

HEALTH
INSURANCE



Irish Life
health

Membership Handbook

Tailored Health Plans



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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 Membership Certificate, 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 General Practitioners Fees for Surgical Procedures Booklet (“GP Booklet”) which sets out the treatments and procedures you’ll be covered for when they are provided by your GP in their surgery
- > 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 (021) 480 2040 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
<ul style="list-style-type: none"> > Is the benefit covered under your plan? > How much will we pay? > Is there an excess? 	Your Table of Cover
<ul style="list-style-type: none"> > What terms and conditions apply to the benefit? > Does a waiting period apply? > How can you claim? 	Your Membership Handbook
<ul style="list-style-type: none"> > What does the benefit cover? > Are there any further criteria? 	The Lists (if applicable)

In-Patient Benefits

What to look for	Where to check
<ul style="list-style-type: none"> > 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
<ul style="list-style-type: none"> > 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
<ul style="list-style-type: none"> > 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
<ul style="list-style-type: none"> > If you are being admitted to a medical facility, is it included in the List 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 AND GP BOOKLET

The Schedule of Benefits 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 Booklet 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.

Both of 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 and the GP Booklet can be accessed on our website at Irishlifehealth.ie 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 Irishlifehealth.ie. 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 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.

4. 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.

5. 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.

6. 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.

7. The Beacon CARE fertility List of Discounted Treatments

This list sets out the fertility **treatments** on which **you** can **claim** a discount with the Beacon Hospital under the "Fertility treatment at Beacon CARE fertility" **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

We must **pre-authorise** certain **procedures** and **treatments** before they will be covered. If **your treatment** or **procedure** needs to be **pre-authorised**, this will be specified in the Schedule of Benefits/GP Booklet. To get **pre-authorisation**, **your healthcare provider** must submit a request in writing to **Irish Life Health** in order for **your claim** to be considered for **benefit**. **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 and GP Booklet 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.

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 changes will not affect you during your *policy year* but will apply if you purchase that *plan* for your next *policy year*. 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 and the GP Booklet

We review and where necessary amend the Schedule of Benefits and GP Booklet four times each year to update the *procedures* and *treatments* that are covered by us and the *clinical indicators* that apply to *procedures* and *treatments*. These changes become effective on 1st March, 1st June, 1st September and 1st December each year. You can find the most current versions of these on our website.

Changes to the List of Medical Facilities

We may add *medical facilities* to the List of Medical Facilities from time to time. We may also need to remove *medical facilities* from the List 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.

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*. You can find the most current versions of these on our website.

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 see whether your *health care provider* is registered with *Irish Life Health* and whether they are a participating *health care provider* on our website. 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 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, GP Booklet, 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.

ACKNOWLEDGEMENT

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

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

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

Please note that all these *benefits* may not be available under your *plan*. You should check your Table of Cover to see which *benefits* apply to you and how much you can *claim* under each *benefit*. You will also be able to see on your Table of Cover if an *excess*, *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 refund from us when you visit certain medical practitioners or receive certain medical services. The amounts that can be *claimed* are set out in your Table of Cover. 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*.

Under some *benefits*, you may also be able to *claim* a discount directly from the service provider. The discount that is available to you is set out in your Table of Cover. You will need to show the service provider your *Irish Life Health* membership card at the time of purchasing or booking the products or service to avail of these discounts. 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 (021) 480 2040 to see what options are available to you.

There may be instances where Out-patient Benefits and Day-to-day Benefits apply to the same medical expenses. Where this occurs, we will apply the more favourable *benefit* for you when you make your *claim*. Please note that you cannot *claim* for medical expenses twice as both an Out-patient Benefit and a Day-to-day Benefit.

Day-to-Day Benefits and Out-patient Benefits

Benefit	Description / Criteria
> Consultant fees (non-maternity)	This benefit allows you to claim back some of your consultant's fees for out-patient non-maternity consultations.
> Consultant fees (which leads to an elective procedure)	This benefit allows you to claim back some of your consultant's fees for out-patient non-maternity consultations which lead to you having an elective treatment or procedure . This benefit is only available when claimed in conjunction with an in-patient or day case claim .
> 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 .
> 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.
> 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 the accident or injury and receive treatment within 7 days of presenting to dental practitioner .
> Manual Lymph Drainage (MLD)	This benefit allows you to claim back some of the costs of treatment provided by a member of Manual Lymph Drainage Ireland or a member of the Irish Society of Chartered Physiotherapists. This benefit is only available where MLD is received to treat and manage the following conditions: <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
> Pathology: Cost of test	This benefit allows you to claim back some of the hospital costs for pathology.
> Pathology: Consultant fees	This benefit allows you to claim back some of the consultant's fee for pathology.
> Radiology: Consultant fees	This benefit allows you to claim back some of the consultant's fee for radiology.
> Radiology: Cost of test	This benefit allows you to claim back some of the out-patient costs for radiology (including X-Rays, mammograms and non maternity ultrasounds) carried out in a medical facility covered under your plan .
> Pathology & Radiology cost of test	This benefit allows you to claim back some of the hospital costs for pathology and/or some of the out-patient costs for radiology (including X-Rays, mammograms and non maternity ultrasounds) carried out in a medical facility covered under your plan .
> GP visits	Under this benefit we will contribute towards the costs of attending a GP .
> Adult Athletics Ireland membership	Under this benefit you can claim a contribution from us towards the costs of your annual membership with Athletics Ireland**. This benefit is only available to members who are 18 years old or older.
> 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: <ul style="list-style-type: none"> > An ECG > Fasting lipids > Random glucose > Blood Pressure > Cardiac risk factor assessment
> Child nutritionist	This benefit allows a child member to a contribution towards the costs of attending a nutritionist*. This benefit is only available to members who are under 18 years of age.
> Child orthodontics	This benefit allows a child member to a contribution towards the costs of an orthodontist*. This benefit is only available to members who are under 18 years of age.
> Child speech and language therapist	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 Sports Club Membership	This benefit allows a child member to a contribution towards the costs of membership of the following sports clubs: the GAA, AAI, FAI, IRFU or a swimming club. This benefit is only available to members who are under 18 years of age.
> First Aid Course for Mums and Dads	Under this benefit we will contribute towards the cost of a first aid course provided by an accredited provider. You can also claim a discount directly from First Aid for Everyone** when you book your first aid course with them.

Benefit	Description / Criteria
<ul style="list-style-type: none"> > Food intolerance test – 40 Food test > Food intolerance test – 93 Food test > Food intolerance test – 200 Food test 	<p>Under this benefit you can claim a contribution from us towards the costs of food intolerance testing provided by Boots Retail (Ireland) Limited**. You can also claim a discount directly from Boots Retail (Ireland) Limited** when you are purchasing the test.</p>
<ul style="list-style-type: none"> > Health screening and allergy testing 	<p>This benefit allows you to claim back some of the costs of health screening and/or allergy testing.</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 > 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>For allergy testing you can claim back the cost of an initial consultation for allergy related problems.</p> <p>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.</p>
<ul style="list-style-type: none"> > Parenting course 	<p>Under this benefit you can claim a contribution from us towards the cost of a parenting course or programme which is listed on the Parenting Course Database available on Barnardo's website.</p>
<ul style="list-style-type: none"> > Physiotherapist or physical therapist 	<p>Under this benefit, we will contribute towards the costs of attending a physiotherapist* or physical therapist*.</p>
<ul style="list-style-type: none"> > Retainers & fitted gum shields 	<p>Under this benefit you can claim a contribution from us towards the cost of a retainer or fitted gum shield provided by a dentist.</p>
<ul style="list-style-type: none"> > Sexual health screening – Simple 2 Test > Sexual health screening – HPV > Sexual health screening – Standard 6 Test 	<p>Under this benefit you can claim a contribution from us towards the cost of STI screening kits listed in your Table of Cover from Let's Get Checked**. You can also claim a discount directly from the service provider when you are purchasing the test.</p> <p>www.letsgetchecked.com</p>
<ul style="list-style-type: none"> > One hour teeth whitening 	<p>Under this benefit you can claim a contribution from us towards the cost of a one hour professional laser teeth whitening treatment with Desmond & McCarthy Teeth Whitening Specialists Limited trading as The White House*. You can also claim a discount directly from The White House* when purchasing the service.</p> <p>www.thewhitehouse.ie</p>
<ul style="list-style-type: none"> > Alternative Practitioners (Podiatrist, reflexologist, nutritionist, dietician, massage therapist, acupuncturist, osteopath, physical therapist, chiropractor, reiki practitioner, chiropodist, speech therapist, occupational therapist, orthoptist, homeopath) 	<ul style="list-style-type: none"> > Under this benefit, we will contribute towards the costs of attending the practitioners named in the benefit. This benefit does not cover the cost of any medication or any surgical appliances supplied or prescribed by the practitioners.
<ul style="list-style-type: none"> > Dental visits 	<p>Under this benefit we will contribute towards the costs of attending a dentist.</p>
<ul style="list-style-type: none"> > Physiotherapy visits 	<p>Under this benefit we will contribute towards the costs of attending a physiotherapist*.</p>
<ul style="list-style-type: none"> > Prescriptions 	<p>This benefit allows you to claim back some of the cost of your prescriptions from a GP, consultant, dentist or prescribing nurse.</p>
<ul style="list-style-type: none"> > Optical (eye test and/or glasses/lenses combined) 	<p>This benefit allows you to claim back some of the costs of an eye test and glasses/lenses provided by a qualified optician, orthoptist, optometrist or an ophthalmologist.</p>
<ul style="list-style-type: none"> > Hearing test 	<p>This benefit allows you to claim back some of the cost of a hearing test carried out by a qualified audiologist.</p>
<ul style="list-style-type: none"> > Vaccinations: Travel only 	<p>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.</p>
<ul style="list-style-type: none"> > Private A&E cover 	<p>Under this benefit you can claim a contribution from us towards the cost of a visit to an A&E department in a private hospital.</p>
<ul style="list-style-type: none"> > Mindfulness course 	<p>Under this benefit you can claim a contribution from us towards the cost of an annual subscription to the HEADSPACE mindfulness app or the cost of a mindfulness course or programme which is listed on the Qualifax database available at www.qualifax.ie.</p>

* **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.

Benefit	Description / Criteria
> Child safety benefit	This benefit allows a child member to claim a contribution towards the costs of a 'group 1' car seat, a stair gate and/or a home child proofing kit. The maximum amount that can be claimed against any or all of the specified products throughout your policy year is set out in your Table of Cover. This benefit is only available to members who are under 18 years of age.

How to claim

You need to pay the practitioner/**health care provider** yourself and then **claim** the amount that is covered back from **us** in either of the following ways:

1. Throughout or at the end of your **policy year**: by scanning your original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) on www.irishlifehealth.ie
2. At the end of your **policy year**: by sending all 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). **You** must submit original receipts. Photocopies, estimates, cash register receipts, etc. will not be accepted, unless otherwise stated. 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 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 nursing **benefit you** may also have to provide **us** with a medical report from your **consultant** confirming that the home nursing is **medically necessary**.

Where your **benefit** includes a discount from the service provider, **you** will need to show the service provider your **Irish Life Health** membership card at the time of purchasing or booking the products or service. In some cases the service provider may need to verify your cover with **us**.

Benefit	Description / Criteria
Digital Doctor	This benefit gives you unlimited consultations with a GP provided by Medical Solutions UK Limited**. You can speak to a GP anytime day or night over the phone, or if you would prefer a face to face consultation, the online video service is available 08:00 to 22:00, Monday to Friday (excluding bank holidays), 08:00 to 20:00 on Saturdays and 10:00 to 18:00 on Sundays. 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, Monday to Friday (excluding bank holidays), 08:00 to 20:00 on Saturdays and 10:00 to 18:00 on Sundays. 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
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. This service is provided by Healix Medical Partnership LLP**.

