prescription claim form issued by **your** pharmacist. When claiming for the emergency dental care **benefit** **you** must also submit a dental report. When claiming the home recovery **benefit** **you** must also submit the hospital discharge letter/statement issued to **you** by the **hospital** in which **you** received **your in-patient** care. When claiming for the Child Development Benefit the receipt must state which of the covered developmental/neurodevelopmental assessments were carried out.

When claiming the out of hours **GP** visits **benefit** the receipts **you** submit to **us** must show that **you** visited the **GP** in their capacity as an out of hours **GP** through the HSE's **GP** Out of Hours Service or that **your GP** visited **you** at home.

Benefit	Description / Criteria
Minor Injury Clinic Cover	Under this benefit we will cover some of the cost of attending one of our approved minor injury clinics. We will pay the minor injury clinic directly, up to the amount detailed on your Table of Cover for each visit , towards initial consultation and, if deemed necessary the following treatments related to the initial consultation: x-ray, stitching, full cast, temporary cast, splints and crutches. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. We will not cover the charge for the following take home aids; boots and braces, these and any other balance should be paid by you to the minor injury clinic. Please note that any additional amount paid by you to the minor injury clinic cannot be claimed back under out-patient , 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. The **medical facilities** which will be paid 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 over the phone. Under 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 is covered and how it is covered will depend on whether you have your scan carried out in a scan facility that is covered in the appropriate table for your scan type in your List of Medical Facilities on pages 47-54 (i.e. an approved centre) or in a scan facility that is not included in your List of Medical Facilities (i.e. a non-approved centre). The maximum amount that can be claimed for non-approved centres in your policy year may be limited. This will be shown on your Table of Cover.
MRI Scans	The following criteria must be satisfied before your scan will be covered:
CT Scans	MRI Scans You must be referred by a consultant , GP or a Physiotherapist *. Acceptance of Physiotherapist * referrals are 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.
Cardiac MRI Scans	CT Scans You must be referred by a consultant or GP . For CT scans in St. James's Hospital and the Bon Secours Hospital, Cork 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 CT Scans	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).
PET-CT Scans	Cardiac CT Scans You must be referred by a consultant . All cardiac CT scans must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities in section 12 of this Membership Handbook). Calcium CT scoring is not covered under this benefit .
PSMA Scans	CT Colonography Scans You must be referred by a consultant .
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 set out 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 for **your** scan type in **your** List 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 that is covered back from **us**, if cover for non-approved centres is included in **your** plan. **You** can **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through **our** online **claims** tool (Irish Life Health Online Claiming) in **your** member area on www.irishlifehealth.ie. **You** must submit **your** receipts within six months of the end of **your policy year**. If **your** receipts are not received within these six months, **your claim** will not be paid.

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

Benefit	Description / Criteria
Digital Doctor	<p>This benefit gives you unlimited consultations with Irish based GPs. Service provided by Centric Health Ltd**. You can speak to a GP anytime day or night over the phone, or if you would prefer a face-to-face consultation, the online video service is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). Digital Doctor operates 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 not suitable for emergencies or urgent conditions as this may delay your treatment. Where a member is under the age of 18, it is necessary for their legal guardian to be present during the consultation.</p> <p>This service is not intended to replace your usual GP, it is designed for episodic, once-off conditions and not for on-going care. On the Digital Doctor GP's recommendation, Centric Health Ltd** may offer an in-person follow on consultation after a Digital Doctor consultation at selected Centric Health practices. This service is primarily intended for those who do not have an existing GP or can't access their own GP. These consultations are not covered under the Digital Doctor benefit and are subject to availability.</p>

How to claim

Please call 01 562 5150 24 hours a day with **your membership number** to access this **benefit**.

Benefit	Description / Criteria
Female Health Consultation	<p>Where this benefit is available on your plan, we will provide a contribution towards a video consultation booked with an Irish based Centric Health** GP who is a specialist in female health. We will pay Centric Health** directly up to the amount detailed for the number of visits listed on your Table of Cover. You will be required to provide payment details for the remaining amount at the time of booking. Centric Health** will take payment 48 hours before your scheduled appointment and once payment is taken it is non-refundable. This amount cannot be claimed against any other benefit on your plan, including your GP visits benefit, as you cannot claim for the same medical expenses twice. The female health specialist GP may recommend additional follow-on services, such as blood tests, scans, or visits to other allied health professionals. These follow-on services are not covered under this benefit, but you may have cover on your plan under another benefit listed on your Table of Cover. This service is not suitable for emergencies or urgent conditions as this may delay your treatment. Where a member is under the age of 18, it is necessary for an adult covered on the policy to book the consultation on their behalf. Depending on the nature of the presenting issue, the GP may request the presence of a parent or guardian for those under the age of 18.</p>

How to claim

To see available appointment times and to book a consultation, please access through MyClinic in **your member** portal at www.irishlifehealth.ie/login and provide **your** details through the online booking form.

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

The provider partners named under these **benefits may change from time to time. Access to these **benefits** is subject to availability and the provider partners' terms and conditions of use. **Our** provider partners operate independently from **Irish Life Health** and **we** accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of our control. While we aim for nationwide coverage with our **benefits**, a service may not be available in **your** locality. Please also note that **we** are not responsible for the content of the websites of these provider partners.

How to calculate your cover under your day-to-day benefits and out-patient benefits

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

In addition an **excess** may apply to the total amount **you** **claim** under **your** Day-to-day Benefits or Out-patient Benefits in **your policy year**. So for example, where an **excess** applies to the Out-patient Benefits under **your plan**, it applies to the total amount **you** are claiming for all **your** Out-patient Benefits in **your policy year**. When **you** submit **your** receipts to **us** **we** will calculate the total amount due to be refunded to **you** under all **your** Out-patient Benefits, subtract the **excess** and refund **you** the balance.

For example:

	Example 1	Example 2
Cover shown on Table of Cover	€60 x 2 consultant visits	75% x 5 consultant visits
Number of times you visited your consultant in your policy year and how much you paid per visit	2 x €100	5 x €100
Total amount that you can claim (the number of times you visited a consultant multiplied by the maximum amount that can be claimed per visit)	2 x €60 = €120	5 x €75 = €375
Less out-patient excess	€150	€200
Money we pay you back	€0	€175

2.2 In-patient Benefits

In-patient Benefits typically cover the fees charged by **your hospital, treatment centre and health care provider** whilst **you** are admitted to a hospital or **treatment centre** covered under **your plan** as an **in-patient or day case patient**.

Hospital costs

The fees charged by **your hospital** or **treatment centre** for **your medical care** whilst **you** are admitted are known as **hospital costs**. They include the **public hospital levy**, hospital accommodation costs, charges for the use of the operating theatres, charges for radiology and pathology, nursing charges, costs of prosthesis and charges for drugs administered for consumption whilst **you** are admitted. **You** can find the level of cover available for **your hospital costs** in a **public hospital**, **private hospital** and high-tech hospital in **your** Table of Cover (see section entitled "Hospital Cover"). **You** can check whether **your hospital** is public, private or high-tech in the tables of **medical facilities** in section 12 of this Membership Handbook. Please note that some hospitals may be classed as a high-tech hospital for **Level 1 plans** and a **private hospital** for all other **plans**. **Treatment centres** are classed as private hospitals in terms of **your** level of cover. Any excess specified on **your** Table of Cover in respect of private hospital cover will not apply to **treatment centres** but any shortfalls specified will.

Medical facilities covered under your plan

The **medical facilities** covered under **your plan** are shown in **your** List of Medical Facilities. There are four of these lists but only one will apply to **your plan**. **You** can see which one applies to **you** in **your** Table of Cover. All the Lists of Medical Facilities are contained in the tables of **medical facilities** in section 12 of this Membership Handbook.

Where **you** are admitted to a **medical facility** covered under **your plan** and where it is **medically necessary**, **your hospital costs** will be fully covered subject to any limitations specified in **your** Table of Cover, such as **excesses** (subject to exceptions as outlined under In-patient or Day Case excess section below), shortfalls, co-payments, **private rooms** covered at semi-private rates etc. Where necessary, **we** have agreements with **medical facilities** to ensure that this is the case. However, **medical facilities** are free to end their arrangement with **us** at any time so **we** cannot guarantee that this will continue to be the case for all the **medical facilities** covered under **your plan** throughout **your policy year**. Where this

arrangement between **us** and a **medical facility** ends, the **medical facility** will no longer be covered by **us** and it will be removed from all the Lists of Medical Facilities. Similarly where **we** enter into new arrangements with **medical facilities**, they will be added to one or more of the Lists of Medical Facilities. Such changes will affect **your plan** immediately. Up to date Lists of Medical Facilities are available on **our** website at www.irishlifehealth.ie. **We** recommend that **you** always check whether **your medical facility** is covered before being admitted by reviewing **your** List of Medical Facilities on **our** website or contacting **our** call centre on 01 562 5100.

Medical facilities not covered on your plan

We will not cover **your hospital costs** in a **medical facility** which is not covered in **your** List of Medical Facilities.

We have made every effort to ensure that all health services that are listed in the **Minimum Benefit Regulations** ("Prescribed Health Services") are available through at least one of the **medical facilities** covered in **your** List of Medical Facilities. In the unlikely event that a Prescribed Health Service is not available in one of those **medical facilities**, **we** will cover the Prescribed Health Service in a **medical facility** that is not covered in **your** List of Medical Facilities as if it was covered under **your plan** (i.e. to the level of cover available under **your** In-patient Benefits). However, **you** must notify **us** in advance that **you** wish to receive such medical services in a **medical facility** that is not covered under **your plan**. Please note that **we** will not cover **you** if **you** receive health services (other than **emergency care**), which are not listed in the **Minimum Benefit Regulations**, in a **medical facility** which is not covered under **your plan**.

We will cover **your stay** in a **public hospital** that is not covered under **your** List of Medical Facilities whilst **you** are receiving **emergency care**, provided the **public hospital** is listed on one of the Lists of Medical Facilities covered by Irish Life Health. **You** must have been admitted through the **accident** and emergency department. Any **follow on care** and/or **elective treatments** or **procedures** will only be covered in a **medical facility** which is covered under **your plan**. The only exception to this is if **our medical advisers** agree that **you** are not medically fit to travel, in which case **we** will cover **your hospital costs** in the same **public hospital** but this will need to be **pre-authorised** by **us**.

How long are your hospital costs covered for?

You can **claim** hospital costs under **your** In-patient Benefits for

a total of 180 days in a calendar year (the “Maximum Period”). This Maximum Period includes the number of days for which you can claim hospital costs or approved psychiatric home care programmes as a psychiatric patient. The number of days that you can claim as a psychiatric patient is shown in the psychiatric treatment benefits in your Table of Cover.

Please note that the Maximum Period includes any days for which you have already claimed hospital costs (including hospital costs or approved psychiatric home care programmes as a psychiatric patient) under another plan with us or with another health insurer in a calendar year.

Your health care provider's fees

Consultants

Your in-patient benefit for consultant's fees covers the professional fees of consultants who are registered with Irish Life Health, where they provide you with the treatments and procedures listed in the Schedule of Benefits. Your consultant's fees will only be covered where your procedure or treatment is performed in a medical facility covered under your plan. However, there is a small number of treatments and procedures which will be covered when they are performed in your consultant's room. These are set out in the “non-hospital” section of the Schedule of Benefits.

Consultants registered with Irish Life Health

We will only cover consultants who are registered with Irish Life Health. Where your consultant is registered with us, the extent to which their professional fees are covered will depend on whether they have chosen to be a participating consultant or standard rate consultant.

- Participating consultants

Participating consultants have agreed to accept payment from us in full settlement of their fees for performing the procedures and treatments in the Schedule of Benefits. This means that if your consultant is a participating consultant, you will be fully covered for the procedures and treatments listed in the Schedule of Benefits provided the consultant is operating within the rules imposed by the HSE relating to his capacity to practice privately.

- Standard rate consultants

Standard rate consultants (or part participating consultants) have not agreed to accept payment from us in full settlement of their fees. Only a small portion of the fees of standard rate consultants will be covered for performing the procedures and treatments in the Schedule of Benefits. Therefore, if your consultant is a standard rate consultant you will have to pay a large portion of their fees yourself. You will not be able to claim this back from us.

Consultants not registered with Irish Life Health

Where your consultant is not registered with Irish Life Health we will not cover their professional fees. The only exception to this is if your consultant's fees for performing your treatment or procedure are included in the Minimum Benefit Regulations. If they are, you can claim the amount set out in the Minimum Benefit Regulations back from us at the end of your policy year. It's important you know your consultant's fees are likely to be a lot more than the amount shown in the Minimum Benefit Regulations. If this happens, you'll have to pay the difference.

Dentists/Oral surgeons/Periodontists

Your in-patient benefit for consultant's fees also covers a limited number of dental/oral surgical procedures where they are performed by a dentist, oral surgeon or periodontist. (This excludes dental visits and emergency dental care which are covered under our Day-to-day Benefits and Out-patient Benefits).

The dental/oral surgical procedures that are covered under our In-patient Benefits are listed in the “Periodontal/Oral/Dental Surgery Ground Rules” section of the Schedule of Benefits. These procedures will only be covered where they are performed by the specified type of dental practitioner (i.e. a dentist, oral surgeon or periodontist). Please note many dental/oral surgical procedures require pre-authorisation. Your dentist/oral surgeon/periodontist's fees will only be covered where your oral/dental surgery is performed in a medical facility covered under your plan or in your dentist/oral surgeon/periodontist's room.

As with your consultant, your dentist, oral surgeon or periodontist must be registered with Irish Life Health. If they are not registered with us, you will not be covered (subject to cover prescribed under the Minimum Benefit Regulations if applicable). The extent to which your oral surgeon/periodontist's professional fees are covered will also depend on whether they have chosen to be a participating or a standard rate oral surgeon/periodontist. 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 as standard rate so we will only cover a limited portion of your dentist's fees for performing oral/dental surgery.

GPs

We will cover your GPs fees for performing a limited number of treatments and procedures in their surgery. Such procedures and treatments are covered under your in-patient benefit 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. The treatments and procedures that will be covered under your In-patient Benefits are set out in the GP section of the Schedule 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 and dental professionals, your GP must be registered with Irish Life Health before they will be covered and the extent to which their fees are covered will depend on whether they are a participating GP or a standard rate GP. Please see previous sections for a full explanation on the effect of your health care provider not being registered with Irish Life Health and not participating with Irish Life Health.

Changes to the status of your health care provider

Health care providers are free to alter their arrangement with Irish Life Health at any time. Therefore, by way of example, a participating health care provider may choose to become standard rate or to unregister with us at any time. Any changes to their status with us will affect how they are covered immediately. Therefore the level to which their fees are covered may change throughout your policy year. We recommend that you always check whether your health care provider is registered with Irish Life Health and whether they are participating or standard rate before undergoing any procedure or treatment or being admitted to a medical facility. You can do this by visiting our website or contacting our call centre on 01 562 5100.

Maternity treatment

In-patient benefits do not apply where **you** are admitted to a **medical facility** for the delivery of **your** baby (except for caesarean section deliveries). Whilst **you** are admitted for the delivery of **your** baby, **you** are a maternity patient and **your** Maternity Benefits apply. The level of cover available to **you** for **your** maternity care is set out in **your** Maternity Benefits on **your** Table of Cover. Where **your** maternity care ends, but **you** remain admitted for any **medically necessary** reason, **your** In-patient Benefits will apply and **you** will receive the level of cover available under the In-patient Benefits on **your** Table of Cover.

Psychiatric treatment

Where **you** are admitted to a psychiatric **medical facility** or a psychiatric unit in a **medical facility**, **your hospital costs** and **consultant's fees** will be covered under **your** In-patient Benefits at the level shown in the Hospital Cover section of **your** Table of Cover. **Your plan** will also include psychiatric **treatment benefits**. These **benefits** specify the maximum number of days for which **you can claim your** In-patient Benefits whilst **you** are a psychiatric patient for **medically necessary treatment**. If **you** are admitted to an approved psychiatric home care programme provided by a private psychiatric **medical facility**, the number of days **claimed** will be deducted from the maximum covered under **your** psychiatric **treatment benefits**.

How In-patient Benefits are claimed

In most cases, **we'll** pay the amount for which **you** are covered under **your** In-patient Benefits directly to **your medical facility** and **health care providers**. They **claim** the amount for which **you** are covered from **Irish Life Health** on **your** behalf and **we** pay this to them directly. This is known as **direct settlement**. Please note that only the amount for which **you** are covered will be directly settled with **your medical facility** and **health care provider**.

Direct settlement applies to all **claims** for professional fees for **health care providers** that are registered with **us**. **We** will not directly settle any **claims** for the amounts shown in the **Minimum Benefit Regulations** for **health care providers** that are not registered with **us**. **Your** List of Medical Facilities shows the **medical facilities** that **we** will pay through **direct settlement**. Whether **direct settlement** is available for a particular **medical facility** may change from time to time. **You** should always check the most up to date Lists of Medical Facilities before being admitted to any **medical facility** to see whether **direct settlement** applies or whether **you** will have to pay the **medical facility** and **claim** it back from **us**.

Where **direct settlement** applies, **your medical facility** or **health care provider** will submit **your** claim form to **us** on **your** behalf. It is important to remember that they are only making the **claim** on **your** behalf and that **you** are responsible for ensuring that all aspects of the **claim** are correct. If **your** claim form contains any inaccurate information, **we** may treat **your claim** as fraudulent, decline the **claim** and possibly cancel **your plan** or **policy** (see section 7 of this Membership Handbook for further information on **our** fraud policy). **You** will need to sign **your** claim form before **your medical facility** or **health care provider** submits it to **us**. **Your medical facility** and **health care providers** should always specify the **medical care you** received on **your** claim form before **you** are asked to sign it. **You** should check this information very

carefully to ensure that it is accurate. By signing this form **you** are confirming that **you** have received the **medical care** specified in the form and that all information contained in **your** claim form is true and accurate. When **we've paid** **your claims**, **we'll** send **you** a statement confirming payment and outlining the amounts paid on **your** behalf.

Where **direct settlement** is not available, **you** will have to pay **your medical facility** and **your health care provider** yourself and **claim** the amount that is covered back from **us**. **You** will need to submit a **claim** form to **us** specifying the **medical care you** received which is signed by all relevant **health care providers** and **your medical facility** together with all **your** receipts. **Your medical facility** and **health care providers** will be able to provide these for **you**. The completed claim form and receipts should be sent to **our claims** team (see section 10 of this Membership Handbook).

Please note we reserve the right to:

- > refuse payment in respect of In-patient Benefits where **you** stayed in a **medical facility** overnight but **our medical advisers** determine that **you** should have been a **day case**.
- > refuse payment in respect of day-case **benefits** where **our medical advisers** have determined that **you** should have been an **out-patient**.
- > only pay the amount that would have been covered, if **your treatment** or **procedure** had been carried out in the manner deemed appropriate by **our medical advisers** and only where **treatment** was **medically necessary**.

Shortfall

In some cases **your benefit** may not cover all **your** medical costs and **you** will need to pay a proportion of such costs **yourself**. This is known as a **shortfall**. For instance, if **your hospital costs** are subject to 90% cover, **you** will be required to pay the remaining 10% **yourself**. **You** can see if a **shortfall** applies and if so, how much it is, in **your** Table of Cover.

In-patient or day case excess

In some cases **you** may be required to pay an amount of **your bill** before **your** cover begins. This is known as an **excess**. **You** can see if **you** have an **excess** on **your** In-patient Benefits in **your** Table of Cover. **Excesses** on In-patient Benefits apply each time **you** are admitted to a **medical facility** subject only to the following exceptions:

- > where **you** are admitted as an **in-patient** or **day case** patient for the purpose of receiving chemotherapy, the **in-patient excess** will only apply once for each course of **treatment**. Where it has been more than 12 months since **your** last chemotherapy session, **your** course of **treatment** will be considered to have ended and the **excess** will apply again for any further course of **treatment**.
- > where **you** are admitted as a **day case** patient for the purpose of receiving psychiatric **treatment** in a **medical facility**, the **day case excess** will only apply once for each course of **treatment** provided all days relevant to that course of **treatment** are submitted as a single **claim**. Where it has been more than 3 months since **your** last admission, **your** course of **treatment** will be considered to have ended and the **excess** will apply again for any further course of **treatment**.

- > where **your** Table of Cover states that an **in-patient** or **day case excess** is only payable on a certain number of admissions.
- > We will not apply the **in-patient excess** where **you** are admitted as an **in-patient** or **day case** patient for the purpose of receiving radiotherapy **treatment**.
- > We will not apply the **in-patient excess** where **you** are admitted as an **in-patient** or **day case** patient in the **treatment centres** covered in **your** List of Medical Facilities.

Co-payment for certain procedures

A co-payment is a large **excess** and is an amount that must be paid by **you**. You will need to make a co-payment for any of the orthopaedic **procedures** specified in the List of Orthopaedic Procedures Subject to Co-Payment and/or for any of the cardiac **procedures** specified in the List of Cardiac Procedures Subject to Co-Payment where such orthopaedic and/or cardiac **procedures** are carried out in a high-tech or **private hospital**. Co-payments may apply in addition to any other shortfall or **excess** on **your plan**. This will be displayed on **your** Table of Cover.

Colorectal cancer screening

Please note that In-patient Benefits only cover the costs of colorectal cancer screening (colonoscopy, FIT or CT colon) where **you** have:

- > a family history of polyposis coli;

- > a family history of hereditary non polyposis coli;
- > a **first degree relative** diagnosed with colorectal cancer before the age of 60 years; or
- > two **first degree relatives** who have been diagnosed with colorectal cancer.

Where **you** satisfy the above criteria, **your** colorectal cancer screening will be covered under **your** In-patient Benefits once every five years from when:

- > **you** reach the age of 40 years; or
- > **you** reach an age which is 10 years **younger** than the age at which **your first degree relative** was first diagnosed with colorectal cancer.

Listed cardiac procedures and listed special procedures benefits

In most cases these **benefits** provide enhanced cover for **your hospital costs** in a high-tech hospital when **you** are undergoing the **procedures** specified in the List of Cardiac Procedures or the List of Special Procedures. This is because the **excesses** that apply to these **benefits** are generally lower than those that apply to **your general hospital costs** in a high-tech hospital. You can see if these **benefits** are available under **your plan** in the high-tech hospital section of **your** In-patient Benefits on **your** Table of Cover.

2.3 Maternity Benefits

Maternity Benefits can be categorised as In-patient Maternity Benefits, Out-patient Maternity Benefits and Other Maternity Benefits, depending on how they are **claimed**. In-patient Maternity Benefits cover **your hospital costs** and some of **your consultant's fees** when **you** are admitted to a **medical facility** covered under **your plan** as a maternity patient for the delivery of **your baby**. The costs of **your** pre and post natal care are not covered under **your** In-patient Maternity Benefits but may be covered under **your** Out-patient Benefits or Other Benefits.

In-patient Maternity Benefits	
Benefit	Description / Criteria
Public hospital cover for maternity	<p>Under this benefit we will either:</p> <ul style="list-style-type: none"> a) Cover your hospital costs for up to 3 nights where you are admitted to a public hospital. The type of hospital accommodation that will be covered under this benefit is the same as that covered under your public hospitals cover in your In-patient Benefits. However, please note that you will only be able to avail of a private room or semi private room where you have opted to be a private or semi private patient with the public hospital. The private or semi private fee imposed by the public hospital is not covered under this benefit but you may be able to claim back some of that 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. <p>The type of cover available to you will depend on your plan and is set out in your Table of Cover. This benefit is only available where you have been admitted to a public hospital covered on your plan to give birth. This benefit is only 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 Benefits so the level of cover available for a public hospital stay under your in-patient benefits will apply.</p> <p>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 or you will have to pay the balance.</p> <p>Please note that caesarean section deliveries are covered under your in-patient benefits and not under this benefit.</p>

In-patient Maternity Benefits

Benefit	Description / Criteria
In-patient maternity consultant fees	<p>Under this benefit we will either:</p> <ul style="list-style-type: none"> > 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). <p>Or:</p> <ul style="list-style-type: none"> > Pay the contribution specified in the Table of Cover towards your consultants' professional fees. <p>The type of cover available under your plan is set out in your Table of Cover. Please note that where you are attending a public hospital this benefit is only available where you have opted to be a private or semi-private patient.</p>
Grant-in-aid amount	This benefit allows you to claim back some of your hospital costs for maternity care in a private maternity hospital 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 contribute will be set out in **your** Table of Cover. If **your** medical expenses exceed this amount, **we** will pay the maximum contribution to **your medical facility** or **health care provider** and **you** will need to pay them the balance. If **your** care is provided by an approved **medical facility** based in Northern Ireland, all **claims** will be assessed and settled in euro. **Irish Life Health** will use the foreign exchange rate which applies at the date of the invoice received from the **medical facility** or at the time of purchase, as appropriate. Please see section 2.2 of this Membership Handbook 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, where such 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	<p>Under this benefit we will either:</p> <ul style="list-style-type: none"> a) cover the costs of foetal screening where you satisfy the clinical indicators set out in the Schedule of Benefits; or b) pay the contribution set out in your Table of Cover towards the costs of elective foetal screening. <p>Only the following foetal screening tests are covered under this benefit:</p> <ul style="list-style-type: none"> > Chorionic Villus Sampling with ultrasound guidance, > Amniocentesis with ultrasound guidance; or > Cordocentesis (intra uterine) with ultrasound guidance <p>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.</p>
Welcome Home Food Hamper	<p>This benefit allows you to claim a Welcome Home Food Hamper and a 30 minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>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 under an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service.</p> <p>To avail of the 30 minute phone consultation with a Gourmet Fuel** Nutritionist, please contact 01 2938799 or email info@gourmetfuel.com</p>
GentleBirth App	<p>This benefit provides you with unlimited access for one year to the GentleBirth App**.</p> <p>To access this benefit you must contact GentleBirth directly on www.gentlebirth.com/irishlifehealth</p>
Breastfeeding consultancy	<p>This benefit allows you to claim back some of the costs of a consultation with a qualified breastfeeding consultant.* The contribution under this benefit is payable for a limited number of breastfeeding consultancy sessions in your policy year. If this benefit is available under your plan, the maximum amount which we will cover per session and the maximum number of session for which it can be claimed is set out in your Table of Cover.</p>

Partner benefit	<p>This benefit allows you to claim back some of the following costs where your birth partner has to travel to be with you when you are admitted to a medical facility to give birth to your child:</p> <ul style="list-style-type: none"> > 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. <p>The contribution under this benefit is payable for the reasonable costs incurred within 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 number of days for which it can be claimed is set out in your Table of Cover.</p> <p>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.</p>
Post Natal Night Nurse Care	<p>This benefit allows you to claim back some of the costs towards the services of a paediatric nurse* at home after you have your baby.</p> <p>This benefit must be claimed within 26 weeks of the date on which your child was born.</p> <p>The contribution under this benefit is payable for paediatric home nursing costs which are incurred up to a specified number of days/nights 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/nights for which can be claimed will be set out in your Table of Cover.</p>
Infertility benefit	<p>Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (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.</p>
AMH fertility test	<p>Under this benefit a female member can claim a contribution from us towards the costs of receiving 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.</p>
Egg freezing	<p>Under this benefit we will contribute towards the cost of egg freezing (where this procedure is not part of an IVF or ICSI cycle) for female members up to the amount set out in your Table of Cover. To be eligible to claim, the female 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.</p>
Sperm freezing	<p>Under this benefit we will contribute towards the cost of sperm freezing (where this procedure is not part of an IVF or ICSI cycle) for male members up to the amount set out in your Table of Cover. To be eligible to claim, the male 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.</p>
Pre/Post-natal yoga & pilates	<p>Under this benefit you can claim a contribution from us towards the cost of pregnancy yoga, pregnancy pilates, baby yoga and baby pilates classes provided by a yoga/pilates instructor*.</p>

How to claim

These **benefits** are claimed as Out-patient Benefits. You need to pay the practitioner/health care provider yourself and then **claim** the amount that is covered back from us during **your policy year** by scanning **your** original receipts and submitting them through **our** online claims tool (Irish Life Health Online Claiming) in **your member** area on www.irishlifehealth.ie. **You** must submit **your** receipts within six months of the end of **your policy year**. If **your** receipts are not received within these six months, **your claim** will not be paid. **You** should keep **your** original receipts for **your** own records and in case **we** request them to be resubmitted.

Please ensure that all 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 **you** were treated (if applicable).

Other Maternity Benefits

Benefit	Description / Criteria
Early discharge maternity benefit	<p>Under this benefit you can claim a cash payment where you have given birth in a medical facility covered under your plan and are discharged after only one night. This benefit only applies where you were a private in-patient in 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 to post-natal home help benefit. If this benefit is available under your plan, the maximum amount that we will contribute is set out in your Table of Cover.</p>

How to claim

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

Benefit	Description / Criteria
Home Early Support following 1 or 2 nights' stay in hospital	Under this benefit you can claim support from a midwife* from Myhomecare** and a Post Natal Supporter (Doula) from Doula Care Ireland** in your home where you have given birth in a public hospital covered under your plan and are discharged after one or two nights. If this benefit is available under your plan , the number of hours support 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 the dates on which you were admitted and discharged. This care must be take place within six months from the date on which your baby was born. You must contact Myhomecare** at www.myhomecare.ie and Doula Care Ireland** at www.doulacare.ie/irish-life-health to request the service. Please check your Table of Cover in your member area www.irishlifehealth.ie/secure/ie/login prior to booking to confirm eligibility.

Benefit	Description / Criteria
Postnatal Doula Support	Under this benefit we will cover the cost of post natal support in your home provided by Doula Care Ireland** after your baby is born. If this benefit is available under your plan , the number of support sessions 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 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 and book the service online.

Benefit	Description / Criteria
Postnatal Domestic Support	Under this benefit we will cover the cost of domestic support provided by Cpl Group Limited trading as Myhomecare.ie** after your baby is born. If this benefit is available under your plan , the amount of domestic support 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. 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 operating hours and outside the control of Irish Life Health . The service may be unavailable where www.Myhomecare.ie ** are fully 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 exhausted. Either you or a family member/friend who is 18 years old or older must be present in your home at all times when 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 to book the service online. Please check your Table of Cover in your member area 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. Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations which each practitioner must hold.

** The provider partners named under these **benefits** may change from time to time. Access to these **benefits** is subject to availability and the provider partners' terms and conditions of use. Our provider partners operate independently from **Irish Life Health** and we accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of our control. While we aim for nationwide coverage with our **benefits**, a service may not be available in your locality. Please also note that we are not responsible for the content of the websites of these provider partners.

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 (also known as the Public Statutory In-patient Charge)	Public hospitals charge in-patients a daily charge for a maximum of 10 days in any period of 12 consecutive months. 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.
How to claim	
<p>Where the public hospital in question is covered under your plan, we will pay this charge directly to the public hospital. See section 2.2 of this Membership Handbook for 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. This benefit is subject to €1 excess which will be refunded to you.</p>	

Benefit	Description / Criteria
Post-operative home help	<p>Under this benefit we will cover the cost of domestic support provided by Cpl Group Limited trading as Myhomecare.ie* 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 www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/</p> <p>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 the date of your discharge from the medical facility in which you received the treatment or procedure. You must receive the 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.</p> <p>If this benefit is available under your plan, the amount of domestic support covered is set out in your Table of Cover. This benefit is not available where Myhomecare.ie* is unable to provide the domestic support service for any reason including where they are fully booked or where your home is not in an area serviced by Myhomecare.ie*. When the 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.</p> <p>This benefit cannot be claimed in conjunction with the alternative amount for post-operative home help benefit.</p> <p>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 exhausted and you will continue to be prevented from claiming the alternative amount for post-operative home help benefit.</p> <p>Either you or a family member/friend who is 18 years old or older must be present in your home at all times when the domestic support assistant is in attendance.</p>

How to claim

You must contact Myhomecare.ie* at www.myhomecare.ie/post-operative-home-help/ to request the service.

Benefit	Description / Criteria
Alternative amount for post-operative home help	<p>This benefit allows you to claim €120 towards the costs of domestic support after you have undergone a procedure 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/.</p> <p>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.</p>

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 **your** treating hospital at the time of **your** call **we** will ask **you** to provide a letter from **your** treating **consultant** or **your medical facility** confirming the date of **your treatment** and **procedure code**.

Benefit	Description / Criteria
Oncotype dx	Under this benefit we will cover the cost of genomic testing for HER positive node negative breast cancer to indicate the recurrence score for breast cancer returning in a 10 year time period. This benefit is only available where the genomic testing has been pre-authorised by Irish Life Health.
Vasectomy (in Clane Hospital)*	Under this benefit we will cover your hospital costs and consultant's fees where you have a vasectomy carried out in Clane Hospital subject to €125 excess. This benefit is only available on Family Focus and Hospital 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 by **medical facilities** and **health care providers**.