How to claim

Please call 1850 946 644 with your **membership number** to access this **benefit**.

Benefit	Description / Criteria
Metabolic Testing	Under this benefit we will cover the cost of a standard metabolic test provided by Health Matters**.
Flu vaccine	Under this benefit we will cover the costs of your annual flu vaccination provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**.

How to claim

We will pay the service provider directly for **you**.

Benefit	Description / Criteria
PET-CT Scans	<p>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 35-40 (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.</p> <p>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 All cardiac MRI scans must be pre-authorised by us. 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 All cardiac CT scans must be pre-authorised by us. 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).</p>
MRI Scans	
CT Scans	
Cardiac MRI Scans	
Cardiac CT Scans	

CT Colonography Scans

All CT colonography scans must be *pre-authorised by us*. You must be referred by a *consultant*.

PET-CT Scans

All PET-CT 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.

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 do this by submitting *your* original receipt 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.

* *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 service providers named under these *benefits* may change from time to time. Access to these *benefits* is subject to the service providers' terms and conditions of use. These *benefits* may not be available in conjunction with other promotions offered by the service provider.

HOW TO CALCULATE YOUR COVER UNDER YOUR DAY-TO-DAY BENEFITS AND OUT-PATIENT BENEFITS

The amount that can be *claimed* under these *benefits* is set out in *your* Table of Cover. It 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 some cases the *benefit* is only available for a specific service provider. Where this is the case, the service provider will be named in the tables above. 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:

	Consultant	GP
Cover shown on Table of Cover	€60 x 4 visits	€25 x 6 visits
Number of times <i>you</i> visited <i>your health care provider</i> in <i>your policy year</i> and how much <i>you</i> paid per visit	3 x €150	7 x €60
Total amount that <i>you</i> can <i>claim</i>	3 x €60 = €180 (3 being the number of times <i>you</i> visited a <i>consultant</i> and €60 being the maximum amount that can be <i>claimed</i> per visit)	6 x €25 = €150 (6 being the maximum number of times <i>you</i> can <i>claim</i> for a visit to a <i>GP</i> and €25 being the maximum amount that can be <i>claimed</i> per visit)
Total amount that <i>you</i> can <i>claim</i> under both <i>benefits</i>	€330 (i.e. €180 + €150)	
Less <i>out-patient excess</i>	€200	
Money <i>we</i> pay <i>you</i> back	€130	

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. Treatment centres are not classed as public, private or high-tech. *We* will fully cover *your hospital costs* in the treatment centres covered in *your* List of Medical Facilities.

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 List 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*, *your hospital costs* will be fully covered subject to any limitations specified in *your* Table of Cover, such as *excesses*, 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 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 (021) 480 2040.

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**. **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** 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** 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 GP’s** 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 Booklet. If **your treatment** or **procedure** is not listed in the GP Booklet, **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 (021) 480 2040.

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.

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 List 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*

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 DAYCASE 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*.

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 Enhanced Protection & Maternity Personalised Packages.

In-patient Maternity Benefits

Public hospital cover for maternity	<p>Under this benefit we will either:</p> <p>a) cover your in-patient hospital costs for 3 nights where you are admitted to a public hospital to give birth. (Please note that you will only be able to avail of a private room or semi-private room where you have opted to be treated privately or semi-privately by a consultant for your pre and post-natal care. The consultant's booking fee is not covered under this benefit but you may be able to claim back some of that fee under our "Out-patient maternity consultant fees" benefit or our pre/post-natal maternity costs benefit if these are available on your plan); or</p> <p>b) pay the contribution specified in your Table of Cover towards your in-patient hospital costs.</p> <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>
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. <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 treated privately or semi-privately by a consultant for your pre and post-natal care.</p>

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
Out-patient maternity consultant fees	This benefit allows you to claim back some of your consultants' professional fees for pre and post-natal out-patient care. If this benefit is available under your plan the maximum amount that we will contribute is set out in your Table of Cover .
Infertility benefit	Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI), In Vitro Fertilisation (IVF) and Intra Cytoplasmic Sperm Injection (ICSI) treatment . 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 . The benefit is limited to a maximum of two claims per member's lifetime.

Out-patient Maternity Benefits

Benefit	Description / Criteria
Foetal screening	<p>Under this benefit we will either:</p> <ol style="list-style-type: none"> cover the costs of foetal screening where you satisfy the clinical indicators set out in the Schedule of Benefits; or 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>
Post-natal home nursing following 1 night stay in hospital	<p>Under this benefit we will pay a contribution towards the costs of home nursing where you have given birth in a medical facility covered under your plan and are discharged after one or two nights. This benefit only applies where you were a private or semi-private in-patient in a public hospital where Irish Life Health are paying the charges for a normal delivery and your consultant has approved your discharge. The home nursing care must be provided by a nurse* and occur within 3 days of the delivery of your baby. If this benefit is available under your plan, the maximum amount that we will contribute is set out in your Table of Cover.</p>
Post-natal home nursing following 2 nights stay in hospital	

How to claim

These **benefits** are **claimed** as Out-patient Benefits. At the end of **your policy year**, **you** must send all **your** original receipts to **us** in an envelope with **your** name, address and **membership number** to ensure that **we** can reimburse **you** for all eligible **treatment** (see 'Your Contacts'). **You** can also **claim** throughout or at the end of **your policy year** by scanning **your** original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) on www.irishlifehealth.ie.

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).

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.

Other Maternity Benefits

Benefit	Description / Criteria
Newborn free till next renewal	Under this benefit you can add your newborn to your policy without charge within 13 weeks of the date of his/her birth. Where you do so, he/she will be covered under the same plan as you until your next renewal date. You will need to provide us with your baby's date of birth.

How to claim

Please call **us** to let **us** know that **you** wish to **claim** these **benefits**.

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
Medicall Ambulance costs	Under this benefit we will cover the cost of an ambulance where it is required to transfer you between medical facilities covered under your plan or between a medical facility covered under your plan and a convalescence home . The benefit is only available where the ambulance is provided by Medicall 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 or 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
Health in the home	<p>Under this benefit we will cover the costs of a home nursing service, provided by TCP Homecare Limited*, where you require medically necessary treatment but you wish to be discharged and continue your treatment at home.</p> <p>The home nursing is limited to administering your prescribed treatments. Your consultant must have approved your early discharge and consented to your treatment being continued at home. This benefit is only available for home nursing immediately following a medically necessary in-patient stay in 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>

Benefit	Description / Criteria
How to claim	
<i>We</i> will pay TCP Homecare Limited* directly.	
Benefit	Description / Criteria
Employee Assistance Programme (EAP)	Where this <i>benefit</i> is available on <i>your plan</i> , <i>you</i> will have access to a dedicated telephone counselling service. This telephone counselling service is available 24 hours a day, 365 days a year. Six face-to-face counselling sessions per presenting condition are also available on some plans. The type of cover available is set out in <i>your</i> Table of Cover. This <i>benefit</i> is only available to <i>members</i> who are 18 years old and over. All counselling must be provided by EAP Consultants Limited*.
How to claim	
Telephone counselling	To <i>claim</i> this <i>benefit</i> please call the dedicated EAP phone line on 1850 718 888. EAP will take <i>your</i> details and organise for a counsellor to contact <i>you</i> .
Face-to-face counselling	If your telephone counsellor considers it necessary they will refer you to a counsellor for face-to-face counselling.
Benefit	Description / Criteria
Convalescence benefits	This <i>benefit</i> allows <i>you</i> to <i>claim</i> back some of the cost of a stay in a <i>convalescence home</i> for a specified number of days in <i>your policy year</i> . If this <i>benefit</i> is available under <i>your plan</i> , the maximum amount that <i>we</i> will contribute per day and the maximum number of days for which this can be <i>claimed</i> is set out in <i>your</i> Table of Cover. This <i>benefit</i> is only available in respect of a <i>medically necessary</i> stay in a <i>convalescence home</i> where <i>you</i> entered such <i>convalescence home</i> immediately after <i>you</i> were an <i>in-patient</i> in a <i>medical facility</i> covered under <i>your plan</i> for the purpose of receiving a <i>medically necessary treatment or procedure</i> .
Child home nursing	Under this <i>benefit</i> <i>we</i> will contribute towards the costs of home nursing by a paediatric nurse**. The child home nursing must be received immediately after the <i>member</i> has been an <i>in-patient</i> for at least 5 days in a <i>medical facility</i> covered under their <i>plan</i> . The <i>member's consultant</i> must have advised that the home nursing care is <i>medically necessary</i> . The contribution under this <i>benefit</i> is payable for child home nursing costs which are incurred up to a specified number of days in <i>your policy year</i> . If this <i>benefit</i> is available under <i>your plan</i> the maximum amount that <i>we</i> will contribute per day and the maximum number of days for which can be <i>claimed</i> will be set out in <i>your</i> Table of Cover*. This <i>benefit</i> is only available to <i>members</i> who are under 18 years of age.
Cancer support benefit (for accommodation expenses when travelling more than 50km)	Under this <i>benefit</i> <i>we</i> will contribute towards the costs of hotel or bed and breakfast accommodation where <i>you</i> have to stay in a hotel or bed and breakfast to enable <i>you</i> to receive chemotherapy or radiotherapy in a public or <i>private hospital</i> . This <i>benefit</i> is only available where <i>you</i> have to travel more than 50 kilometres from <i>your</i> home to receive chemotherapy or radiotherapy in the public or <i>private hospital</i> . This <i>benefit</i> is only available for the costs of a hotel or bed and breakfast on the night before and the night after <i>you</i> receive the chemotherapy or radiotherapy. If this <i>benefit</i> is available under <i>your plan</i> the maximum amount that <i>we</i> will contribute per day and per <i>policy year</i> is set out in <i>your</i> Table of Cover.
Companion expenses	Under this <i>benefit</i> <i>we</i> will give <i>you</i> a contribution towards the accommodation and transport costs incurred by <i>your</i> companion whilst they are visiting <i>you</i> in hospital. To qualify for this <i>benefit</i> <i>you</i> must have been an <i>in-patient</i> in a hospital covered under <i>your plan</i> for at least 1 night. The contribution under this <i>benefit</i> is payable for reasonable costs incurred by <i>your</i> companion up to a specified number of days in <i>your policy year</i> . If this <i>benefit</i> is available under <i>your plan</i> , the maximum amount which <i>we</i> will cover per day and the maximum number of days for which it can be <i>claimed</i> is set out in <i>your</i> Table of Cover.
Parent accompanying child	Under this <i>benefit</i> <i>we</i> will contribute towards the following costs where <i>your</i> child is an <i>in-patient</i> for more than 3 days and <i>you</i> have to travel to be with them: <ul style="list-style-type: none"> > costs of <i>your</i> hotel or bed and breakfast accommodation > <i>your</i> travel costs to and from the <i>medical facility</i> > the costs of food and drink consumed whilst <i>you</i> are visiting <i>your</i> child The contribution under this <i>benefit</i> is payable for reasonable costs incurred by <i>you</i> up to a specified number of days in <i>your policy year</i> . If this <i>benefit</i> is available under <i>your plan</i> the maximum amount which <i>we</i> will cover per day and the maximum number of days for which it can be <i>claimed</i> is set out in <i>your</i> Table of Cover. The contribution can only be <i>claimed</i> for costs incurred after <i>your</i> child has been an <i>in-patient</i> for 3 consecutive days i.e. the contribution can only be <i>claimed</i> for the costs <i>you</i> incur from the 4th day <i>your</i> child remains an <i>in-patient</i> . For the purposes of this <i>benefit</i> "child" means a child of 14 years of age or under. Both the parent or guardian and child must be members on the same policy.
Parent accompanying child (No minimum stay)	Under this <i>benefit</i> <i>we</i> will contribute towards the following costs where <i>your</i> child is an <i>in-patient</i> in <i>Ireland</i> and <i>you</i> have to travel to be with them: <ul style="list-style-type: none"> > costs of <i>your</i> hotel or bed and breakfast accommodation > <i>your</i> travel costs to and from the <i>medical facility</i> The contribution under this <i>benefit</i> is payable for reasonable costs incurred by <i>you</i> . The number of times that this <i>benefit</i> can be <i>claimed</i> in <i>your policy year</i> is set out in <i>your</i> Table of Cover. For the purposes of this <i>benefit</i> "child" means a child of 14 years of age or under. Both the parent/guardian and the child must be members on the same policy.

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 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).

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
Lifestyle, family & emotional wellbeing coaching	Under this benefit members have access to a telephone service 7 days a week, 365 day a year. This service is provided by Workplace Options Ireland Limited*

How to claim

Telephone : 1800 200 247

* The service providers named under these **benefits** may change from time to time. Access to these **benefits** is subject to the service providers' terms and conditions of use. These **benefits** may not be available in conjunction with other promotions offered by the service provider.

** **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.

2.5 PERSONALISED PACKAGES

As well as the core **benefits** that **we** provide, with **Irish Life Health you** can further tailor **your** health insurance to suit **your** personal needs by opting for one or more additional packages of **benefits** from our range of Personalised Packages. **We** have two ranges of Personalised Packages. Which Personalised Packages **you** can choose from will depend on what **plan you** have.

The Personalised Packages that **you** have chosen are set out in **your** Table of Cover which also shows the level of cover available under each **benefit** within **your** chosen package.

HOW TO CLAIM YOUR PERSONALISED PACKAGES BENEFITS

When it comes to claiming the **benefits** that are contained within **your** Personalised Packages, there are three possible ways to make **your claim**:

1. Direct settlement

We will pay the person or organisation in question directly on **your** behalf. **You** may need to fill in a form when receiving the **treatment** or service. In some cases these **benefits** are only available for specific service providers. Where this is the case the service provider is named in the tables below.

2. Pay and claim

You will need to pay the person or organisation in question yourself. **You** can then **claim** the amount that is covered back from **us** (up to the amount that **you** have paid for the goods or services). The maximum amount that can be **claimed** under each of these **benefits** is set out in **your** Table of Cover. It may be a set amount per visit or per **policy year**. There may also be a limit to the number of times in **your policy year** that **you** can **claim** a contribution under these **benefits** and where this is the case it is set out in **your** Table of Cover. In some cases the **benefit** is only available for a specific service provider. Where this is the case, the service provider is named in the tables below.

You can **claim** in either of the following ways:

- > Throughout or at the end of **your policy year**:
by scanning **your** original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) on www.irishlifehealth.ie
- > At the end of **your policy year**:
by sending all **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). **You** must submit original receipts. Photocopies, estimates, cash register receipts etc. will not be accepted, unless otherwise stated. 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 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.

3. Point of Sale Discounts

You can claim a discount directly from the service provider named in the **benefit** when **you** are paying for the services. The discount that is available for each **benefit** is set out in **your** Table of Cover and may be capped at a certain amount. **You will** need to show the service provider **your Irish Life Health** membership card at the time of purchasing or booking the products or service to avail of these discounts. These discounts may not be available in conjunction with other promotions offered by the service provider.

The details of how to **claim** each of these **benefits** are shown in the tables below.

PERSONALISED PACKAGES - RANGE OF 2

Travel & Sports Cover Package		
Benefit	Description / Criteria	How to claim
Physiotherapist or physical therapist	Under this benefit you can claim a contribution from us towards the cost of attending a physiotherapist* or physical therapist*.	Pay and claim
VO2 Max testing	Under this benefit you can claim a contribution from us towards the cost of a VO2 test with Health Matters**.	Direct settlement
Sports massage	Under this benefit you can claim a contribution from us towards the cost of a sports massage performed by a Massage therapist*.	Pay and claim
Sports psychologist	Under this benefit you can claim a contribution from us towards the cost of attending a sports psychologist*.	Pay and claim
A&E charge (including Private A&E)	Under this benefit you can claim a contribution from us towards the cost of a visit to an A&E department in a public or <i>private hospital</i> .	Pay and claim
SADS screening	Under this benefit you can claim a contribution from us towards the cost of cardiac screening for sudden adult death syndrome. This benefit is only available where the SADS Screening is carried out in a clinical environment by a qualified practitioner.	Pay and claim
Adult Athletics Ireland membership	Under this benefit you can claim a contribution from us towards the cost of your annual membership with Athletics Ireland**. This benefit is only available to members who are 18 years old or older.	Pay and claim
Adult sports club/gym membership	Under this benefit you can claim a contribution from us towards the cost of your annual membership with a gym or a sports club. This benefit is only available to members who are 18 years old or older. This benefit can only be claimed once per policy year .	Pay and claim
Personal training sessions	Under this benefit you can claim a contribution from us towards the cost of a personal training session with a qualified personal trainer.	Pay and claim
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*.	Pay and claim
Foam roller	Under this benefit you can claim a contribution from us towards the cost of a foam roller designed for use as a therapy tool for self-myofascial release muscle therapies.	Pay and claim
Travel vaccine	Under this benefit you can claim a discount on travel vaccinations from Executive Medical Care Ltd trading as Tropical Medical Bureau**.	Point of Sale Discount

Enhanced Protection & Maternity Package		
Benefit	Description / Criteria	How to claim
Fertility treatment at Beacon CARE fertility	Under this benefit you can claim a discount from the Beacon Hospital on the costs of the fertility treatments listed in the Beacon CARE Fertility List of Discounted Treatments. This discount applies to one cycle of treatment per lifetime only.	Point of Sale Discount
AMH fertility test	Under this benefit you can claim a contribution from us towards the cost of an anti-mullerian hormone test. This benefit is only available where the anti-mullerian hormone test is carried out in a clinical environment by a qualified practitioner.	Pay and claim
Home birth grant in aid	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.	Pay and claim
Pre/post-natal maternity costs	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. This benefit only covers pre/post-natal care which is received between 9 months before and 3 months after your anticipated delivery date. This benefit is only available once per birth.	Pay and claim
Post-natal home help	Under this benefit we will cover the cost of up to two, three hour sessions of in-home care provided by Home Instead Franchising Ltd* after your baby is born. This benefit must be claimed within 26 weeks of your baby being born. This benefit is subject to the availability of the service provider. This benefit cannot be claimed in conjunction with the alternative amount for post-natal home help benefit .	Direct settlement

Benefit	Description / Criteria	How to claim
Alternative amount for post-natal home help	If you unable to claim the Post-natal home help benefit because Home Instead Franchising Ltd* do not provide in-home care in your area we will contribute towards the cost of the same amount of in-home care provided by a locally available service provider instead. Under this benefit we will reimburse you the amount that Home Instead Franchising Ltd* would have charged for the in-home care available under the post-natal home help benefit . This benefit must be claimed within 26 weeks of the date on which your child was born. This benefit cannot be claimed in conjunction with the post-natal home help benefit .	Pay and claim
Breastfeeding consultancy	This benefit allows you to claim back some of the costs of a consultation with a qualified breastfeeding consultant *.	Pay and claim
Private antenatal class	Under this benefit you can claim a contribution from us towards the cost of an antenatal course provided by a midwife* prior to the birth of your baby.	Pay and claim
Partner benefit	This benefit allows you to claim back some of the following costs where you have to travel to be with your partner when they are admitted to a medical facility to give birth to your child: <ul style="list-style-type: none"> > Costs of your hotel or bed and breakfast accommodation; > Your travel costs to and from your home to the medical facility; The contribution can only be claimed for reasonable 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.	Pay and claim
3& 4D scans (provided by Babyscan or MD Ultrasound) 3&4D scans (provided by Innervision)	Under this benefit you can claim a discount from Babyface Ltd trading as Baby Scan*, Medical Diagnostic Ultrasound Ltd* or Innervision Ultrasound* on the cost of a 3 or a 4D maternity scan. In addition you can also claim a contribution from us towards the balance of the price paid to these service providers. The amount of the discount and the contribution will depend on which company you attended to have your scan. The amounts are set out in your Table of Cover.	Pay and claim and Point of Sale Discount
Early pregnancy scan	Under this benefit you can claim a discount from Babyface Ltd trading as Baby Scan* or Medical Diagnostic Ultrasound Ltd* on the cost of an early maternity scan. In addition you can also claim a contribution from us towards the balance of the price paid to these service providers.	Pay and claim and Point of Sale Discount
Post-natal depression counselling	This benefit allows you to claim back some of the cost of post-natal depression counselling where it is received within 12 months of your baby being born and is carried out by a qualified counsellor**.	Pay and claim
Miscarriage counselling	This benefit allows you to claim back some of the cost of counselling required as a result of your having had a miscarriage. The counselling must be carried out by a qualified counsellor**.	Pay and claim
Pre/Post-natal yoga & pilates	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*.	Pay and claim
Baby massage	Under this benefit you can claim a contribution from us towards the cost of a baby massage course provided by a Baby Massage Therapist**.	Pay and claim
Baby sleep consultation	Under this benefit you can claim a contribution from us towards the cost of a skype or telephone baby and toddler sleep consultation from Baby Sleep Academy*. You can also claim a discount directly from Baby Sleep Academy* when purchasing the consultation. The amount of the discount and the contribution that are available are set out in your Table of Cover.	Pay and claim and Point of Sale Discount
Meningitis B vaccine	Under this benefit you can claim a contribution from us towards the cost of a meningitis B vaccine. This benefit is only available where the health screen is carried out in a clinical environment by a qualified practitioner.	Pay and claim

PERSONALISED PACKAGES - RANGE OF 8

Complementary Therapy Package		
Benefit	Description / Criteria	How to claim
Reflexology	Under this benefit you can claim a contribution from us towards the cost of attending a reflexologist*.	Pay and claim
Nutritionist or dietician	Under this benefit you can claim a contribution from us towards the cost of attending a nutritionist or a dietician*.	Pay and claim
Massage therapist	Under this benefit you can claim a contribution from us towards the cost of attending a massage therapist*.	Pay and claim
Acupuncturist	Under this benefit you can claim a contribution from us towards the cost of attending an acupuncturist*.	Pay and claim
Osteopath	Under this benefit you can claim a contribution from us towards the cost of attending an osteopath*.	Pay and claim
Physiotherapist or physical therapist	Under this benefit, we will contribute towards the costs of attending a physiotherapist* or physical therapist*.	Pay and claim
Chiropractor	Under this benefit you can claim a contribution from us towards the cost of attending a chiropractor*.	Pay and claim
Reiki practitioner	Under this benefit you can claim a contribution from us towards the cost of reiki provided by a reiki practitioner*.	Pay and claim