Benefit	Description / Criteria
Convalescence benefit	<p>This benefit allows you to claim back some of the cost of a stay in a convalescence home for 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 this can be claimed is set out in your Table of Cover.</p> <p>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.</p>
Child home nursing	<p>Under this benefit we will contribute towards the costs of home nursing by a paediatric nurse**. The child 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.</p> <p>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.</p>
Parent accompanying child	<p>Under this benefit we will contribute towards the following costs where your child is an in-patient for more than 3 days and you have to travel to be with them:</p> <ul style="list-style-type: none"> > 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 <p>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 per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.</p> <p>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.</p>
In-patient support benefit	<p>Under this benefit we will contribute towards the following costs where you have to travel more than 50 kilometres from your home to receive an in-patient treatment or procedure in a public hospital:</p> <ul style="list-style-type: none"> > fuel costs to get to and from the public hospital (petrol or diesel) > public transport costs to get to and from the public hospital <p>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 per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.</p> <p>This benefit is only available for travel costs to and from a public hospital and only where the hospital in question is the nearest public hospital in which you can receive the treatment or procedure.</p>
Cancer support benefit	<p>Under this benefit we will contribute towards the costs of hotel or bed and breakfast accommodation where you have to stay in a hotel or bed and breakfast to enable you to receive chemotherapy or radiotherapy in a public or private hospital.</p> <p>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 a hotel or bed and breakfast on the night before and the night after you receive the chemotherapy or radiotherapy.</p> <p>If this benefit is available under your plan the maximum amount that we will contribute per day and per policy year is set out in your Table of Cover.</p>
Genetic Testing: Initial consultation	<p>Under this benefit we will contribute towards the cost of an initial consultation with an Irish Life Health approved oncology consultant with a specialist medical genetics qualification at Hermitage Clinic or the Mater Private Hospital, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact us on 01 562 5100 for details of our approved consultant(s).</p>

Benefit	Description / Criteria
Genetic Testing: Test for specified genetic mutations	Under this benefit we will cover the cost of a test for genetic mutations associated with hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome) at Hermitage Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish Life Health approved oncology consultant .
Hormone Replacement Therapy for Gender Dysphoria	Under this benefit , we will contribute towards the cost of Hormone Replacement Therapy for members with a diagnosis of Gender Dysphoria given by a consultant . This benefit is only available to members who are 18 years old and over who are undergoing a programme of care and have submitted a letter from their treating 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 us in an envelope with **your name**, 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 or 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 **you** were treated (if applicable). Unfortunately we are unable to return **your** original receipts to **you**, so we suggest that **you** keep a copy of **your** receipts for **your** records.

When claiming for the convalescence **benefit** or child home nursing **benefit** **you** may also have to provide us with a medical report 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 Cooperatif UA*. The 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 this therapy will 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 by **medical facilities** and **health care providers**.

Benefit	Description / Criteria
Genetic Testing for Cancer Treatment Options – Foundation One CDx	Under this benefit we will cover the cost of solid and liquid biopsy testing (FoundationOne CDx and FoundationOne Liquid CDx) provided by Roche Products (Ireland) Ltd*, for patients with primary lung cancer, cholangiocarcinoma, 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 where the testing has been pre-authorised by Irish Life Health . In addition agreed clinical criteria (available on request) must be satisfied 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 by **medical facilities** and **health care providers**.

Benefit	Description / Criteria
Medcall ambulance costs	Under this benefit we will cover the cost of an ambulance when it is medically necessary , where it is required to transfer you between medical facilities covered under your plan or from a medical facility to a convalescence home covered under your plan where you will be receiving short term care. The benefit is only available where the ambulance is provided by Medcall 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 to which you are being transferred from and to.

How to claim

We will pay Medicall Ambulance Limited* directly but **you** must sign the forms provided by Medicall Ambulance Limited to allow them to claim 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 and advisory service via 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

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	<p>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 to assess your signs and symptoms to support you in improving your condition.</p> <p>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 their decision is final. You'll be entitled to one treatment programme in your policy year.</p> <p>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.</p> <p>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. Any other services they may be referred to in this instance are not covered under the Mental Health Guide benefit.</p> <p>The team and programme are managed by Spectrum Mental Health Limited*. Further information is available on our website at www.irishlifehealth.ie.</p>

How to claim

You can call 01 562 5150 to access our Healthy Minds **benefit** and speak to a telephone counsellor. They will assess **your** suitability for the service. We will pay Spectrum Mental Health Limited* directly.

Benefit	Description / Criteria
Health in the Home (HITH)	<p>Under this benefit we will cover the costs of a home nursing service, provided by TCP Homecare Limited*, where your consultant has approved your early discharge from hospital and has consented to your treatment being continued at home.</p> <p>The home nursing is limited to administering your prescribed treatments such as intravenous antibiotics, specialised 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, or to prevent admission/readmission to a medical facility covered under your plan.</p> <p>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*. The receipt of the home nursing service operated by TCP Homecare Limited* is subject to TCP Homecare Limited*'s terms and conditions and is outside the control of Irish Life Health.</p> <p>This benefit must be pre-authorised by Irish Life Health.</p>

How to claim

We will pay TCP Homecare Limited* directly.

Benefit	Description / Criteria
Care Connect	<p>Under this benefit you can access specified health programmes provided by our provider partner Care-Connect*, as set out in the List of Care Connect health programmes, where you have been diagnosed with certain medical 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 programmes 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 requirements can 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.</p>

How to claim

To request this **benefit**, please go to www.care-connect.ie/#register and provide **your** details through the online form, or access through MyClinic in **your member** portal at www.irishlifehealth.ie/login. We will pay Care-Connect* directly.

Benefit	Description / Criteria
Gender Affirmation benefit	<p>Under this benefit, we will contribute towards your medical costs for gender affirmation surgical procedures as set out in the List of Gender Affirmation Surgical Procedures where you have been diagnosed with the condition Gender Dysphoria and where the procedures are carried out in a medical facility worldwide.</p> <p>We will contribute to the following:</p> <p>Hospital costs: we will contribute towards your reasonable hospital costs for gender affirmation surgeries in a medical facility worldwide;</p> <p>Consultant fees: we will contribute towards your reasonable consultant fees for gender affirmation surgeries worldwide.</p> <p>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 medical costs and you will need to pay such costs yourself.</p> <p>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 decisions of our medical advisers are final.</p> <p>The following conditions apply to this benefit:</p> <ul style="list-style-type: none"> > 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: <ul style="list-style-type: none"> - 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 will end after six months from when it is granted, or at the end of the policy year, whichever is sooner.

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 you will need to complete the Irish Life Health Gender Affirmation Procedures Pre-authorisation Form which is available on our website. Part of the Irish Life Health Gender Affirmation Procedures Pre-authorisation Form must be completed by **your** Medical Council of Ireland registered **consultant**. You may also be required to provide us with additional information including a detailed medical report from **your consultant** in Ireland and/or your treating **consultant** abroad. We will assess **your pre-authorisation** request within 15 working days and confirm the amount for which **you** are covered.

You will need to pay **your medical facility** and **health care providers** directly for **your** medical care. You can then claim the amount we have pre-authorised back from us by submitting **your** original receipts to us in an envelope and **your** name, address and **membership number** (see section 10 for details of where to send **your** receipts). Unfortunately, we are unable to return **your** original receipts to **you**, so we suggest that you keep a copy of **your** receipts for **your** records. You must submit **your** original receipts within three years of the date of the **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 availability and the provider partners' terms and conditions of use. Our provider partners operate independently from Irish Life Health and we accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of our control. While we aim for nationwide coverage with our **benefits**, a service may not be available in **your** locality. Please also note that we are not responsible for the content of the websites of these provider partners.

** Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations 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 Referral **benefits**.

A&E Abroad

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

Our A&E Abroad **benefits** are 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).

All **claims** will be assessed and settled in euro. Irish Life Health will use the foreign exchange rate which applies at the date of 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 be claimed under your **outpatient benefits**, please refer to the **outpatient** section of **your** table of cover to see what **benefits** **you** may **claim** for and whether these are subject to an **excess**.

Emergency Inpatient Treatment Abroad and related benefits

Benefit	Description / Criteria
Hospital bill for in-patient treatment	<p>Under this benefit we will cover your medical costs for emergency care in a medical facility abroad whilst on a pre-booked temporary stay abroad not exceeding 31 days in duration where:</p> <ul style="list-style-type: none"> > 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;

- > You have not travelled against medical advice;
- > You were not suffering from a **terminal illness** when you left Ireland; and
- > You did not suspect when you left Ireland that you might require any **medical care** when you were abroad and a reasonable person in your position would not have suspected that you would require any **medical care** when you were abroad.

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 on your 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 care;
- > 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 number 00353 148 17840 before you are discharged from the medical facility where you received your emergency medical care. You will also need to provide us with details of your travel insurance and your European Health Insurance Card. If you are unable to contact our international assistance number, a third party may do so on your behalf.

In most cases, where we have authorised and arranged your emergency care in advance, we will pay your medical facility and health care providers directly (by direct settlement). However, some medical facilities and health care providers abroad may not accept payment from us by direct settlement. Where this occurs, you must pay the medical facility and health care providers yourself and claim the amount covered under this benefit back from us. You will need to submit your original receipts to us to do so. You should send all receipts to us in an envelope with your name, address and membership number (see section 10 of this Membership Handbook). Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.

Benefit	Description / Criteria
Out-patient A&E abroad	<p>Under this benefit you can claim a contribution from us towards the cost of the following emergency care where you receive it as an out-patient whilst you are abroad:</p> <ul style="list-style-type: none"> > 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 terms and conditions of Emergency Dental Care.) <p>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 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.</p>

How to claim

You will need to pay the medical facility and health care providers yourself. You can claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid. You should keep your original receipts for your own records and in case we request them to be resubmitted. Where receipts are not in English, you may need to provide a complete translation when submitting your claim.

Benefit	Description / Criteria
Repatriation expenses	<p>Under this benefit we will arrange and cover the costs (up to a specified amount) of your transport back to Ireland where you are unable to use your return transport to return to Ireland for medical reasons. Our medical advisors 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 accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us.</p> <p>The maximum amount that we will cover under this benefit is set out in your Table of Cover.</p> <p>This benefit is only available in conjunction with our 'hospital bill for in-patient treatment' benefit.</p> <p>Under this benefit we will also arrange and cover the return of your remains to Ireland should you die while on a temporary stay abroad not to exceed 31 days.</p>

How to claim

Please call **our** international assistance number 00353 148 17840 and **we** will arrange **your** transport back to **Ireland**. **You** may be required to provide **us** with a medical certificate confirming **you** are fit to travel before **we** can arrange and cover the costs of **your** transport back to **Ireland**.

We will pay the transport providers directly where possible. If **we** are unable to pay **your** transport provider directly for any reason **you** will have to pay them yourself and **claim** this back from **us**. **You** will need to submit **your** original receipts to **us** to do so. **You** should send all receipts to **us** in an envelope with **your** name, address and **membership number** (see section 10 of this Membership Handbook). Unfortunately **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records.

Benefit	Description / Criteria
Companion repatriation expenses	This benefit allows you to claim back the transport costs incurred by your companion to return to Ireland where they have missed their return mode of transport as a result of remaining with you whilst you were receiving your emergency care . 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 under this **benefit** from **us** by sending **us** their receipts. **You** must send all original receipts to **us** in an envelope with **your** name, address and **membership number** (see section 10 of this Membership Handbook). Unfortunately **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records. Where receipts are not in English, **you** may need to provide a complete translation when submitting **your** claim.

Benefit	Description / Criteria
Expenses for companion who remains with you	This benefit allows you to claim back reasonable accommodation, local transport and food costs incurred by your companion as a result of such companion remaining with you whilst you are receiving your emergency care . The maximum amount that Irish Life Health 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 pay the providers of the goods and services and keep their receipts. **You** can **claim** the contribution under this **benefit** from **us** by sending **us** their receipts. **You** must send all original receipts to **us** in an envelope with **your** name, address and **membership number** (see section 10 of this Membership Handbook). Unfortunately **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records. Where receipts are not in English, **you** may need to provide a complete translation when submitting **your** claim.

Benefit	Description / Criteria
24 hour telephone assistance	Under this benefit you have access to a 24 hour telephone assistance line whilst you are abroad. This benefit is only 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 **your emergency care** is required:

- > for a nervous, mental or psychiatric condition;
 - > for conditions and/or **injuries** arising from excessive alcohol consumption;
 - > for conditions and/or **injuries** arising from **substance abuse**;
 - > for conditions and/or **injuries** arising from deliberately injuring **yourself**;
 - > for conditions and/or **injuries** arising from **your own negligence**;
 - > for conditions and/or **injuries** arising from **hazardous sports**;
 - > for conditions and/or **injuries** arising from breaking the law;
- > for conditions and/or **injuries** arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline;
 - > 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.
 - > in a country in which the Irish Department of Foreign Affairs has recommended that **you** should not travel;
 - > in a country in which the Irish Department of Foreign Affairs has recommended that **you** should avoid non-essential travel unless **your** journey is essential. Evidence of why **your** journey is essential will be required. Details of what **we** constitute essential travel to be, as well as the evidence **you** need to provide is detailed below.

If **you** have decided to travel despite the Department of Foreign Affairs advising to avoid non- essential travel to that country, **you** must call **our** Customer Care Team on 01 562 5100 in advance of travelling to ascertain whether **we** consider **your** travel to be essential. What **we** consider to be essential reasons for travel are if:

- i. **Your relative** is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy;
- ii. **Your relative** has died and **you** need to attend the funeral;
- iii. **Your** property abroad has been seriously damaged and **you** need to arrange and/or oversee professional repairs;
- iv. **You** have an urgent work matter that cannot reasonably be cancelled, postponed or delayed;
- v. **You** have a full-time but short-term (not exceeding 31 days) placement at a recognised educational establishment where attendance must be in person.

Evidence must be provided in advance of travel and must be in a formal written format which clearly sets out all relevant dates, the subject and the source of the evidence. Examples of evidence are as follows:

- i. Where **your relative** is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy **we** will require a letter from **your relative's** doctor recommending that **you** needed to be with **your relative** due to their medical condition (please do not state that medical condition);
- ii. Where **your relative** has died and **you** need to attend the funeral; **we** will require a notice of **your relative's** funeral in a recognised publication;
- iii. Where **your** property abroad has been seriously damaged and **you** need to arrange and/or oversee professional repairs **we** will require a police or property insurer's report confirming damage to **your** property;
- iv. Where **you** have an urgent work matter that cannot reasonably be cancelled, postponed or delayed, **we** will require, a formal letter/email from **your** employer stating **you** are travelling for an urgent work matter that cannot reasonably be cancelled, postponed or delayed;
- v. Where **you** have a full-time but short-term placement at a recognised educational establishment where attendance must be in person, **we** will require a formal letter from a recognised educational establishment confirming that **you** are travelling for a short-term (not exceeding 31 days) placement that cannot reasonably be cancelled, postponed or delayed.

The application of the above rules and acceptance of the evidence provided will be at **our** discretion and **our** decision will be final.

Elective Overseas Referrals

Our Elective Overseas Referral **benefits** cover some of the cost having a **surgical procedure** performed abroad. **We** provide two **benefits** under our Elective Overseas Referral **benefits**; (A) 'benefit abroad for surgical procedures that are available in Ireland' and

(B) 'benefit abroad for surgical procedures that are not available in Ireland'. The table below explains both our 'Elective Overseas Referral' **benefits** but **you** should check **your** Table of Cover to see if these **benefits** are covered under **your plan**.

All elective **medical care** received abroad must be **pre-authorised** by **Irish Life Health**. See the "How to Claim" section of the table below for details of how to have **your** elective overseas **medical care pre-authorised** by **us**.

Please note **you** will only be covered up to the amount **pre-authorised** by **us**. Your overseas **medical facility** and **health care providers** may charge more than this amount. If they do, **you** will be responsible for paying the balance. In addition **we** do not pay overseas **medical facilities** and **health care providers** directly. **You** will need to pay **your** entire bill to the **medical facility** and/or **health care providers** yourself. You can then claim the **pre-authorised** amount from us by submitting **your** receipts.

When **you** submit an **Irish Life Health** Overseas Pre-Approval Form to **us**, our **medical advisers** will decide whether the **surgical procedure** you require abroad is available in **Ireland**. This can require a complex medical assessment of the **treatments** and **procedures** you wish to receive abroad and the **treatments** and **procedures** available in **Ireland** to treat **your** condition. The decision of **our medical advisers** is final. In addition, their assessment is based entirely on the information **you** provide in advance of **your** undergoing **your procedure** (in **your** **Irish Life Health** Overseas Pre-Approval Form). The amount **pre-authorised** by **us** cannot be reassessed following **your treatment** regardless of whether the **treatment** you receive differs from that anticipated in **your** **Irish Life Health** Overseas Pre-Approval Form or otherwise.

If there are any unforeseen medical costs arising in relation to additional **medically necessary treatment** from the same episode of care, **we** will cover **you** for an amount up to the same amount of the costs that would have arisen and for which **you** would be covered for in **Ireland**.

Please note that the following conditions apply to Elective Overseas Referrals:

- > The **surgical procedure** must be performed within 31 days from when **you** leave **Ireland**;
- > **You** must have been referred for the **surgical procedure** abroad by a participating **consultant in Ireland** or through the International Second Opinion Service **benefit**, if applicable
- > The **surgical procedure** must be performed before **your pre-authorisation** expires. **Your pre-authorisation** will end either six months from when it is granted, or at the end of the **policy year**;
- > The **surgical procedure** must be **medically necessary** and **our medical advisers** must agree that the **surgical procedure** will result in a reasonably favourable medical prognosis;
- > The proposed **surgical procedure** you require abroad must be related to and have the same objective as a **procedure** or **treatment** that you are covered for in **Ireland**; and
- > The **surgical procedure** or, where the **surgical procedure** is not available in **Ireland**, the most similar **surgical procedure** available in **Ireland**, must not be controlled by a national register of waiting lists for **transplants** or other complex **procedures**.

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.

Elective Overseas Referral

Benefit	Description / Criteria
Benefit abroad for surgical procedures that are available in Ireland	<p>Under this benefit we will cover the following:</p> <ul style="list-style-type: none"> > Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Cover) if you were to be admitted to a medical facility in Ireland to have the surgical procedure performed. Our medical advisers will base their assessment on the hospital costs that would be covered in the 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 benefit Irish Life Health will cover your consultant's fees to the same level as would be covered under your plan if you were treated by a standard rate consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of standard rate consultants are covered. <p>Our medical advisers will decide the hospital costs and the consultant's fees that would have been covered if you were admitted to a medical facility in Ireland to undergo the surgical procedure you wish to receive abroad. The decision of our medical advisers is final. The costs of traveling to and from the country in which you wish to receive your surgical procedure will not be covered. We will confirm the amount that we will cover under this benefit when we pre-authorise your overseas surgical procedure. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself.</p>
Benefit abroad for surgical procedures that are not available in Ireland	<p>Under this benefit we will cover the following:</p> <ul style="list-style-type: none"> > Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Cover) if you were to be admitted to a medical facility in Ireland to receive the most similar surgical procedure available in Ireland. Our medical advisers will base their assessment on the hospital costs that would be covered in the 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 benefit Irish Life Health will cover your consultant's fees to the same level as would have been covered under your plan if you were treated by a standard rate consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of standard rate consultants are covered. <p>Our medical advisers will decide the hospital costs and the consultant's fees that would be covered if you were admitted to a medical facility in Ireland to undergo a surgical procedure to treat the medical condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form.</p> <p>Our medical advisers must believe that the surgical procedure that you wish to undergo abroad is medically proven to be a more effective method of treatment than the treatments and procedures available in Ireland to treat the 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 such costs yourself. The costs of traveling to and from the country in which you wish to receive your surgical procedure will not be covered.</p>

How to claim

If you wish to **claim** either of these **benefits** you must have all **your medical care** abroad **pre-authorised** by us. To obtain **pre-authorisation** you will need to complete the **Irish Life Health** Overseas Pre-Approval Form which is available on **our** website. Part 2 of the **Irish Life Health** Overseas Pre-Approval Form must be completed by **your GP** or **Consultant**. Where **our medical advisers** deem it necessary, **you** may also be required to provide **us** with additional information including a detailed medical report from **your GP** or **Consultant in Ireland** and/or **your treating consultant** abroad.

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

Benefit	Description / Criteria
International Second Opinion Service	See Irish Life Health Member Benefits under section 2.6

2.6 Irish Life Health Member Benefits

As an **Irish Life Health member**, you are eligible to receive discounts on certain health related products or services. These are known as **Irish Life Health Member Benefits** and are explained in the table below. To **claim your Irish Life Health Member Benefits**, you will need to prove that you are an **Irish Life Health member** at the time of purchasing the products or booking/receiving the service. You can do this by providing **your Irish Life Health membership number**. The companies providing the products and services and the discounts that are available may change from time to time so you should check the most up to date information on our website at www.irishlifehealth.ie/benefits before you try to claim.

Please refer to your table of cover, **member benefits** are only available to **members** who have purchased a **plan** covering in-patient treatment.

Irish Life Health Member Benefits	
Benefit & Provider	Description / Criteria
Health screening Charter Medical Group* Telephone: 01 657 9000 Corporate Health Ireland* Telephone: 021 4350360 Cork, 01 670 1820 Dublin, 061 303 975 Limerick	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 and Corporate Health Ireland. This discount can be claimed once per policy year. 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 from us you need to settle the bill directly with Charter Medical Group or Corporate Health Ireland and scan your receipt to us through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie You should keep your original receipts for your own records.
Smoking Cessation Allen Carr's Easyway to Stop Smoking Programme* Telephone: 01 4999010 Website: www.easyway.ie or www.allencarr.ie	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.
Dental Access Package Smiles Town and Dental* Telephone: 01 507 9202 Website: www.smiles.ie	Smiles Town and Dental provide Irish Life Health members with a point of sale discount on a number of dental treatments. This discount cannot be used in conjunction with any other offer or promotion run by Smiles Town and Dental facilities. Where the treatment or procedure is not supplied for the entire mouth, the discount shall be applied on a pro-rata basis.
Asthma care programme Asthma Care Ireland* Telephone: 1800 931 935 or 091 756229 Email: info@asthmacare.ie Website: www.asthmacare.ie	Asthma Care Ireland provide Irish Life Health members with a point of sale discount on its asthma care programme. The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.
Laser eye surgery Optilase* Telephone: 01 619 1400 Website: www.optilase.com	Lominol Limited t/a Optilase provide Irish Life Health members with a point of sale discount on LASIK or LASEK 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.
U Mamma U Mamma* Telephone: 01 2014900 Website: www.umamma.ie	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.
4d scans Ultrasound Dimensions* 21 Main Street, Blackrock, Co. Dublin Telephone: 01 210 0232 Email: info@ultrasound.ie	Ultrasound Dimensions provide Irish Life Health members with a point of sale discount on 4D maternity scans. This offer may not be used in conjunction with any other offer or promotion run by Ultrasound Dimensions.

Irish Life Health Member Benefits

Benefit & Provider	Description / Criteria
Back-Up Spectrum Health* Telephone: 01 562 5150	<p>Back-Up is our physiotherapist-led case management programme unique to Irish Life Health. It provides you 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. Every effort will be made to find a Physiotherapist within your locality from our network but this cannot be guaranteed.</p> <p>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.</p> <p>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. Clinical responsibility for treatment is with your physiotherapist.</p> <p>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:</p> <ul style="list-style-type: none"> > 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. <p>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.</p> <p>Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/memberbenefits/back-up/.</p> <p>Back-Up is managed by Spectrum Health Limited* and our network of CORU registered physiotherapists.</p>
International Second Opinion Service MediGuide* Telephone: 1800 902 251	<p>MediGuide International LLC* provide Irish Life Health members with access to a medical second opinion. 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 leading medical centres around the world.</p> <p>Irish Life Health members may request a medical second opinion through MediGuide* under most circumstances, with the following exceptions:</p> <p>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;</p> <ul style="list-style-type: none"> > 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. <p>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, the 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 case management programme called Navigator can be accessed.</p> <p>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.</p>

Irish Life Health Member Benefits

Benefit & Provider	Description / Criteria
	<p>Important information about the International Second Opinion Service</p> <p>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.</p> <p>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-authorised 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.</p> <p>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.</p> <p>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 €2,000 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.</p>
Wellness DNA Test DNAfit* Log on to your member area on www.irishlifehealth.ie to redeem	<p>As an Irish Life Health member, you can receive a point of sale discount on a Wellness DNA Test from DNAfit*. To avail of this offer, you should log in to your member area at 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.</p> <p>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 DNAfit*'s terms and conditions. Irish Life Health does not provide nor accepts liability for this. Irish Life Health has no access to your DNA results or test information nor do we provide DNAfit* with any medical information.</p>

* The provider partners named under these **benefits** may change from time to time. Access to these **benefits** is subject to availability and the provider partners' terms and conditions of use. **Our** provider partners operate independently from **Irish Life Health** and **we** accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of **our** control. While **we** aim for nation-wide coverage with **our** **benefits**, a service may not be available in **your** locality. Please also note that **we** are not responsible for the content of the websites of these provider partners.

3 Exclusions from Your Cover

We do not cover the following (subject to compliance with the **Minimum Benefit Regulations**):

- > Any costs that are not covered under a **benefit** listed on **your** Table of Cover;
- > Any costs incurred whilst a waiting period applies;
- > The cost of any **medical care** that **our medical advisers** believe is not **medically necessary**;
- > Any costs that **our medical advisers** believe are not **reasonable and customary costs**;
- > The cost of any **medical care** that **our medical advisers** believe is not an **established treatment**;
- > Any costs incurred in a **medical facility** that is not covered under **your plan**;
- > The cost of any **treatment** or **procedure** provided by a **health care provider** who is not registered with **Irish Life Health**;
- > Any costs associated with **treatments** and **procedures** that are not listed in the Schedule of Benefits;
- > Preventative or maintenance **treatments** and **procedures** unless listed in the Schedule of Benefits;
- > Cosmetic surgery unless this is **medically necessary** to restore a **member's** appearance due to: (i) an **accident**, (ii) a genetic disfigurement at birth or (iii) a significant disfigurement caused by disease;
- > Any costs arising from or related to **medical care** not covered by **Irish Life Health**, including subsequent **treatments**, **procedures** or **medical care** which are required as a result of such **medical care**;
- > Any costs related to genetic testing except where such costs are listed on **your** Table of Cover;
- > Gender affirmation **treatments** or **procedures** other than those covered under the gender affirmation **benefit**;
- > Any costs that relate in any way to **transplants** including any subsequent **treatments**, **procedures** or **medical care** other than those procedures listed on the Schedule of Benefits;
- > Any nursing home care and convalescence care that is not covered under **our** convalescence **benefit** or Home Recovery **Benefit**;
- > Ambulance costs except those covered under **our** Medical ambulance costs **benefit**;
- > Any shortfalls due to currency exchange fluctuations;
- > The costs of any form of vaccination except that covered under **our** vaccination **benefit** as a Day-to-day **Benefit** or an Out-patient **Benefit**;

- > Any costs associated with birth control, infertility **treatment**, assisted reproduction or their reversal except where such costs are listed on **your Table of Cover**;
- > Any **treatment** programmes for weight related disorders or eating disorders that are not provided by a **consultant psychiatrist** in a **medical facility** covered under **your plan**;
- > Any costs relating to participation in clinical studies or trials;
- > Any costs arising from or related to **injury** or illness caused by virtue of war, chemical, biological or nuclear disasters, civil disobedience or any act of terrorism;
- > The cost of any **medical care** or other goods or services self-provided or self-prescribed by the insured or provided or prescribed by a **member** of the insured's **immediate family**;
- > Expenses for which **you** are not liable;
- > The cost of any **medical care** or other goods or services which were not received by **you**;
- > Any costs not incurred during **your policy year**;
- > Any costs associated with the **treatment** of symptoms which are not due to any underlying disease, illness or **injury**;
- > Nursery fees;
- > The cost of ophthalmic **procedures** for correction of short-sightedness, long-sightedness or astigmatism where the **procedure** is being performed to avoid wearing glasses or contact lenses other than those covered under the laser eye surgery **benefit**;
- > The cost of any **medical care** which is performed by, or under the direction of, a **consultant** who is not registered with the Irish Medical Council as a specialist in the area in question;
- > The cost of health screening except where the costs are covered under **our** health screening **benefit**, sexual health screening **benefit**, health screening at any centre **benefit** or where a contribution is available on health screening under **our Irish Life Health Member Benefits**;
- > Any penalty charge in lieu of Health Act contributions;
- > Any psychologists fees other than those covered under the psycho-oncology counselling **benefit**, the psychologist **benefit**, the counselling **benefit**, the child psychologist **benefit**, the child/teen counselling **benefit**, the sports psychologist **benefit** and the psychotherapy and counselling **benefit** (including practitioners at the Dean Clinic);
- > The cost of prophylactic **procedures** to remove organs or glands that shows no sign of cancer in an attempt to prevent the development of cancer of the organ or gland in question, unless the **procedure** is listed in the Schedule of Benefits and it provides that it can be performed for that purpose;
- > The cost of drugs or medication unless they are covered under a Day-to-day Benefit or an Out-patient Benefit or are provided to **you** as part of **your hospital costs** whilst **you** are an **in-patient** or a **day case** patient in a **medical facility** covered under **your plan**;
- > The cost of a drug which is over and above the cost of a drug which is, in the opinion of **our medical advisers**, an alternative, generic or bio similar drug;
- > The cost of a drug not recommended for cover by the National Centre for Pharmacoeconomics, National Cancer Control Programme or the Health Service Executive unless pre-approved by **us** prior to **treatment**;
- > The costs of drugs where they are used for a purpose which is different from that for which they were licensed by the Health Products Regulatory Authority;
- > The cost of **rehabilitation** services;
- > The costs of a robotic **surgical procedure** which are over and above the costs that would have been incurred had the **surgical procedure** been performed using traditional methods;
- > Any costs, legal or otherwise, incurred by a **member** as a result of making a **claim** or taking legal action against any person/company/public body;
- > Medical expenses imposed for non-attendance or late cancellation of an appointment;
- > The costs of medical certificates, medical records / reports, or the costs associated with obtaining details of medical history;
- > Differences in foreign exchange rates, bank charges or other charges applied to foreign exchange.

4 Your Policy

Joining Irish Life Health

Your **plan/policy** lasts for one year which means that **your policy/plan** will run until the **renewal date** shown on **your policy documentation** unless cancelled by the **policyholder** or by us for the reasons outlined in this Membership Handbook. As soon as **we receive your first premium, you will be covered from your chosen commencement date subject to the terms and conditions of your policy**. When **you've joined, you will have access to the secure membership area of our website where you can make changes to your cover and to your personal details**. We may contact **you** by post, email, phone, SMS and through **your Irish Life Health secure member area**. Please note that if **you** are a **group scheme member** you may not be able to make changes to **your plan** via the secure membership area of **our website**. Please see section 8 for further details on **group schemes**.

You may add **your** newborn to **your** policy without charge until the first renewal after his/her birth. The newborn must be added within 13 weeks of the date of birth or **waiting periods** will apply.

Changing your policy

The **policyholder** can make changes to their **policy** or any of the **plans** listed on their **policy** at any time by logging onto the membership area on **our** website (www.irishlifehealth.ie/members/manage-my-plan) or by contacting **us** (or their broker) directly. Changes can affect the premium that is payable. If a change is made to the **policy**, we will issue new **policy** documents to the **policyholder** as soon as the change is completed. Please be aware that an upgrade waiting period may apply where there is an upgrade in cover (please see section 6 for further details on upgrade waiting periods). **We** cannot take instructions to make changes to the **policy** or any of the **plans** listed on the **policy** from a **member**. However, the **policyholder** can nominate a person to act on their behalf to make changes to the **policy** or any of the **plans**. If **you** wish to nominate someone, please call or write to **us** and let **us** know if they have authority to act on the entire **policy** or just specific **plans**.

Where a **plan** is altered prior to the end of the **policy year**, the Day-to-day Benefits and Out-patient Benefits will be applied on a **pro-rata** basis.

Renewing your plan

To renew **your** membership:

- > If **you** pay in monthly instalments by direct debit, simply continue to make **your** direct debit payments. **We** will automatically renew **your policy**.
- > If **you** pay **your** annual premium in advance by credit card, please contact **us** to arrange payment and renew **your policy** (see section 10 of this Membership Handbook for **our** contact details).

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

Cancelling your policy

Your policy or any of the **plans** listed on **your policy** may be cancelled before the end of **your policy year** for one of three reasons:

1) You no longer want health insurance with Irish Life Health

The **policyholder** can choose to cancel the **policy** or any of the **plans** listed on the **policy** at any time. To do this, they just need to call **our** customer services team or let **us** know in writing. **We** will refund any amount due on cancellation to the **policyholder**. In the case of a **policyholder** who has passed away, **we** will issue a refund by cheque to the deceased's estate. If **we're** asked to remove a **member** from the **policy**, **we** reserve the right to tell them that they are no longer covered, however, please note that it is not **our** policy to do so. It is the **policyholder's** responsibility to inform the **members** on their **policy** of any changes that affect their cover.