Dental & Optical Package		
Benefit	Description / Criteria	How to claim
Eye test with Opticalrooms	Under this benefit you can claim : (a) a discount from Opticalrooms Limited** on the cost of a sight and eye test together with a contribution from us towards the balance of the price paid to Opticalrooms Limited**;	Point of Sale Discount and Pay and claim
Eye test with Specsavers	(b) a discount from Ireland Specsavers Ltd trading as Specsavers on the cost of sight test. The amount of the discount that is available will depend on which company is providing the test. The amounts are set out in your Table of Cover. This benefit cannot be used in conjunction with any other offers. This benefit is only available where the sight test has been carried out by a qualified optician, orthoptist, optometrist or an ophthalmologist.	
Contact lenses	Under this benefit you can claim a discount from Opticalrooms Limited** when you purchase contact lenses from them through their website. www.opticalrooms.com	Point of Sale Discount
Laser eye surgery	Under this benefit you can claim a discount from Optical Express Group trading as Optical Express** on the cost of LASIK or LASEK eye surgery.	Point of Sale Discount
Prescription glasses	Under this benefit you can claim a discount from Ireland Specsavers Ltd trading as Specsavers** on the cost of prescription glasses when you purchase them in store. This benefit is not available for online purchases. This benefit cannot be claimed in conjunction with a HSE entitlement or with any other offers. This benefit can only be claimed once per policy year .	Point of Sale Discount
Designer prescription glasses	Under this benefit you can claim a discount from Ireland Specsavers Ltd trading as Specsavers** or Opticalrooms Limited** on the cost of designer prescription glasses when you purchase them in store. The amount of the discount available will depend on which company you purchase your glasses from. The amounts are set out in your Table of Cover. This benefit is not available for online purchases. This benefit cannot be claimed in conjunction with a HSE entitlement or with any other offers. This benefit can only be claimed once per policy year .	Point of Sale Discount
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 the accident or injury and receive treatment within 7 days of presenting to dental practitioner .	Pay and claim
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 .	Pay and claim
One hour teeth whitening treatment	Under this benefit you can claim a contribution from us towards the cost of a one hour professional laser teeth whitening treatment with Desmond & McCarthy Teeth Whitening Specialists Limited trading as The White House*. You can also claim a discount directly from The White House* when purchasing the service. www.thewhitehouse.ie	Pay and claim and Point of Sale Discount
X-ray, check-up, scale & polish	Under this benefit you can claim a contribution from us towards the cost of an annual x-ray, check-up, scale and polish provided by a dentist *. This benefit is only available once per policy year and can only be claimed against one visit to the dentist .	Pay and claim
Invisible cosmetic braces	Under this benefit you can claim a discount from Your Smile Direct Limited** when you purchase invisible cosmetic braces from them through their website. www.yoursmiledirect.ie	Pay and claim

Enhanced Maternity Package		
Benefit	Description / Criteria	How to claim
Fertility treatment at Beacon CARE fertility	Under this benefit you can claim a discount from the Beacon Hospital on the costs of the fertility treatments listed in the Beacon CARE Fertility List of Discounted Treatments. This discount applies to one cycle of treatment per lifetime only.	Point of Sale Discount
AMH fertility test	Under this benefit you can claim a contribution from us towards the cost of an anti-mullerian hormone test. This benefit is only available where the anti-mullerian hormone test is carried out in a clinical environment by a qualified practitioner.	Pay and claim
Home birth grant in aid	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.	Pay and claim
Pre/post-natal maternity costs	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. This benefit only covers pre/post-natal care which is received between 9 months before and 3 months after your anticipated delivery date. This benefit is only available once per birth.	Pay and claim
Paediatrician consultation	Under this benefit a child member can claim a contribution from us towards the cost of a consultation with a paediatrician. This benefit is only available to members who are under 18 years old.	Pay and Claim
Post-natal home help	Under this benefit we will cover the cost of up to two, three hour sessions of in-home care provided by Home Instead Franchising Ltd **after your baby is born. This benefit must be claimed within 26 weeks of your baby being born. This benefit is subject to the availability of the service provider. This benefit cannot be claimed in conjunction with the alternative amount to post-natal home help benefit .	Direct settlement

Benefit	Description / Criteria	How to claim
Alternative amount for post-natal home help	If you unable to claim the Post-natal home help benefit because Home Instead Franchising Ltd* do not provide in-home care in your area we will contribute towards the cost of the same amount of in-home care provided by a locally available service provider instead. Under this benefit we will reimburse you the amount that Home Instead Franchising Ltd* would have charged for the in-home care available under the post-natal home help benefit . This benefit must be claimed within 26 weeks of the date on which your child was born. This benefit cannot be claimed in conjunction with the post-natal home help benefit .	Pay and claim
Breastfeeding consultancy	This benefit allows you to claim back some of the costs of a consultation with a qualified breastfeeding consultant *.	Pay and claim
Private ante-natal class	Under this benefit you can claim a contribution from us towards the cost of an antenatal course provided by a midwife* prior to the birth of your baby.	Pay and claim
Partner benefit	This benefit allows you to claim back some of the following costs where you have to travel to be with your partner when they are admitted to a medical facility to give birth to your child: > Costs of your hotel or bed and breakfast accommodation; > Your travel costs to and from your home to the medical facility ; The contribution can only be claimed for reasonable 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.	Pay and claim
3 & 4D scans (provided by Babyscan MD Ultrasound) 3&4D scans (provided by Innervation)	Under this benefit you can claim a discount from Babyface Ltd trading as Baby Scan**, Medical Diagnostic Ultrasound Ltd** or Innervation Ultrasound** on the cost of a 3 or a 4D maternity scan. In addition you can also claim a contribution from us towards the balance of the price paid to these service providers. The amount of the discount and the contribution will depend on which company you attended to have your scan. The amounts are set out in your Table of Cover.	Pay and claim and Point of Sale Discount
Early pregnancy scan	Under this benefit you can claim a discount from Babyface Ltd trading as Baby Scan** or Medical Diagnostic Ultrasound Ltd** on the cost of an early maternity scan. In addition you can also claim a contribution from us towards the balance of the price paid to these service providers.	Pay and claim and Point of Sale Discount
Post-natal depression or miscarriage counselling	Under this benefit you can claim a contribution from us towards the cost of counselling for post-natal depression or where you have had a miscarriage. The counselling must be provided by a qualified counsellor*. Where the benefit is being claimed in connection with post-natal depression the counselling must have been received within 12 months of your baby being born.	Pay and claim
Pre/Post-natal yoga & pilates	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*.	Pay and claim
Baby swimming classes	Under this benefit you can claim a discount from Water Babies Ireland East Limited trading as Water Babies** or Diana's Swim Academy (DSA)** on the cost of one baby swim course. In addition you can also claim a contribution from us towards the balance of the price paid to these service providers. The amount of the discount and the contribution will depend on which company is providing the course. The amounts are set out in your Table of Cover. This benefit can only be claimed once per policy year .	Pay and claim and Point of Sale Discount
Baby massage	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 .	Pay and claim
Baby sleep consultation	Under this benefit you can claim a contribution from us towards the cost of a skype or telephone baby and toddler sleep consultation from Baby Sleep Academy*. You can also claim a discount directly from Baby Sleep Academy** when purchasing the consultation. The amount of the discount and the contribution that are available are set out in your Table of Cover.	Pay and claim and Point of Sale Discount

Family & Kids Health Package		
Benefit	Description / Criteria	How to claim
Parent accompanying child (no minimum stay)	Under this benefit we will contribute towards the following costs where your child is an in-patient in Ireland and you have to travel to be with them: > costs of your hotel or bed and breakfast accommodation > your travel costs to and from the medical facility The contribution under this benefit is payable for reasonable costs incurred by you . The number of times that this benefit can be claimed in your policy year is set out in your Table of Cover. For the purposes of this benefit "child" means a child of 14 years of age or under. Both the parent/guardian and the child must be members on the same policy .	Pay and claim
Child nutritionist	This benefit allows a child member to a contribution towards the costs of attending a nutritionist*. This benefit is only available to members who are under 18 years of age.	Pay and claim
Child sports club membership	This benefit allows a child member to a contribution towards the costs of membership of the following sports clubs: the GAA, AAI, FAI, IRFU or a swimming club. This benefit is only available to members who are under 18 years of age.	Pay and claim
Child speech & language therapist	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.	Pay and claim
Child developmental tests	This benefit allows a child member to claim back some of the costs of a developmental test provided by a The Children's Practice**. Child members can also claim a discount directly from The Children's Practice ** at the time of purchase. This benefit is only available to members who are under 18 years of age.	Pay and claim and Point of Sale Discount

Benefit	Description / Criteria	How to claim
First Aid Course for Mums and Dads	Under this benefit we will contribute towards the cost of a first aid course provided by an accredited provider. You can also claim a discount directly from First Aid for Everyone** when you book your first aid course with them.	Pay and claim and Point of Sale Discount
Adult Athletics Ireland membership	Under this benefit you can claim a contribution from us towards the cost of your annual membership with Athletics Ireland**. This benefit is only available to members who are 18 years old or older.	Pay and claim
Parenting course	Under this benefit you can claim a contribution from us towards the cost of a parenting course or programme which is listed on the Parenting Course Database available on Barnardo's website.	Pay and claim
Baby swimming classes	Under this benefit you can claim a discount from Water Babies Ireland East Limited trading as Water Babies** or Diana's Swim Academy (DSA)** on the cost of one baby swim course. In addition you can also claim a contribution from us towards the balance of the price paid to these service providers. The amount of the discount and the contribution will depend on which company is providing the course. The amounts are set out in your Table of Cover. This benefit can only be claimed once per policy year .	Pay and claim and Point of Sale Discount
Flu Vaccine	Under this benefit we will cover the costs of your annual flu vaccination provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**. This benefit can only be claimed once per policy year .	Direct settlement

Family Protection Package		
Benefit	Description / Criteria	How to claim
Flu vaccine	Under this benefit we will cover the costs of your annual flu vaccination provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**. This benefit is only available once per policy year	Direct settlement
First Aid Course for Mums and Dads	Under this benefit we will contribute towards the cost of a first aid course provided by an accredited provider. You can also claim a discount directly from First Aid for Everyone** when you book your first aid course with them.	Pay and claim and Point of sale discount
SADS Screening	Under this benefit you can claim a contribution from us towards the cost of cardiac screening for sudden adult death syndrome. This benefit is only available where the SADS Screening is carried out in a clinical environment by a qualified practitioner.	Pay and claim
Meningitis B vaccine	Under this benefit you can claim a contribution from us towards the cost of a meningitis B vaccine. This benefit is only available where the health screen is carried out in a clinical environment by a qualified practitioner.	Pay and claim

Sports Cover Package		
Benefit	Description / Criteria	How to claim
Physiotherapist or physical therapist	Under this benefit you can claim a contribution from us towards the cost of attending a Physiotherapist* or Physical Therapist*	Pay and claim
Health screen	Under this benefit you can claim a contribution from us towards the cost of a health screen. 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. This benefit can only be claimed once per policy year .	Pay and claim
Metabolic testing	Under this benefit we will cover the cost of a standard metabolic test provided by Health Matters**.	Direct settlement
VO2 Max testing	Under this benefit you can claim a contribution from us towards the cost of a VO2 test with Health Matters**.	Direct settlement
Sports massage	Under this benefit you can claim a contribution from us towards the cost of a sports massage performed by a Massage therapist*.	Pay and claim
Sports psychologist	Under this benefit you can claim a contribution from us towards the cost of attending a sports psychologist*.	Pay and claim
A&E charge (including Private A&E)	Under this benefit you can claim a contribution from us towards the cost of a visit to an A&E department in a public or private hospital .	Pay and claim
SADS screening	Under this benefit you can claim a contribution from us towards the cost of cardiac screening for sudden adult death syndrome. This benefit is only available where the SADS Screening is carried out in a clinical environment by a qualified practitioner.	Pay and claim
Adult Athletics Ireland membership	Under this benefit you can claim a contribution from us towards the cost of your annual membership with Athletics Ireland**. This benefit is only available to members who are 18 years old or older.	Pay and claim
Adult sports club / gym membership	Under this benefit you can claim a contribution from us towards the cost of your annual membership with a gym or a sports club. This benefit is only available to members who are 18 years old or older. This benefit can only be claimed once per policy year .	Pay and claim
Personal training sessions	Under this benefit you can claim a contribution from us towards the cost of a personal training session with a qualified personal trainer.	Pay and claim
Foam roller	Under this benefit you can claim a contribution from us towards the cost of a foam roller designed for use as a therapy tool for self-myofascial release muscle therapies.	Pay and claim

International Health and Travel		
Benefit	Description / Criteria	How to claim
If you choose our International Health and Travel Package, our Overseas benefits will be included in your plan . Please see the 2.6 Overseas Benefits section on page 21 of this Handbook for a full list of these benefits , details of the cover that is provided and how you can claim .		
Travel vaccine	Under this benefit you can claim a discount on travel vaccinations from Executive Medical Care Ltd trading as Tropical Medical Bureau**.	Point of sale discount