2) Premiums are not kept up to date

We will cancel the **policy** or any of the **plans** listed on **your policy** if **you** do not pay **your** premium when it falls due. **We** will cancel the **policy** or any of the **plans** listed on the **policy** from the date that **your** premiums were paid up to (the Cancellation Date). **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will send **you** a letter or email giving **you** 14 days' notice of **our** intention to cancel. **We** will send this to the last postal or email address **you** provided.

3) Incorrect information / fraud

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

- > **we** are provided with incorrect information about any of the **members** named on the **policy**; or
- > if any of the **members** named on **your policy** try to or make a fraudulent **claim**.

Consequences of cancellation

Once a **plan** is cancelled, the **member** will no longer be covered. **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will be entitled to recover any **claim** amount paid for **in-patient** care or goods or services received after the Cancellation Date. The Out-patient Benefits and Day-to-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.

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 **member(s)** have not received – i.e. from the Cancellation Date until the next **renewal date**. Please note **we** will apply a mid-term cancellation charge (**you** can find more information about this charge in the paragraph below). **We** will not return the amount of premium for any cover received before the date of cancellation. If **we** cancel a fully paid **policy** or **plan** before the end of the **policy year** due to the submission of a fraudulent or dishonest **claim**, **we** will not refund any of the premium that has already been paid.

Mid-term cancellation charge

We will apply a mid-term cancellation charge if:

- > **you** choose to cancel **your policy** or any of the **plans** listed on **your policy** before the end of **your policy year**;
- > **we** are forced to cancel **your policy** or any of the **plans** listed in **your policy** due to non-payment of premium, because **you** or any of the **members** on the **policy** try to **claim** when you're/they're not entitled to or because **you** have provided us with incorrect information.

The mid-term cancellation charge is made up as follows:

- > An administration fee of €25;
- > The portion of the **government levy** which has not yet been paid by **you**. The **government levy** is a stamp duty which is payable on health insurance **plans**. A full explanation of the **government levy** is contained in the Definitions section of this Membership Handbook.

We reserve the right to deduct the amount for the mid-term cancellation charge against any amount due to be refunded. In all other cases **we** will send **you** an invoice in respect of the mid-term cancellation charge. A mid-term cancellation charge also applies to policies paid by direct debit.

Cooling Off

You can cancel **your policy** free of charge within 14 days from the date the **policy** was entered into or from the date **you** are given the **policy** documentation, whichever is the later. This is known as the cooling off period. **We'll** give **you** a full refund of premium unless **you** or any **member** has made a **claim** during this period.

If a **claim** has been made and **you** wish to cancel **your policy** from the start date, the cost of any **out-patient claim** will be deducted from the refund due and **you** will be liable for any charge relating to **in-patient** care. Should **you** wish to cancel **your policy** with effect from a date later than the start date, **we** will charge **you** for providing health insurance cover up to the date of cancellation and **we** will apply a mid-term cancellation charge in this case.

Paying your premiums

All premiums must be paid in euro. **We** have a number of payment options which are outlined below.

You can pay **your** premium monthly by direct debit or annually, in full, by debit or credit card only. **We** do not accept payment by cheque.

If **you** have chosen to pay by direct debit, **we** will collect **your** premium on a monthly basis and it's up to **you** to make sure **your**

monthly payments are available for collection. The first payment in any **policy year** may be more or less than **your** monthly premium if **your policy** start date is different to **your** chosen direct debit collection date. This may also occur if **you** decide to change **your** direct debit collection date mid **policy year**.

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

5 General Terms and Conditions

General rules

- > **Your policy** is governed at all times by the laws of **Ireland** and the exclusive jurisdiction of the courts of **Ireland**;
- > All **policy** documents and communications to **members** will be in English. **We** can provide **policy** documents and/or communications in braille or large print if requested;
- > You can only take out health insurance in **Ireland** if **you** are a resident of **Ireland**. If **you** are not a resident of **Ireland** we will not be able to provide **you** with health insurance cover and we will decline any **claims** made by **you** whilst **you** are not a resident of **Ireland**;
- > You may be required to validate the information contained in **your** claim form. **We** may contact **you** during the claims process for this purpose;
- > Where the amount that can be **claimed** under a **benefit** is greater than the amount **you** have been charged for the goods or services that are covered under that **benefit**, **we** will only cover the amount that **you** have been charged subject to any **excess**, shortfall or co-payment which may apply;
- > The availability of beds in a **semi-private room** or **private room** is determined by the **medical facilities** and is outside the control of **Irish Life Health**;
- > Where **we** cover the cost of goods or services that **you** have received as a result of an **accident** or **injury** for which another person/company/public body may be liable and **you** make a **claim** or take legal action against such other person/company/public body, **you** must include the cost of the goods or services covered by **us** in the damages **you** seek to recover from the person/company/public body. If **you** successfully recover some or all of the costs covered by **Irish Life Health**, by whatever means, **you** must reimburse **us** as soon as possible. We will not contribute towards the costs of pursuing such a **claim** or legal action;
- > Where **you** (or any other person for whom **you** are seeking health insurance) hold any form of health insurance with another company **you** must let **us** know at the inception of **your policy**. Where the costs of the goods or services which are covered under **your plan** with **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

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

6 Waiting periods

Waiting periods

A waiting period is the amount of time that must pass before **you** will be covered under **your plan** or before **you** will be covered to the level of cover available under **your plan**. Previous foreign health insurance coverage is not taken into account for waiting periods. There are a number of different types of waiting periods:

- > Initial waiting periods
- > **Pre-existing condition** waiting periods
- > Upgrade waiting periods

Initial waiting periods

Initial waiting periods apply when **you** take out health insurance for the first time or when **you** take out health insurance after **your** health insurance has lapsed for more than 13 weeks. **You** will not be covered during **your** initial waiting period.

Initial waiting periods do not apply in the following circumstances:

- > To **claims** made in respect of children who have been added to **your policy** within 13 weeks of the date of their birth
- > To **claims** made in respect of adopted children who have been added to **your policy** within 13 weeks of the date of their adoption
- > To **claims** in respect of **medically necessary treatment** provided as a result of an accident or injury which occurred while that person was named as an insured person.

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.

Initial Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits including Overseas Benefits EXOGEN therapy Gender Affirmation Benefit Genetic Testing for Cancer Treatment Options – Foundation One CDx Health In the Home Care Connect Hormone Replacement Therapy for Gender Dysphoria Medicall Ambulance Cost Oncotype Dx PET CT Scans Public Hospital Levy	26 weeks	
Maternity In-patient benefits Home Birth Grant In Aid Egg Freezing Sperm Freezing Infertility benefit: IVF, ICSI, IUI	52 weeks	
All Day-to-Day Benefits Genetic Testing: Initial consultation Genetic Testing: Test for specified genetic mutations Post Operative Home Help Alternative amount for post-operative home help Convalescence Benefit Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit	None	26 weeks
Medical & Surgical Appliances All Out-patient Benefits Minor Injury Clinic Cover Minor Injury Clinic Cover (Pay & Claim) Healthy Minds Mental Health Guide	None	
Child Home Nursing	None	N/A



Pre-existing condition waiting periods

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

You will not be covered for a **pre-existing condition** during your **pre-existing condition** waiting period. Our **medical advisers** will decide whether **your claim** relates to a **pre-existing condition**. Their decision is final.

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

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

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 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 insurer) after **your** health insurance had lapsed for more than 13 weeks.

Pre-Existing Condition Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits including Overseas Benefits Gender Affirmation Benefit Genetic Testing for Cancer Treatment Options – Foundation One CDx Hormone Replacement Therapy for Gender Dysphoria PET-CT Scans Health In the Home Care Connect	5 years	
Maternity In-patient Benefits Home Birth Grant In Aid Egg Freezing Sperm Freezing Infertility benefit: IVF, ICSI, IUI	52 weeks	
All Day-to-Day Benefits All Out-patient Benefits Minor Injury Clinic Cover Minor Injury Clinic Cover (Pay & Claim) Genetic Testing: Initial consultation Genetic Testing: Test for specified genetic mutations Healthy Minds Mental Health Guide Medicall Ambulance Cost		None
Medical & Surgical Appliances Convalescence Benefit Child Home Nursing Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit Public Hospital Levy Post Operative Home Help Alternative amount for post-operative home help Oncotype Dx		None



Upgrade waiting periods

An upgrade waiting period will apply when **you** upgrade **your** cover (i.e. **you** purchase a **plan** with more comprehensive cover than **your** previous plan). This may happen if **you** change **your** **plan** with **us** or when coming to **Irish Life Health** from another health insurer. **We** will apply an upgrade waiting period to **claims** where **your** treatment relates to a pre-existing condition. Where an upgrade waiting period applies, **we** will cover **you** up to the level that was available under the **benefit** that **you** are claiming of **your** previous plan. Where the **benefit** **you** are claiming was not available on **your** previous **plan**, **you** will not be covered.

A **pre-existing condition** is any ailment, illness or condition that, on the basis of medical advice, the signs or symptoms of which existed at any time in the period of six months ending on the day on which

- > **you** took out health insurance for the first time
- > or **you** took out health insurance after **your** health insurance had lapsed for more than 13 weeks.
- > or **you** upgraded **your** cover to a higher level **plan**

In these circumstances, **you** will be covered up to the level of cover that was available on the **plan** that **you** previously held before upgrading **your** cover. Please see the upgrade waiting period table below for the details of upgrade waiting periods by **benefit** type. Our medical advisers will determine when **your** ailment, illness or condition commenced. Their decision is final.

The table below sets out the upgrade waiting periods applied by **Irish Life Health**. These waiting periods will apply from the date **you** upgraded.

Upgrade Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits including Overseas Benefits Gender Affirmation Benefit Genetic Testing for Cancer Treatment Options – Foundation One CDx Health In the Home Care Connect Hormone Replacement Therapy for Gender Dysphoria Medical Ambulance Cost PET CT Scans		2 years
Maternity In-patient benefits Home birth Grant in aid Egg Freezing Sperm Freezing Infertility benefit: IVF, ICSI, IUI		52 weeks
Post Operative Home Help Alternative amount for post-operative home help Oncotype Dx Convalescence Benefit Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit Medical & Surgical Appliances	None	52 weeks
All Day-to-Day Benefits Genetic Testing: Initial consultation Genetic Testing: Test for specified genetic mutations	None	26 weeks
All Out-patient Benefits Minor Injury Clinic Cover Minor Injury Clinic Cover (Pay & Claim) Healthy Minds Mental Health Guide Public Hospital Levy		None
Child Home Nursing	None	N/A



7 Fraud 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 comprehensive investigation. If a **claim** submitted by **you** or on **your** behalf is found to be fraudulent or dishonest in any way, the **claim** will be declined in its entirety, **benefits** under the **policy** will be forfeited and the **policy** and/or any **plans** listed on the **policy** may be cancelled and we may refuse any new **policies** for **you**. We reserve the right to refer the matter and details of the fraudulent **claim** to the appropriate authorities for prosecution.

8 Group Schemes

If your **plan** was started as part of a **group scheme** arrangement and the **group scheme sponsor** is acting on **your** behalf, **you** agree that the **group scheme sponsor** will have the following powers and responsibilities for the **policy**:

- > The **group scheme sponsor** may instruct us to start and cancel the **policy**;
- > The **group scheme sponsor** may instruct us to change your **plan** or level of cover;
- > The **group scheme sponsor** may instruct us to add or reduce the number of **members** on the **policy**;
- > The **group scheme sponsor** may amend or cancel any or all of the **plans** listed under the **policy**;
- > The **group scheme sponsor** must ensure that all premiums are paid on time as unpaid premiums may impact whether **claims** are paid;
- > The **group scheme sponsor** must ensure that all adequate consents from **members** are obtained prior to the **policy** entering into force, including consents from **members** for the processing of their personal data.

Members who are part of a **group scheme** arrangement may require the permission of the **group scheme sponsor** to amend their cover. In such circumstances, the **members** may be required to pay additional premium for such amended cover. If you join a **group scheme** after the scheme start or renewal date, your **benefit** entitlement may be adjusted on a **pro-rata basis**.

If your **policy** was arranged through a **group scheme sponsor**, your **cover** will continue as long as **you** fulfil the conditions for participation in the **group scheme** and the **group scheme sponsor** continues to pay your **premium**.

9 Premium Changes

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

may result in a change to the amount that **you** are required to pay to us for the **plans** listed in your **policy**.

10 Your Contacts

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

Irish Life Health customer service team

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

Address: Customer Care Team,
Irish Life Health dac,
PO Box 13028, Dublin 1
E-mail: heretohelp@irishlifehealth.ie
Telephone: 01 562 5100

Corporate enquiries

E-mail: justaskus@irishlifehealth.ie
Telephone: 01 562 5399

Claims submission

For Out-patient or Day-to-Day **claims**, submit your receipts through our online claims tool (Irish Life Health Online Claiming) in your **member** area on www.irishlifehealth.ie within six months of the end of your **policy year**. Where receipts are not in English, **you** may need to provide a complete translations when submitting your **claim**. We may ask **you** to submit a receipt for verification. For pay and reclaim **In-patient claims**, send your receipts to Claims Team, Irish Life Health dac, PO Box 13028, Dublin 1

Appeals

Should **you** wish to appeal a **claim** decision, **you** can contact the Customer Care Team:

By phone on 01 562 5100

By email: heretohelp@irishlifehealth.ie

By post at: Claims Support Team, PO Box 13028, Dublin 1

If **you** remain dissatisfied with the appeal decision, **you** may refer your appeal to the Financial Services and Pensions Ombudsman (FSCO) at the following 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

International assistance number

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

Telephone: 00353 148 17840

Nurse-on-call

All Irish Life Health members have unlimited access to a team of qualified nurses for non-emergency medical information. Nurse-on-call is a telephone based service that provides general, non-diagnostic information over the phone.

All calls will remain fully confidential.

Telephone: 01 562 5150

Complaints

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

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

Alternatively you can contact the Complaints Team:

> By phone on 01 562 5100

> By email: heretohelp@irishlifehealth.ie

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

If you remain dissatisfied with Irish Life Health, you may refer your complaint to the Financial Services and Pensions Ombudsman (FSCO) at the following 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

11 Definitions

Accident

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

Acute

Short and sharp onset and which requires immediate medical attention.

Authorise(d)

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

Benefit

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

Claim

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

Clinical environment

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

Clinical indicators

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

Consultant

Consultant means a medical practitioner who:

- > is engaged in hospital practice;
- > holds all necessary qualifications to act as a consultant in the Republic of Ireland;
- > by reason of his/her training, skill and experience in a designated specialty (including appropriate specialist training) is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and;
- > holds a current full registration as a specialist with the Medical Council of Ireland and is listed on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.

In relation to treatments and procedures which are performed outside Ireland, a consultant is a surgeon, physician or anaesthetist who is legally qualified and recognised to provide the treatment or procedure in that country on a tertiary referral basis.

Convalescence home

A nursing home registered pursuant to the Health (Nursing Homes) Act 1990 which is approved by the Health Information and Quality Authority and retains a current registration with that body. Details can be found at www.hiqa.ie/find-a-centre

Cosmetic surgery

Treatments or procedures or part of a treatment or procedure which are purely aesthetic and are intended to improve the member's appearance for psychological or personal reasons and which are not medically necessary.

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.

Dentist

A dental practitioner, who:

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

Direct settlement

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

EEA

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

E.G.

An abbreviation meaning "for example".

Elective treatments or procedures

Any **treatment** or **procedure** that is scheduled in advance because it does not involve **emergency care**.

Emergency care

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

Established treatment

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

Excess

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

First degree relative

A blood related parent, brother, sister, son or daughter of a **member**.

Follow on care

Medical care received after **emergency care** ends including convalescence or **rehabilitation**.

General practitioner / GP

A medical practitioner who holds all necessary qualifications to act as a general practitioner in **Ireland**, holds a current full registration with the Irish Medical Council and is registered with **Irish Life Health**.

Government levy

A stamp duty which health insurers must pay to the Revenue Commissioners on each health insurance **plan** sold. The **government levy** is paid into a central fund and is redistributed by the government to maintain a health insurance system where

a person's age or health does not determine the level of premium they pay. The **government levy** is included in **your** premium for each of the **plans** listed in **your policy**. Where **your** premiums are being paid monthly, we disburse the cost of the **government levy** evenly across **your** payments. Details of the amount of the **government levy** are set out in **your policy** documentation.

Group scheme

A collection of **members** who are insured by **Irish Life Health** as a group under the instructions of a **group scheme sponsor**.

Group scheme sponsor

A **group scheme sponsor** is a natural or legal person whether an employer, association, professional body or otherwise who arranges or facilitates for a group of persons to receive health insurance cover from **Irish Life Health** as a **group scheme**.

Hazardous sports

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

Health care provider

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

Hospital costs

Charges imposed by a **medical facility** on an **in-patient** for **medically necessary** services provided by such **medical facility** to such **in-patient**, excluding the costs of take home drugs and the costs of telephone calls made whilst the patient was admitted. The professional fees of **consultants** are not part of **your hospital costs**.

I.E.

An abbreviation meaning "that is to say/ specifically"

Immediate family

Your parent, child, sibling, spouse and partner.

Injury

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

In-patient

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

Irish Life Health

Irish Life Health dac.

Internationally recognised hospital

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

Ireland

The Republic of Ireland excluding Northern Ireland.

Level 1 plans

These are: Select, Select Starter, Select with Day 2 Day and Emergency packs, Select with Day 2 Day pack, Select with Emergency Access pack, Day2Day Focus, Day2Day Focus.1, Health Starter, Level 1 Everyday, Health Level 1, Level 1 Hospital, me plan level 1, me plan level 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 with day-to-day 50 and day-to-day a.

Medical adviser

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

Medical care

Care relating to the science or practice of medicine.

Medical facility

A hospital, scan centre, or **treatment centre**.

Medically necessary

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

- i) is consistent with the **member's** symptoms or diagnosis or treatment;
- ii) is necessary for such a diagnosis or treatment;
- iii) is not provided primarily for the convenience of the **member, the medical facility or health care provider** or at the request of the **member**;
- iv) is furnished at the most appropriate level, which can be safely and effectively provided to the **member**;
- v) is for **procedures** and investigations that are **medically proven** and appropriate;
- vi) does not include extended convalescence or palliative care.

Medically proven

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

Member

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

Membership number

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

Minimum Benefit Regulations

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

Newborn

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

Oral surgeon

A **dentist** who is on the Specialist Register of **Oral Consultants** maintained by the Dental Council of **Ireland** and who is registered with **Irish Life Health**.

Out-patient

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

Periodontist

A **dentist** who has completed a 3 year post graduate training course which is, or is recognised as, equivalent to training courses accredited by the European Federation of Periodontists.

Plan

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

Policy

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

Policyholder

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

Policy year

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

Pre-authorisation / pre-authorised / pre-authorise

Irish Life Health must agree in advance before certain **treatments** and **procedures** will be covered. This consent is known as **pre-authorisation**.

The Schedule of Benefits sets out the **treatments** and **procedures** that require **pre-authorisation**.

Pre-existing condition

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

Private hospital

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

Private room

- A room in a **private hospital** which contains only one bed, or
- A room in a **public hospital** which contains only one bed

Procedure

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

Pro-rata

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

Public hospital

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

Public hospital levy

The public hospital levy is a daily charge imposed by public hospitals on in-patients and day case patients. The public hospital levy will be charged for a maximum of 10 days in any period of 12 consecutive months.

Qualified practitioner

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

Reasonable and customary costs

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

Rehabilitation

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

Relative

Your parent/parent in-law/step parent/step parent in-law, sibling/sibling in law, spouse/ partner (including common law and civil partnerships or fiancé(e), child/child in law/step child/foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin.

Renewal date

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

Semi-private room

- > A room in a **private hospital** which contains not more than three beds, or
- > A multiple occupancy room in a **public hospital**

Side room procedure

A treatment or **procedure** which is classified as a **side room procedure** in the Schedule of Benefits.

Surgical procedure/surgery

The **treatment** of disease, **injury** or deformity by instrumental intervention.

Substance abuse

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

Tax relief

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

Terminal illness

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

Transplants

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

Treatment

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

Treatment centre

A private **in-patient** or **out-patient** clinic categorised as a **treatment centre**, addiction centre or ophthalmic clinic in the table of **medical facilities** in section 12 of this Membership Handbook.

Visit

A consultation with an approved medical provider, allied health professional, specified provider partner or other practitioner listed in this handbook. Extended appointments or back-to-back (consecutive) appointments performed on the same day are considered as a single visit.

We, us

Irish Life Health dac.

Working day

Monday to Friday excluding bank holidays.

You, your

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

11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners

Allied Health Professionals, 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 of Infant Massage
Breastfeeding consultant	A member of the Association of Lactation Consultants in Ireland (ALCI) and who holds International Board 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; International Coach Federation (ICF) Ireland or Life and Business Coaching Association of Ireland (LBCAI) or have a degree in 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 Ireland.
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 Menopause Society or the International Menopause Society.
Midwife	A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
Nurse (also including paediatric nurse)	A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
Nutritionist	A person who is registered with Nutritional Therapist of Ireland (NTOI)

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 4 accreditation.		
Physiotherapist or Physical Therapist	A professional who is engaged in the assessment, treatment and management of musculoskeletal disorders and registered with CORU (Health & Social Care Professionals Council) or is a member of the Irish Society of Chartered Physiotherapists (ISCP)		
Play Therapist	A member of the Irish Play Therapy Association (IPTA), or the Irish Association of Play Therapy & Psychotherapy (IAPTP) or Play Therapy Ireland (PTI).		
Podiatrist	<p>A member of one of the following Societies:</p> <ul style="list-style-type: none"> > The Society for Chiropodists/Podiatrists > Society of Chiropodists and Podiatrists in Ireland > Institute of Chiropodists and Podiatrists in Ireland 		
Pregnancy pilates instructor	Standard pilates practice hours requirement plus must have completed a pregnancy pilates course which is recognised by Pilates Teacher Training Ireland (PTTI).		
Pregnancy yoga instructor	Standard yoga practice hours requirement plus must have completed a pregnancy yoga course which is recognised by Yoga Alliance USA, Yoga Alliance Professionals (UK) or Yoga Therapy Ireland.		
Psychologist	A member of the Psychological Society of Ireland.		
Psychotherapist or Counsellor	An accredited member of the Irish Association for Counselling and Psychotherapy (IACP) or the Irish Council for Psychotherapy (ICP).		
Reflexologist	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.		
Reiki Practitioner	A member of Reiki Federation Ireland or the Reiki Association of Ireland.		
Speech and language therapist	A speech and language therapy professional who is registered with CORU (Health & Social Care Professionals 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 the Yoga Alliance 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.		

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 that applies to hospitals, **treatment centres** or scan facilities.

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
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
St. Patrick's (Marymount Hospice)	Public hospital (hospice)	Yes	Covered	Covered	Not Covered	Not Covered
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
Blackrock Clinic, Co. Dublin	High-tech hospital	Yes	See Table of Cover Δ	Not Covered	Not Covered	Not Covered
Bon Secours Hospital, Glasnevin, Dublin 9	Private hospital	Yes	Covered Δ	Covered	Covered	Not Covered
Cappagh National Orthopaedic Hospital, Finglas, Dublin 11	Public hospital	Yes	Covered	Covered	Covered	Not Covered
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, Dublin 8	Public hospital	Yes	Covered	Covered	Covered	Covered
Hermitage Medical Clinic, Old Lucan Road, Dublin 20	Private hospital High-tech hospital for Level 1 plans*	Yes	Covered Δ	Covered	Covered	Not Covered
Highfield Healthcare incorporating Highfield Hospital and Hampstead Clinic Services, Dublin 9	Private hospital	Yes	Covered Δ	Covered	Not Covered	Not Covered
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
Mater Private Hospital, Dublin 7	High-tech hospital	Yes	See Table of Cover Δ	Not Covered	Not Covered	Not Covered
National Maternity Hospital, Holles St, Dublin 2	Public hospital	Yes	Covered	Covered	Covered	Covered
Our Ladys Hospice Blackrock (part cover only), Co. Dublin	Public hospital (hospice)	Yes	Covered	Covered	Not Covered	Not Covered
Our Lady's Hospice, Harold's Cross (part only), Dublin 6W	Public hospital (hospice)	Yes	Covered	Covered	Not Covered	Not Covered
Our Lady's Hospital for Sick Children, Crumlin, Dublin 12	Public hospital	Yes	Covered	Covered	Covered	Covered
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. Dublin	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
St. Edmundsbury Private Hospital, Lucan, Co. Dublin	Private hospital	Yes	Covered Δ	Not Covered	Not Covered	Not Covered
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
Galway Clinic	Private hospital High Tech Hospital for Level 1 plans*	Yes	Covered Δ	Covered	Covered	Not Covered
Portiuncula Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
University College Hospital Galway	Public hospital	Yes	Covered	Covered	Covered	Covered
Kerry						
Bon Sécurité 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	Not 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 Regional Hospital)	Public hospital	Yes	Covered	Covered	Covered	Covered
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

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
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. Joseph's)	Public hospital	Yes	Covered	Covered	Covered	Covered
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	Not Covered

B. Treatment centres	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
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 Cover for Level 1 plans*)	Ophthalmic Clinic	Yes	Covered Δ	Covered	Covered	Not Covered
M.S. Care Centre, Rathgar, Dublin 6	Respite care	Yes	Covered Δ	Covered	Not Covered	Not Covered
NEDRC (National Eating Disorder Recovery Centre), Ballsbridge, Dublin 4	Treatment centre	Yes	Covered Δ	Covered	Covered	Not Covered
Oxycare, 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 of Cover for Level 1 plans*)	Ophthalmic Clinic	Yes	Covered Δ	Covered	Covered	Not Covered
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

B. Treatment centres	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
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 Business Park, Limerick	Ophthalmic Clinic	Yes	Covered Δ	Covered	Covered	Not Covered
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

C. Scan Facilities: Approved MRI Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
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 / Victoria University Hospital	Public hospital	Yes	No	Covered	Covered	Covered	Covered
Donegal							
Affidea Letterkenny	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Dublin							
Alliance Medical Cherrywood, Cherrywood Business Park, Dublin 18	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical Smithfield, Dublin 7	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea at The Meath Primary Care Centre, Dublin 8	Scan centre	Yes	No	Covered	Covered	Covered	Covered
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), Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
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**

C. Scan Facilities: Approved MRI Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Galway							
Bon Secours Hospital, Renmore	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
Galway Clinic	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
Alliance Medical Merlin Park Hospital	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical Portiuncula Hospital, Ballinasloe	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Kerry							
Alliance Medical Bon Secours Hospital, Tralee	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Kildare							
Affidea at Vista Primary Care Centre	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical UPMC Kildare Hospital, Clane	Scan centre	Yes	No	Covered	Covered	Covered	Not Covered
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 Barringtons	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Limerick Clinic, City Gate House, Raheen Business Park	Scan centre	Yes	No	Covered	Covered	Covered	Not Covered
Louth							
Alliance Medical Our Lady Of Lourdes Hospital, Drogheda	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Offaly							
Alliance Medical Midland Regional Hospital, Tullamore	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Sligo							
Affidea at Sligo General Hospital	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Tipperary							
Alliance Medical South Tipperary General Hospital	Scan centre	Yes	No	Covered	Covered	Covered	Covered
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 Hospital, Mullingar	Scan centre	Yes	No	Covered	Covered	Covered	Not Covered

C. Scan Facilities: Approved CT Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
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 (Oncology CT only)	Private hospital	Yes	No	Covered**	Not Covered	Not Covered	Not Covered
Dublin							
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	Yes	Covered	Covered	Covered	Not Covered
Beaumont Consultants Private Clinic, Santry, Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Yes	Covered	Not Covered	Not Covered	Not Covered

C. Scan Facilities: Approved CT Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Bon Secours Hospital, Glasnevin Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Alliance Medical Smithfield, Dublin 7	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Tallaght, Dublin 24	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
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
Galway Clinic	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
Alliance Medical Merlin Park Hospital Kerry	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Bon Secours, Tralee	Private hospital	Yes	No	Covered	Covered	Covered	Covered
Kildare							
Alliance Medical UPMC Kildare Hospital, Clane	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Limerick							
Alliance Medical Bon Secours Limerick at Barringtons	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Waterford							
UPMC Whitfield, Butlerstown	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered

C. Scan Facilities: Approved PET-CT Facilities	Facility Type	Direct Settlement	Approved PSMA Scan Facilities	List 1	List 2	List 3	List 4
Cork							
Alliance Medical: Cork University Hospital	Public hospital	Yes	Yes	Covered	Covered	Covered	Covered
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
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital, High-tech hospital for Level 1 plans *	Yes	No	Covered	Covered	Covered	Not Covered
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							
Galway Clinic	Private hospital, High-tech hospital for Level 1 plans *	Yes	No	Covered	Covered	Covered	Not Covered
Waterford							
UPMC Whitfield, Butlerstown	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered

D. Minor Injury Clinic: Approved Direct Settlement Minor Injury Clinics	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
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 (including HSE) Minor Injury Clinics	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
Clare						
Ennis Injury Unit, Ennis Hospital	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Cork						
The Mercy Injury Unit, Curranbraher	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	Covered
Laya Health & Wellbeing Clinic, Cherrywood Business Park, Dublin 18	Minor Injury Clinic	No	Covered	Covered	Covered	Covered
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	Covered
Galway						
Laya Health & Wellbeing Clinic, Briarhill	Minor Injury Clinic	No	Covered	Covered	Covered	Covered
Limerick						
Laya 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	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	Covered
Roscommon						
Roscommon Injury Unit, Roscommon University Hospital	Minor Injury Clinic (HSE)	No	Covered	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** are receiving treatment must be specifically named on the applicable Hospital List for cover to apply. If **your** treating hospital is not specifically named on the applicable Hospital 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-tech hospitals or treatment centres.

* **Level 1 plans** are: Select, Select Starter, Select with Day 2 Day and Emergency packs, Select with Day 2 Day pack, Select with Emergency Access pack, Day2Day Focus, Day2Day Focus, 1, Health Starter, Level 1 Everyday, Health Level 1, Level1 Hospital, me plan level 1, me plan level 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 with day-to-day 50 and we plan level 1 with day-to-day a.

** Referrals must be made by an oncologist or other clinician at this facility (St. James's Hospital and at Bon Secours Hospital Cork) and must be related to the diagnosis, **treatment** or staging of a cancer. These lists are subject to change and are correct at time of going to print, 1 April 2023. For the most up-to-date lists, visit www.irishlifehealth.ie.

† Cover may be limited to specific **treatment** programmes only. Length of stay covered under **your plan** will be determined by the specific programme or evidence based model employed by the **treatment centre** based on what is deemed **medically necessary** and clinically appropriate for the **member's** presenting condition.

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All information included in this Membership Handbook is correct at time of going to print, 1 April 2023. For full details and terms and conditions you can access Membership Handbooks on www.irishlifehealth.ie or call us on 01 562 5100.

Solvency And Financial Condition Report

Irish Life Health's Solvency and Financial Conditions Report is available at www.irishlifehealth.ie/privacy-and-legal/solvency-and-financial-condition.



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General Rules

Policy Booklet

looking after you always



Welcome to Laya 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 or
email us at info@layahealthcare.ie

Laya healthcare, Eastgate Road,
Eastgate Business Park, Little Island,
Co. Cork, T45 E181.

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Digital Customer Care, serving you online

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 advanced digital technology from our Member Area, Member App and Web Chat with our award winning Customer Care team. Our members can access all of the benefits of their membership anytime, anywhere and from any device.

It's never been easier for you to access information when it suits you. By logging into your secure Member Area, the main member on the policy can do things such as:

- Check your everyday medical expenses cover
- Make changes to your personal details
- Add a member to your policy
- Review your hospital and scan centres cover
- Access your policy documentation, including claim forms
- Check your claims history
- Check your cover

Just visit www.layahealthcare.ie/memberarea

Web Chat

Our award winning Customer Care team are available on Web Chat. Simply click the 'On-line Chat' button on our website and they will help you.

How to make a claim

While in hospital

We have direct settlement with almost all of our hospitals and consultants. This means that when you go into hospital (for in-patient or day-case treatment), you simply fill out a form when you arrive, sign it when you leave, and the hospital then deals directly with us. There's no need for you to do anything else. We will then contact you afterwards to let you know how your claim has been assessed. It's as simple as that.

Please log into your Member Area any time of the day prior to any treatment to confirm your cover. To confirm your cover you will need details of the hospital/centre you are attending along with your consultant's name and the procedure code.