Women's and Men's Health Package		
Benefit	Description / Criteria	How to claim
Smear testing	Under this benefit you can claim a contribution from us towards the cost of an annual smear test with your GP or health nurse*. This benefit is only available once per policy year .	Pay and claim
Sexual health screening – Simple 2 Test Sexual health screening – HPV Sexual health screening – Standard 6 Test	Under this benefit we will cover the cost of a simple 2 testing kit and a HPV testing kit from PrivaPath Diagnostics Limited trading as PrivaPath Diagnostics Limited trading as Let's Get Checked***. You can also claim a discount from Let's Get Checked** on the cost of a standard 6 testing kit. www.letsgetchecked.com	Direct settlement (for 2 testing kit and a HPV testing kit) and Point of Sale Discount (for standard 6 testing kit)
Flu vaccine	Under this benefit we will cover the costs of your annual flu vaccination provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**. This benefit is only available once per policy year .	Direct settlement
Food intolerance test – 40 Food test Food intolerance test – 93 Food test Food intolerance test – 200 Food test	Under this benefit you can claim a contribution from us towards the costs of food intolerance testing provided by Boots Retail (Ireland) Limited**. The amount that can be claimed will depend on the type of test you have carried out and is set out in your Table of Cover. You can also claim a discount directly from Boots Retail (Ireland) Limited** when you are purchasing the test.	Pay and claim and Point of sale discount
Nutritionist or dietician	Under this benefit you can claim a contribution from us towards the costs of attending a nutritionist or a dietician*.	Pay and claim
Prostate check/screen	Under this benefit you can claim a contribution from us towards the cost of an annual prostate check with your GP . This benefit is only available once per policy year .	Pay and claim
Testicular check/screen	Under this benefit you can claim a contribution from us towards the cost of an annual testicular check with your GP . This benefit is only available once per policy year .	Pay and claim
Acupuncturist	Under this benefit you can claim a contribution from us towards the cost of attending an acupuncturist*.	Pay and claim
Health screen	Under this benefit you can claim a contribution from us towards the cost of a health screen. 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. This benefit can only be claimed once per policy year .	Pay and claim
Dexa scan	Under this benefit you can claim a contribution from us towards the cost of a dexa scan.	Pay and claim
Mammogram	Under this benefit you can claim a contribution from us towards the cost of an annual mammogram. This benefit is only available once per policy year . This benefit is only available where the mammogram is carried out in a clinical environment by a qualified practitioner.	Pay and claim
Weight management 10 week programme	Under this benefit you can claim a contribution from us towards the cost of a 10 week programme with Motivation Weight Control Centres Limited trading as Motivation.ie***. You can also claim a discount from Motivation Weight Control Centres Limited trading as Motivation.ie*** when purchasing the programme.	Pay and claim and Point of Sale Discount
Lifestyle, family & emotional wellbeing coaching	Under this benefit members have access to a telephone service 7 days a week, 365 day a year. This service is provided by Workplace Options Ireland Limited**. 1800 200 247	Direct settlement
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*.	Pay and claim

* **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 service providers named under these benefits may change from time to time. Please also note that **we are not responsible for the content of the websites of these service providers.

2.6 OVERSEAS BENEFITS

Our Overseas Benefits provide **you** with cover when **you** receive **medical care** abroad. The table below explains all our Overseas Benefits but **you** should check **your** Table of Cover to see which of these benefits apply to **you**. Please note that a number of general conditions and exclusions apply to these benefits. These are listed at the end of this section.

When **you** need to receive **medical care** abroad **we** can help by:

- > Providing a 24-hour telephone help line.
- > Referring **you** to a doctor or **medical facility**/hospital.
- > Liaising with the hospital while **you** are undergoing care.
- > Getting **you** a translator, if required.
- > Contacting **your GP**, family and employer if **you** wish.

To receive this assistance or to have **your** overseas care **pre-authorised** and arranged by **us**, please call our International Emergency Assistance Service on 00353 148 17840

A&E Abroad	
Benefit	Description / Criteria
In-patient A&E abroad	Under this benefit we will cover (up to a specified amount) your medical costs for in-patient emergency care in a medical facility abroad. To avail of this benefit , the costs being claimed must have been incurred outside of Ireland and must have been incurred as a result of emergency care whilst on a temporary stay abroad not exceeding 31 days in duration. All medical treatment claimed under this benefit must be pre-authorised and arranged by us . Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit . The maximum amount that will be covered under this benefit is set out in your Table of Cover.

How to claim

We must **pre-authorise** and arrange **your in-patient emergency care**. Please call our International Emergency Assistance Service on 00353 148 17840 before **you** receive **emergency care**. **You** will need to provide **us** with details of **your** travel insurance and **your** European Health Insurance Card. If **you** are unable to call our International Emergency Assistance Service yourself, a third party may do so on **your** behalf. In most cases, where **we** have **pre-authorised** and arranged **your emergency care** in advance, **we** will pay the **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** will need to 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. 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	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 aboard: <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 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** should then submit **your original** receipts to **us** to **claim** the amount covered under this **benefit**.

You can **claim** throughout **your policy year** by scanning **your original** receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) on www.irishlifehealth.ie.

You can also post all receipts to **us** in an envelope with **your** name, address and membership number. 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** will need to provide a complete translation when submitting **your claim**.

Benefit	Description / Criteria
Additional costs arising from in-patient claim	<p>Under this benefit you can claim a contribution from us towards the following expenses where they arise as a result of you missing your return travel to Ireland because it was medically necessary for you to receive in-patient emergency care abroad:</p> <ul style="list-style-type: none"> > The cost of reasonable alternative economy class travel to Ireland; and > The cost of additional reasonable alternative accommodation until you are deemed fit to travel by your treating health care provider. <p>This benefit can only be claimed against the cost of your travel and accommodation which you will need to arrange yourself. It is not available for the travel and accommodation costs of your companion. This benefit only covers the additional costs incurred by you as a result of you receiving emergency inpatient care. If you are entitled to any refund on the costs of your original transport or accommodation you must claim the refund before submitting your claim to us. The refunded amount will be deducted from the costs that will be covered by us. Evidence of the refund should be submitted with your claim. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. This benefit can only be claimed in conjunction with our hospital 'In-patient A&E abroad' benefit.</p>
How to claim	
<p>You will need to pay these costs yourself and then submit your original receipts to us to claim the amount covered under this benefit. You should send all receipts to us in an envelope with your name, address and membership number. 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 pay these expenses directly to the provider and send your receipts to us for assessment. Where receipts are not in English, you will need to please provide a complete translation when submitting your claim.</p>	

Benefit	Description / Criteria
Additional costs arising from out-patient claim	<p>Under this benefit you can claim a contribution from us towards the following expenses where they arise as a result of you missing your return travel to Ireland because it was medically necessary for you to receive out-patient emergency care abroad:</p> <ul style="list-style-type: none"> > The cost of reasonable alternative economy class travel to Ireland; and > The cost of additional reasonable alternative accommodation until you are deemed fit to travel by your treating health care provider <p>This benefit can only be claimed against the cost of your travel and accommodation which you will need to arrange yourself. It is not available for the travel and accommodation costs of your companion. This benefit only covers the additional costs incurred by you as a result of you receiving emergency out-patient care. If you are entitled to any refund on the costs of your original transport or accommodation you must claim the refund before submitting your claim to us. The refunded amount will be deducted from the costs that will be covered by us. Evidence of the refund should be submitted with your claim. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. This benefit can only be claimed in conjunction with our hospital 'Out-patient A&E abroad' benefit.</p>
How to claim	
<p>You will need to pay these costs yourself and then submit your original receipts to us to claim the amount covered under this benefit. You should send all receipts to us in an envelope with your name, address and membership number. 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 pay these expenses directly to the provider and send your receipts to us for assessment. Where receipts are not in English, you will need to please provide a complete translation when submitting your claim.</p>	

Benefit	Description / Criteria
Companion expenses	<p>Under this benefit we contribute towards some of the travel and accommodation costs of your companion when you are receiving in-patient emergency care abroad and it is necessary for them to remain abroad with you, or travel abroad to be with you. The costs that can be claimed under this benefit are:</p> <ul style="list-style-type: none"> > The cost of reasonable alternative economy class travel to Ireland when your companion is unable to use their return travel to Ireland because it is necessary for them to remain with you; > The cost of reasonable economy class travel from Ireland for your companion when it is necessary for them to travel abroad to be with you; > The cost of additional reasonable accommodation for your companion whilst you are an in-patient and until you are deemed fit to fly. <p>This benefit can only be claimed against the cost of one companion's travel and accommodation. It is not available for your travel and accommodation costs. This benefit only covers the additional costs incurred by your companion as a result of you receiving emergency inpatient care. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. This benefit can only be claimed in conjunction with our 'In-patient A&E Abroad' benefit.</p>
How to claim	
<p>Your companion will need to pay their costs themselves. You should then submit their original receipts to us to claim the amount covered under this benefit. You must send all original receipts to us in an envelope with your name, address and membership number. 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, please provide a complete translation when submitting your claim.</p>	

Benefit	Description / Criteria
Repatiation expenses	<p>Under this benefit we will arrange and cover your transport back to Ireland when you require assistance to travel 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. This benefit can only be claimed in conjunction with our hospital 'In-patient A&E abroad' benefit. This benefit is not available if you have not required emergency In-patient A&E treatment or if that treatment is not covered by us.</p>

How to claim	
<p>We must pre-authorise and arrange your transport back to Ireland. Please call our International Emergency Assistance Service on 00353 148 17840. You may be required to provide us with a medical certificate confirming you are fit to travel. If you are unable to call our International Emergency Assistance Service yourself, a third party may do so on your behalf. You may also need to provide us with details of your travel insurance and your European Health Insurance Card.</p>	
<p>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. 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.</p>	

Benefit	Description / Criteria
Travel vaccine	<p>Under this benefit you can claim a discount on travel vaccinations from Executive Medical Care Ltd trading as Tropical Medical Bureau**.</p>
How to claim	
<p>You will need to prove that you are an Irish Life Health member at the time of purchasing your flu vaccine. You can do this by showing your Irish Life Health membership card.</p>	

Benefit	Description / Criteria
Elective treatment abroad - up to the amount that would have been paid in Ireland	<p>In some cases you will be covered for treatment overseas but it is essential that you speak to us first. Irish Life Health will have to pre-approve any procedures carried out outside of Ireland before you travel abroad for treatment. The treatment must be carried out when you are on a temporary stay abroad, which is no more than 31 days at a time.</p> <p>Overseas Surgical Procedures Which Are Available In Ireland:</p> <p>If you are covered for a medically necessary surgical procedure in Ireland we will cover you for the equivalent eligible medical costs abroad. If the treatment you require is available in Ireland but is not listed in the Schedule of Benefits we will not cover the treatment overseas.</p> <p>Overseas Surgical Procedures Which Are Not Available In Ireland:</p> <p>If the surgical procedure you require has been deemed medically necessary for you but is not currently available in Ireland, we also provide cover for new and emerging surgical procedures overseas. To qualify for this type of treatment you must be covered under your plan for surgical treatment for the same condition in Ireland and your treatment must meet the conditions listed here.</p> <p>The proposed Overseas Surgical Treatment:</p> <ul style="list-style-type: none"> > Must be for a condition for which the treatment is normally available in Ireland but where the specific surgical procedure needed is not. > Must not be controlled by a national register of waiting lists for transplants or other complex procedures. <p>Irish Life Health's medical advisors must agree:</p> <ul style="list-style-type: none"> > That the same clinical procedure can't be performed in Ireland. > That the proposed surgical procedure is medically proven to be a more effective method of treatment than the alternative surgical procedures available in Ireland. > That there is a reasonable prognosis if the procedure is carried out. <p>We will cover you for the same hospital costs for which you would be covered to have your procedure carried out in Ireland. Where your procedure is not available in Ireland we will cover the amount that would have been covered for the most similar surgical procedure to of treat the same condition(s) in Ireland. The hospital costs will be calculated with reference to the medical facility in which it would have been most suitable for you to have your procedure carried out. Our medical advisers will determine which medical facility in Ireland should be used as a basis to determine your level of cover. Our medical advisors will also determine the consultants' fees that would have been covered in Ireland by reference to the most equivalent or similar procedures in the Schedule of Benefits. All consultants practicing overseas are treated as standard rate consultants. We will cover your consultant's fees to the same level as would be covered if you were treated by a standard rate consultant in Ireland. Please see section 2.2 of this Membership Handbook for information on how the professional fees of standard rate consultants are covered. Our medical advisors will base their assessment of the amount that will be covered on the information you provide in your Overseas Pre-Approval Form. We will confirm the amount that we will cover when we pre-authorise your procedure. This decision is final. We will not re-evaluate our decision or the amount that will be covered by us unless we have requested further information.</p>