Everyday Medical Expenses

If you have other health expenses, like physiotherapy, GP or casualty visits, just keep your receipts. Claiming has never been easier with our Member App. You can submit your claims for everyday medical expenses through the app at any point during the year - 24 hours a day, 7 days a week. Alternatively fill in an out-patient claim form (which you can download from your Member Area or which can be posted to you if requested) include all your receipts and send to:

Laya healthcare, PO Box 12679, Dublin 15.

Visit www.layahealthcare.ie/howtoclaim for forms and more details on claiming through the app.

Read on for a full explanation of our benefits.

Scheme Rules

Effective from 1st of December 2020

1. Reading your rules booklet

This booklet consists of the Scheme Rules which sets out definitions and the rules applicable to your policy.

You need to read these rules (including the notes) in conjunction with the current Benefit Table applicable to your policy, your membership certificate and your application form (if applicable). These documents and the Scheme Rules make up the agreement between us, laya healthcare, and you, the member.

The benefits/cover you have available on your chosen scheme are set out on your Benefit Table.

2. Policy Definitions

It is important for you to understand that some of the terms we use have specific meanings. These terms and their meanings are set out below and bolded throughout the remainder of the Scheme Rules.

The following words and phrases in bold have the meanings shown below.

3D 4D scans

3D 4D scanning is a medical ultrasound technique, often used in obstetric ultrasonography.

Accommodation

The overall costs associated with **treatment** in **hospital** including the type of room a member occupies, the use of operating theatres, technical services, selected drugs, specialist support, nursing care, housekeeping, **hospital** administration and other services which would be associated with **treatment in hospital**. Please note that not all of these services or charges will apply to every **hospital** admission.

Age of Entry

The sum of **your** age minus any **Lifetime Community Rating** Credited Months. This figure is used to determine any additional **LCR Amount** that **you** may have to pay.

Benefits

The **hospital** charges, medical fees, shortfall amounts, excess amounts and other **benefits** shown in **your** Benefit Table.

Clinical Indicators

Certain procedures require **Clinical Indicators** which will need to be provided by **your GP** or **Consultant**. The application of a **Clinical Indicator** for a specific procedure is a widely accepted practice of achieving quality of care by providing guidance as to acceptable investigation/treatment according to current best practice. If **Clinical Indicators** apply to a procedure, they will be set out alongside the procedure or **treatment** listed in our **Schedule of Benefits** and must be included in order to process a claim. **Laya healthcare**, will only accept and provide **benefit** for claims for specified procedures where a correct **clinical indicator**, as per our **Schedule of Benefits**, is provided by the treating Clinician. Certain procedures require **Clinical Indicators** which will need to be provided by **your GP, Consultant** or treating Clinician.

Consultant

Any **registered medical practitioner** who meets all of the following requirements:

- they hold a current full registration with the Irish Medical Council
- they are engaged in **hospital** practice by reason of their training, skill and experience in a designated specialty, they are consulted by other **registered medical practitioners** and they undertake full clinical responsibility for patients in their care, or that aspect of care on which they have been consulted, without supervision in professional matters by any other person
- they hold a public **consultant** post or are

eligible to hold a public **consultant** post

- they are recognised by us as a **laya healthcare consultant** for the purpose of our insurance schemes in Ireland (you can phone or write to us if you would like to know whether or not a particular **registered medical practitioner** is recognised by us or you can check our website www.layahealthcare.ie).

If you need to receive **treatment** in a country outside **Ireland**, a **consultant** will refer you to a surgeon, physician, or anaesthetist who is less than 70 years of age and is legally qualified to provide the **treatment** in that country.

Consultant Psychiatrist

A **consultant** as defined above, who specialises in Psychiatry.

Consultant Paediatrician

A **consultant** as defined above, who specialises in Paediatrics.

Cosmetic treatment

Treatment which is defined as medical or surgical and is primarily for the purpose of improving appearance or self-esteem.

Day-case treatment

Treatment where, for medical reasons, you have to be admitted into a **hospital** and occupy a bed in that **hospital** during the day, but not overnight, for **treatment** which would be accepted generally by the medical profession in **Ireland** as **day-case treatment** as opposed to out-patient **treatment**.

Dental Hygienist

A **dental hygienist** with a current full registration with the Dental Council of **Ireland**.

Dental practitioner

A **dental practitioner** with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/She is community based and provides dental care.

Dependants

Your husband or wife or partner and any child or **dependant** of yours who we have agreed with you to accept into membership of one of the **schemes**, and who is also named on your membership certificate as one of your dependants.

Emergency dental treatment

Restorative **dental treatment** urgently required in order to alleviate pain, inability to eat or any acute dental condition caused by an accidental external impact to the mouth and which presents an immediate and serious threat to a person's general health.

Experimental treatment

That which is not considered customary practice in Ireland or the EU taking NICE and HSE guidelines into account. Laya healthcare do not pay for procedures, devices or drugs that are considered unproven or investigational, including those in clinical trials, irrespective of the phase of trial. Our medical advisors will determine whether a treatment is experimental or unproven. Their decision is final.

Female recipient

The **female recipient** of the specified infertility **treatment** available on one of the **schemes** and who is named on a **laya healthcare** membership certificate.

Fertility Clinic

Any **fertility clinic** accredited by the Irish Medicines Board (IMB) and listed as a **laya healthcare** recognised clinic at the time you receive your treatment. This list can change from time to time. Please check with us before having your treatment.

Full cover scheme

The **scheme** known as the **full cover scheme** under which **laya healthcare** agrees limits on


consultants' fees with participating **consultants**. A **consultant** is participating in the **full cover scheme** if he or she is listed in **laya healthcare's** list of **full cover scheme** participating **consultants** (**you** can phone or write to us if **you** would like to know whether or not a **consultant** is participating in the **full cover scheme** or **you** can check our website).

General medical practitioner/GP

A registered medical practitioner who is fully registered with the Irish Medical Council and who is not a **consultant** and is currently practicing as a primary care physician in the community.

Health Insurance Contract

A **health insurance contract** to which the Irish Health Insurance Act, 1994 (as amended), and the regulations made under that Act, apply.

Hospital

A **laya healthcare participating hospital**.

In-patient treatment

Treatment where, for medical reasons, **you** have to stay in a **hospital** overnight.

Ireland

Ireland excluding Northern **Ireland**.

Lifetime Community Rating Regulations

The Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014.

Lifetime Community Rating Health Insurance Contract

A contract that provides for in-patient indemnity payment and to which the Health Insurance Act, 1994 applies.

Membership start date

The date on which a person begins his or her current continuous period of membership of their **scheme**. The **membership start date** for **you** and your dependants is shown for each of **you** individually on **your** current membership 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.

Midwife

A **midwife** registered on the **midwife** register with An Bord Altranais.

Minimum benefit regulations

The Irish Health Insurance Act 1994 (**minimum benefit**) Regulations 1996, made pursuant to the Irish Health Insurance Act 1994 (as amended).

Northern Ireland participating hospital

Any **hospital** in **Northern Ireland** listed in **your hospital** list. Please visit the 'Check cover' section of **your** personalised Member Area for **your** most up to date **hospital** list. See Note 1 also.

Nurse

A **nurse** who is registered with An Bord Altranais for midwifery, health visiting and/or nursing.

Pre-existing condition

Pre-existing condition: An ailment, illness or condition, where, on the basis of medical advice, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months immediately preceding:

- a) the day **you** took out a **Health insurance contract** for the first time; or
- b) the day **you** took out a **Health insurance contract** again after **your** previous **Health insurance contract** had lapsed for 13 weeks or more; or

c) the day **you** changed **your scheme** and gained additional cover/**benefits**.

Please note that our medical advisors will determine whether a condition is a pre-existing condition. Their decision is final.

Private Hospitals: Tier (Level) 1

- Aut Even Hospital, Kilkenny
- Bons Secours Hospital Limerick at Barringtons, Limerick
- Clane Hospital, Kildare
- Mater Private, Cork
- National MS Centre, Rathgar
- Park West Clinic, Dublin 12
- St Francis, Mullingar
- Kingsbridge **Private hospital**, Sligo

*Please contact us prior to admission to ensure **your treatment** is covered.

Private Hospitals: Tier (Level) 2

- Bon Secours Hospital (Cork, Tralee, Galway and Dublin)
- Galway Clinic
- Hermitage Medical Clinic, Dublin
- Mater Private, Cork
- North West Independent Hospital, Derry
- St Vincent's **Private hospital**, Dublin
- Ulster Independent Clinic, Belfast
- UPMC Whitfield, Waterford
- Sports Surgery Clinic, Dublin

Private Hospitals: Tier(Level) 3 - Hi-Tech Hospitals

- Blackrock Clinic, Dublin
- Mater **Private hospital**, Dublin
- Beacon Hospital, Dublin

Public Hospital

A publicly funded **hospital**, other than a nursing home, which provides services for a person pursuant to his or her entitlements under Chapter II of Part IV of the Irish Health Act 1970.

Private Hospital

These are **hospitals** listed as **private hospitals** in the **hospital** list. Please visit the 'Check cover' section of **your** personalised Member Area for **your** most up to date **hospital** list.

Beacon Hospital

This is **benefit** in the Beacon Hospital, Sandyford, Dublin 18. **You** can check **your** cover for this **hospital** by reviewing **your** Benefit Table, visiting the 'Check cover' section of **your** Member Area or by contacting us directly.

Hi tech - Blackrock Clinic, Mater Private Dublin and the Beacon Hospital

This is the **benefit** available in the Blackrock Clinic, the Mater Private Dublin and the Beacon Hospital. **You** can check **your** cover for these **hospitals** by reviewing **your** Benefit Table, visiting the 'Check cover' section of **your** Member Area or by contacting us directly.

Laya healthcare participating hospital

Any **hospital** listed in the **laya healthcare participating hospital** list at the time **you** receive **your treatment**. This list may change from time to time, so please check with us before going to **hospital** that **you** are fully covered for that **hospital** and that the **hospital** is still listed. We will send **you** a copy of the most up-to-date list if **you** ask us to.

You can refer to the 'Check cover' section of **your** Member Area for the most up to date **laya healthcare** participating list relating to **your** scheme.

Psychologist

Psychology is both a general practice and a health service provider speciality in professional psychology. **Psychologists** provide professional services relating to the diagnosis, assessment, evaluation, **treatment** and prevention of psychological, emotional, psychophysiological and behavioural disorders in individuals across the lifespan.

Participating therapist

We will recognise a person who is a participating alternative **therapist** and is registered with the relevant associations at the time of **treatment** for the purpose of our insurance **schemes in Ireland**. We will also recognise registered **general practitioners** who are **participating therapists** with the relevant alternative associations. These are listed as follows:

- (a) a member of the Irish Society of Chartered Physiotherapists or registered on the Physiotherapists Registration Board at CORU
- (b) a member of the Irish Association of Speech and Language Therapists and/or the Royal College of Speech and Language Therapists and/or registered on the Register for Speech and Language Therapists at CORU
- (c) a member of the Society of Chiropodists/ Podiatrists, the Institute of Chiropodists and Podiatrists, the Irish Chiropodists/Podiatrists Organisation Ltd, and/or the British Chiropody and Podiatry Association
- (d) a person who is either on the Professional Register of Traditional Chinese Medicine, the Traditional Chinese Medicine Council of **Ireland** (TCMCI), British Medical Acupuncture Society, Acupuncture Foundation Professional Association, and/or is accredited to the British Acupuncture Council and/or the Academy of Chinese Culture and Medicine
- (e) a person who is on the Professional Register of the Irish Society of Homeopaths or the Alliance of Registered Homeopaths
- (f) a member of the Chiropractic Association of **Ireland** (CAI) and McTimoney Chiropractic Association of **Ireland**
- (g) a member of The Osteopathic Council of **Ireland** and the Association of Osteopaths in **Ireland**
- (h) for the purpose of child counselling a full member of the Irish Association of Counsellors and Psychotherapy (IACP) or The Irish Council for Psychotherapy or the Psychological Society of **Ireland**. (The British Psychological Society is also applicable for the 360 Care and 360 Care Select **schemes**).
- (i) a. For the purpose of adult counselling-**psychologists** a full member of the Psychological Society of **Ireland**. (The British Psychological Society is also applicable for the 360 Care and 360 Care Select **schemes**).
b. For the purpose of adult counselling -counsellors and therapists a full member of the Irish Association of Counsellors and Psychotherapy (IACP), The Irish Council for Psychotherapy, the British Association of Behavioural and Cognitive Psychotherapy or the Irish Association of Behavioural and Cognitive psychotherapy.
- (j) a member of the Association of Occupational Therapists of **Ireland** or registered on The Occupational Therapists Registration Board at CORU
- (k) a member of the Irish Nutrition and Dietetic Institute or registered on the Register for Dietitians at CORU
- (l) a member of the International Association of Infant Massage
- (m) a member of MLD (Manual Lymph Drainage) **Ireland**
- (n) a member of the Irish Reflexologists Institute, the Federation of Holistic Therapists **Ireland**, the National Register of Reflexologists.
- (o) a member of the British and Irish Orthoptic Society and/or Fellow of the Association of Optometrists of **Ireland** (FAOI)
- (p) a member of the Association of Neuromuscular Therapists (ANMT), The Irish Association of Physical Therapists, Register of Orthopaedic & Soft Tissue Therapists of **Ireland** or the Irish Institute of Physical Therapists
- (q) a member of the Irish Society of Hearing Aid Audiologists
- (r) a member of the Association of Lactation Consultants in **Ireland** who holds International Board Certified Lactation consultant membership.
- (s) a member of Yoga Alliance, Yoga Therapy **Ireland** or the Irish Yoga Association.

(t) a member of the Pilates Teacher Training Institute.

(You can phone or write to us if you would like to know whether or not someone is a **participating therapist** for the purpose of the scheme).

Qualifying Period of Unemployment

Any period or periods of time, greater than 6 continuous months up to a combined maximum of 36 months, after 1st January 2008 where you ceased to have a **Lifetime Community Rating Health Insurance Contract** by reason of unemployment of either you or the person you were dependent on and you or that person you were dependent on was in receipt of a Relevant Social Welfare Payment.

Registered medical practitioner

A person whose name appears in the General **Register of Medical Practitioners** maintained under the Irish Medical Practitioners Act 2007.

Registered nursing home

A **nursing home registered** pursuant to the Health Act 2007.

Renewal date

The **renewal date** shown on your membership certificate.

Routine dental treatment

We refer to **routine dental** as being a general check-up, scale or polish, routine filling or extraction (excludes wisdom teeth) carried out by a registered **Dental Practitioner** or a registered **Dental hygienist** with respect to a scale and polish only. A dental x-ray, where deemed necessary in the clinical judgement of a registered dentist, is also considered routine dental **treatment**.

Schedule of benefits

This is the **Schedule** which we publish from time to time for the purpose of our medical insurance

schemes in Ireland. This **Schedule** lists various surgical and diagnostic procedures and medical illnesses. Certain procedure codes listed in the **Schedules** have Clinical Indications or conditions of payment indicators attached to them. It also explains the amount of the **benefits** we shall pay for treatment provided by a **consultant** and for **surgical out-patient treatment** provided by a **general practitioner**. Certain procedure codes listed in the Schedules have Clinical Indications or conditions of payment indicators attached to them therefore it is important that you contact us in advance of your procedure to check your cover.

Scheme

Scheme means whichever **laya healthcare** health insurance **scheme** you are a member of. Please see your membership certificate for the name of you and/or your dependents scheme(s).

Surgical out-patient treatment

Out-patient treatment consisting of a surgical procedure listed in the **schedule of benefits**.

Treatment

Any health services a person needs solely for the medical investigation, **treatment**, cure or alleviation of the symptoms of illness or injury. The **treatments** which are covered and/or level of cover for those **treatments** may change during the **Year** (for example where a procedure is re-designated or is no longer covered by **laya healthcare** in a **participating hospital**), so please check with us before booking in for those **treatments** that you are properly covered for the relevant **treatment**. We will send you a copy of the most up to date **treatment** list if you ask us to.

Year

The period starting on your **membership start date** or a **renewal date** and ending at midnight on the day before the next **renewal date**.

You/your

This means you, the main member and your dependants.

3. Joining the scheme

- (a) Your membership of **your scheme** begins on **your start date** as shown on **your membership certificate**.
- (b) The membership of each of **your dependants** of their **scheme** begins on their start date as shown on **your membership certificate**.
- (c) If **you** enrol **your child** as a **dependant** within 13 weeks of the child's birth, **your child's membership of the scheme** will be treated as having begun on the date of the child's birth. And if **you** are a member of the **scheme**, **you** can apply to enrol **your newborn child** as a **dependant of their scheme(s)** free of charge until **your first renewal date** after his or her birth.
- (d) The agreement between **you** and us for **your membership** of any of the **scheme(s)** shall be separate from any agreement between us and **you** for **your membership** of any other laya healthcare insurance **scheme** or **schemes**.
- (e) The **scheme** of which **you** are a member is shown on **your membership certificate**.

4. Your membership certificate

Your membership certificate forms part of the agreement between **you** and **laya healthcare**. This section explains the information that is provided on **your membership certificate**

LCR Credit Months:

Any previous months in which **you** had a **Lifetime Community Rating Health Insurance Contract** or in which **you** had a **Qualifying Period of Unemployment**. The amount of credited months **you** have is subtracted from **your age** to determine **your Age of Entry**

PMI:

This is the total amount of months **you** previously had a **Lifetime Community Rating Health Insurance Contract**

UE:

This is the total amount of months **you** previously had a **Qualifying Period of Unemployment**

LCR Amount:

The additional loading that **you** have to pay in accordance with **Lifetime Community Rating Regulations**

LCR Waivers:

These are exemptions that mean that **you** will not be subject to an **LCR Amount**. These exemptions are listed below:

Non-resident - **you** are entitled to this waiver if **you**:

- were resident outside of **Ireland** on 1st May 2015, and **you** subsequently established residency in **Ireland**,
- subsequently became resident in **Ireland** after that date, and
- **you** took out a **Health Insurance contract** within 9 months of establishing residency in **Ireland**

Continuous PMI Cover - **you** are entitled to this waiver if **you**:

- had a **Lifetime Community Rating Health Insurance Contract** on the 30th April 2015 and
- **you** have held a **Lifetime Community Rating Health Insurance Contract** on a continuous basis since that date

5. Renewing your membership

- (a) Your membership of the **scheme** will automatically renew on **your renewal date**, each **year** (subject to Rule 11 on page 16) for a further **year** unless we write to notify **you** that we have decided to end the **scheme**. In that case, **your scheme** membership will end at the end of the **year** in which we notify **you** of our decision.
- (b) You renew **your membership** of the **scheme** by continuing to pay **your subscriptions** after **your renewal date**.

6. Your subscriptions

You must pay the subscriptions **you** have agreed with us for **your membership** of the **scheme** when it falls due. We may increase the

subscriptions **you** have to pay each **year** (see Rule 11 on page 16).

You must pay **your** subscriptions in a way which is reasonably acceptable to us. **You** can pay either annually, quarterly or monthly by direct debit from a bank or with Mastercard, Visa or Laser card. A credit charge will apply if paying by installments. If your company operates a salary deduction payment agreement with laya healthcare and you choose to pay your subscription through this method of payment, the responsibility for ensuring that the deductions have been made rests solely with you. Beyond facilitation of this payment method, both your company and laya healthcare accepts no responsibility of any kind in this matter.

If a change to **your** membership results in a premium refund of less than or equal to €5, no refund will be provided unless agreed by **you** with **laya healthcare**.

If a change to **your** membership results in a premium shortfall of less than or equal to €10, payment will not be required unless agreed by **you** with **laya healthcare**.

writing to us within 14 days of **you** receiving **your** first membership certificate which lists them as a member. We will give **you** a full refund of any money **you** have paid for those **dependants**, whose membership **you** have cancelled within 14 days, as long as no claims have been made in respect of them.

- (d) **Your dependants** contract is for a period of one **year** unless we agree to a different period when commencing **your** policy. If **you** do cancel **your dependants** contract mid-**year**, **you** will not receive any refund on **your** premium. In the event of non-payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any **benefits** for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.
- (e) We can end or refuse to renew someone's membership of the **scheme** if they have at any time made a fraudulent misrepresentation which relates to their contract with **laya healthcare** or any other **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 have affected our decision to allow anyone to join the **scheme** or what subscriptions they have to pay, or whether or not we have to pay any claim for **benefits**.
- (f) Your membership of the **scheme** will end immediately if **you** stop living in **Ireland** for a consecutive six month period.
- (g) We may end **your** membership of the **scheme** by writing to **you** if **you** do not pay any or part of **your** subscriptions on the date they are due. If **your** membership ends because **you** do not pay **your** subscriptions, we may allow **you** to continue **your** membership, as long as **you** pay the subscriptions **you** owe within 30 days.
- (h) Where a change made to **your** policy increases **your** subscriptions and we choose to cancel **your** policy in accordance with 7(g), we may cancel **your** policy from whatever period **your** subscriptions provide cover for.
- (i) If a person's membership of the **scheme**

ends because we end their membership (eg. for fraudulent misrepresentation), we will give a refund of subscriptions paid for them for the period after their membership ends.

- (j) If you cease to be a member of **your scheme** for any reason at any time, the membership of each of **your dependants** on the **scheme** will also end at the same time unless we otherwise agree in writing at the time. **Your dependants** will need to make their own arrangements with us to continue their membership of their **schemes**. They can do this by telephoning or writing to us. We will explain to them what they will need to do.

8. What is covered under the scheme

- (a) We will pay **benefits** for **treatment** a person receives while they are a member of their **scheme**. We will pay **benefits** under the **scheme** of which they were a member at the time they received the **treatment** and according to the rules and Benefit Table of the **scheme** that applied to them at that time. We will not pay **benefits** for **treatment** which a person receives while he or she is not a member of the **schemes**.

- (b) We will only pay fees and charges for **treatment**, services and facilities that are reasonable and customary and in any event only up to the limits shown in the Benefit Table. By reasonable and customary we mean that what **you** are charged for and how much **you** are charged is not more than what the majority of our other members of the **schemes** are charged in **Ireland** for similar **treatment** services or facilities. Should you wish to find out the reasonable and customary amount for a service, please contact us and we will be happy to advise you.

- (c) The **treatments** which are covered and/or level of cover for those **treatments** may change during the **Year** (for example where a procedure is re-designated or is no longer covered by **laya healthcare** in a **participating hospital**), so please check with us before booking in for those **treatments**

that **you** are properly covered for the relevant **treatment**.

- (d) We may pay **benefits** direct to the person who provided the **treatment** or to **you** or **your dependants**. We will pay **benefits** after deducting any withholding tax or other deductions that we are required to make by law.
- (e) We will only pay **benefits** for costs and expenses that **you** have to pay. We will only pay **benefits** for **treatment** that **you** need and have received.
- (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 these payments, but it does not mean we will have to pay them in the future.
- (g) We will pay **benefits** for **in-patient treatment** for psychiatric or addictive conditions or problems up to the following limits:
- (i) The maximum number of days of **in-patient treatment** for psychiatric conditions (other than those referred to in "ii") for which we shall pay **benefits** for any person in any calendar **year** shall be 100 less the number of days of such **treatment** that the person has received during the same calendar **year**, in respect of which a payment has been made by us or any other **Health Insurance Contract**.
 - (ii) The maximum number of days of **in-patient treatment** for alcoholism, gambling addiction, drugs or substance abuse for which we shall pay **benefits** for any person in any continuous period of five years shall be 91 less the number of days of such **treatment** received by that person during the same five-year contract period in respect of which a payment has been made by us or any other **Health Insurance Contract**.
 - (h) The maximum number of days of **in-patient treatment** and **day-case treatment** combined for which we shall pay **benefits** for any person in any calendar **year** shall be 180 less the number of days of such **treatment** received by that person during the same calendar **year** for which any payment has

been made or is payable under any **Health Insurance Contract**. In the case of anyone who joins or cancels during the **year**, their number of eligible days for **in-patient** or **day-case treatment** will be calculated on a pro rata basis.

- (i) We will only pay **benefits** in relation to the diagnosis or **treatment** of illness or injury of a person which would be accepted generally by the medical profession in **Ireland** as appropriate and necessary, having regard to the standards of medical practice and to the nature and cost of any other recognised forms of **treatment** as well as to all the circumstances relevant to the person.
- (j) We do not have to pay **benefits** for **in-patient treatment** provided by a **hospital** if we are of the reasonable opinion, based on appropriate medical advice, that the **treatment** could have been received as **day-case treatment** or **out-patient treatment**. We also do not have to pay **benefits** for **day-case treatment** if we are of the reasonable opinion, based on appropriate medical advice, that the **treatment** could have been received as **out-patient treatment**. However, we will pay **benefits** for such **treatment** as follows:
- if you receive **in-patient treatment** and we determine that the **treatment** could have been received as **day-case treatment**, we may treat such **treatment** as **day-case treatment** for the purpose of paying **benefits**
 - if you receive **in-patient treatment** or **day-case treatment** and we determine that the **treatment** could have been received as **out-patient treatment**, we may treat such **treatment** as **out-patient treatment** for the purpose of paying **benefits**.
- (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**.
- (l) Colon cancer screening provided by a **participating hospital**, this **benefit** is paid subject to certain medical conditions or **Clinical Indicators**. An excess may apply. Please ask us for details.
- (m) We will only pay **benefits** for **consultants'**
- fees for **in-patient treatment** or **day-case treatment** if the **treatment** is provided in a **laya healthcare participating hospital**.
- (n) In the case of a person who was covered under a **Health Insurance Contract** within 13 weeks before their **membership start date**, we will only pay **benefits** for **treatment** received during their additional cover waiting period if **benefits** for the **treatment** would have been payable under that **Health Insurance Contract**. And we will only pay **benefits** for such **treatment** during the additional cover waiting period up to the amount that would have been payable under that **Health Insurance Contract** if the amount is less than would otherwise be payable by us under the **scheme**.
- A person's additional cover waiting period for this purpose shall be:
- the first **year** following their **membership start date** for maternity in-patient and home birth **benefits** shown on **your Benefit Table**.
 - the first two years following their **membership start date** for all other **benefits**
- This rule will not restrict cover for **treatment** arising out of any illness, injury or disease which originated after the person's **membership start date**. This rule applies both to a person who becomes a member of the **scheme** for the first time or to anyone changing their **scheme** to a **scheme** which generally provides more extensive cover.
- (o) Subject to **laya healthcare** paying **benefits** up to the amount required by the **minimum benefit regulations**, **laya healthcare** shall deduct the **private hospital** excess/**Hi-tech hospital** excess. The excess applies on a per claim basis.

9. What is not covered under the scheme

We will not pay **benefits** for the following

- (a) **Treatment** which a person requires during any waiting period that may apply

to the **treatment** under their **scheme**. All waiting periods commence on a person's **membership start date** or the date of the change to their **policy/schemes**.

Waiting periods which apply

- the initial waiting period - this applies to any **treatment** that a person may require
- the **pre-existing condition** waiting period - this only applies to **treatment** which a person requires for a **pre-existing condition**
- the maternity waiting period - this only applies to **treatment** that a person requires for pregnancy or childbirth
- the additional cover waiting period - following a change to a persons level of cover/**benefits**, this waiting period applies to additional cover/**benefits** for any **pre-existing conditions**.
- the Infertility waiting period, fertility preservation and First Steps Fertility **Benefit** waiting period - these apply to fertility **treatment** which a person may be eligible for under their **scheme**.

The initial waiting period is

- the first 26 weeks of membership

The pre-existing condition waiting period is

- the first five **years** of membership

The maternity waiting period applies to

- the maternity in-patient and home birth **benefits** in the Benefit Table and applies during the first 52 weeks of membership.

The additional cover waiting period is

- the first 2 years following the change.

Waiting periods for Infertility and Fertility Preservation

The following waiting periods apply for infertility **treatment** and fertility preservation:

- the first 52 weeks of membership for those who join.
- the first 52 weeks of membership for existing members that transfer or change between **schemes** to avail of this **benefit**.

Waiting periods for First Steps Fertility Benefit

The following waiting periods apply for First Steps Fertility **Benefit**:

- the first 104 weeks of membership for those who join
- the first 104 weeks of membership for existing members that transfer or change between **schemes** to avail of this **benefit**

The above waiting periods will not apply

- to any child of **yours** who becomes a member of the **scheme** within 13 weeks of their birth; or
- to any **treatment** received by a person resulting from an accident or injury which occurred while they were a member of the **scheme** or covered under another **Health Insurance Contract**.

The waiting periods shall be reduced by a person's continuous period of cover (if any) under one or more **health insurance contracts** prior to their **membership start date** if the period of continuous cover ended within 13 weeks of their **membership start date**. (A person's cover shall be treated by us as continuous even if there is a break in cover, but only if the break in cover does not last more than 13 weeks). Please remember that we will not pay **benefits** for any **treatment** which a person receives while he or she is not a member of the **scheme**.

- (b) **Treatment** directly or indirectly relating from or to do with male or female birth control, infertility or assisted reproduction. This exclusion will not apply to investigations relating to infertility or the infertility **benefit**.
- (c) Any **treatment** including drug therapy, device and procedure, which is experimental (see definition on page 4) and unproven and not recognised as a standard **treatment in Ireland, UK and Europe**.
- (d) Cosmetic **treatment**, except the correction of accidental disfigurement or significant congenital disfigurement or significant disfigurement due to disease.
- (e) **Treatment** where injury or illness is caused by war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster in **Ireland** or overseas.

- (f) **Treatment** for symptoms which are not due to any underlying disease, illness or injury.
- (g) **Treatment** you receive outside **Ireland**. This exclusion will not apply to **in-patient treatment** that **you** receive in an emergency because of a sudden illness or injury while travelling temporarily outside **Ireland** or treatment approved as part of **laya healthcare's** medical tourism **benefit**. But we will only pay those **benefits** and costs under the Treatment Overseas **benefit** in the Benefit Table. We will not pay **benefits** if any of the following apply to the person who receives the **treatment**:
- if **you** are receiving **treatment** at the time of travel and/or **you** know before **you** travel that **treatment** may be required while temporarily overseas
 - **you** travelled abroad despite being given medical advice that **you** should not travel abroad
 - with regards to the 'Emergency hospital admission overseas' and 'Medical Evacuation' benefits **you** travelled to a country which was listed at the time of travel by the Irish Department of Foreign Affairs as 'avoid non-essential travel' or 'do not travel'
 - **you** were told before travelling abroad that **you** were suffering from a terminal illness
 - **you** travelled abroad to receive **treatment**
 - **you** knew **you** would need the **treatment** before travelling abroad
- This exclusion will not apply to **treatment** that we have agreed **you** may receive in a **hospital** in the EU and which has been pre-approved by us because the **treatment** is not available in **Ireland**.
- conditions arising from deliberately injuring yourself
 - conditions arising from alcohol and drug abuse
 - conditions arising from a psychiatric condition
 - injuries caused during mountaineering, motor competitions and competitive or professional sport
 - convalescence or rehabilitation services
 - injuries **you** received while breaking the law
- pregnancy-related admissions after 34 weeks including giving birth
 - expenses incurred after a member has been discharged from **hospital**
 - injuries caused by air travel unless **you** are a passenger on a licensed aircraft operated by an airline.
- (h) **Treatment** provided by a **consultant** whom the Irish Medical Council does not recognise as having knowledge and expertise in a specialty relevant to that **treatment**.
- (i) **Treatment** in any **hospital** or by any **registered medical practitioner** or therapist to whom we have sent a written notice saying that we no longer recognise them as a **laya healthcare participating hospital**, or **consultant** or **participating therapist**, as the case may be.
- (j) Any dental or orosurgical or orthodontic **treatment** or procedure unless it is a surgical or medical procedure listed in the **Schedule of Benefits**.
- We will only pay **benefits** for the following **treatment** if **you** get our permission beforehand:
- periodontal mucoperiosteal flap surgery
 - removal of buried teeth (single or multiple)
 - removal of buried or impacted tooth/teeth.
- Please note: emergency or routine dental **treatment** is not covered overseas.
- (k) Preventive **treatment** such as check-ups or screening, except colon cancer screening provided by a **laya healthcare participating hospital**. This **benefit** is paid subject to certain **Clinical Indicators**. Please ask us for details.
- (l) **Treatment** relating to eating disorders or weight reduction other than anorexia nervosa or bulimia nervosa.
- (m) Convalescence in a nursing home other than a **registered nursing home** or the **benefit** described under **your** convalescence **benefit** on **your** Benefit Table.
- (n) Medical reports and fees where no **GP** visit occurred.
- (o) Any penalty charge in lieu of Health Act contributions.