Benefit	Description / Criteria
Elective Treatment abroad – up to the amount that would have been paid in Ireland (continued from previous page)	<p>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 check your Table of Cover to see what level of cover is provided.</p> <p>Irish Life Health will not contribute to the cost of getting a written medical opinion from your consultant or to any costs incurred in travelling abroad for treatment or travelling home following the treatment.</p> <p>Please note that the following conditions apply to this benefit:</p> <ul style="list-style-type: none"> > 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; > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end either 6 months from when it is granted, or at the end of the policy year whichever is sooner; > The surgical procedure must be medically necessary and our medical advisers must agree that the surgical procedure will result in a reasonable 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.

How to claim

If **you** wish to **claim** this **benefit you** must have all **your medical care** abroad **pre-authorised** by **us**. To obtain pre-authorisation **you** will need to complete the Overseas Pre-Approval Form which is available on our website. Part 3 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
Nurse 24/7 International	As an Irish Life Health member you have access to our team of qualified nurses for non-emergency medical information. This is a telephone-based service that provides general, non-diagnostic information over the phone. You can call our International Nurse 24/7 line any time night or day for advice on any health issue you are concerned about. You can discuss your symptoms and worries and receive comprehensive information on a range of health related topics. Remember to have your membership number to hand before you call. All calls will remain fully confidential.

How to claim

Please call 0044 208 481 7727

GENERAL CONDITIONS APPLICABLE TO THE OVERSEAS BENEFITS:

Please note the following general conditions apply to our Overseas Benefits:

- > **Your** medical **treatment** abroad must be **medically necessary**
- > **You** must begin **your** medical **treatment** abroad within 31 days of **your** departure from **Ireland**
- > **You** must receive the **emergency care** in an internationally recognised hospital;
- > **You** must not have travelled against medical advice;
- > **You** must not have been suffering from a terminal illness when **you** left **Ireland**;
- > **You** must not have suspected 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.

EXCLUSIONS APPLICABLE TO THE OVERSEAS BENEFITS

Please note that our Overseas Benefits will not apply to the following:

- > medical **treatment** that is required in connection with:
 - a nervous, mental or psychiatric condition;
 - conditions and/or injuries arising from excessive alcohol consumption;
 - conditions and/or injuries arising from substance abuse;
 - conditions and/or injuries arising from deliberately injuring yourself;
 - conditions and/or injuries arising from **your** own negligence;
 - conditions and/or injuries arising from **hazardous sports**;
 - conditions and/or injuries arising from breaking the law;
 - conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline;

- > **Treatment** that could have been delayed until **you** return to **Ireland**;
- > **Treatment** received in a country in which the Irish Department of Foreign Affairs has recommended that **you** should not travel or avoid non-essential travel;
- > 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;
- > Non-medical expense (e.g. phone calls, taxi fares or other transport costs to attend **out-patient** or **in-patient treatment** or appointments or for collection of medication prescribed by the hospital, miscellaneous expenses etc.);
- > Any **elective treatment /procedures/ follow on care** (except where such **treatment** is specifically covered under our "Treatment abroad up to the amount that would have been paid in **Ireland**" benefit) regardless of whether such **treatment** is related to overseas **emergency care** that is covered by **us**;
- > Any **treatment** that is excluded under the waiting and exclusion periods detailed on pages 30-31;
- > Any **treatment** that would not be covered in **Ireland**;
- > **Treatment**, surgery (including exploratory tests) or medication which are not directly related to the injury or illness which necessitated **your** initial **treatment** or admittance to hospital;
- > Any expenses which are not usual, reasonable or customary to treat **your** injury or illness;
- > Expenses incurred in **Ireland**;
- > **Treatment** or services provided by a health spa, convalescent or nursing home or rehabilitation centre;
- > Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
- > Any costs that relate in any way to transplants including any subsequent treatments, **procedures** or **medical care**.

Our Overseas 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).

When claiming under **your** Overseas Benefits **you** must inform **us** of all other forms of travel or **accident** insurance **you** have. If **you** are entitled to **claim** under any other insurance contract for any of the costs, charges or fees for which **you** are insured under **your plan** with **us**, **we** will only pay our rateable proportion of the costs.

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.

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**.

2.7 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 showing your *Irish Life Health* membership card. 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 before you try to *claim*.

Irish Life Health Member Benefits		
Benefit	Provider contact details	Description / Criteria
Health screening	<p>Charter Medical Group* Telephone: 01 657 9000</p> <p>Employment Health Advisers* Telephone: 021 453 6000</p>	<p>Charter Medical Group and Employment Health Advisers provide <i>Irish Life Health members</i> 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 Employment Health Advisers. This discount can be <i>claimed</i> once per <i>policy year</i>.</p> <p>In addition to the discount, you may also be able to <i>claim</i> a contribution from us on the amount that you have paid to Charter Medical Group or Employment Health Advisers for your health screening. To <i>claim</i> the contribution from us you need to settle the bill directly with Charter Medical Group or Employment Health Advisers and send your receipt to us at the end of your <i>policy year</i> (see section 10 of this Membership Handbook for contact details for our <i>claims</i> team).</p>
Smoking Cessation	<p>Allen Carr's Easyway to Stop Smoking Programme* Telephone: 1890 379 929 or 01 4999010 Website: www.easyway.ie or www.allencarr.ie</p>	<p>Allen Carr's Easyway to Stop Smoking Programme provide <i>Irish Life Health members</i> 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.</p>
Dental Access Package	<p>Smiles Town and Dental Telephone: 1850 323 323 Website: www.smiles.ie</p>	<p>Smiles Town and Dental provide <i>Irish Life Health members</i> with a point of sale discount on a number of dental <i>treatments</i>.</p> <p>This discount cannot be used in conjunction with any other offer or promotion run by Smiles Town and Dental facilities. Where the <i>treatment</i> or <i>procedure</i> is not supplied for the entire mouth, the discount shall be applied on a <i>pro-rata</i> basis.</p>
Asthma care programme	<p>Asthma Care Ireland* Telephone: 1800 931 935 or 091 756229 Email: info@asthmacare.ie Website: www.asthmacare.ie or www.buteykochildren.com</p>	<p>Asthma Care Ireland provide <i>Irish Life Health members</i> with a point of sale discount on its asthma care programme.</p> <p>The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.</p>
Laser eye surgery	<p>Optilase* Telephone: 1890 301 302 Website: www.optilase.com</p>	<p>Lominal Limited t/a Optilase provide <i>Irish Life Health members</i> with a point of sale discount on LASIK or LASEK <i>treatments</i>. Where the <i>treatment</i> is not supplied for both eyes, the discount shall be applied on a <i>pro-rata</i> basis. This offer may not be used in conjunction with any other offer or promotion run by Lominal Limited t/a Optilase.</p>
Fitsquad	<p>2012 FITSQUAD LIMITED* Website: www.fitsquad.ie</p>	<p>2012 Fitsquad Limited provide <i>Irish Life Health members</i> with a point of sale discount on its fitsquad outdoor fitness programme. This offer may not be used in conjunction with any other offer or promotion run by 2012 Fitsquad Limited.</p>
U Mamma	<p>U Mamma* Telephone: 01 2014900 Website: www.umamma.ie</p>	<p>U Mamma provide <i>Irish Life Health members</i> with a point of sale discount on pre and post-natal <i>treatments</i>. This offer may not be used in conjunction with any other offer or promotion run by U Mamma.</p>
4d scans	<p>Ultrasound Dimensions* 21 Main Street, Blackrock, Co. Dublin Telephone: 01 210 0232 Email: info@ultrasound.ie</p>	<p>Ultrasound Dimensions provide <i>Irish Life Health members</i> 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.</p>
Elvery's Sports	<p>Elvery's Sports* Stores nationwide</p>	<p>Elvery's Sports provide <i>Irish Life Health members</i> with a point of sale discount on certain products and a free gift with purchases over a specified amount. This offer may not be used in conjunction with any other offer or promotion run by Elvery's Sports.</p> <p>In addition we will contribute towards the cost running shoes purchased from Elvery's Sports. One contribution can be <i>claimed</i> per <i>member</i> per <i>policy year</i>. To <i>claim</i> the contribution from us you need to settle the bill directly with Elvery's Sports and send your receipt to us at the end of your <i>policy year</i> (see section 10 of this Membership Handbook for contact details for our <i>claims</i> team). This <i>Irish Life Health Member Benefit</i> is available on certain <i>plans</i> only. Please refer to your Table of Cover to see if it's applicable to your <i>plan</i>.</p>

Irish Life Health Member Benefits

Benefit	Provider contact details	Description / Criteria
Back up	Health & Case Management Limited (HCML)*	<p>Health & Case Management Limited provide <i>Irish Life Health members</i> with advice on back and neck pain and where required physiotherapy for a once off nominal fee.</p> <p>Please call us on (021) 480 2040 and provide us with some initial details. We will put you in contact with a clinical case manager from HCML.</p> <p>Your clinical case manager will assess your requirements and provide you with advice and information on exercises or other things you can do to improve your condition. Where HCML considers it necessary, they will refer you to one of their associated physiotherapists. You must attend the physiotherapist recommended by HCML. You'll be entitled to two physiotherapy treatment programmes in policy year for a nominal fee of €50 per treatment programme. This fee should be paid to your physiotherapist at the first session of your treatment programme. Each treatment programme is limited to 8 physiotherapy sessions. Each treatment programme must be completed within 6 months from the date it is begun. A second treatment programme can only be started 4 months after the preceding one finishes. Additional physiotherapy session within a treatment programme will require pre-authorization. This is only available to members who are 18 years old and over.</p> <p>Further information on Back Up is available on our website at irishlifehealth.ie/back-up.</p>

* The service providers named under these **benefits** may change from time to time. Please also note that **we** are not responsible for the content of the websites of these service providers.

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**;
- > Gender reassignment **treatments** or **procedures**;
- > Any costs that relate in any way to **transplants** including any subsequent **treatments**, **procedures** or **medical care**;
- > Any nursing home care and convalescence care that is not covered under our convalescence **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 family planning or contraceptive measures, including any form of infertility **treatment**, the reversal of infertility **treatment** and assisted reproduction, except where such costs are covered under our Infertility **Benefit**, Fertility treatment at Beacon CARE fertility **benefit** or AMH fertility test **benefit**.
- > 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 provided by a **member** of the insured's **immediate family** unless this is **pre-authorized** 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**, 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** and the child counselling **benefit**;

- > 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 drugs not recommended for cover by the National Centre for Pharmacoeconomics;
- > 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

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 installments 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).

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 giving *you* 14 days' notice of our intention to cancel. *We* will send this to *your* last known address.

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 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 6 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.