- (p) Nursery fees.
- (q) Hearing aids, spectacles and contact lenses (except as specified in the Benefit Table), dentures or orthodontic appliances.
- (r) Any **treatment** not specified in the **minimum benefit regulations** or in our **Schedule of Benefits** unless we agree to include it. This exclusion will not apply to the **benefit** 'Treatment not available in **Ireland**' shown on **your** Benefit Table.
- (s) Charges for drugs or medication unless provided when an in-patient and as agreed with the **hospital**.
- (t) **Laya healthcare** will have no obligation to pay otherwise eligible claims where they are submitted in respect of a spouse, parent, child, brother, sister, uncle, aunt, niece, nephew of a **consultant**, dentist or alternative therapist, **general practitioner** or any other provider of service.
- (u) Vaccinations other than those specifically covered by **your** plan.
- (v) Long term care in a **laya healthcare participating hospital** which in the opinion of our medical advisors is in relation to rehabilitation or convalescence.
- (w) Any **treatment** or provider unless we have specified that we provide full cover.
- (x) Treatment in **Ireland** or abroad for the reversal of previous Gender Reassignment surgery.

10. Making a claim

- (a) When possible, **you** should tell us about any **treatment** **you** are going to have. This gives us the chance to tell **you** if **you** can claim for **benefits**. We may ask **your consultant** or other **registered medical practitioner** to provide us with full written details of the **treatment**.
 - (b) We will not pay **benefits** while **you** are breaking any of the terms of **your** membership.
 - (c) **You** should send **your** claims to us as soon as possible. We will only pay **benefits** if we receive all of the following:
 - a written claim within 12 months of the date of any **non-surgical out-patient treatment** and six months of the date of any other **treatment** (unless this was not reasonably possible). Please note, for **non-surgical out-patient treatment**, it is necessary to submit a receipt which is stamped by the practitioners or on their headed paper. In addition, the receipt must provide the date of **treatment**, the name of the recipient of the **treatment** and a full breakdown of the costs. **You** must make the claim in the way that we reasonably ask **you**. We may change the procedure for making a claim. If we do change the procedure, we will write and let **you** know.
 - any proof we reasonably need to help us to decide if **you** are entitled to **benefits**.
- This can include:
- any medical reports and other information to do with the **treatment** for which **you** are making a claim
 - the results of an independent medical examination which we may ask **you** to undergo
 - original accounts and invoices for the **benefits** **you** are claiming
 - written confirmation from **you** as to whether or not **you** think **you** can recover the cost of the **benefits** from another person or insurance company
 - details of any **Health Insurance Contract** under which **you** were covered prior to becoming a member of the **scheme**
 - original flight/travel tickets which will act as proof of **your** stay outside of **Ireland** up to but not exceeding 180 days in each calendar **year**.
 - (d) Notwithstanding Section 10(c)1, we shall only pay **benefits** for out-patient **treatment** after **your** renewal date. Claims for out-patient **treatment** submitted to us prior to **your** renewal date will not be processed and shall be returned to **you**.
 - (e) In order to process a claim we require a fully completed claim form. If information required to process the claim is incomplete or ambiguous on the claim form, our claims department will follow up with the necessary party to obtain this information.

Please note: if the required information is not received within six months, the claim will be deemed ineligible for benefit.

- (f) All out-patient receipts are assessed in date order received and **treatment** date, as per your **laya healthcare** scheme rules and Benefit Table.

Appeals

If we decline **your** claim, **you** may appeal in writing to the Claims Appeals Department, **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181. Any proof we reasonably need to help us to decide if **you** are entitled to **benefits** will be requested from necessary/relevant party. This can include any medical reports and other information to do with the treatment for which **you** are making a claim.

Important Note

FRAUD POLICY:

- **Laya healthcare** operates a fraud policy in respect of all claims made under our **Health Insurance Contract**.
- Members should note that regular audits of claims are undertaken by **laya healthcare**.
- In all instances where fraud is suspected in respect of a particular claim, a full and comprehensive investigation will be carried out by us.
- If, following that investigation, a finding of fraud is made or if a claim be deemed in any respect fraudulent, the claim shall be disallowed in its entirety.
- If, after that investigation, a finding of fraud is made, or if a claim is in any respect fraudulent or dishonest and submitted with a view to obtaining any **benefit** under this policy, all **benefit** under this policy shall be forfeited. For example, overstatement of any medical fees incurred.
- Any member found guilty of submitting a fraudulent claim shall have their **Health Insurance Contract** suspended with immediate effect.
- All claims of whatever nature being considered under that individual member shall be suspended with immediate effect.

- In addition, if any claim is fraudulent in any respect, **laya healthcare** reserves the right to refer the matter and details of the claim to the appropriate authorities to prosecute the member.

11. Changes to the agreement

- (a) We may change any of the terms of **your** membership of **your schemes** each **year** on **your renewal date**. These changes can include, for example, how much **your** subscription will be and how often **you** have to pay it. The changes can also include changes to the **benefits**. We will not add any restrictions or exclusions to **your** cover that are personal and specific to **you** concerning medical conditions that started after **you** joined the **scheme**. Changes will only apply to **you** for the period following the **renewal date** when the change was made. The changes will not apply to the period before the **renewal date**.
- (b) We will write to tell **you** about any of these changes before the **renewal date** on which they are to take effect.
- (c) We can increase or reduce the subscriptions **you** pay at any time if there is an increase or decrease in the rate of tax or any other government or statutory charge or if any new tax or government or statutory charge is introduced which is related to **your Health Insurance Contract** with **laya healthcare**. If we do, we will only increase the subscriptions **you** have to pay to cover the cost to us of the changes in the taxes or charges. We will write to tell **you** before increasing **your** subscription.
- (d) We may make any changes to the terms of **your** membership of the **scheme** and **your** subscriptions at any time if we are required to do so by law. We will write to tell **you** about any such change as soon as is reasonably practical and **you** may end **your** membership of the **scheme** within 14 days of us telling **you** about the change. If, as a consequence, **you** end **your** membership, we will refund any subscriptions that **you** have paid for the period after **your** membership ends.

12. General terms and conditions

- (a) Your policy and all communication between you and us will be in English.
- (b) These terms will be governed by Irish law and all matters to do with the **schemes** will be dealt with by the courts in **Ireland**.
- (c) We will not return any documents you send us, unless you ask us to do so at the time you send them to us.
- (d) Any changes to these terms will only be valid if they are made according to these rules or the Benefit Table, unless we agree any changes with you in writing. Nobody else can change your terms of membership of the **scheme** on our behalf or decide not to enforce any of our rights.
- (e) If we do not use our legal rights it does not mean we have given them up. We may use them in the future.
- (f) If you write to us about anything, you must send your letter by pre-paid post or deliver it personally to: **Laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.
If we change this address, we will write to tell you about the change.
We will send any letters to the address you last told us about. You and we can assume that the letter is received on the day after it has been delivered, if delivered personally, or three days after posting if it was sent by pre-paid post.
- (g) You must write and tell us as soon as possible if you have claimed **benefits** for any **treatment** which you needed because somebody else was at fault.
- (h) You should write to tell us if you have any other insurance cover for **benefits** that you have claimed from us. If you do have insurance cover with someone other than **Laya healthcare**, we will only pay our share of any **benefits**.
- (i) We will pay **benefits** in accordance with the rules for **treatment** which was due to the fault of someone else.

However, if you claim **benefits** for **treatment** which was due to the fault of someone else, you must take any steps we may reasonably ask you to take to recover the cost of the **benefits** we have paid from the person whose fault it was. You must also claim interest if you are entitled to interest. You must pay us the money (and any interest) that you recover from that person up to the amount of the **benefits** we have paid for the **treatment**.

Third-party Claims

- 1) **Expenses** which you are entitled to recover and do in fact recover from another person/legal entity (a Third-Party) are, where **Laya healthcare** has already paid out in respect of the **treatment** concerned, required to be refunded to **Laya healthcare** on the following basis:
- 2) **Legal Action Proceedings** Where a claim is submitted to **Laya healthcare** in respect of **treatment** required as a result of an injury caused through the fault of a Third-Party, and where you propose to pursue a legal claim against that Third Party (a Third Party Claim), **Laya healthcare** will pay **benefit** in accordance with these rules provided that you (or the subscriber if you are under 18 years of age) complete and sign the standard **Laya healthcare** claim form (including the accident section).
Laya healthcare will also require you to complete and sign the standard **Laya healthcare** authorisation letter (the Authorisation Letter) which includes an undertaking
 - (i) to incorporate a claim for all **benefits**/medical **treatment** costs already paid out by **Laya healthcare** in any Third Party Claim;
 - (ii) to notify **Laya healthcare** that you intend to commence or have commenced a Third Party Claim;
 - (iii) to provide **Laya healthcare** with full details in writing of the outcome of any Third Party Claim and/or settlement; and
 - (iv) unless otherwise directed by a Court, to deduct from any amount received on foot of a successful Third Party Claim or settlement

and refund (or direct **your** solicitor to refund) to **laya healthcare** directly, an amount equivalent to the **benefits**/medical treatment costs previously paid out by **laya healthcare** in respect of that Third Party Claim.

- 3) **Personal Injuries Assessment Board** Where **you** make **your** application to the Personal Injuries Assessment Board ("PIAB"), **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years of age) complete in full and sign the standard **laya healthcare** claim form (including the accident section).

The Authorisation Letter provided by **you** authorises **laya healthcare** to provide the PIAB with details of all monies paid by **laya healthcare** relating to **your** application, and for the PIAB to release to **laya healthcare** details of the PIAB assessment in relation to the monies paid by **laya healthcare**. Where the PIAB decides that the case would be more appropriately dealt with by the Court, due to some legal dispute and issues a letter of Authorisation, **laya healthcare** will continue to rely on the undertakings provided by **you** in the Authorisation Letter.

- 4) **Criminal Injuries Compensation Tribunal Claims** If **you** are pursuing a claim through the Criminal Injuries Compensation Tribunal, **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years of age) complete in full and sign the standard **laya healthcare** claim form (including the accident section).

The Authorisation Letter provided by **you** requires **you** to provide **laya healthcare** with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal. The Authorisation Letter also authorises **laya healthcare** to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal and authorises the Criminal Injuries Compensation Tribunal to release this information to **laya healthcare**.

- 5) **Unsuccessful/Withdrawn Claims** If a Third Party Claim or claim submitted to the Injuries Board or claim pursued through the Criminal Injuries Compensation Tribunal is not successful or is withdrawn, **laya healthcare**

will not seek a refund of the **benefit**/medical expenses paid, provided that **you** arrange for full written details of the case to be supplied by **your** solicitor, outlining to the satisfaction of **laya healthcare** the reasons why the case was unsuccessful or was discontinued.

- 6) **Disclosure** It is **your** responsibility as the member to disclose to **laya healthcare** full details of any action to be taken against a Third Party in relation to any incident/accident in respect of which **laya healthcare** has paid **benefit**/medical expenses to **you** and to comply with the requirements of the Authorisation Letter provided by **you**.

Data Protection Statement

From time to time we need to share **your** personal information with our providers and partners to ensure that **laya healthcare** continues to provide **you** with access to great quality healthcare and **benefits**. We may also be obligated to share personal information for legal and regulatory purposes. Rest assured, **laya healthcare** is committed to protecting **your** privacy and we take great care in handling **your** personal information.

"Personal Information" is the information we hold in relation to **you** and other dependents on **your** policy – for example, family members, spouses or partners. **You** can only share a dependent's information with us, with their full permission (unless agreed otherwise with **laya healthcare**). **You** must also inform the individual about the content of this notice and **laya healthcare's** Privacy Policy.

Personal Information collected may include: contact information, financial information and account details, sensitive information about health or medical conditions (collected with **your** consent where required by applicable law), as well as other Personal Information provided by **you** or that we obtain in connection with our relationship with **you**. Personal Information may be used for the following purposes:

- Administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims

- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside Ireland)
- Monitoring and recording of telephone calls for quality, training and security purposes

To opt-out of any marketing communications that we may send **you**, contact us by e-mail at info@layahealthcare.ie. If **you** opt-out of marketing communications, we may still send **you** other important service updates about **your** cover and **benefits**.

Sharing of Personal Information - For the above purposes, Personal Information may be shared with our group companies and third parties (such as insurance distribution parties, insurers and reinsurers, healthcare professionals, other service providers). Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers.

International transfer – in the event that **you** or one of **your** policy dependents require **treatment** overseas, Personal Information may be transferred to parties located in other countries. When making these transfers, rest assured we will take steps to ensure that **your** Personal Information is protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep **your** Personal Information safe and secure. When we provide Personal Information to a third party or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – You have a number of rights under data protection law in connection with our use of **your** Personal Information. These rights may only apply in certain circumstances and are subject

to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer **your** data to another organisation, a right to object to our use of **your** Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about **your** rights and how **you** may exercise them is set out in full in our Privacy Policy (see below).

More details about **your** rights and how we collect, use and disclose **your** Personal Information can be found in our full **Privacy Policy** at <https://www.layahealthcare.ie/privacypolicy/> or **you** may request a copy by writing to David Carmody, Privacy Lead, **Laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 E181 or by email at info@layahealthcare.ie.

You should advise anyone covered by **your** insurance policy with **laya healthcare** that **laya healthcare** Limited and Elips Insurance Limited act as joint data controllers in relation to information held about **you** for the purposes of the Data Protection Acts.

13. Tax relief

Under current Irish tax legislation **you** are entitled to income tax relief in respect of **your** subscription. Relief is given by us at source which means all our subscriptions are shown net of the applicable rate of income tax.

14. Making a complaint

We aim to provide a first-class service to our members at all times. However, if **you** are in any way dissatisfied, please phone or write to: The Head of Customer Service, **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.
Phone: 1890 700 890

If **you** are not satisfied with our decision or if we haven't given **you** a decision after 40 business days, **you** have the right to refer **your**

complaint to the Financial Services and Pensions Ombudsman (FSPO) at: The Financial Services and Pensions Ombudsman Bureau, Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Phone: (01) 567 7000.

Benefit definitions and descriptions

The **benefits** and cover **you** have available on **your chosen scheme** are set out in full on **your Benefit Table**.

Please read the following descriptions to help **you** understand **your benefits** and the terms we use to describe them.

While **laya healthcare** has taken all reasonable care to ensure that the following descriptions accurately describe the cover available to **you**, **your cover** is as set out in the Benefit Table attached to **your Scheme** (which may vary from time to time).

Benefit 1 Hospital Cover

For a full list of **laya healthcare** participating hospitals please visit the 'Check Cover' section of your Member Area.

Day-case

This is where, for medical reasons, **you** have to be admitted into a **hospital** and occupy a bed in that **hospital** during the day, but not overnight, for **treatment** which would be accepted generally by the medical profession in **Ireland** as **day-case treatment** as opposed to **surgical out-patient treatment**.

Out-patient surgical treatment

Treatment which is not **in-patient treatment** or **day-case treatment**. For example, **treatment** in a doctor's surgery.

Semi-private

This is **accommodation** in a room in a **private hospital** which contains not more than five beds or a **laya healthcare** approved bed in a **public hospital** which is a designated private bed under the Health Services (in-patient) regulations, 1991 and in a room which contains not more than five beds.

Private

This is **accommodation** in a room in a **private hospital** which only has one bed or a **laya healthcare** approved room in a **public hospital** which has only one bed and which is a designated private bed under the Health Services (in-patient) Regulations 1991.

Private hospital excess

A **private hospital** excess, if applicable to **your scheme**, is the amount **laya healthcare** 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 hospital** on admission. This excess applies on a per claim basis.

Hi-tech hospital excess

A **Hi-tech hospital** excess, if applicable to **your scheme**, is the amount **laya healthcare** shall deduct from the overall claim for **hospital charges** for **treatment** in a **Hi-tech hospital**. This is the amount **you** shall pay directly to the **Hi-tech hospital** on admission. This excess applies on a per claim basis.

Shortfall

If a member occupies **accommodation** or receives **treatment** in a **laya healthcare** **participating hospital** which is not fully covered on their **scheme** a shortfall will apply. The shortfall amounts are set out on **your Benefit Table** and apply per day of **treatment**.

Laya healthcare reserves the right to increase these by 20% on an annual basis.

This shortfall amount is in addition to any **private/ Hi-tech hospital** excess which may apply to **your scheme**.

Specified orthopaedic & ophthalmic procedures

These are orthopaedic & ophthalmic procedures (principally hip, knee or shoulder replacements or cataract procedures) which, depending on **your scheme** and the **hospital you attend**, may be liable to a shortfall payable by **you** to the **hospital**:

The shortfall, if applicable will be listed on **your Benefit Table**.

Where **you** have to pay a shortfall under this **benefit** any other **private hospital** excess or shortfall which **you** would otherwise have to pay for that **private hospital** in which the Specified Orthopaedic or ophthalmic Procedure was performed will not apply.

The procedures classified as Specified Orthopaedic or ophthalmic Procedures and the **hospitals** in which a shortfall will apply may change from time to time so please contact us in advance of any treatment.

Participating Consultant Fees

This is **benefit** for **consultant's fees** for providing **in-patient, day-case treatment** in a **laya healthcare participating hospital** and for providing **surgical out-patient treatment**. If a person receives this **treatment** from a **consultant** participating in the full cover **scheme**, we will pay the **consultant's charges** in full in accordance with the terms previously agreed with the **consultant**, which is the amount shown as the full rate in the **Schedule of Benefits** for the **treatment** they receive. If the member receives **treatment** from a **consultant** who is not participating in the full cover **scheme**, we will pay the **consultant's fees** for these services in accordance with and up to the amount shown as the standard rate in the **laya healthcare Schedule of Benefits** for the **treatment** they receive. We will also pay fees charged by **general medical practitioners** for providing **surgical out-patient treatment** in either a **laya healthcare participating hospital's** day-surgery facility or 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.

Specialist Cardiac Procedures

This is **benefit** for **hospital charges** for **treatment** received in certain **Hi-tech hospitals** (these **hospitals** can change from time to time) for certain specialist cardiac procedures once determined to be medically necessary and according to the other rules on **your scheme**. A list of the specialist cardiac surgery for which we will pay **benefits** in full on **your scheme** is available on request.

Psychiatric treatment

We will pay **benefits** for **in-patient treatment** for psychiatric conditions up to 100 days less the number of days of such **treatment** that the person has received during the same calendar **year**, in respect of which a payment has been made by us under any other **Health Insurance Contract**.

Treatment relating to alcoholism, gambling addiction, drug or substance abuse

The maximum number of days of **in-patient treatment** for alcoholism, gambling addiction, drugs or substance abuse for which we shall pay **benefits** for any person in any continuous period of five years shall be 91 less the number of days of such **treatment** received by that person during the same five year contract period in respect of which a payment has been made by us or under any other **Health Insurance Contract**.

Convalescence care

This is **benefit** for nursing home fees for up to 14 days convalescence which is not **in-patient treatment** in a **registered nursing home** following **in-patient treatment**, but only if the stay is solely for medical reasons connected with the **in-patient treatment** and a **consultant** confirms this to us in writing. We will only pay this **benefit** if the convalescence follows **in-patient treatment** for which **benefits** were payable by us under the **scheme**.

Benefit 2

Cancer Care Benefits - Out-patient treatment

These benefits are not subject to the annual out-patient excess (see further details on page 32)

Breast prosthesis following cancer treatment

This is **benefit** for the first prosthesis following receipt of an in-patient claim. Subsequent prostheses are assessed in accordance with the appliance list. A **GP/Consultant** report will be required if **laya healthcare** have no details of **in-patient treatment**.

Hairpiece following cancer treatment

This is **benefit** for one hairpiece per **year** following cancer **treatment**.

Cancer accommodation benefit

This is a grant towards the cost of overnight **accommodation**, e.g. B&B or Hotel, for cancer patients who have to travel a minimum of 40 miles to a **laya healthcare participating hospital or treatment** centre for out-patient radiotherapy or chemotherapy **treatment**.

Manual lymph drainage

This is **benefit** for fees charged for Manual Lymph drainage following cancer **treatment** carried out by a **participating therapist** who is a member of MLD (Manual Lymph Drainage) **Ireland**.

Sleeping Caps

This is **benefit** towards the cost of one sleeping cap following cancer **treatment**. Sleeping caps must be purchased from www.hairloss.ie

Eyebrow tattooing

This is **benefit** towards the cost of eyebrow tattooing following or during cancer **treatment** once per member per **year**. Treatment must be carried out by a

member of the European Institute of Permanent Make Up (EIPMU). **Benefit** is also available prior to cancer treatment on oncologist referral.

Genetic testing consultation for cancer

This is **benefit** towards an initial consultation for hereditary cancer risk assessment with a **laya healthcare** approved **Consultant** in cancer genetics. This **benefit** is only eligible for payment following **GP** referral. Please contact us beforehand as the approved **Consultant** can change. This **benefit** is subject to the annual out-patient excess, (see further details on page 32).*

Genetic screening for cancer risk

This is **benefit** for screening for genetic mutations associated with hereditary breast ovarian cancer syndrome or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome). Medical criteria must be satisfied in order to be eligible for this **benefit**. This **benefit** must be recommended by **laya healthcare's** approved **Consultant** in cancer genetics and is subject to pre-authorisation by **laya healthcare**. Please contact us beforehand as eligible **hospitals** may change from time to time. This **benefit** will only be eligible when carried out in the selected **laya healthcare hospital** outlined on **your** Benefit Table and please contact us beforehand as this **hospital** may change. Any **hospital** excess on **your** chosen **scheme** will not apply for this screening. Please note, **laya healthcare** will not be made aware of any genetic data as a result of the screening.*

*The following waiting periods apply for genetic testing and screening for hereditary cancer risk:

- the first 52 weeks of membership for those who join
- the first 52 weeks of membership for existing members that transfer or change between **schemes** to avail of this **benefit**

Hospital charges and consultants fees for radiotherapy and chemotherapy out-patient treatment.

This is **benefit** for charges for radiotherapy and chemotherapy **out-patient treatment** which is

received by a person in a **hospital** but only if they are fully covered for **in-patient treatment** or **day-case treatment** at that **hospital** under their **scheme**.

Fees charged by **Consultants** participating in the full cover **scheme** - full cover in accordance with and up to the amount shown as the full rate in the **schedule of benefits** for the treatment **you** receive.

In the cases of chemotherapy, radiotherapy and hemochromatosis carried out in private or **Hi-tech hospitals** listed as fully participating the excess (if it applies to **your scheme**) will apply on a per condition, per membership **year** basis.

Benefit 3

Maternity Benefit

The following Maternity benefits are eligible per delivery

Hospital delivery

This is the amount we will pay for each delivery for **participating hospital** charges for up to three nights' **accommodation** in semi-private or private **accommodation**. If the total exceeds the amount shown on **your Benefit Table** **you** pay the additional amount directly to the **hospital**.

Home birth

This is **benefit** for a normal delivery at home with **your GP** or **Consultant's** approval up to the amount payable on the **scheme** for a **hospital** delivery. We will make the payment once we receive invoices and a signed claim form from a **midwife** registered on the **Midwife** register with An Bord Altranais or a **GP**. We will also pay **Consultants** fees for a delivery at home in accordance with and up to the amount shown as the standard rate in the **Schedule of Benefits** for a delivery at home.

Maternity in-patient consultant fees

This is the maximum amount we shall pay for **consultants** fees for **consultants** services

provided for a delivery in a **hospital** up to the amounts specified for those services in the **Schedule of Benefits**, subject to the overall maximum amount payable. This is the total amount payable overall and not the total amount payable for each **Consultant** or service.

Midwife support service

The Midwife Support Service **benefit** is available on selected **schemes** for members aged 18 years and over. Please refer to **your benefit table** for cover details on **your** selected **scheme**.

Laya healthcare's Midwife Support Service is a telephone support line delivered by a dedicated team of experienced **midwives** based in **Ireland** to provide you with confidential support throughout **your** pregnancy. Calls will be answered by a qualified **midwife** who will offer personalised, expert guidance on pregnancy.

Laya healthcare's Midwife Support Service is not a medical advisory service nor is intended to replace **you** seeking professional advice from a doctor or other healthcare professionals. This is not a diagnostic or emergency service nor can it prescribe **treatment** for medical conditions. In an emergency **you** should always contact your **GP** or emergency services so as not to delay any necessary **treatment**.

This service operates within business hours, see **your member area** for further information.

Note

The **benefits** payable under the following **Maternity Benefits 'Hospital Delivery'** and '**Maternity In-patient Consultant Fees**' are in lieu of any **benefits** payable under **Benefit 1, Hospital Cover**, for **day-case/out-patient surgical treatment** or **in-patient treatment**.

Benefits for a caesarean delivery are payable in accordance with the **benefits** on **your scheme** under **Benefit 1 Hospital Cover**, for **hospital** and **consultant** fees for **in-patient treatment**.

Maternity out-patient consultations

This is **benefit** for **consultants** fees for out-patient fees relating to maternity with a **consultant** registered with the Irish Medical Council. This

benefit is per pregnancy and is subject to the annual out-patient excess (see further details on page 32).

Foetal screening

This is a **benefit** towards charges for an early pregnancy scan and CVS (chorionic villus sampling) if carried out in a **laya healthcare participating hospital**. **Benefit** is also available for NIPT (non-invasive prenatal testing) if carried out by a **laya healthcare participating consultant**. This **benefit** is subject to the annual out-patient excess (see further details on page 32).

Post natal home nursing if hospital stay is less than 3 nights

If a member stays in **hospital** for only two nights **laya healthcare** will pay, if this **benefit** is available on **your scheme**, the charges for home nursing by a nurse (incurred within three months after **your** delivery) up to the amount shown on **your Benefit Table** provided the combined total for **hospital accommodation** and home nursing does not exceed the amount payable on **your scheme** for the three night **hospital** stay.

If a member stays in **hospital** for only one night **laya healthcare** will pay, if this **benefit** is available on **your scheme**, the charges for home nursing by a **nurse** (incurred within three months after **your** delivery) up to the amount shown on **your Benefit Table** provided the combined total for **hospital accommodation** and home nursing does not exceed the amount payable on **your scheme** for the three night **hospital** stay.

Note

The post natal home nursing **benefit** is paid in lieu of the **hospital** delivery and homebirth **benefits** payable on your **scheme**. The post natal home nursing **benefit** can only be claimed following a private **hospital** stay. If the birth is under the public system this **benefit** is not claimable.

Pre and post natal package of benefits

This **benefit** is for expectant or new mothers and is claimable once per pregnancy. Claims are assessed based on the mother's level of cover

on the baby's date of birth. **Benefits** include the following:

- baby massage classes, (max claimable amount* €100)
- breastfeeding consultations, (max claimable amount* €30 per visit for 2 visits)
- midwifery services
- maternity bra, (max claimable amount* €39)
- **GP**
- acupuncture
- osteopath
- chiropractor
- reflexology
- homeopathy
- chiropody
- physiotherapy
- nutritionist
- counselling services
- dental
- optical
- new parent's food allowance www.bodyfuelz.ie
- a car parking **benefit** (a receipt for car parking fees for a **laya healthcare participating hospital**)
- paediatric first aid course (provided by the Irish Red Cross)
- The 360 Care and 360 Care Select **schemes** also include **benefit** for:
 - yoga classes
 - pilates
 - **3D/4D scans**

All treatments and services must be incurred within the specified time before and after the birth, to be eligible for **benefit** as outlined on **your Benefit Table** and must be carried out by a **participating therapist** or in an approved centre where applicable, please contact us for details.

*maximum claimable amounts do not apply to the 360 care and 360 care select **schemes**.

Once a newborn is added to the policy all eligible receipts submitted within the pre and post natal timeframe will automatically be assessed under this **benefit**.

Once the pre and post natal **benefit** has been

applied no amendments can be made under this benefit.

Pregnancy & early childhood nutrition consultation

This **benefit** is available on selected **schemes** for members. Please refer to **your benefit table** for cover details on **your** selected **scheme**.

This **benefit** offers an online consultation service with a nutritionist specifically related to pregnancy and early childhood nutrition. Practitioners are registered with the INDI (Irish Nutrition and Dietetic Institute).

This **benefit** is not a medical advisory service nor is intended to replace **you** seeking professional advice from a doctor or other healthcare professionals. This is not a diagnostic or emergency service nor can it prescribe **treatment** for medical conditions. In an emergency **you** should always contact **your** own **GP** or the emergency services so as not to delay any necessary **treatment**.

Ireland. (The British Psychological Society is also included for the 360 Care and 360 Care Select schemes). This **benefit** is subject to the annual out-patient excess (see further details on page 32).

Parent Travel and Accommodation Benefit

This is **benefit** towards the cost of **accommodation** and travel for a parent/guardian accompanying a child during an in-patient stay. We will pay this **benefit** if the child is under 14 years of age at their last renewal date during the child's **hospital** admission. No **benefit** is payable for the first three days in-patient stay. We will pay this **benefit** for up to 14 days per child per admission. This **benefit** is only payable where the child has received medically necessary **treatment** that is eligible for **benefit** and has an in-patient stay for more than three days. **Accommodation** costs are limited to a hotel, B&B, hostel or **hospital**. There is no **benefit** towards the cost of food. Travel costs are limited to public transport, taxi, hackney or car parking costs. Only claims accompanied by dated receipts on headed paper are eligible for **benefit**. **Benefit** will be paid directly to the member of **laya healthcare**. This applies to **in-patient treatment** in a **laya healthcare participating hospital** only. This **benefit** does not apply to overseas claims.

Benefit 4

Child Healthcare Benefits

Home nursing for children

This is **benefit** for home nursing by a nurse for a child under 18 years of age immediately following **in-patient treatment** of not less than five consecutive days, if recommended by the **Consultant** 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 purpose of the home nursing care must be to enable the member to reduce the period of **in-patient treatment**.

Child Counselling

This is **benefit** for counselling for a child under 18 years of age by a **participating therapist** registered with the Irish Association of Counsellors and Psychotherapy or The Irish Council for Psychotherapy or the Psychological Society of

Child Healthcare Support Benefit

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 charges are eligible under this **benefit**; **GP's consultants**, physiotherapy, radiology, pathology, child counselling, speech and language therapy, dietician & occupational therapy. Only **treatments** incurred within three months of discharge are eligible for **benefit**.

Vaccinations

If included on **your** child's plan, we will pay the **benefit** listed in the **benefit table** for Meningitis B, HPV and Chicken Pox vaccinations administered by a **General Practitioner**. This **benefit** is payable in respect of the child member availing of the service.

Benefit 5

Treatment Overseas

Emergency hospital admission overseas

This **benefit** is payable for **in-patient treatment** received outside **Ireland** by a member in an emergency because of sudden illness or injury while travelling temporarily outside **Ireland**. The limit allowed on a members **scheme** applies to each episode of illness or injury. An episode means a continuous period of illness or injury. Periods of illness separated by less than 28 days shall be treated as continuous. This **benefit** is only eligible when the **treatment** is approved by **laya healthcare's** approved overseas provider. Exclusions may apply (see further details on 'What is not covered under the **scheme**') Your membership of the **scheme** will end immediately if **you** stop living in **Ireland** for a consecutive six month period.

Temporary Application of Rule until the end of January 2021

General Treatment Abroad Rules:

Members who remain outside Ireland for more than 180 days in the calendar year as a direct result of Covid-19 will continue to be eligible for cover outside Ireland and/or Medical Evacuation under Benefit 5 of your rules booklet until such time that it is advised as safe to travel back to Ireland and/or the requirement to complete a "passenger locator form" upon return to Ireland has expired.

Please contact **laya healthcare** for further details.

Medical Evacuation

This **benefit** is towards the cost of medically evacuating a person to the nearest medically appropriate country or to evacuate to **Ireland** (whichever is nearer) to receive **treatment** for which they are covered under the **scheme** if whilst travelling abroad they need the **treatment** in a medical emergency and the **treatment** is not available in the country in which they are travelling. This limit will apply to each person per **year**. In such circumstances we will also pay up to €1,000 towards the reasonable cost of evacuating to the

nearest appropriate country or back to **Ireland**, any one relative or companion who was travelling with them at the time. We will only pay the costs of evacuation which is arranged by a **laya healthcare** approved overseas provider. This company can be contacted on +353 21 422 2204. If a case is being managed by **laya healthcare's** approved overseas provider the member must indicate at the outset whether they hold separate travel insurance in respect of their trip abroad. **You** must notify **laya healthcare** in writing if **you** wish to instigate any action against a third party following an accident abroad. Please refer to the third party section of this **Scheme Rules**.

Gender Reassignment Surgery Abroad

This **benefit** is payable for specific **in-patient treatment** that is not available in **Ireland** for gender reassignment surgery received at a **hospital** in the EU up to a lifetime maximum of €30,000. This **benefit** must be pre authorised by **laya healthcare** and is available to members over the age of 18 subject to the following criteria:

- Referral to surgeon by one participating mental health professional competent in the **treatment** and assessment of gender dysphoria AND members **Consultant Endocrinologist/General Practitioner or** Referral to surgeon by two participating mental health professionals one of which must be competent in the assessment and treatment of gender dysphoria
- Completion of a minimum of 18 months Hormone Replacement Therapy

Cosmetic surgery or the reversal of previous gender reassignment surgery is not included in this **benefit**.