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* membership certificate 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. 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*.

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 (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*.

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 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.

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.

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. **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**.

5 GENERAL TERMS & CONDITIONS

- > **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.

Initial Waiting Periods		
Benefit	Under 55 years old	55 years and older
Medical & Surgical Appliances	None	None
All Out-patient Benefits		
Employee Assistance Programme		
Companion expenses		
Lifestyle, family & emotional wellbeing coaching	None	N/A
Child Home Nursing		

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**. Please note that 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 13 weeks or more. **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 13 weeks or more.

Initial Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits	26 weeks	26 weeks
Medical Ambulance Cost		
Health In the Home		
PET CT Scans		
All Maternity Benefits	52 weeks	
All Day-to-Day Benefits	None	26 weeks
Convalescence Benefit		
Parent Accompanying Child		
Parent Accompanying Child (no minimum stay)		
Cancer Support Benefit		

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 13 weeks or more.

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 13 weeks or more.

Pre-Existing Condition Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits	5 years	52 weeks
PET-CT Scans		
Health In the Home		
All Maternity Benefits	52 weeks	
All Day to Day Benefits	None	26 weeks
All Out-patient Benefits		
Lifestyle, family & emotional wellbeing coaching		
Medical Ambulance Cost		
Medical & Surgical Appliances		
Companion expenses		
Employee Assistance Programme		
Convalescence Benefit		
Child Home Nursing		
Parent Accompanying Child		
Parent Accompanying Child (no minimum stay)		
In-patient Support Benefit		
Cancer Support Benefit		

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. Where an upgrade waiting period applies, **we** will cover **you** to the level that was available under the **benefit** that **you** are claiming on **your** previous **plan**. Where the **benefit** **you** are claiming was not available on **your** previous **plan**, **you** will not be covered. The one exception to this is where **you** are upgrading under **your** In-patient Benefits. **We** will only apply an upgrade waiting period to **claims** made under **your** In-patient Benefits where **your claim** relates to an ailment, illness or condition that existed before **you** upgraded. In these circumstances, **you** will be covered to the level of cover that was available under the In-patient Benefits on the **plan** that **you** held at the time the ailment, illness or condition commenced. 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.

If **you** are upgrading to the Kick-off Upgrade ILH **plan** from the Kick-off ILH **plan**, **we** will waive the upgrade waiting period that would have been applied as a result of this upgrade.

To avail of this exception you must:

- > notify **us** and upgrade your **plan** at least 2 weeks in advance of planned **treatment**.
- > in the case of **emergency treatment**, notify **us** within two weeks of the date **you** are discharged following your **emergency care**. In this circumstance **we** will backdate your upgrade to the Kick-off Upgrade ILH **plan** to the date of **your emergency care**.
- > remain on cover on the Kick-off Upgrade ILH **plan** for 12 months.

Upgrade premiums will be applicable from date your cover under the Kick-off Upgrade ILH **plan** becomes effective. No **benefits** will be covered prior to this cover start date.

Please note the reduction in waiting periods for the Kick-off Upgrade ILH **plan** applies to upgrade of cover only, it does not apply to initial waiting periods or **pre-existing condition** waiting periods.

Upgrade Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-Patient Benefits Medical Ambulance Cost Health In the Home PET CT Scans		2 years
All Maternity Benefits		52 weeks
Convalescence Benefit Parent Accompanying Child Parent Accompanying Child (no minimum stay) Cancer Support Benefit Medical & Surgical Appliances	None	52 weeks
All Day to Day Benefits	None	26 weeks

Benefit	Under 55 years old	55 years and older
All Out-patient Benefits Companion expenses Employee Assistance Programme Lifestyle, family & emotional wellbeing coaching		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. **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**.

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

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 764, Togher, Cork
E-mail: heretohelp@irishlifehealth.ie
Telephone: (021) 480 2040

CORPORATE ENQUIRIES

E-mail: justaskus@irishlifehealth.ie
Telephone: 1890 721 721

CLAIMS SUBMISSION

Claims Team, Irish Life Health dac, PO Box 764, Togher, Cork

APPEALS

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

- > By phone on (021) 480 2040
- > By email: heretohelp@irishlifehealth.ie
- > By post at: Claims Support Team, P.O. Box, 764, Freeport, Togher, Cork

If *you* remain dissatisfied with the appeal decision, *you* may refer *your* appeal to the Financial Services Ombudsman Bureau at the following address:

Financial Services Ombudsman's Bureau
3rd Floor, Lincoln House, Lincoln Place, Dublin 2.
Lo call: 1890 88 20 90
Fax: 01 6620890
Email: enquiries@financialombudsman.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 (021) 480 2040
- > By email: heretohelp@irishlifehealth.ie
- > By post at: The Complaints Team, P.O. Box, 764, Freeport, Togher, Cork

If *you* remain dissatisfied with *Irish Life Health*, *you* may refer *your* complaint to the Financial Services Ombudsman Bureau at the following address:

Financial Services Ombudsman's Bureau
3rd Floor, Lincoln House, Lincoln Place, Dublin 2.
Lo call: 1890 88 20 90
Fax: 01 6620890
Email: enquiries@financialombudsman.ie

ACCIDENT

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

ACUTE

Short and sharp onset and which requires immediate medical attention.

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 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 speciality (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. A link to the Health Information and Quality Authority's list of registered convalescence/nursing homes can be found at irishlifehealth.ie.

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*.

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** membership certificate.

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 parasailing, potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighbing, 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**.

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 while 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.

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 membership certificate.

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**.

POLICYYEAR

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 and the GP Booklet set out the **treatments** and **procedures** that require **pre-authorisation**.

PRE-EXISTING CONDITION

Any disease, illness, condition or **injury** that existed before **you** started **your** first health insurance **plan** with any health insurer. A **pre-existing** condition is determined from the date the condition commences rather than the date upon which **you** become aware of the condition. A **pre-existing** condition may therefore be present before giving rise to any symptoms or being diagnosed by a doctor.

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 a 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.

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** membership certificate.

SEMI-PRIVATE ROOM

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

SIDE ROOM PROCEDURE

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

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**.

VISIT

A consultation with an approved medical provider, allied health professional, specified service provider 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, ALTERNATIVE (COMPLEMENTARY) AND OTHER PRACTITIONERS

Acupuncturist	A person who is on the professional register of one of the following bodies: <ul style="list-style-type: none"> > 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 registered midwife who is also a member of the ALCI (Association of Lactation Consultants in Ireland and who holds International Board Certified Lactation Consultant (IBCLC) membership.
Chiroprapist	A member of one of the following Societies: <ul style="list-style-type: none"> > The Society for Chiroprapists/Podiatrists > Society of Chiroprapists and Podiatrists in Ireland > Institute of Chiroprapists and Podiatrists in Ireland > Irish branch of the British Chiroprapody and Podiatry Association > The Irish Chiroprapists/Podiatrists Organisation Ltd
Chiropractor	A member of one of the following Associations: <ul style="list-style-type: none"> > The Chiropractic Association of Ireland > McTimony Chiropractic Association of Ireland
Dietician / nutritionist	A member of the Irish Nutrition & Dietetic Institute.
Homeopath	A person who is on the professional register of one of the following Societies: <ul style="list-style-type: none"> > The Irish Society of Homeopaths > The Irish Medical Homeopathic Society
Massage therapist	A member of the Irish Massage therapists Association.
Medical herbalist	A member of the Irish Institute of Medical herbalists (IIMH).
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	A member of the Association of Occupational therapists of Ireland.
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.
Physical therapist (Sports rehabilitation therapist)	A member of one of the following Associations: <ul style="list-style-type: none"> > Irish Association of Physical therapists > Registered Physical therapists of Ireland > Association of Neuromuscular Therapists > Irish Institute of Physical therapists > A member of the British Association of Sports Rehabilitators and Trainers
Physiotherapist	A chartered physiotherapist, who is a member of the Irish Society of Chartered Physiotherapists or a member of the Chartered Society of Physiotherapists.
Podiatrist	A member of one of the following Societies: <ul style="list-style-type: none"> > The Society for Chiroprapists/Podiatrists > Society of Chiroprapists and Podiatrists in Ireland > Institute of Chiroprapists and Podiatrists in Ireland > Irish branch of the British Chiroprapody and Podiatry Association > The Irish Chiroprapists/Podiatrists Organisation Ltd.
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 the Yoga Alliance or Yoga Therapy Ireland.
Psychologist	A member of the Irish Association for Counselling & Psychotherapy or a member of the Psychological Society of Ireland.
Reflexologist	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.
Reiki practitioner	A member of one of the following Associations: <ul style="list-style-type: none"> > the Reiki Association of Ireland > the Irish Reiki Federation
Speech and language therapist	A member of the Irish Association of Speech and language therapists
Yoga/pilates instructor	A person who has completed at least 200 accredited training hours which is recognised by the Yoga Alliance, Yoga Therapy Ireland or Pilates Teacher Training Ireland (PTTI).

12 LISTS OF MEDICAL FACILITIES

Please refer to *your* Table of Cover to check whether list A, B, C or D applies to *your plan*.

A. Hospitals	Hospital type	Direct Settlement	List A	List B	List C	List D
Cavan						
Cavan General Hospital Public	Public	Yes	Covered	Covered	Covered	Covered
Clare						
Mid Western Regional Hospital, Ennis	Public	Yes	Covered	Covered	Covered	Covered
Cork						
Bantry General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Bon Secours Hospital , Cork	Private	Yes	Covered	Covered	Covered	
Cork University Hospital	Public	Yes	Covered	Covered	Covered	Covered
Cork University Maternity Hospital	Public	Yes	Covered	Covered	Covered	Covered
Mallow General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Mater Private Cork	Private	Yes	Covered	Covered	Covered	
Mercy University Hospital	Public	Yes	Covered	Covered	Covered	Covered
South Infirmary Victoria University Hospital	Public	Yes	Covered	Covered	Covered	Covered
Donegal						
Letterkenny General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Dublin						
Beacon Cancer Centre	Private	Yes	Covered	Covered		
Beacon Hospital, Dublin 18 - Cardiac procedures	High Tech - Private	Yes	See Table of Cover	See Table of Cover		
Beacon Hospital, Dublin 18	High Tech - Private	Yes	See Table of Cover	See Table of Cover		
Beaumont Hospital, Dublin 9	Public	Yes	Covered	Covered	Covered	Covered
Blackrock Clinic, Blackrock, Co Dublin	High Tech - Private	Yes	See Table of Cover			
Blackrock Hospice (part cover only), Blackrock, Co Dublin	Public	Yes	Covered	Covered	Covered	Covered
Bon Secours Hospital, Glasnevin, Dublin 9	Private	Yes	Covered	Covered	Covered	
Cappagh National Orthopaedic Hospital, Dublin 11	Public	Yes	Covered			
Children's University Hospital, Temple St	Public	Yes	Covered	Covered	Covered	Covered
Connolly Hospital, Dublin 15	Public	Yes	Covered	Covered	Covered	Covered
Coombe Women's and Infant's Hospital, Dublin 8	Public	Yes	Covered	Covered	Covered	Covered
Hampstead Private hospital, Dublin 9	Private	Yes	Covered	Covered		
Hermitage Medical Clinic, Dublin 20	Private	Yes	Covered	Covered	Covered	
Highfield Private hospital, Dublin 9	Private	Yes	Covered	Covered		
Incorporated Orthopaedic Hospital of Ireland, Dublin 3	Public	Yes	Covered			
La Ginesa, St John of God, Stillorgan, Co. Dublin	Private	Yes	Covered	Covered		
Mater Misericordiae University Hospital, Dublin 7	Public	Yes	Covered	Covered	Covered	Covered
Mater Private hospital, Dublin 7	High Tech - Private	Yes	See Table of Cover	See Table of Cover		
National Maternity Hospital, Dublin 2	Public	Yes	Covered	Covered	Covered	Covered
Our Lady's Hospice (part only), Harold's Cross, Dublin 6W	Public	Yes	Covered	Covered	Covered	Covered
Our Lady's Hospital for Sick Children, Dublin 12	Public	Yes	Covered	Covered	Covered	Covered
Peamount Hospital, Newcastle, Co. Dublin	Public	Yes	Covered	Covered	Covered	Covered
Rotunda Hospital, Dublin 1	Public	Yes	Covered	Covered	Covered	Covered
Royal Victoria Eye and Ear Hospital, Dublin 2	Public	Yes	Covered	Covered	Covered	Covered
Sports Surgery Clinic, Santry, Dublin 9	Private	Yes	Covered	Covered	Covered	
St. Columcille's Hospital, Co. Dublin	Public	Yes	Covered	Covered	Covered	Covered

A. Hospitals	Hospital type	Direct Settlement	List A	List B	List C	List D
St. Edmundsbury Hospital, Co. Dublin	Private	Yes	See Table of Cover			
St. James's Hospital, Dublin 8	Public	Yes	Covered	Covered	Covered	Covered
St. John of God Hospital, Stillorgan, Co. Dublin	Private	Yes	Covered	Covered		
St. Joseph's Hospital, Raheny, Dublin 5	Public	Yes	Covered	Covered	Covered	Covered
St. Luke's Hospital, Dublin 6	Public	Yes	Covered	Covered	Covered	Covered
St. Michael's Hospital, Co. Dublin	Public	Yes	Covered	Covered	Covered	Covered
St. Patrick's Hospital, Dublin 8	Private	Yes	See Table of Cover			
St Vincent's Hospital, Fairview, Dublin 3	Public	Yes	Covered	Covered	Covered	Covered
St Vincent's Private hospital, Dublin 4	Private	Yes	Covered	Covered	Covered	
St. Vincent's University Hospital, Dublin 4	Public	Yes	Covered	Covered	Covered	Covered
The Adelaide & Meath Hospital, incorporating The National Children's Hospital, Tallaght	Public	Yes	Covered	Covered	Covered	Covered
Galway						
Bon Secours Hospital, Galway	Private	Yes	Covered	Covered	Covered	
Galway Clinic	Private	Yes	Covered	Covered	Covered	
Partiuncula Hospital	Public	Yes	Covered	Covered	Covered	Covered
Regional Hospital, Merlin Park	Public	Yes	Covered	Covered	Covered	Covered
University College Hospital, Galway	Public	Yes	Covered	Covered	Covered	Covered
Kerry						
Bon Secours Hospital, Tralee	Private	Yes	Covered	Covered		
Kerry General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Kildare						
Clane General Hospital	Private	Yes	Covered	Covered		
Naas General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Kilkenny						
Aut Even Hospital	Private	Yes	Covered	Covered		
Lourdes Orthopaedic Hospital, Kilcreene	Public	Yes	Covered			
St. Luke's General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Laois						
Midland Regional Hospital, Portlaoise	Public	Yes	Covered	Covered	Covered	Covered
Leitrim						
Our Lady's Hospital, Manorhamilton	Public	Yes	Covered	Covered	Covered	Covered
Limerick						
Barrington's Hospital	Private	Yes	Covered	Covered	Covered	
Mid Western Regional Hospital	Public	Yes	Covered	Covered	Covered	Covered
Mid Western Regional Maternity Hospital	Public	Yes	Covered	Covered	Covered	Covered
Mid Western Regional Orthopaedic Hospital	Public	Yes	Covered			
St. John's Hospital	Public	Yes	Covered	Covered	Covered	Covered
Louth						
Louth County Hospital	Public	Yes	Covered	Covered	Covered	Covered
Our Lady of Lourdes Hospital	Public	Yes	Covered	Covered	Covered	Covered
Mayo						
Mayo General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Meath						
Our Lady's Hospital, Navan	Public	Yes	Covered	Covered	Covered	Covered
Monaghan						
Monaghan General Hospital	Public	Yes	Covered	Covered	Covered	Covered

A. Hospitals	Hospital type	Direct Settlement	List A	List B	List C	List D
Offaly						
Midland Regional Hospital, Tullamore	Public	Yes	Covered	Covered	Covered	Covered
Roscommon						
Roscommon County Hospital	Public	Yes	Covered	Covered	Covered	Covered
Sligo						
Sligo General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Kingsbridge Private Hospital, Sligo	Private	Yes	Covered	Covered		
Tipperary						
Mid Western Regional Hospital, Nenagh	Public	Yes	Covered	Covered	Covered	Covered
South Tipperary General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Waterford						
Waterford Regional Hospital	Public	Yes	Covered	Covered	Covered	Covered
Whitfield Cancer Centre	Private	Yes	Covered	Covered		
Whitfield Clinic	Private	Yes	Covered	Covered	Covered	
Westmeath						
Midland Regional Hospital, Mullingar	Public	Yes	Covered	Covered	Covered	Covered
St. Francis Hospital, Ballinderry	Private	Yes	Covered	Covered		
Wexford						
Ely Hospital	Public	Yes	Covered	Covered	Covered	Covered
Wexford General Hospital	Public	Yes	Covered	Covered	Covered	Covered
Northern Ireland						
Antrim						
Royal Victoria Hospital, Belfast	Private	No	Covered			
Derry						
Altnagelvin Area Hospital	Private	Yes	Covered			
Down						
Daisy Hill Hospital, Newry	Private	Yes	Covered			
Fermanagh						
Southwest Acute Hospital, Enniskillen	Private	Yes	Covered			

B. Treatment centres	Hospital type	Direct Settlement	List A	List B	List C	List D
Clare						
Bushypark Treatment centre, Ennis	Addiction Centre	Yes	Covered	Covered		
Cork						
Cuan Mhuire, Farnanes	Addiction Centre	Yes	Covered	Covered		
Tabor Lodge, Belgooly	Addiction Centre	Yes	Covered	Covered		
Donegal						
White Oaks Treatment centre	Addiction Centre	Yes	Covered	Covered		
Dublin						
Eccles Clinic, Dublin 7	Treatment Centre	Yes	Covered	Covered	Covered	
Rutland Centre, Templeogue	Addiction Centre	Yes	Covered	Covered		
Galway						
Cuan Mhuire, Coolarne	Addiction Centre	Yes	Covered	Covered		
Kerry						
Talbot Grove, Castleisland	Addiction Centre	Yes	Covered	Covered		

B. Treatment centres	Hospital type	Direct Settlement	List A	List B	List C	List D
Kildare						
Cuan Mhuire, Athy	Addiction Centre	Yes	Covered	Covered		
Kilkenny						
Aislinn Treatment centre, Ballyragget	Addiction Centre	Yes	Covered	Covered		
Limerick						
Cuan Mhuire, Bruree	Addiction Centre	Yes	Covered	Covered		
Mayo						
Hope House, Foxford	Addiction Centre	Yes	Covered	Covered		
Tipperary						
Aiseiri Centre, Cahir	Addiction Centre	Yes	Covered	Covered		
Wexford						
Aiseiri Centre, Roxborough	Addiction Centre	Yes	Covered	Covered		

C. Scan Facilities: Approved MRI Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List A	List B	List C	List D
Cork							
Affidea Cork, The Elysian	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Cork University Hospital	Public hospital	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical at Mercy University Hospital	Public hospital	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical, Mater Private Cork	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Bon Secours Hospital	Private Hospital	Yes	No	Covered			
Trans Specialists at South Infirmary Victoria University Hospital	Public hospital	Yes	No	Covered	Covered	Covered	Covered
Dublin							
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Meath Primary, Dublin 8	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Northwood, Santry, Dublin 9	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical, Charter Medical	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	No	Covered	Covered		60% Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Yes	Covered	Covered		60% Covered
Bon Secours Hospital (Glasnevin), Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Hermitage Clinic Lucan	Private hospital	Yes	Yes	Covered	Covered	Covered	60% Covered
Mater Private hospital, Dublin 7	Private hospital	Yes	No	Covered	Covered		60% Covered
Sports Surgery Clinic, Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	No	Covered*	Covered*	Covered*	Covered*
Derry							
Alliance Medical at North West Independent Hospital	Private hospital	Yes	No	Covered	Covered	Covered	Covered
Donegal							
Affidea Letterkenny	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Letterkenny General Hospital	Public hospital	Yes	No	Covered	Covered	Covered	Covered
Galway							
Alliance Medical at Merlin Park	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical Portiuncula	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Bon Secours Hospital, Renmore	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Galway Clinic	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered

C. Scan Facilities: Approved MRI Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List A	List B	List C	List D
Kerry							
Alliance Medical at Bon Secours Tralee	Scan centre	Yes	No	Covered	Covered		Covered
Kildare							
Affidea Vista Primary Care Centre	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical, Clane Hospital	Scan centre	Yes	No	Covered	Covered		Covered
Kilkenny							
Affidea, Dean Street Clinic, Kilkenny	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Aut Even Hospital	Private hospital	Yes	No	Covered	Covered		60% Covered
Limerick							
Alliance Medical at Barringtons Hospital	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Limerick Clinic, City Gate House, Raheen Business Park	Scan centre	Yes	No	Covered	Covered		Covered
Louth							
Alliance Medical at 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 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							
Whitfield Clinic, Butlerstown North	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Westmeath							
St. Francis Private Hospital (Mullingar)	Private hospital	Yes	No	Covered	Covered		60% Covered

C. Scan Facilities: Approved CT Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List A	List B	List C	List D
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	Covered
Bon Secours Hospital (Oncology CT only)	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Dublin							
Affidea Dundrum, Rockfield Medical Campus, Balaly, Dublin 16	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical, Charter Medical	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	Yes	Covered	Covered		60% Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Yes	Covered	Covered		60% Covered
Bon Secours Hospital (Glasnevin), Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Hermitage Clinic Lucan	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Mater Private hospital, Dublin 7	Private hospital	Yes	No	Covered	Covered		60% Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	No	Covered*	Covered*	Covered*	Covered*
St. Vincent's Private hospital, Dublin 4 (Oncology CT only)	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered

C. Scan Facilities: Approved CT Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List A	List B	List C	List D
Galway							
Alliance Medical at Merlin Park	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Bon Secours Hospital, Renmore	Private hospital	Yes	No	Covered	Covered	Covered	60% Covered
Galway Clinic	Private hospital	Yes	Yes	Covered	Covered	Covered	60% Covered
Kerry							
Alliance Medical at Bon Secours Tralee	Scan centre	Yes	No	Covered	Covered		Covered
Kildare							
Alliance Medical, Clane Hospital	Scan centre	Yes	No	Covered	Covered		Covered
Affidea at Vista Primary Care Centre	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Limerick							
Limerick Clinic, City Gate House, Raheen Business Park	Scan centre	Yes	No	Covered	Covered		Covered
Waterford							
UPMC Whitfield, Butlerstown (Oncology CT only)	Private hospital	Yes	No	Covered	Covered		60% Covered

C. Scan Facilities: Approved PET-CT Facilities	Hospital type	Direct Settlement	List A	List B	List C	List D
Cork						
Alliance Medical at Cork University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Dublin						
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	Covered	Covered		60% Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Covered	Covered		60% Covered
Hermitage Clinic Lucan	Private hospital	Yes	Covered	Covered	Covered	60% Covered
Mater Private hospital, Dublin 7	Private hospital	Yes	Covered	Covered		60% Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	Covered	Covered	Covered	Covered
Galway						
Galway Clinic	Private hospital	Yes	Covered	Covered	Covered	60% Covered
Waterford						
UPMC Whitfield, Butlerstown	Private hospital	Yes	Covered	Covered		60% 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, 12th June 2017. For the most up-to-date lists, visit irishlifehealth.ie

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SOLVENCY AND FINANCIAL CONDITION REPORT

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