Treatment not available in Ireland

This **benefit** is payable up to a maximum contribution of €100,000 for **in-patient treatment** received at a **hospital** in the EU which is certified by **laya healthcare's** Medical Adviser as unavailable in **Ireland**, provided that such **treatment** is arranged by **laya healthcare** and the **hospital** is pre-approved by **laya healthcare**. This **benefit** is only applicable for **treatment** which is not listed as another specific **benefit** on **your** Benefit Table. This **benefit** needs to go

through **Consultant** Connections (see further details under the **Consultant** Connections **benefit**).

EU Treatment Guarantee

If **you** are waiting for more than three months for a surgical procedure covered under **your scheme**, **laya healthcare** will arrange the procedure for **you**. This procedure could be undertaken in **Ireland** or another country and a different **consultant** may be used. **Laya healthcare** will pay for the procedure up to the level of cover available on **your scheme**. If **your** procedure is undertaken in a facility that is not covered under **your scheme**, **you** the member may be liable for shortfalls. A maximum contribution of €100,000 will apply to this **benefit** should this procedure be undertaken in another country outside of **Ireland**.

Medical Tourism

This **benefit** is payable up to a maximum contribution of €100,000, subject to pre-authorisation, for medically necessary surgical procedures in the EU. The level of **benefit** will be limited to the maximum of the **benefit** that would have been paid in respect of the same surgical procedures, including **consultants** fees, in **Ireland**, and to the maximum level of cover 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 expenses. The **benefit** is subject to **laya healthcare**'s normal rules and exclusions. Waiting periods and **pre-existing condition** waiting periods will apply. **You** must contact us beforehand so that we can advise **you** on the steps involved in approving **your treatment**.

Consultant Connections

The **laya healthcare Consultant** Connections **benefit** offers members with certain serious illnesses access to a review of their medical case by an international specialist. A list of serious illnesses considered for referral is available on request.

Any **benefit** payable under the **Consultant** Connections **benefit** is subject to the terms and conditions of **your scheme** rules.

Should **you** wish to avail of this **benefit** please contact us on 1890 700 890.

Benefit 6

Laya Healthcare Concierge

This **benefit** is available on selected **schemes** for members aged 18 years and over. Please refer to your benefit table for cover details on your selected **scheme**. Laya Healthcare Concierge is a clinical support service delivered by a dedicated team of experienced nurses to help you when navigating Ireland's complex healthcare system. This is not a diagnostic or emergency service nor can it prescribe **treatment** for medical conditions. In an emergency **you** should always contact **your** GP or emergency services so as not to delay any necessary treatment. Laya Healthcare Concierge service is not intended to replace seeking professional advice from a doctor or other healthcare professionals. Calls will be answered by a qualified **nurse** who will offer personalised, expert guidance. This service is open within business hours, see your member area for further information. This service is provided by nurses based in the Republic of **Ireland**.

Benefit 7

Healthcoach

This is a **benefit** for a tailored health and fitness programme for members aged 18 years or older. This programme is delivered by Spectrum Health, a **laya healthcare** approved service provider. Healthcoach uses an online questionnaire and/or a non-diagnostic face to face consultation with a personal trainer to tailor a health and fitness programme for the member which is delivered through a dedicated smartphone app. Members have continued access to the app and programmes for the duration of their contract only. Eligibility for a face to face consultation is based on the level of cover at the time of booking.

and must be carried out in one of the **laya healthcare** approved locations. Eligible members may avail of a free face to face consultation at no additional cost once every two **years** from the date of the last consultation covered by **laya healthcare**. Please refer to **your** Benefit Table for details of the cover on **your** selected **scheme**.

Benefit 8

Minor Injuries and Illnesses

QuickCare

Laya healthcare members, aged 12 months and over can avail of the QuickCare service in one of the **laya healthcare** approved minor injuries and illness centres. These centres can change from time to time, for a full up to date list please visit www.layahealthcare.ie/minorinjuries.

This **benefit** is available up to a specified amount per visit, which is outlined on **your** Benefit Table. **Laya healthcare** will pay this directly to the approved minor injuries and illness centres, but any additional balance outside of this will be the responsibility of the member and should be paid directly to these centres. Any balance paid by the member to these centres will not be eligible towards the out-patient (or, any other) **benefit** on **your scheme**.

The specific **treatment** types eligible for **benefit** under QuickCare will comprise of services related to the following minor illnesses and injuries:

- (1) consultation for: fractures and sprains or possible breaks; sports injuries; minor burns; fevers; rashes and infections;
- (2) **treatments** related to the initial consultation (x-ray, stitching, full cast, temporary cast, splints, crutches).

Please note services within these centres can be added or removed from time to time, for a full list please visit www.layahealthcare.ie/minorinjuries.

Benefit 9

Digital Health

CareOnCall

GPlive and prescription service

Laya healthcare is now offering a **benefit** for an online **GP** consultation and prescription service provided by WebDoctor, a **laya healthcare** approved service provider. The **benefit** is available on all **schemes** where a number of consultations will be available.

This is a confidential service; appointments can be made online through www.careoncall.ie and/or through the CareOnCall app. Webdoctor **GPs** are working and living in **Ireland** and are registered with the Irish Medical Council. Through the prescription service, WebDoctor **GPs** can provide prescriptions for a range of medical conditions. Please refer to **your** Benefit Table for cover details on **your** selected plan. This is not an emergency service. In an emergency **you** should always contact **your** own **GP** or the emergency services so as not to delay any necessary **treatment**.

GPline (021 202 2860)

The **benefit** is available to all members. The service is open 24 hours a day, 365 days a **year** and provides advice and reassurance on a member's health concern. Calls will be answered by a trained operator who will take some details and arrange for a **GP** to call **you** back at a time that suits **you**. If there are symptoms which require a physical examination or a prescription is needed, then **you** may still need to visit **your GP**. This is not an emergency service nor can it be used for concerns regarding pregnancy. In an emergency **you** should always contact **your** own **GP** or the emergency services so as not to delay any necessary **treatment**. The **GP** telephone consultation service is not intended to replace the 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

benefit for charges for a 24 hour confidential **GP** telephone consultation service provided by a **laya healthcare** approved service provider.

Nurseline (021 202 2861)

The **benefit** is available to all **laya healthcare** members. The service is open 24 hours a day, 365 days a **year** and provides advice and reassurance of a member's health concern. This is not an emergency service nor can it be used for concerns regarding pregnancy. In an emergency **you** should always contact **your own GP** or the emergency services so as not to delay any necessary **treatment**. This is a **benefit** for charges for a 24 hour confidential Nurseline telephone consultation service provided by a **laya healthcare** approved service provider.

Physioline (021 202 2862)

The **benefit** is available on selected **schemes**. The service is open from 08:00- 19:00 Monday to Saturday. Calls will be answered by a trained operator who will take some details and arrange for a chartered physiotherapist to call **you** back at a time that suits **you**. The physiotherapy telephone consultation service is an advice line and is not intended to replace the personal care offered by **your own** physiotherapist. This is not an emergency service. This service is provided 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 Irish Courts. Please refer to **your Benefit Table** for cover details on **your selected scheme**. This is a **benefit** for charges for a confidential physiotherapist telephone consultation service provided by a **laya healthcare** approved service provider.

Digital Dietician

This **benefit** is available on selected **schemes** for members. Please refer to **your benefit table** for cover details on **your selected scheme**.

This **benefit** offers an online consultation service specifically related to nutrition and dietetic

advice. All practitioners are registered with the INDI (Irish Nutrition and Dietetic Institute).

This **benefit** is not a medical advisory service nor is intended to replace **you** seeking professional advice from a doctor or other healthcare professionals. This is not a diagnostic or emergency service nor can it prescribe treatment for medical conditions. In an emergency **you** should always contact **your own GP** or the emergency services so as not to delay any necessary **treatment**.

Digital Physiotherapy

This **benefit** is available on selected **schemes** for members. Please refer to **your benefit table** for cover details on **your selected scheme**.

This **benefit** offers an online consultation service specifically related to Physiotherapy. All practitioners are registered with the Irish Society of Chartered Physiotherapists.

This **benefit** is not a medical advisory service nor is intended to replace **you** seeking professional advice from a doctor or other healthcare professionals. This is not a diagnostic or emergency service nor can it prescribe treatment for medical conditions. In an emergency **you** should always contact **your own GP** or the emergency services so as not to delay any necessary **treatment**.

Benefit 10

24/7 Mental Wellbeing Support Programme

Laya healthcare is now offering a 24/7 confidential support service designed to assist individuals over the age of 16 in dealing more effectively with any personal or work-related problems they might be facing. This exclusive **benefit** includes access to specific support services to help members with issues relating to legal assistance, financial assistance, consumer advice, career guidance, life coaching and mediation. The service is provided by Spectrum Wellness, a **laya healthcare** approved service provider.

Members have access to one 30-minute telephone consultation per issue and certain **schemes** will also have access to a number of counselling sessions with an accredited counsellor delivered through face to face, telephone and video counselling sessions. Please consult **your** Benefit Table to confirm cover.

Members can also access extensive educational resources such as videos, blogs and eLearning on topics like mental health, self-care, fitness and nutrition.

This is not an emergency service. In an emergency **you** should always contact **your own GP** or the emergency services so as not to delay any necessary **treatment**.

No personal information provided as part of the Programme will be shared with or used by **laya healthcare**.

Please note that counsellors available under this **benefit** are separate to counsellors covered under any other **benefits** that may be available on **your** chosen **scheme**.

Benefit 11

Fertility Benefit

Infertility Treatment Benefit

This **benefit** is up to a maximum amount (shown on **your** Benefit Table) per **female recipient** towards Intra Uterine Insemination (IUI), Intro Vitro Fertilization (IVF) and Intracytoplasmic Sperm Injection (ICSI) only in any **Fertility clinic** accredited by the Irish Medicines Board and listed as a **laya healthcare** recognised clinic, at the time **you** receive **your treatment**. These can change from time to time so please call us before having **your treatment**. The amount of times this **benefit** is available to **you** is shown on **your** Benefit Table.

Initial Fertility Consultation

We will pay the **benefit** listed in **your Benefit Table** towards the cost of an initial Fertility consultation carried out a **laya healthcare** approved centre. These centres change from time to time so please contact us in advance of any **treatment**.

First Steps Fertility Benefit

This **benefit** (which is shown on **your** Benefit Table) is payable twice per lifetime towards fertility tests and **treatment** including blood tests, fertility drugs, semen analysis, assisted hatching, radiology, Intra Uterine Insemination (IUI), Intro Vitro Fertilization (IVF) and Intracytoplasmic Sperm Injection (ICSI) only. The First Steps Fertility **benefit** is payable on behalf of a **laya healthcare** member receiving the tests or **treatment** in any **Fertility clinic** accredited by the Irish Medicines Board and listed as a **laya healthcare** recognised clinic, at the time the tests or **treatment** is carried out. These can change from time to time so please call us before having **your** tests or **treatment**. **Benefit** for IUI, IVF, and ICSI **treatment** is only payable for a **female recipient**.

Fertility Counselling

This **benefit** is available on selected **schemes** for members. Please refer to **your benefit table** for cover details on **your** selected **scheme**.

Laya healthcare is now offering a confidential Fertility Counselling support service designed to support individuals over the age of 18 in dealing with any fertility-related problems they might be facing. No personal information provided as part of the Programme will be shared with or used by **laya healthcare**.

This **benefit** is provided by a **laya healthcare** approved service provider. Members have access to one 30-minute telephone consultation and will also have access to a number of counselling sessions with an accredited counsellor delivered through face to face, telephone and video counselling sessions.

This **benefit** is not a medical advisory service nor is intended to replace you seeking professional advice from a doctor or other healthcare professionals. This is not a diagnostic or emergency service nor can it prescribe **treatment** for medical conditions. In an emergency **you** should always contact your own **GP** or the emergency services so as not to delay any necessary **treatment**. Please note that counsellors available under this **benefit** are separate to counsellors covered under any other benefits that may be available on **your** chosen **scheme**.

Fertility Preservation

This **benefit** provides cover for the following fertility tests; blood tests, semen analysis (male only) and radiology at a **fertility clinic** accredited by the Irish Medicines Board and at the time the tests or **treatment** is carried out listed as a **laya healthcare** recognised clinic. Please refer to **your benefit table** for cover details on **your** selected scheme. These treatments and **laya healthcare** recognised clinics can change from time to time so please call us before having your tests.

Fertility testing/screening

This **benefit** provides cover for the following fertility tests; blood tests, semen analysis (male only) and radiology at a **fertility clinic** accredited by the Irish Medicines Board and at the time the tests or **treatment** is carried out listed as a **laya healthcare** recognised clinic. Please refer to **your benefit table** for cover details on **your** selected scheme. These **treatments** and **laya healthcare** recognised clinics can change from time to time so please call us before having **your** tests.

Benefit 12

Health Screening

Please refer to your benefit statement, which outlines the time frame for screening benefit to be repeated. Please note the time limit is taken from the exact date of the previous screening

HeartBeat cardiac screening

This is **benefit** for charges for a **laya healthcare** approved HeartBeat cardiac screening carried out by a **laya healthcare** approved provider.

Bone Density/Dexa scans

This is **benefit** for charges for DEXA services provided by a **hospital** or a **laya healthcare** approved laboratory or diagnostic centre, that has been approved by **laya healthcare** for direct payment for DEXA services. These centres change from time to time. For a full list of the most up to

date scan centres please visit the 'Check cover' section of **your Member Area**.

Mammograms

This is **benefit** for charges for Mammogram services provided by a **hospital** or a **laya healthcare** approved laboratory or diagnostic centre, that has been approved by **laya healthcare** for direct payment for Mammogram services. These may change from time to time.

For a full list of the most up to date scan centres please visit the 'Check cover' section of **your Member Area**.

Women's cancer screening

This is **benefit** for charges for screening for cervical cancer and breast examination with a registered **GP**. This **benefit** is subject to the annual out-patient excess (see further details on page 32).

Men's cancer screening

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).

Sports health screening

This is **benefit** for a contribution towards Sports Health screening which is carried out in one of **laya healthcare**'s approved centres. These can change from time to time so please contact us beforehand. The eligible amount is outlined on **your Benefit Table** and will be paid directly to the centre.

Executive health screening

Laya healthcare will recognise this **benefit** if the Executive Health Check is carried out in one of our approved centres. These can change from time to time so please contact us beforehand. This **benefit** is subject to the annual out-patient excess (see further details on page 32).

Direct Payment - MRI, CT and PET-CT Scans

This is **benefit** for charges for services for MRI, CT and PET services provided by a **hospital** or a

laya healthcare approved laboratory or diagnostic centre, that has been approved by **laya healthcare** for direct payment. MRI scans have to be on general practitioner or **consultant** referral as outlined under the conditions of payment in the **Schedule of Benefits**.

CT and PET-CT scans have to be on **consultant** referral.

These approved centres can change from time to 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 the most up to date list.

Benefit 13

Everyday Medical Expenses - also referred to as out-patient expenses

These are fees and charges for hospitals and consultants for non-surgical treatment (other than radiotherapy and chemotherapy out-patient treatment). Only benefits shown as having cover on your Benefit Table are eligible for benefit.

Annual Out-Patient Excess

Where a member makes a claim for everyday medical expenses **laya healthcare** will pay valid claims for fees and charges up to the **benefit** amounts listed on **your** benefit table less amount shown as the annual out-patient excess. Where two amounts are shown, the first amount applies where there is only one member on the policy and the second amount applies to where there are dependents on the policy. If there is a mix of **schemes** on the policy with different excesses, please contact us to confirm the applicable excess. Please note, it is the amount listed on **your** benefit table which is deducted from the annual out-patient excess, not the amount **you** paid for the service. Please contact us for more information.

Annual Out-Patient Cap

If applicable to **your scheme**, this is the maximum amount up to which can be claimed back for the list of out-patient **benefits** outlined under Everyday Medical Expenses on **your** Benefit Table, subject to minimum **benefit** regulations. For members of the Connect Simplicity **scheme**; where a member does not reach the out-patient cap, the remainder of the unused cap is transferrable to another member of the policy on the Connect Simplicity **scheme**.

Increased allowance for everyday medical expenses

If a members **scheme** includes the increased allowance for everyday medical expenses, it will apply when **laya healthcare** has paid €315 of claims under Everyday Medical Expenses for **treatment** received during the same **year**, it will reimburse at least 75% of any further **treatment** received by the member(s) on that policy in aggregate during the same **year**. This is subject to the minimum and maximum limits for any and all such charges shown in the Benefit Table and rules, including the notes.

GP visits

This **benefit** is payable per visit (other than for routine maternity) to a **General Practitioner** registered with the Irish Medical Council who is not a **Consultant** and is currently practicing as a primary care physician in the community. See Note 3 (d)

HSE GP Out of Hours Service

A service that provides **you** with General Practitioner Services for urgent medical needs outside of regular hours. The providers of these services, their location and their contact details are listed below.

Location	Provider	Contact
Carlow/Kilkenny	Care Doc	1850 334 999
Cavan/Monaghan	NEDOC	1850 777 911
Clare	Shannon Doc	1850 212 999
Cork North Lee	South Doc GP Co-Op	1850 335 999
Donegal	NOW DOC	1850 400 911
Dublin North	D-Doc	1850 224 477
Dublin South	Dub Doc	01 454 5607
Dublin (Lucan Area)	LUKE Doc	01 406 5158

Location	Provider	Contact
Dublin (Tallaght & Clondalkin)	TLC Doc	1890 20 22 24
Dun Laoghaire	DL Doc	01 663 9869
Dun Laoghaire	East Doc	01 221 4021
Galway	West Doc	1850 365 000
Kerry	South Doc GP Co-Op	1850 335 999
Kildare	KDoc	1890 599 362
Laois Offaly	MIDoc	1850 302 702
Limerick	Shannon Doc	1850 212 999
Longford/Westmeath	MIDoc	1850 302 702
Louth	NEDOC	1850 777 911
Roscommon (Castlerea Area)	West Doc	1850 365 000
North Roscommon	NOWDoc	1850 400 911
South Leitrim/Roscommon	NOWDoc	1850 400 911
Tipperary North	Shannon Doc	1850 212 999
Tipperary South	Care Doc	1850 334 999
Waterford	Care Doc	1850 334 999
Wexford	Care Doc	1850 334 999
Wicklow	Care Doc	1850 334 999
Mayo	West Doc	1850 365 000
Meath	NEDoc	1850 777 911

The providers of these services may change from time to time so please contact us in advance of any treatment or refer to the “For Members – Checking Your Cover” section of our website for details of the applicable centres.

Home Testing

This is benefit towards the cost of a selection of home testing kits available at www.careoncall.ie. This is subject to the annual out-patient excess (see further details on page 30).

Prescriptions

This is benefit towards charges incurred by you for prescriptions issued upon the prescription of a licensed practitioner or dentist and dispensed by a licensed pharmacist. Please note we will only pay benefit for prescriptions up to the limit as set out under the drug payment scheme.

Specialist consultation visits

This benefit includes fees for out-patient consultations with a consultant other than in connection with radiology, pathology and maternity.

Hospital Casualty Charges

This benefit is payable for charges incurred by you in paying the hospital casualty charges.

Radiologist fees (Professional Fees)

This benefit includes fees charged for radiology by consultants participating in the full cover scheme. See note 3 (c).

Pathologist Fee (Professional Fees)

This benefit includes fees charged for pathology by consultants participating in the full cover scheme.

Pathology Diagnostic Tests (Technical Fees)

This benefit includes hospital charges or charges by a laya healthcare approved diagnostic centre for pathology.

Radiology Diagnostic Tests (Technical Fees)

This benefit includes hospital charges or charges by a laya healthcare approved diagnostic centre for radiology.

Routine Dental

This is benefit for charges for a routine dental examination at a dental practitioner with a current full registration with the Irish Dental Council who holds a primary dental qualification or a scale and polish carried out by a dental hygienist registered with the Dental Council of Ireland. He/She must be community based and provide dental care.

Emergency Dental

We will pay for restorative dental treatment urgently required in order to alleviate pain, inability to eat or any acute dental condition caused by an accidental external impact to the mouth and which presents an immediate and serious threat to a person's general health. Treatment must be received within 5 days of the accidental external impact to be considered eligible under this benefit

Optical

This is benefit for an eye test carried out by a practitioner with the qualification FAOI (Fellow of the Association of Optometrists of Ireland) and/or the cost of glasses and/or the cost of glasses and/or the cost of contact lenses.



Laser Eye Surgery

This **benefit** is payable for Laser Eye Surgery for vision correction. In order to claim, the procedure must be carried out in a **laya healthcare** approved centre or hospital, please contact us for details of these. A lifetime maximum claimable amount per eye applies, this is outlined on your table of benefits.

Hearing Test

This is the **benefit** for fees charged by a member of the Irish Society of Hearing Aid Audiologists.

Physiotherapy

This is **benefit** for charges by a **participating therapist** for physiotherapy. The therapist must be a member of the Irish Society of Chartered Physiotherapists or registered on the Physiotherapists Registration Board at CORU.

Travel Vaccinations

This is the **benefit you** can claim for vaccinations for the purpose of travel when administered by a **GP** or **consultant**.

Speech & Language Therapy

This is **benefit** towards charges for speech and language therapy. This must be on **GP** or **consultant** referral. The therapist must be a member of the Irish Association of Speech and Language Therapists and/or the Royal College of Speech and Language Therapists and/or registered on the Register for Speech & Language Therapists at CORU.

Adult Counselling - Psychologists

This is **benefit** for fees charged for assessing and treating mental illness, abnormal behaviour and psychiatric problems. The **psychologist** must be a chartered member of the Psychological Society of **Ireland**. Members of the 360 Care and 360 Care Select **schemes** may also claim for **psychologists** registered with the British Psychological Society.

Adult Counselling – Counsellors and Therapists

This is **benefit** for fees charged for assessing and treating mental illness, abnormal behaviour and psychiatric problems. The counsellor or therapist must be a full member of the Irish Association of Counsellors and Psychotherapists(IACP), The Irish Council for Psychotherapy, the British Association of Behavioural and Cognitive psychotherapy or the Irish Association of Behavioural and Cognitive psychotherapy. Only members from the 360 Care and 360 Care Select are eligible to claim this benefit.

Orthoptists

This is **benefit** for charges by a participating orthoptist who is a member of the association of Ophthalmologists **Ireland**.

Acupuncturist

This is **benefit** for charges by a **participating therapist** for acupuncture. The therapist must be registered as a member of one, or more, of the following:

- Professional Register of Traditional Chinese Medicine
- Traditional Chinese Medicine Council of Ireland (TCMCI)
- Academy of Chinese Culture and Medicine
- British Acupuncture Council
- British Medical Acupuncture Society
- Acupuncture Foundation Professional Association.

Osteopath

This is **benefit** for charges by a **participating therapist** for Osteopathy. The therapist must be registered as a member of the Osteopathic Council of Ireland and the Association of Osteopaths in Ireland.

Chiropractor

This is **benefit** for charges by a **participating therapist** for Chiropractic **treatment**. The therapist must be registered as a member of the

Chiropractic Association of Ireland (CAI) or the McTimoney Chiropractic Association of Ireland.

Physical Therapy

This is **benefit** for charges by a **participating therapist** for physical therapy. The therapist must be a member of the Association of Neuromuscular Therapists (ANMT), The Irish Association of Physical Therapists, Register of Orthopaedic & Soft Tissue Therapists of Ireland or the Irish Institute of Physical Therapists.

Reflexology

This is **benefit** for charges by a **participating therapist** for reflexology. The therapist must be a member of the Irish Reflexologists Institute, the Federation of Holistic Therapists Ireland, The National Register of Reflexologists and/or The Certified Association of Reflexologists of Ireland.

Homeopathy

This is **benefit** for charges by a **participating therapist** for Homeopathy. The therapist must be on the Professional Register of the Irish Society of Homeopaths or the Alliance of Registered Homeopaths.

Dietician

This is **benefit** for charges by a **participating therapist** for dietary advice. The dietitian must be a member of the Irish Nutrition & Dietetic Institute or registered on the Register for Dietitians at CORU.

Occupational Therapy

This is **benefit** towards charges for occupational therapy with a therapist who is a member of the Association of Occupational Therapist of Ireland or registered on The Occupational Therapists Registration Board at CORU.

Chiropody/Podiatry

This is **benefit** towards charges for Chiropody. The therapist must be a member of the Society of Chiropodists/Podiatrists, the Institute of Chiropodists and Podiatrists, the Irish Chiropodists/

Podiatrists Organisation Ltd., and/or the British Chiropody and Podiatry Association.

Home nursing following in-patient treatment

We will pay up to the amount set out in **your Benefit Table** up to a maximum number of days each **year** for a person who is 18 years of age or over, immediately following **in-patient treatment** or **day-case treatment** if recommended by the **consultant** 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 purpose of the home nursing care must be to enable the member to reduce the period of **in-patient treatment**.

HRT for Gender Dysphoria

This **benefit** is payable for Hormone Replacement Therapy for members with a diagnosis of Gender Dysphoria by a participating mental health professional competent in the treatment and assessment of gender dysphoria. The hormone replacement **benefit** is only available to members over the age of 18 who have submitted a letter from their **Consultant Endocrinologist/General Practitioner** confirming that they are on feminising/masculinizing hormone therapy to enable their transition goals. This **benefit** is allowable up to a lifetime maximum amount which is outlined on **your Benefit Table**.

Dean Clinic out-patient mental health therapy

This is **benefit** for charges for consultations at the Dean Clinics. This is a combined **benefit** regardless of who the member is treated by. The Dean Clinics are community based Mental Health Clinics owned and operated by St. Patrick's University **Hospital**, located in Lucan, Donaghmede, Sandyford, St. Patrick's & Capel St.

Lois Bridges Clinic

This is **benefit** for charges for consultations at Lois Bridges in relation to Anorexia and Bulimia. This is a combined **benefit** regardless of who the member is treated by.

Appliance List

This is a list of approved appliances which shows the amount which a member can claim for a list of appliances on their **scheme**. Some of these appliances may require a specific referral letter. This list may change from time to time, so for full details on the most up to date appliance list visit the 'Check cover' section of **your** Member Area.

Sports Appliance list

This is a list of approved sports appliances which shows the amount which a member can claim for an approved sports appliances under their policy. Some of these appliances may require a specific referral letter from a **GP**. This list may change from time to time so for full details please contact **laya healthcare**.

Overall Annual Limit

We will pay valid claims for fees and charges under Everyday Medical Expenses (including **benefits** which appear outside of Everyday Medical Expenses but which go towards the out-patient excess) up to the overall annual limit on a **scheme**. Where there are **dependants** on a policy, the overall annual limit for the family will be based on the family limit of the main members **scheme**, this is outlined on the Benefit Table. This will be the maximum amount of **benefits** payable for the main member and all **dependants** per year.

Special note for out-patient radiology and pathology;

We will pay valid claims for fees and charges for **treatment** covered under Everyday Medical Expenses for out-patient radiology and pathology up to an overall annual limit for all such fees and charges combined. Please contact us for details of these specific limits. Payment made for out-patient radiology and pathology will count towards the overall annual limit.

A valid claim means a claim for payment of fees and charges covered under Everyday Medical Expenses of not more than the amount shown in the Benefit Table as payable by **laya healthcare** for those fees and charges.

Important Note

Please note that everyday medical expenses/out-patient receipts will not be returned following assessment of **your** claim. Please retain copies of **your** receipts prior to submission, if **you** require these. We have confirmed with the Revenue Commissioners that the statement of **your** claims, which we provide to **you**, may be used to claim tax relief on expenses that are not paid by us. Simply send the statement to the Revenue Commissioners with a Med 1 form, which is available on www.revenue.ie/forms/med1.pdf. It is no longer necessary to send **your** original receipts to the Revenue Commissioners to claim tax relief.

Note 1

(i) Northern Ireland

Notwithstanding the cover set out under Treatment Overseas on **your** Benefit Table, **laya healthcare** may pay **hospital** charges covered for **in-patient**, **day-case** or **surgical out-patient treatment** received at the following **hospitals** in Northern **Ireland**:

- Altnagelvin, Derry
- Daisy Hill, Newry
- Royal Victoria Hospital, Belfast
- The North West Independent Hospital, Derry

Please see the Northern **Ireland hospital** list under the 'Check cover' section of **your** Member Area to confirm **your** cover in these **hospitals**.

We will pay **benefit** for **consultant** fees in the **laya healthcare** participating Northern **Ireland hospitals** (covered on **your scheme**) in accordance with and up to the amount shown as the standard rate in the **laya healthcare** schedule of **benefits** for the **treatment** received.

We will pay all claims for **hospital** charges and **consultant** fees in Euro.

(ii) Minimum benefit Regulations

Despite anything to the contrary in the rules and Benefit Table of the **scheme**, **you** may claim any **benefits** we are required to pay under the **minimum benefit regulations**.

(iii) Park West Clinic, Dublin 12 and Cork Clinic, Cork*

We will only pay **benefits** for certain **day-case and surgical out-patient treatment** at these **hospitals**. We will not pay for other types of treatment at these **hospitals**. Please check **your** procedure with us prior to **treatment**.

* Please contact us prior to admission to the Cork Clinic to ensure your treatment is covered.

(iv) St. Francis', Mullingar, and Kingsbridge Private Hospital, Sligo

We will only pay for surgical admissions at these **hospitals**. We will not pay for other types of treatment at these **hospitals**.

(v) Stanhope Centre, Grangegorman;

We will only pay **benefits** for out-patient **treatment** at this **hospital**. We will not pay for other types of **treatment** at this **hospital**.

(vi) Mid-Western Radiation Oncology Centre, Limerick;

We will only pay **benefits** for certain **surgical out-patient treatment** at this **hospital**. We will not pay for other types of **treatment** at this **hospital**. Please check **your** procedure with us prior to **treatment**.

(vii) National MS Centre, Rathgar

We will only pay **benefits** for up to a maximum of 14 days **in-patient treatment**, in any one calendar **year**.

(viii) Lois Bridges

Please see Everyday Medical Expenses for the amount eligible for **benefit** on **your** policy. This is a combined **benefit** regardless of who the member is treated by. We will only pay **benefit** for a maximum of 40 days for **in-patient treatment** in 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 **laya healthcare**.

Note 2

If **you** receive **treatment** from a **consultant** who is not participating in the **full cover scheme**, we will pay the **consultant's** fees for these services in accordance with and up to the amount shown as the standard rate in the **Schedule of Benefits** for the **treatment** you receive.

Laya healthcare will only pay **benefits** for drugs prescribed for use while a member is receiving **in-patient treatment, day-case treatment or surgical out-patient treatment**.

Note 3

(a) Hospital and consultants' charges for radiology and pathology

Laya healthcare will only pay fees and charges for radiology and pathology if and to the extent that the radiology or pathology consists of one or more radiological procedures or pathological investigations listed in the **minimum benefit regulations**.

(b) Laya healthcare approved laboratory, screening, diagnostic centres and suppliers

The list of **laya healthcare** approved laboratory, screening, diagnostic centres and suppliers is available on request. The list of those **hospitals** and centres that have been approved for MRI is also available on request.

(c) Fees charged for radiology by consultants not participating in the full cover scheme.

If **you** receive radiology **treatment** from a **consultant** who is not participating in the **full cover scheme**, we will pay the **consultant's** fees for these services in accordance with and up to the amount shown as the standard rate in the **schedule of benefits** for this type of **treatment**.



(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.

Important information to note:

Waiting periods

The following waiting periods will apply if you are aged:	Under 55 years of age	55–59 years of age	60–64 years of age	Over 65 years of 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 started?	26 weeks for all age groups			
How long before you can claim for any disease, illness or injury which began or the symptoms of which began before membership started?	5 years for all age groups			
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 any disease, illness or injury which began or the symptoms of which began before you changed your level of cover?	2 years for all age groups			
You are already pregnant and you wish to improve your cover/benefits, how long before you can avail of the better cover/benefits?	1 year			
The following waiting periods will apply for infertility treatment				
Waiting periods for infertility and Fertility Preservation	<ul style="list-style-type: none">• 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• 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.			
Waiting periods for First Steps Fertility Benefit	<ul style="list-style-type: none">• The first 104 weeks of membership• The first 104 weeks of membership for existing members that transfer or change between schemes to avail of this benefit.			



For more information

For information on your consumer rights, please contact the Health Insurance Authority at 01 406 0080 or visit 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

Website

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 Laya Healthcare. Laya
Healthcare Limited, trading as Laya Healthcare and
Laya Life, is regulated by the Central Bank of Ireland.



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 in a public hospital which has 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 bed in a public hospital which is a designated private bed under the Health Services (in-patient) Regulations, 1991 and in a room 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 accommodation. Benefit(s) The amount we will pay for any claim as set out in the Rules, your Table of Benefits, Schedule of Benefits for Private Hospital Services, the Schedule of Benefits for Professional Fees and the Schedule of Benefits for General Practitioners.
Claim	When you ask us to pay benefits for a member included on your contract less any excess that may be applicable.
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 the terminally ill under the 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 clinic; and (iii) public hospital statutory levies.
Non-participating Hospital	A hospital listed in the Directory of Hospitals (and Treatment Centres) which does not have an agreement with us but which we recognise, so we will pay part of the hospital charges for Vhi Healthcare approved accommodation. Full details 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 an agreement with us on its charges 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, radiation oncology technical, specified 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 generally accepted by the medical 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 such a diagnosis or treatment; (iii) not furnished primarily for the convenience of the patient, the doctor or other provider; and (iv) furnished 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 under 21 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 medical condition.
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 not an overnight stay) for an approved psychiatric day care programme or a procedure listed in the surgery and procedure section of the Schedule 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.

Out-patient	(i) Medically necessary treatment which does not involve in-patient treatment, day care or side room procedures, and (ii) Consultations with complementary and alternative medicine practitioners.
Plan	Any health insurance scheme we provide which covers the cost of treatment in private accommodation or semi-private 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 Society of Hearing Aid Audiologists.
Breast Feeding Consultant	A midwife who is a member of the Association of Lactation Consultants in Ireland and who holds International Board Certificate Lactation Consultant membership.
Chiropodist/Podiatrist	A member of the British Chiropody & Podiatry Association, or the Institute of Chiropodists & Podiatrists (Rep. of Irl.), or the Irish Chiropodists/Podiatrists Organisation Ltd., or the Society of Chiropodists & Podiatrists (Rep. of Irl.).
Clinical Psychologist Consultant	A full member of the Division of Clinical Psychology of the Psychological Society of Ireland. A medical practitioner who has a current full registration with the Irish Medical Council and who: (i) holds a public consultant post in the Republic of Ireland; or (ii) has held a public consultant post in the Republic of Ireland in the past and now practices within the same specialised field; or (iii) holds the necessary qualifications for a public consultant post in the Republic of Ireland together with evidence of appropriate general professional and higher specialist training to a standard required for such a post in the speciality in which he/she intends to work and has been appointed as a 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 benefits in full settlement of his/her fees. He/she receives the standard benefit as set out in the Schedule of Benefits for Professional Fees and may or may not charge an additional fee to patients.
Participating Consultant	A consultant who enters into agreement with us to accept our benefits in full settlement of his/her fees and charges Vhi Healthcare patients accordingly.
Dental Practitioner	A dental practitioner with a current full registration with the Irish Dental Council, who holds a primary dental 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, who holds a primary medical 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 Professional Fees and the 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 specified major complex procedures (i.e. cardiac and neurosurgery).
Out-patient Procedure	Treatment given to an out-patient which is listed in the Schedule of Benefits for Professional Fees or the Schedule of Benefits for General Practitioners.
Side room procedure	Treatment or investigation which is marked as side-room in the Schedule of Benefits for Professional Fees and Schedule 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 date.
Screening	Health Screening is any medical test or investigation, which is designed to identify certain characteristics, or the presence of or susceptibility to a particular disease or condition. Screening can include allergy testing, cholesterol testing, blood pressure testing, breast and smear testing. The screening must be performed by a General Practitioner or Consultant in his or her own rooms or in an approved out-patient centre.
Vhi Screening	Screening, including cardiovascular risk assessment, type 2 diabetes screening and colon cancer screening as defined by Vhi Healthcare.
Temporary Stay Abroad	A stay(s) outside of Ireland for any period up to but not exceeding 180 days in each calendar year.
Travel Vaccinations	Vaccinations against Hepatitis A, Hepatitis B, Typhoid, Malaria, Rabies and Oral Polio drops.
Treatment	Any medical intervention for which benefits are payable.
Vhi Healthcare	The Voluntary Health Insurance Board.
Year	The period of cover shown in your most recent membership details.
You, your	The subscriber/policy holder.

Definitions relating to Complementary and Alternative Medicine - being services not in accordance with the definition of medically necessary. It is advisable to discuss the suitability of a complementary or alternative therapy with a registered medical practitioner prior to commencing treatment. Visits to the following therapists are eligible for benefit:

Acupuncturist	A member of the Traditional Chinese Medicine Council of Ireland, or a member of the Acupuncture Foundation Ireland, or a member of the British Acupuncture Council, or a member of the Professional Register of Traditional Chinese Medicine.
Chiropractor	A member of the Chiropractic Association of Ireland or the McTimoney Chiropractic Association of Ireland.
Osteopath	A member of the Osteopathic Council of Ireland.
Physical Therapist	A member of the Register of Physical Therapists of Ireland or a member of the Irish Association of Physical Therapists or a member of the Irish Institute of Physical Therapists.
Reflexologist	A member of the Association of Irish Reflexologists or the Irish Reflexologists' Institute or the National Register of Reflexologists.

2) Contract

- a) The terms of your contract with us are in the following documents:
- (i) These Rules and your Table of Benefits; (ii) The Directory of Hospitals (and Treatment Centres); (iii) The Directory of Approved MRI Centres; (iv) The Directory of Convalescent Homes; (v) The Schedule of Benefits for Private Hospital Services; (vi) The Directory of Consultants; (vii) The Schedule of Benefits for Professional Fees; (viii) The Schedule of Benefits for General Practitioners, and any amendment or variation made from time to time as per rule 2(g).
 - b) In the Directory of Consultants, we list the consultants who are participating consultants.
 - c) In the Schedule of Benefits for Private Hospital Services, we set out the benefits we will pay for private hospital services and the rules we will apply to the payment of these benefits.
 - d) In the Schedule of Benefits for Professional Fees, we set out the benefits we will pay to the consultants and general practitioners for each kind of treatment and the rules we will apply to the payment of these benefits.
 - e) In the Schedule of Benefits for General Practitioners, we set out the benefits we will pay to general practitioners for procedures and the rules we will apply to the payment of these benefits.
 - f) In the Directory of Convalescent Homes, we list the convalescent homes which are eligible for benefit. The most up-to-date Directory of Convalescent Homes is available on our website - www.vhi.ie. Copies are available on request.
 - g) We may change these directories and schedules during the year. The most up-to-date Directory of Hospitals is available on our website - www.vhi.ie. We will tell you about changes to the directories of hospitals at least four weeks beforehand by publishing a notice in the major national daily newspapers. If you want to cancel your contract because of any such change, you can do this by writing to us within four weeks of the date we publish notice of the change.
 - h) We will pay any benefits we are required to pay under the Health Insurance Acts and any regulations thereunder, even if any part of your contract indicates otherwise.

3) Joining Vhi Healthcare

- a) Your spouse, partner or dependent children only can be included on your contract at any time. If you apply to include your child on your contract within 13 weeks of his/her birth, we will insure him/her from the date of birth and we will not apply Rules 3(c) & 3(e). Subscribers/policy holders who enrol their new born children within 13 weeks of the child's date of birth will not be charged any additional subscription for that child until the first or next renewal date after his/her birth.
- b) You can only make other changes to your contract at renewal date.
- c) If a member has an accident after he/she is included, we will pay benefits for the treatment needed. However, for other treatment, we will pay benefits if it is carried out after the member has been insured continuously for a minimum period of time, called a waiting period. The waiting period is as follows:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	WAITING PERIOD
Under 55	26 weeks
55 to 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy - related conditions	52 weeks

- d) For those benefits listed in Sections 9 and 10 of your Table of Benefits that are subject to an excess, we will only pay the benefits for the expenses incurred after the following waiting period has expired:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	WAITING PERIOD
Under 50	None
50 - 54	26 weeks
55 to 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy - related conditions	52 weeks

For those benefits listed in Section 10 of your Table of Benefits that are not subject to an excess, the waiting periods as outlined in Rule 3 (c) will apply.

- e) No benefits are payable for medical conditions the date of onset of which is determined on the basis of medical advice to have been prior to the date the member was included on the contract, unless the member has been insured continuously for a minimum period of time. The minimum period is as follows:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	MINIMUM PERIOD
Under 55	5 years
55 - 59	7 years
60 or over	10 years

This rule is applicable to all benefits other than those outlined in Section 9 of your Table of Benefits as well as those benefits in Section 10 that are subject to an excess.

When determining whether a medical condition pre-exists membership it is important to note that it is the date of onset of the condition that is considered rather than the date upon which the member becomes aware of the condition, as medical conditions 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 registered under the Health Insurance Acts, 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 Health Insurance Acts, 1994 - 2003, benefits will only be payable up to the level of cover offered by that contract. Additional benefits will be subject to Rule 4(b).
- h) If a member has transferred from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 - 2003, the time he/she was insured under the other contract will be offset against the normal joining conditions (waiting period, pre-existing illness and maternity). For additional benefits listed in Sections 9 and 10 of your Table of Benefits, please refer to Rule 4(c).
- i) The Scheme is intended for people resident in Ireland and only people resident in Ireland are eligible to join the Scheme. Please refer to Rule 7(b).
- j) You can cancel your health insurance contract within 14 days of the date of issue of the Terms and Conditions of Membership. We will refund the 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 renew your contract by paying the premium we request. The Rules and your Table of Benefits in place at the renewal date will then apply to your contract.
- b) You can change your level of cover at your renewal date. If you change your cover (i.e. subscribe for additional benefits) and you or any of the members included on the contract receive treatment during the following two years* for a medical condition which, in the opinion of our Medical Director, you already had on the renewal date on which you changed your level of cover, we will only pay the benefits which we would have paid if you had not changed your 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 it is the date of onset of the condition that is considered rather than the date upon which the member becomes aware of the condition, as medical conditions 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, a waiting period will apply to those benefits that are subject to an excess. We will only pay the benefits for the expenses incurred after the following waiting period has expired:

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 and wish to revert to your previous plan or level of cover, you may do so within 14 days of the date of issue of the amendment notification and we will pay the benefits which we would have paid if you had not changed your plan.

5) Subscriptions

- a) You must pay your subscription within 15 days after it becomes due. Otherwise, we will not pay any benefits and will cancel your contract. The subscriber/policy holder is responsible for ensuring payments are made.
- b) For members who pay by salary deduction, the translation of annual premia into monthly or weekly instalments may result in the collection of 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 student subscription rate will apply from the date of application for new members, and from the next renewal date (following application for the student rate) for existing members. The student rate will automatically revert to the adult rate with effect from the next renewal after the student's 21st birthday.

6) Benefits

a) Hospital Benefit

Hospital benefit is payable for in-patient treatment 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. 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 which is covered by the Schedules of Benefits (refer Rule 2(d)) and is carried out in a participating or a non-participating hospital. If a consultant or general practitioner is non-participating, we will pay the standard benefit as set out in the Schedules of Benefits (even if your treatment is provided on an emergency basis), and you may have to pay an additional amount yourself.

If the treatment is not covered by your plan or is carried out in a hospital which is not covered by your plan, benefit for 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 out-patient procedures with the exception of out-patient radiotherapy.

c) Day-to-day Medical Expenses benefit

d) General conditions

Day-to-Day Medical Expenses benefit is payable for treatment as specified in Sections 9 and 10 of your Table of Benefits. We will pay benefits for in-patient and day-patient treatment, side room procedures and out-patient procedures, for a maximum of 180 days per member in any calendar year, less any days treatment within the same calendar year which has been paid under any other health insurance contract (for benefit in respect of psychiatric treatment and substance abuse, 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 lower.

h)

If you use hospital accommodation which requires a higher level of cover than you hold under your plan, the level of 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.

i) Day care procedures

Hospital benefit is payable for specified day care procedures carried out in a Vhi Healthcare approved day care facility 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 only are 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 Vhi Healthcare approved 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. Where an out-patient procedure is carried out in a hospital which is not covered by your plan, professional fee benefit is in accordance with Rule 6(b), however hospital charges are not eligible for benefit. No benefit is payable for Out-patient Radiotherapy 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 arising for complications directly as a result of a cardiac FPP during subsequent hospital stays; or d) the admission is subsequent to 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, Blackrock Clinic, Mater Private Hospital and Galway Clinic. However, when they are carried out in other hospitals they are not called Fixed Price Procedures and in these circumstances benefit is payable in accordance with the benefits associated with your level of cover for these hospitals, as set out in your Table of Benefits, and not as a Fixed Price Procedure.

If you are in any doubt about the level of cover payable in respect of any procedure or treatment, we recommend that 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, has an eligible 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 'Out-patient MRI Scans - Category 1', 'Out-patient MRI Scans - Category 2', or 'Out-patient MRI Scans - Category 3', we will pay the benefits 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 for cover for consultant or general practitioner referrals or where the member is referred for an MRI scan by a consultant to a Centre which is listed for cover for consultant referrals only; 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 indications 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 maximum of the 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 a 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 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.

Company Plan Executive only

We will pay the benefit 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 a 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 care at home for a member who is under 18 years of age at his/her last renewal date if his/her general practitioner or consultant decides that, for medical reasons, the member needs to receive care following a stay in a hospital of at least 5 days. This nursing care must commence within two weeks of their discharge from hospital and must be completed within six weeks of their 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 of a parent/guardian accompanying a child (including new born children) for up to 14 days per child per calendar year following a stay in excess of 3 days in hospital, who is under 14 years at their last renewal date, during that child's hospital admission. No benefit is payable for the first 3 days. The benefit is only payable where the child has 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 accompanied 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 is satisfied in full:

- (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, if the stay in 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, MRI Centre or 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 relating to your claim. Where the doctor determines that the most appropriate level of transport required is a taxi, benefit will be payable directly to the hospital from which the patient is transferred subject to criteria (ii) and (iii) above.
r) Psychiatric treatment	(i) We will only pay for in-patient psychiatric treatment in a psychiatric hospital listed in the Directory of Hospitals (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 listed in Section 3 of your Table of Benefits, less any days treatment within the same calendar year which has been paid under any other health insurance contract; and (ii) We will pay for day care psychiatric treatment for approved day care 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 paid for by another Health 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 specific criteria, as set out in the Schedules 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 or side room procedures and many must also be authorised by our dental advisors prior to being performed. Your dental practitioner will need to send a Pre-certification Form and radiological evidence to our Claims Department for assessment by our dental advisors. (i) We will not pay benefits for dental/oral-surgical and orthodontic treatment and treatments related to functional disorders of the chewing system, including out-patient consultations, except for those dental/oral-surgical procedures listed in the Schedule of Benefits for Professional Fees and the treatments listed under Section 9 of your Table of Benefits; and (ii) Professional fee benefit is payable for non-cosmetic osseointegrated mandibular implants only if specific criteria, as set out in the Schedule of Benefits, is satisfied in full. In addition, a grant-in-aid of €532.29 is payable per implant 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 child counselling visits in the year, for a 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, as defined, 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 first visit of your child to a Consultant 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 members 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 excluding Company Plan Starter)	<ul style="list-style-type: none"> • 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, Whitfield 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 only)
	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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, Galway Clinic, Whitfield Clinic or Hermitage Medical Clinic where the patient is an in-patient of another hospital that is 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	<p>(i). Hospital Charges</p> <p>We will pay the benefits listed in Section 4a of your Table of Benefits towards the cost of hospital charges for normal 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.</p> <p>If there are significant medical complications arising from the pregnancy or delivery which necessitate a stay in hospital, we will pay the hospital benefits as listed in Section 1 of your Table of Benefits.</p> <p>(ii). Consultants' Fees</p> <p>We will pay part of the consultants delivery fee – as listed in the Schedule of Benefits for Professional Fees. The amount we pay will be higher for a caesarean delivery.</p> <p>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.</p> <p>(iii). Home Births</p> <p>We will pay a contribution up to the benefit listed in Section 4c of your Table of Benefits for medical expenses incurred for home births and home nursing by a nurse.</p> <p>(iv). Post-Natal Home Nursing</p> <p>We will pay the charges for home nursing by a nurse if we pay the charges for normal confinement, up to the benefit listed in Section 4d of your Table of Benefits, provided that they are incurred within 3 days after your delivery.</p>

	The combined amount of benefit for post-natal home nursing and hospital charges cannot exceed the limit set out in Section 4a of your Table of Benefits.
ab) Cancer Care Support Benefit	We will pay the benefit listed in Section 5 of your Table of Benefits towards the accommodation costs of a member in a hotel, hostel or B&B when a member travels to receive out-patient chemotherapy and/or out-patient radiotherapy treatment in a Vhi approved hospital covered by your plan. Only claims accompanied by dated receipts on headed paper 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 a consultation, excluding 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 provided 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 for eye tests and/or prescription spectacles and contact lenses in each 2 year period. Eye tests must be carried out by an Optometrist registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi Healthcare.
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. Members under the age of 18 years at their last renewal are not covered for screening.
ai) Accident & Emergency Cover	We will pay the benefit listed in Section 9 (where applicable) of your Table of Benefits in respect of the public hospital out-patient levy.
aj) Out-patient CT scans	If the patient attends the Advanced Radiology Centre for out-patient CT scans (with GP or Consultant referral) payments will be made directly to the centre and will not be subject to an excess.
ak) Out-patient Mental Health Treatment	<ul style="list-style-type: none"> (i) We will pay the benefit listed in Section 3d of your Table of Benefits towards the cost of a mental health assessment 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 therapy 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 in the Sports Injury Clinic, Santry.
am) Vhi SwiftCare Benefit	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of an initial consultation in an approved Vhi SwiftCare Clinic. If the patient attends a Vhi SwiftCare Clinic for an initial consultation, payment 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, amniocentesis and cordocentesis where there is a high risk of specified foetal abnormalities and where specific conditions outlined 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 consultant. 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 travel costs incurred by a member on their 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, taxi, hackney and car 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. 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 screening, if Vhi Healthcare determines it to be medically appropriate, subject to it being provided in a Vhi screening centre. Members 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 because of an unexpected illness or accident that arises during a temporary stay abroad. We will pay up to the plan amounts outlined in Section 7 of your Table of Benefits, per temporary stay abroad inclusive of all professional fees. You may also claim for expenses listed under Section 9 of your Table of Benefits. All eligible benefits associated with emergency or prior approved treatment abroad will be issued by Vhi Healthcare in euro, with the exchange rate from the European Central Bank being applied to all charges as at the date of the patient's admission/treatment, where applicable.

- b) Only members resident in Ireland for at least 180 days each calendar year are eligible for cover outside Ireland and or repatriation in accordance with Rules 7(a), 7(c) & 7(d). Where a member intends to travel abroad for longer than 180 days, Vhi Assist or any other Vhi Healthcare insurance benefit 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 a benefit if the member travels abroad to get 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 we would have paid in respect of the same surgical procedure, including professional fees, in Ireland for your level of cover up to a maximum of the plan amounts specified in Section 7 of your Table of Benefits.

*as per the current Vhi Healthcare Schedule of Benefits for Professional Fees, Surgery and Procedures Section.

(ii) For treatment that is not available in Ireland we will pay up to the plan amounts specified in Section 7 of your Table of Benefits, unless a reasonable alternative treatment is available here in which case the benefit will be as outlined in (i) above.

The member will be liable for all costs that arise above the benefit payable, including all travel and accommodation expenses. The benefit will only be paid out once the treatment has been received and the member submits the relevant completed Claim Form with all required documentation.

Vhi Assist

- VHI ASSIST**

d) Provided that Vhi Assist are contacted immediately by the member, we provide the following additional services to members who require 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 as an in-patient or in the A&E / Out-patient Department of a hospital. All other medical expenses can be claimed in accordance with Section 9 of your Table of Benefits.
 - ii) • A 24 hour emergency telephone service
 - Medical Advice and information on your case
 - A service to assist members in replacing written prescriptions
 - Maintaining regular contact with the attending medical providers and monitoring of the member's ongoing care where necessary, if he/she is hospitalised
 - Making contact with the member's doctor in Ireland and immediate family, as well as his/her employer if required.
 - iii) Where possible, Vhi Assist can also recommend a local hospital where members will be able to receive appropriate treatment.
 - iv) Repatriation cover is available, if after a member has been treated, the attending doctor advises and our Medical Director agrees that it is necessary for medical reasons to transport him/her back to Ireland for further treatment. This benefit is available only where all arrangements are made under Vhi Assist.
 - v) Repatriation for further medical treatment will also be arranged by Vhi Assist if the patient is deemed stable and fit to fly by their attending 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 and our Medical Director agrees 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 covered up 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 when illness occurs and remains with the member while they are hospitalised, beyond their scheduled return date to Ireland. These expenses (if approved by Vhi Assist must be paid by the member and claimed from Vhi Healthcare on their return to Ireland. Receipts must be provided in order to support all claims for this benefit and no benefit is available in respect of day-to-day expenses once the member has been discharged from hospital. Such 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 arrange and pay necessary additional costs to return the child/children home or continue to their destination specified by the member, up to a total maximum of €1,000 per child. We will also arrange and pay the travel costs of one adult to accompany the child/children up to a maximum of €1,000.

Recovery

- (g) We shall be entitled at our own expense to institute any proceedings we consider reasonable in the member's/subscriber's name to recover any payment made under the terms of your cover for treatment outside of Ireland and any amount so recovered shall belong to Vhi Healthcare. You must also notify Vhi Healthcare in writing if you instigate any action against a third party following an accident abroad. Please refer to Section 12 of 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, the providers may not always accept such 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, together with a completed part 1 & 2 of the 'Treatment Abroad Form', which is available from any of our offices or at www.vhi.ie. The medical details will be submitted directly to us through Vhi Assist.
 - (j) For cases not managed by Vhi Assist, we will require a fully completed 'Treatment Abroad Form' to be submitted in support of your claim for 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 any of 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

- 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 repatriation staff into the area 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 go abroad. You may wish to 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 buy separate insurance cover for your trip. You may wish to consider Global from Vhi Healthcare.

Please see www.vhi.ie or contact one of our offices for further details of our treatment abroad procedure.

8) Exclusions

In addition to cover limitations mentioned elsewhere, we will not pay benefits for any of the following:

- Treatment which is not medically necessary treatment.
- Vaccinations and routine or preventative medical examinations, including screenings, bone density scans and check-ups. (Unless specifically covered by your plan).
- Treatment which is not intended to cure or alleviate a medical condition.
- Long term nursing care and maintenance.
- Hearing aids and dentures, or orthodontic appliances (such as braces).
- Contraceptive measures or their reversal.
- Any investigation or treatment relating to infertility carried out in the first twelve months of membership.
- Any treatment which is in any way related to artificially assisted reproduction.
- Treatment or programmes for weight reduction or eating disorders other than anorexia nervosa and bulimia nervosa.
- Alternative medicine: Cover is provided only for alternative therapies as specified in Section 9 of your Table of Benefits. However, no cover is provided for other alternative therapies, which include but are not limited to aromatherapy, homeopathy and spinology.
- Experimental drugs and treatments.
- Psychologists' fees, other than those specifically covered by your plan, as defined and listed in these Rules and your Table of Benefits where applicable.
- Nursery fees.
- Any charge for special nursing in hospital.
- Any charge made for a medical report.
- Treatment or tests given by a practitioner to his/her wife/husband, children or parents.
- Expenses for which the member is not liable.
- Expenses which you are entitled to recover from a third party.
- Cosmetic treatment and treatment of any complications arising from cosmetic treatment – unless it is needed (i) to restore the member's appearance after an accident or (ii) because the member was severely disfigured at birth.
- Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism.
- No benefit is payable for any in-patient or out-patient charges incurred in a hospital or treatment centre which is not listed in the Directory of Hospitals (and Treatment Centres) while a patient is receiving treatment in an approved hospital or treatment centre unless otherwise stated.
- Any investigation or treatment related to complications arising from treatment which is not eligible for benefit.

9) Claims

In-patient treatment, day care, side room and out-patient procedures

- We will only pay benefits when we receive a claim form completed and signed by the member and the member's doctor, and the original invoices or receipts.
 - You sign the claim form a) to confirm that the details on the form are correct and b) to authorise the doctors/hospitals to supply the information requested, including copies of your medical records, if requested.
- If we have a direct payment arrangement with a non-participating hospital, the hospital will send the claim form and invoices direct to us. Hospital invoices must be in a format specified by us. If they are not, we may be unable to calculate your exact benefit for hospital charges in which case we will calculate the benefit due to the hospital as best we can from the information supplied, and we will pay this amount direct to the hospital. We will send you details of the benefits we have paid. The Directory of Hospitals (and Treatment Centres) shows the hospitals with which we have a direct payment arrangement.
- If we do not have a direct payment arrangement with the hospital, you must send us a claim form completed and signed by the member and the 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 exact benefit for hospital charges in which case we will calculate the benefit due to you as best we can from the information supplied, and we will pay this amount.
 - 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.

- d)** By law, we have to pay benefits for doctors' fees direct to the doctor (except for day-to-day medical expenses benefit). We also have to deduct withholding tax from the benefits we pay. We will send you details of the benefits we pay to the doctor. If you pay the doctor direct, we must still pay the benefits to the doctor and you will then have to ask the doctor for a refund of any amounts you paid.
 - 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 subject to an excess as a lump sum at the end of each year. However, if you have large expenses during the year, you may submit up to a maximum of one claim per quarter (based on your renewal date and subject to the relevant waiting period). We will only pay the benefits when you send us a claim form which you have 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 send us a claim form completed and signed by the member together with the relevant receipts. The benefit will be issued to the subscriber/policy holder and may be claimed at any time during the calendar year.
 - Please note that receipts will not be returned following assessment of your claim, therefore you may wish to retain copies prior to submission.
 - We will deduct an annual excess (as specified in Section 9 of your Table of Benefits) from the eligible expenses of each member insured on the policy.
 - f)** If you or another member are entitled to claim under any other insurance policy for all or any of the costs, charges or fees for which you are insured under this contract, our liability shall apply as excess of, and not as contributory with such other insurance. When making a claim you must tell us if you have other insurance.
 - g)** If the renewal period is less than one year, the limits and excess applied to some benefits during this period are proportionally reduced.
 - h)** In order to establish the eligibility and appropriateness of any claim, we may request access to and/or copies of your medical records including medical referral letters. By signing the claim form, you give us your consent to access this information. If you refuse to give us your consent, or withdraw such consent, we may refuse your claim and recoup any monies that we may have previously paid in respect of that medical condition. Where appropriate, this will be done directly from the medical providers concerned and you will be liable to settle these amounts directly.
- At our own cost, we can also ask an independent medical consultant, chosen by us, to advise us about the medical facts relating to a 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 complaints, you may refer the dispute to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 (Tel: (01) 6620899) to decide on the matter. The decision of the Financial Services Ombudsman is binding on all the parties, but where one party is dissatisfied with the decision it may be appealed to the High 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 Courts.

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. So, you must tell us if you change your address.
- c)** The member must notify Vhi Healthcare immediately of any change to their policy or circumstances which could alter the assumptions on which the contract is based 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 renew his/her membership; or (ii) cancel 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 is no longer covered.
- f)** To pay your benefits, we may have to provide some of your membership details to the hospital, on a strictly confidential basis. We may also have to obtain copies of your medical records from the hospital/doctors concerned and this information will be treated in strict confidence.
- g)** If you use Assist, we have to provide some of your membership details to an international assistance company, also on a strictly confidential basis. The assistance company will in turn give us details of the member's illness or injury. This information will be held on the assistance company's computer. 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 agencies responsible for national health screening programmes with the name, address, date of birth, RSI number and Vhi Healthcare policy number of members of a requested demographic. No other information about our members is released. Vhi Healthcare also fully complies with the requirements of all Data Protection legislation.
- k)** The availability of semi-private or private accommodation is determined by the hospitals and is outside the control of Vhi Healthcare.

12) Third Party Claims

- a)** As outlined in Rule 8(s) expenses which are recoverable from a third party, are excluded from benefit, however:

- b) Legal Action/Proceedings**

Where a claim is submitted to Vhi Healthcare in respect of treatment required as a result of an injury caused through the fault of another person and where you propose to pursue a legal claim against that party, Vhi Healthcare will pay benefit in accordance with these rules provided that you (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 all benefit paid by Vhi Healthcare in any claim against 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 Authorisation Form is received from the Personal Injuries Assessment Board, refer to Rule 12(d) from your solicitor in the form prescribed by Vhi Healthcare:- "In consideration of Vhi discharging the eligible hospital and medical expenses of my/our client, I/we hereby undertake to include as part of my/our client's claim the monies so paid by Vhi (details of which will be supplied to us by Vhi) and subject to any court order to the contrary, to repay to Vhi – out of the proceeds that come into our hands – all such monies paid by Vhi"

- (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 caused through the fault of another person, and you do not propose to pursue a claim against the third party and, in the view of our legal advisers, expenses are recoverable from that party, Vhi Healthcare will pay benefit in accordance with these rules provided that you (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 all benefit paid by Vhi Healthcare in any 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 paid by Vhi Healthcare in full, subject 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 in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the injury section of the claim form. This undertaking provided by you also authorises Vhi Healthcare to provide the PIAB with details of all monies paid by Vhi Healthcare relating to your application, and for the PIAB to release to Vhi Healthcare details of the PIAB assessment in relation to the monies paid by Vhi Healthcare. Where the PIAB decides that the case is more appropriately dealt with by the court, due to some legal dispute and issues a letter of Authorisation, Vhi Healthcare will rely on the undertaking that has been provided by your solicitor, in accordance with Rule 12b(ii) above, and a copy of the 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 in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the injury section of the claim form and provide Vhi Healthcare with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal. The undertaking provided by you also authorises Vhi Healthcare to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal and for the Criminal Injuries Compensation Tribunal to release this information to us. In circumstances where such a case is unsuccessful, Vhi Healthcare will not seek a refund of the benefit paid.

f) Threshold Amount

Undertakings and refunds will not be sought if the total eligible benefit payable in respect of an accident does not exceed the threshold amount of €1,000. However if subsequent claims are submitted in respect of the same incident, which would increase the total benefit payable to €1,000 or more, 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 provided that you arrange for full written details of the case to be supplied by your solicitor to the satisfaction of Vhi Healthcare outlining the reasons why the case was unsuccessful or was discontinued.

h) Disclosure

It is the responsibility of a member to disclose to Vhi Healthcare full details of any action to be pursued against a third party in relation to any incident/accident in respect of which Vhi Healthcare has paid benefit. Failure to do so will result in the refusal of any subsequent claims relating to the accident/incident.

Directory of Hospitals (and Treatment Centres)

Description	Code	Description	Code
Facility qualifies for full cover for the plan held in accordance with Section 1 of your Table of Benefits.	●	Public Hospital	Pub
Facility qualifies for partial cover for the plan held in accordance with Section 1 of your Table of Benefits.	■	Group 1 Private Hospital	Group 1
No cover in this facility	✖	Group 2 Private Hospital	Group 2
		Stand-alone Day Care Unit	◆
		Covered for Specified Treatment Programmes only	▲

County	Hospitals (and treatment centres)	Classification Code	Company Plan Starter	Company Plan	Company Plan Plus Level 1/ Level 1.1/ Level 1.2	Company Plan Extra/ Extra (Excess)	Company Plan Executive		
							Corporate Plan	Company Plan Plus Select	Company Plan Extra Levels 1/2/3 and Level 2 (Excess)
CAVAN	General Hospital, Cavan	PUB	●	●	●	●	●	●	●
CLARE	Bushypark Treatment Centre, Ennis	Group 1 ▲	✖	●	●	●	●	●	●
	Cahercalla Community Hospital	Group 1	✖	●	●	●	●	●	●
	Mid Western Hospital, Ennis	PUB	●	●	●	●	●	●	●
CORK	Bon Secours Hospital	Group 1	✖	●	●	●	●	●	●
	Cork University Hospital	PUB	●	●	●	●	●	●	●
	Cork University Maternity Hospital	PUB	●	●	●	●	●	●	●
	General Hospital, Bantry	PUB	●	●	●	●	●	●	●
	General Hospital, Mallow	PUB	●	●	●	●	●	●	●
	Marymount Hospice	PUB	●	●	●	●	●	●	●
	Mercy University Hospital	PUB	●	●	●	●	●	●	●
	Millbrook Hospital, Bandon	Group 1	✖	●	●	●	●	●	●
	Shanakiel Hospital	Group 1	✖	●	●	●	●	●	●
	Shandon Street Hospital	Group 1 ◆	✖	●	●	●	●	●	●
	South Infirmary, Victoria University Hospital Ltd	PUB	●	●	●	●	●	●	●
	St. Mary's Orthopaedic Hospital	PUB	●	●	●	●	●	●	●
	Tabor Lodge, Belgooly	Group 1 ▲	✖	●	●	●	●	●	●
DONEGAL	General Hospital, Letterkenny	PUB	●	●	●	●	●	●	●
DUBLIN	Beacon Hospital	Group 1	✖	■	●	●	●	●	●
	Beaumont Hospital (incorporating St. Joseph's Hospital, Raheny)	PUB	●	●	●	●	●	●	●
	Blackrock Clinic	Group 2	✖	■	■	■	■	■	●
	Bon Secours Hospital, Glasnevin	Group 1	✖	●	●	●	●	●	●
	Cappagh National Orthopaedic Hospital	PUB	●	●	●	●	●	●	●
	Children's University Hospital, Temple St.	PUB	●	●	●	●	●	●	●
	Connolly Hospital, Blanchardstown	PUB	●	●	●	●	●	●	●
	Coombe Women's Hospital	PUB	●	●	●	●	●	●	●
	Hampstead Private Hospital, Glasnevin	Group 1	✖	●	●	●	●	●	●
	Hermitage Medical Clinic	Group 1	✖	●	●	●	●	●	●
	Highfield Private Hospital, Drumcondra	Group 1	✖	●	●	●	●	●	●
	Incorporated Orthopaedic Hospital, Clontarf	PUB	●	●	●	●	●	●	●

Directory of Hospitals (and Treatment Centres) continued

County	Hospitals (and treatment centres)	Classification Code	Company Plan Starter	Company Plan	Company Plan Plus Level 1/ Level 1.1/ Level 1.2	Corporate Plan	Company Plan Plus Select	Company Plan Extra/ Extra (Excess)	Company Plan Executive
								Company Plan Extra Levels 1/2/3 and Level 2 (Excess)	Company Plan Executive (Excess)
	Mater Misericordiae Hospital	PUB	●	●	●	●	●	●	●
	Mater Private Hospital	Group 2	✗	■	■	■	■	●	●
	Mount Carmel Hospital	Group 1	✗	●	●	●	●	●	●
	M.S. Care Centre, Rathgar	Group 1	✗	●	●	●	●	●	●
	National Maternity Hospital, Holles St.	PUB	●	●	●	●	●	●	●
	Northbrook Clinic (Dental/Oral)	Group 1 ♦	✗	●	●	●	●	●	●
	Our Lady's Hospice, Harold's Cross	PUB	●	●	●	●	●	●	●
	Our Lady's Children's Hospital	PUB	●	●	●	●	●	●	●
	Peamount Hospital	PUB	●	●	●	●	●	●	●
	Rheumatology Rehabilitation, Our Lady's Hospice, Harold's Cross	PUB	●	●	●	●	●	●	●
	Rotunda Hospital	PUB	●	●	●	●	●	●	●
	Royal Victoria Eye and Ear Hospital	PUB	●	●	●	●	●	●	●
	Rutland Centre, Templeogue	Group 1 ▲	✗	●	●	●	●	●	●
	Sports Surgery Clinic, Santry	Group 1	✗	●	●	●	●	●	●
	St. Columcille's Hospital, Loughlinstown	PUB	●	●	●	●	●	●	●
	St. Edmundsbury Private Hospital, Lucan	Group 1	✗	●	●	●	●	●	●
	St. James's Hospital	PUB	●	●	●	●	●	●	●
	St. John of God Hospital, Stillorgan	Group 1	✗	●	●	●	●	●	●
	St. Luke's Hospital, Rathgar	PUB	●	●	●	●	●	●	●
	St. Michael's Hospital, Dun Laoghaire	PUB	●	●	●	●	●	●	●
	St. Patrick's Hospital	Group 1	✗	●	●	●	●	●	●
	St. Vincent's University Hospital, Elm Park	PUB	●	●	●	●	●	●	●
	St Vincent's Private Hospital, Herbert Ave.	Group 1	✗	●	●	●	●	●	●
	St. Vincent's Hospital, Fairview	PUB	●	●	●	●	●	●	●
	The Adelaide & Meath Hospital, Dublin incorp. the National Children's Hospital, Tallaght	PUB	●	●	●	●	●	●	●
GALWAY	Bon Secours Hospital, Galway	Group 1	✗	●	●	●	●	●	●
	Galway Clinic, Galway	Group 1	✗	■	●	●	●	●	●
	Portiuncula Hospital, Ballinasloe	PUB	●	●	●	●	●	●	●
	Regional Hospital, Merlin Park	PUB	●	●	●	●	●	●	●
	University College Hospital, Galway	PUB	●	●	●	●	●	●	●
KERRY	Bon Secours Hospital, Tralee	Group 1	✗	●	●	●	●	●	●
	Kerry General Hospital, Tralee	PUB	●	●	●	●	●	●	●
	Talbot Grove Centre	Group 1 ▲	✗	●	●	●	●	●	●

Directory of Hospitals (and Treatment Centres) continued

County	Hospitals (and treatment centres)	Classification Code	Company Plan Starter	Company Plan	Company Plan Plus Level 1/ Level 1.1/ Level 1.2	Company Plan Extra/ Extra (Excess)	Company Plan Executive	
						Corporate Plan	Company Plan Plus Select	Company Plan Extra Levels 1/2/3 and Level 2 (Excess)
KILDARE	Clane Hospital	Group 1	✗	●	●	●	●	●
	General Hospital, Naas	PUB	●	●	●	●	●	●
KILKENNY	Aislinn Treatment Centre, Ballyragget	Group 1 ▲	✗	●	●	●	●	●
	Aut Even Hospital	Group 1	✗	●	●	●	●	●
	Lourdes Orthopaedic Hospital, Kilcreene	PUB	●	●	●	●	●	●
	St. Luke's Hospital, Kilkenny	PUB	●	●	●	●	●	●
LAOIS	Midland Regional Hospital, Portlaoise	PUB	●	●	●	●	●	●
LEITRIM	Our Lady's Hospital, Manorhamilton	PUB	●	●	●	●	●	●
LIMERICK	Barringtons Hospital, Limerick	Group 1 ♦	✗	●	●	●	●	●
	Cuan Mhuire, Bruree	Group 1 ▲	✗	●	●	●	●	●
	Limerick Regional Maternity Hospital, Ennis Rd	PUB	●	●	●	●	●	●
	Mid-Western Regional Orthopaedic Hospital	PUB	●	●	●	●	●	●
	Mid-Western Regional Hospital, Dooradoyle	PUB	●	●	●	●	●	●
	Milford Hospice	PUB	●	●	●	●	●	●
	St. John's Hospital	PUB	●	●	●	●	●	●
LOUTH	County Hospital, Dundalk	PUB	●	●	●	●	●	●
	Drogheda Cottage Hospital	PUB	●	●	●	●	●	●
	Our Lady of Lourdes Hospital, Drogheda	PUB	●	●	●	●	●	●
MAYO	Mayo General Hospital, Castlebar	PUB	●	●	●	●	●	●
	Hope House, Addiction Residential Treatment Centre, Foxford	Group 1 ▲	✗	●	●	●	●	●
MEATH	Our Lady's Hospital, Navan	PUB	●	●	●	●	●	●
MONAGHAN	General Hospital	PUB	●	●	●	●	●	●
OFFALY	Midland Regional Hospital, Tullamore	PUB	●	●	●	●	●	●
ROSCOMMON	County Hospital	PUB	●	●	●	●	●	●
SLIGO	General Hospital	PUB	●	●	●	●	●	●
	St. Joseph's Hospital, Garden Hill	Group 1	✗	●	●	●	●	●
TIPPERARY	Aiséirí Centre, Cahir	Group 1 ▲	✗	●	●	●	●	●
	Mid-Western Regional Hospital, Nenagh	PUB	●	●	●	●	●	●
	South Tipperary General Hospital, Clonmel	PUB	●	●	●	●	●	●

Directory of Hospitals (and Treatment Centres) continued

County	Hospitals (and treatment centres)	Classification Code	Company Plan Starter	Company Plan	Company Plan Plus Level 1/ Level 1.1/ Level 1.2	Company Plan Extra/ Extra (Excess)	Company Plan Executive
						Corporate Plan	Company Plan Plus Select
WATERFORD	Waterford Regional Hospital	PUB	●	●	●	●	●
	Whitfield Clinic	Group 1	✗	●	●	●	●
WESTMEATH	Midland Regional Hospital, Mullingar	PUB	●	●	●	●	●
	St. Francis Private Hospital, Ballinderry	Group 1	✗	●	●	●	●
WEXFORD	Aiséiri Centre, Roxborough	Group 1 ▲	✗	●	●	●	●
	General Hospital	PUB	●	●	●	●	●
	Ely Hospital	PUB	●	●	●	●	●
WICKLOW	Forest Treatment Centre	Group 1 ▲	✗	●	●	●	●
NORTHERN IRELAND							
ANTRIM	Ulster Independent Clinic, Belfast	Group 1	✗	●	●	●	●
	Royal Victoria Hospital, Belfast	PUB	●	●	●	●	●
DERRY	North West Independent Hospital, Ballykelly	Group 1	✗	●	●	●	●
	Altnagelvin, Derry	PUB	●	●	●	●	●
DOWN	Daisy Hill Hospital, Newry	PUB	●	●	●	●	●
Non- Participating Hospitals	Kylemore Clinic, Ballybrack			Full details of benefits payable are available from any of our offices			

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 centres.
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

Directory of approved MRI Centres

15 November 2009 - 14 November 2011

	IN-PATIENT MRI SCANS	OUT-PATIENT MRI SCANS	REFERRAL TYPE COVERED
Aut Even Hospital, Kilkenny	✓	Category 1	Consultant and GP
Beacon Hospital, Dublin	✓	Category 1	Consultant
	✓	Category 2	GP
Beaumont Hospital, Dublin	✓	Category 1	Consultant* <small>*Established oncology patients of Beaumont Hospital only</small>
	✓	Category 2	Consultant and GP
Blackrock Clinic, Dublin	✓*	Category 1	Consultant
	✓*	Category 2	GP
Bon Secours Hospital, Cork	✓	Category 2	Consultant and GP
Bon Secours Hospital, Dublin	✓	Category 1	Consultant
	✓	Category 2	GP
Cappagh National Orthopaedic Hospital, Dublin	✓	Category 2	Consultant and GP
Cavan General Hospital	✓	Category 2	Consultant and GP
Charter Medical Group, Dublin	✓	Category 1	Consultant and GP
Children's University Hospital, Temple Street, Dublin	✓	Category 2	Consultant and GP
Euromedic Dundrum	✓	Category 1	Consultant and GP
Galway Clinic	✓	Category 1	Consultant and GP
General Hospital, Letterkenny	✓	Category 2	Consultant and GP
Hermitage Medical Clinic, Dublin	✓	Category 1	Consultant
	✓	Category 2	GP
Mater Misericordiae Hospital, Dublin	✓	Category 2	Consultant and GP
Mater Private Hospital, Dublin	✓*	Category 1	Consultant
	✓*	Category 2	GP
Mid-Western Regional Hospital, Limerick	✓	Category 1	Consultant* <small>*Established oncology patients of Mid-Western Regional Hospital, Limerick only</small>
	✓	Category 2	Consultant and GP
MPIC - Merlin Park Regional Hospital	✓	Category 1	Consultant
	✓	Category 2	GP
MRI Centre, Barringtons Hospital, Limerick	✓	Category 1	Consultant and GP
MRI Centre Galway Ltd., Bon Secours Hospital	✓	Category 2	Consultant and GP
MRI Unit, Clane Hospital	✓	Category 1	Consultant and GP
20:20 Imaging - Mercy University Hospital, Cork	✓	Category 1	Consultant
	✓	Category 2	GP
MRI Centre, Our Lady of Lourdes General Hospital, Drogheda	✓	Category 2	Consultant and GP
Euromedic – Mayo General Hospital	✓	Category 2	Consultant and GP
Euromedic – Naas General Hospital	✓	Category 2	Consultant and GP
Euromedic – Portiuncula Hospital	✓	Category 2	Consultant and GP
Euromedic – Sligo	✓	Category 1	Consultant and GP
MRI Centre Tralee Ltd, Bon Secours Hospital	✓	Category 1	Consultant and GP
MRI Centre Tullamore, Tullamore General Hospital	✓	Category 2	Consultant and GP
Our Lady's Children's Hospital, Crumlin	✓	Category 2	Consultant and GP
Scancor Ltd, Consultant's Private Clinic, CUH	✓	Category 1	Consultant and GP
Scancor Ltd, in Cork University Hospital	✓	Category 2	Consultant and GP
Southscan MRI, South Infirmary/Victoria Hospital	✓	Category 1	Consultant and GP
Sports Surgery Clinic, Santry Demesne, Santry	✓	Category 2	Consultant and GP
St. James's Hospital, Dublin	✓	Category 2	Consultant and GP
St. Vincent's Private Hospital, Dublin	✓	Category 2	Consultant and GP
St. Vincent's University Hospital, Dublin	✓	Category 2	Consultant and GP
The Adelaide & Meath Hospital, Dublin incorporating the National Children's Hospital, Tallaght	✓	Category 2	Consultant and GP
University College Hospital, Galway	✓	Category 2	Consultant and GP
Waterford Regional Hospital	✓	Category 2	Consultant and GP
Whitfield Clinic, Waterford	✓	Category 2	Consultant and GP
Vista Primary Care	✓	Category 1	Consultant and GP

- ✓ In-patient MRI Scans: Covered in accordance with the plan held as part of a medically necessary stay in a participating hospital listed in the Directory of Hospitals (and Treatment Centres).
- ✓* No cover for in-patient scans in these MRI Centres on Company Plan Starter.

- Out-patient Category 1: Full cover for agreed MRI Charges.

- Out-patient Category 2: Agreed MRI charges may be claimed upon receipt of paid accounts and are subject to an excess of €125 per scan. Refer Section 8 of your Table of Benefits.

- Category 1 providers (as indicated in the Directory) will be open at a minimum from Monday to Friday for eight hours each day.

- * Established oncology patient of the hospital - direct payment reimbursement to the Hospital for established oncology patients of Beaumont Hospital and Mid-Western Regional Hospital, Limerick applies to referrals from Oncologists in addition to Consultants of other disciplines where there is a diagnosis of cancer and where the MRI scan is required for the treatment of the patient's cancer.

This Directory is subject to change. The most up-to-date version along with comprehensive information on cover arrangements, opening times and contact details for all MRI Centres is most readily available at the web address: www.vhi.ie/mri

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 phone Vhi Healthcare to confirm that the scan is eligible for benefit.

Head (including MRA if performed)

For exclusion, further investigation and monitoring of:

- Tumour of the brain or meninges
- Skull base or orbital tumour
- Acoustic neuroma
- Pituitary tumour
- Inflammation of the brain or meninges
- Encephalopathy
- Encephalitis
- Suspect leukodystrophies
- ENT problems – following consultation with a Radiologist
- Demyelinating disease of the brain
- Congenital malformation of brain or meninges
- Venous sinus thrombosis
- Screening of intracranial aneurysm in the following high risk individuals:
 - (a) Positive family history, defined as two or more first degree relatives with subarachnoid haemorrhages
 - (b) Patients with polycystic kidney disease

For further investigation and monitoring of:

- Head trauma
- Epilepsy
- Stroke
- Post-operative follow-up after brain surgery

Ophthalmic

For further investigation of:

- Suspected intra-orbital or visual pathway lesions
- Dysthyroid eye disease
- Diplopia

Spine

For exclusion, further investigation and monitoring of:

- Tumour of the CNS or meninges
 - Inflammation of the CNS or meninges
 - Demyelinating disease
 - Spinal cord compression (acute)
 - Congenital malformations of the spinal cord, cauda equina or meninges
 - Syrinx – congenital or acquired
 - Myelopathy
- For further investigation and monitoring of:*
- Cervical radiculopathy with neurological signs
 - Thoracic radiculopathy with neurological signs
 - Lumbar radiculopathy with neurological signs
 - Spinal canal stenosis
 - Previous spinal surgery
 - Trauma

For investigation of:

- Any cause of spinal disease in pregnancy

Musculoskeletal System

For exclusion, further investigation and monitoring of:

- Tumour arising in bone or other connective tissue
- Infection arising in bone or other connective tissue
- Osteonecrosis
- Derangement of the hip, knee, ankle, shoulder, elbow or wrist joints or their supporting structures
- Sacro-iliac joints in the following circumstances:
 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

Cardiovascular System (including MRA if performed)

Thoracic aortic disease

Abnormal aortic contour or size on chest X-ray, differentiation of mediastinal mass vs. vascular abnormality, to rule out aortic dissection, aneurysm, leaking thoracic aneurysm, exclude aortic source of peripheral embolisation, Valsalva aneurysm, Marfan's syndrome and aorta annular actasia, after therapy of aortic dissection of aortic arch anomalies, coarctation, following aortic angioplasty, peri-aortic abscess or infection

Pericardial disease

To assess pericardial thickness and detection of metastases, for diagnosing pericarditis and constriction, for diagnosing effusion and tamponade

External or internal masses, pathology of lung and pleura

Chest wall and mediastinal tumor invasion of the lung and pleura, lipoma, intracavity tumors, and differentiation of tumour from thrombus, assessment of vascular invasion, hilar assessment, and paracardial/cardiac invasion, pleural diseases

Pathology involving surrounding structures

To evaluate intrinsic abnormalities of the pulmonary arteries, including central thrombi, aneurysms, stenoses, occlusions, dissection, and extra-vascular disease involving the pulmonary arteries

Assessment of ventricular dysplasia

Congenital heart disease

Pulmonary atresia, severe obstruction to the right ventricular outflow tract, complex cyanotic heart disease, pulmonary venous anomalies, after surgery for correction of congenital heart disease

Cardiac function, morphology, and structure

After it has been determined that echocardiogram is inconclusive

Sudden cardiac death screening

Screening of first degree relatives (mother, father, brother, sister or child) of an individual who has experienced sudden cardiac death under 30 years of age following initial screening by ECG, echocardiogram and holter monitoring that has identified unusual results

Diseases of the large veins

Acquired and congenital abnormalities of the superior vena cavae, inferior vena cavae, and portal venous system (e.g. vena caval thrombus, differentiation of tumour thrombus and blood clot of the vena cava, superior vena caval syndrome, superior vena caval invasion or encasement by lung or mediastinal tumours, diagnosis of Budd-Chiari syndrome, and diagnosis of caval anomalies)

Valvular heart disease

After it has been determined that ECG and doppler studies are inconclusive

To demonstrate complications of infarction

Formation of an aneurysm, mural thrombus formation, to demonstrate regional wall motion or wall thickening abnormalities of a damaged left ventricle

Others

Post operative aortic graft infection or dehiscence

For further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome

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

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
E-mail: 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

Specified Illness Cover

A guide to making
a claim



How to find your way around

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Introduction \ 1

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.





The claim process \ 2

THE CLAIM PROCESS

How do I make a claim?

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is available on our website at www.irishlife.ie or you can ask us for a copy.

If you want to make a claim under your Specified Illness Cover, you should contact our customer service centre on 01 704 1010.

When you call, our customer service representative will take some initial details and will then arrange for one of our Specified Illness claims assessors to phone you to explain the claims process. This is usually within two days of you making contact with us. They will answer any questions you may have about how you claim.

If the condition you are claiming for is covered under your plan, the claims assessor will then send you a claim form within five working days of receiving your request. The claims assessor will also provide their contact details for you to contact them if you have any queries during the claims process.

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, details of your medical history and any other information you think will be useful to help us process your claim. This form includes a section for you to sign that will give us permission to contact your doctor and any medical specialists you have seen for reports on your medical history, and to contact any other insurance company you may have life or specified illness cover with. You can also enclose copies of any doctor's letters or test results relating to your condition which you may have.

For certain conditions, such as malignant cancer, stroke, heart attack, the claim form has two sections to be completed. Section A is for you to complete and Section B is for you to bring to your GP or specialist to complete.

What happens when I return my claim form?

When you send us a completed claim form, one of our claim's assessors will carry out a detailed review of the information received. They will write to your doctors if we need to ask them for any medical information. They will then contact you to tell you what other information we need in order to assess your claim further.

Who do you ask for my medical information and why?

We will usually ask the following people for your medical information.

- > Your GP – to confirm the condition you have has been diagnosed and to get details of your medical history.
- > Your medical consultant/specialist (if you have one) – to confirm the diagnosis of your condition.
- > Any previous GP you have been to – to get details of your medical history.

Why do you need details of my medical history?

As your contract with us is based on the medical questions you answered on your application form when you applied for your plan, we will need details of your medical history to confirm that all the information you gave us on your application form was correct.

We assess all claims to make sure they are valid. This protects our customers against the effects of increased claim costs, which could lead to higher premiums for you. We want to avoid this.

How long will it take to assess my claim?

Some Specified Illness Cover claims may be completed in 6 to 8 weeks while others may take several months or longer.

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 from all sources.

Because we need detailed medical information to assess your claim, we rely on your doctors and the medical specialists you have seen to give us the information we need. We remind doctors regularly about the medical information we have asked for, but it can still take them time to give us all the information we need.

Sometimes, if the information we are given is not clear or we need some extra medical information, we will write back to your doctors for this information.

We will keep you up to date on how your claim is progressing. We are here to answer any questions you may have during all stages of the process.

Who will assess my claim?

Your claim will be assessed by qualified and experienced claims assessors, including our chief medical officers who are consultant 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.

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.

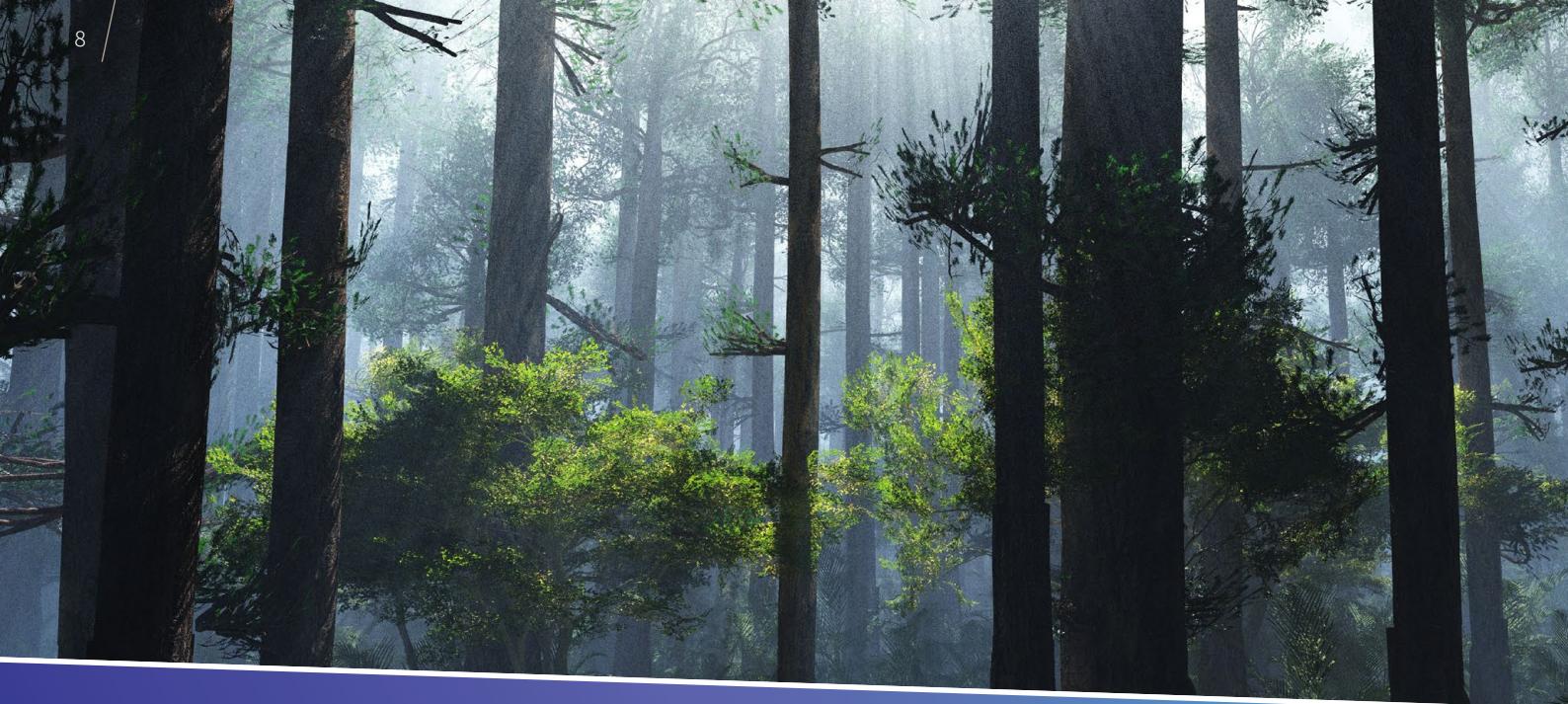
- > If the illness being claimed for is not covered under the plan. For example, we would refuse a claim for a stomach ulcer because it is not one of the specific illnesses listed in your plan.
- > If you do not meet our definition of an illness under the plan. For example, we would refuse a claim for removing a skin lump or growth which was not a malignant cancer.
- > If you did not give us full and proper details on your original application for cover. For example, if you:
 - had a history of high blood pressure and high cholesterol and you take medication to treat these, but you did not tell us about this on your original application form; or
 - told us on your application form that you were a non-smoker, but your medical evidence shows that you were a tobacco smoker at the time you took out the 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.



We may refuse to pay a claim even if there is no direct medical connection between the illness you are claiming for and the medical condition you have not told us about on the application form. If we do this, we will explain how the facts you did not tell us about, would have affected in some way our original decision to provide cover.



Claim payment \ 3

CLAIM PAYMENT

If you pay my claim who will you pay the money to?

If your plan is held in just your name, we will send you a cheque in your name, or transfer the money directly into your bank account if you request this.

If your plan is a joint or dual-life plan (meaning that two lives are 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

What happens to my plan when you pay my claim?

What happens to your plan after you make a claim depends on the type of Specified Illness Cover you have, whether you have any life 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 still covered by your plan and for what benefits.



Children's cover \ 4

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 details of the children's cover on your plan, including the ages your children are covered from and until.

Because we do not ask for any medical evidence for your children when you take 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.



If you want to find out what children's cover is on your plan or make a claim contact us on
01 704 1010.



Contact details \ 5

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 of our specified illness cover claims assessors in one of the following ways.

Phone: 01 704 1855

Fax: 01 686 5623

Email: protectionclaims@irishlife.ie

Post: Protection Claims Department,
Irish Life, Irish Life Centre,
Lower Abbey Street, Dublin 1.

Our office hours are from 9am to 5pm.



If you need to contact us outside these hours or speak to a member of our customer service department, you can e-mail customerservice@irishlife.ie or call 01 704 1010.

Lines are open: 8am to 8pm Monday to Thursday
10am to 6pm Friday
9am to 1pm Saturday

In the interest of customer service we will record and monitor calls.



Other useful information

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OTHER USEFUL INFORMATION

Free Counselling Service

We want to help you during this difficult period after the diagnosis of a serious illness. As an Irish Life plan holder, you can access up to three counselling sessions with the Clanwilliam Institute at no additional cost while you are making a Specified Illness cover claim. The Clanwilliam Institute is an independent, Irish company and registered charity, who were set up in 1982. The institute provides counselling and psychotherapy services for individuals, couples and families. Over the years, Clanwilliam has helped many people through difficult times, including stress, major illness, relationship difficulties, or bereavement.

If you would like to use this service, please contact the Clanwilliam Institute on 01 205 5010 to arrange an appointment. You will need to have your Irish Life plan number handy when you call. They may contact us to verify that you are a customer.

Any counselling sessions you have with the Clanwilliam Institute will be strictly confidential. They will not tell us anything that you tell them in your counselling sessions.

NurseCare

If you have a serious medical condition, you will probably have many questions about your illness, the medicines you may need to take or tests you may need to have.

As an Irish Life plan holder, you have access to a service where you can phone and speak to a team of trained nurses who can help with any medical questions you have.

These nurses do not work for us and anything you tell them will be kept confidential. The team of nurses will not have access to any of your Irish Life plan or claim details. They will not tell us or anybody else anything that you tell them.

NurseCare 24/7 is a confidential helpline that you can call 24 hours a day, 365 days a year and there is no charge for the service. You will need to have your Irish Life plan number handy when you call. The phone number is 0818 228 833

Note: The Clanwilliam Institute and NurseCare provide confidential services and are independent from Irish Life Assurance. These services are not designed to replace the advice from your doctor or your own healthcare professional.

Irish Life Assurance accepts no liability for these third party services and your access is subject to their own terms and conditions. We may change the service providers or withdraw access to these services in the future.

**Irish Cancer Society**

Phone: 1800 200 700

Email: supportline@irishcancer.ie

Website: www.cancer.ie

**Irish Heart Foundation and Stroke Helpline**

Phone: 01 6685001

Email: info@irishheart.ie

Website: www.irishheart.ie

**MS Ireland**

Phone: 0818 233 233

Email: info@ms-society.ie

Website: www.ms-society.ie

What if I have a complaint or do not agree with a decision you have made?

If you have any reason to complain to us, you can contact us, see page 13. We will do our best to sort out your complaint fairly and quickly through our internal complaints procedure.

If you would like a copy of our customer complaints charter, please contact us and we will send one to you.



If you are unhappy with the outcome of your complaint, you can have your complaint reviewed by the Financial Services and Pensions Ombudsman .

The Financial Services and Pensions Ombudsman is an independent body who adjudicate on unresolved complaints between consumers and financial service providers.

Financial Services and Pensions Ombudsman
Lincoln House, Lincoln Place, Dublin 2, D02 VH29

Phone: 01 567 7000

E-mail: info@fspo.ie

Website: www.fspo.ie

Contact us

Phone 01 704 1010

8am to 8pm Monday to Thursday

10am to 6pm on Fridays

9am to 1pm on Saturdays

Fax 01 686 5623

Email customerservice@irishlife.ie

Website www.irishlife.ie

Write to Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.

In the interest of customer service we will monitor calls.

Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.

The information in this booklet is correct as at March 2022 but may change.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.



ILA 6921 (REV 07-22)



An tÚdarás Árachas Sláinte
The Health Insurance Authority



Rialtas na hÉireann
Government of Ireland

Health Insurance Explained





An tÚdarás Árachas Sláinte
The Health Insurance Authority

Who we are

The Health Insurance Authority is the State body that regulates the private health insurance market in Ireland. We provide free, impartial information about health insurance.

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

www.hia.ie

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Buying and renewing health insurance

There are two types of private health insurance in Ireland – inpatient private health insurance and health insurance cash plans.

Inpatient private health insurance is insurance that helps cover all or part of your medical costs. Any person who is ordinarily resident in the Republic of Ireland can buy health insurance regardless of age, gender, health status or medical history.

The main benefits of private health insurance include:

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

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

Some cash plans provide money back for outpatient expenses such as GP visits or physiotherapy.

Can anyone buy health insurance?

Yes. Any person who is ordinarily resident in the Republic of Ireland can buy health insurance regardless of age, gender, health status or medical history. You can buy any plan available on the market.

Note, however, that you may have to serve waiting periods when you first buy health insurance. For more information about waiting periods, go to page 9.

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

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

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



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



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

What happens if I break my cover?

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

How do I make a complaint about my health insurer?

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

- If your complaint is about minimum benefits, Lifetime Community Rating or waiting periods, contact us.
- If your complaint is about claim disputes, procedure cover or refusal for pre-existing conditions, contact the Financial Service and Pensions Ombudsman (FSPO). The decision of the FSPO is binding on all parties unless the decision is appealed to the High Court.
- If your complaint is about service standards, 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.



Prices, tax relief and discounts

Will my age affect the cost of my policy?

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

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

Can I claim tax relief on my health insurance?

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

If your employer pays for your health insurance as a benefit-in-kind, you will be taxed on the gross value of your policy. This means you will need to claim medical insurance tax relief from Revenue. For more information, go to www.revenue.ie.



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.



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



Waiting periods

I am buying health insurance for the first time. Will I have to serve waiting periods?

You may have to serve waiting periods if:

- You take out health insurance **for the first time**;
- It has been more than 13 weeks since you last held private health insurance.

The maximum waiting periods for new customers are:



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.

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% ($11 \times 2\%$). 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 for his policy	€1264 (€1464 minus €200 tax relief)

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

Frequently asked questions

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

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



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

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.



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.

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.

www.hia.ie



Useful contacts

Name	Phone	Online
Health Insurance Authority	(01) 406 0080	www.hia.ie info@hia.ie
Irish Life Health	(01) 562 5100	www.irishlifehealth.ie heretohelp@irishlifehealth.ie
Laya Healthcare	(021) 202 2000	www.layahealthcare.ie Online contact form
Vhi Healthcare	(056) 444 4444	www.vhi.ie info@vhi.ie
HSF Health Plan	0818 473 473	www.hsf.ie customer@hsf.ie
Competition and Consumer Protection Commission	(01) 402 5555	www.ccpc.ie ask@ccpc.ie
Financial Services and Pensions Ombudsman	(01) 567 7000	www.fspo.ie info@fspo.ie
Citizens Information Board	0818 07 4000	www.citizensinformationboard.ie 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.



An tÚdarás Árachas Sláinte
The Health Insurance Authority

The Health Insurance Authority
Beaux Lane House
Mercer Street Lower
Dublin 2
D02 DH60

www.hia.ie
info@hia.ie
(01) 406 0080