

HEALTH  
INSURANCE



Irish Life  
health

# Membership Handbook

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

### In-Patient Benefits

What to look for	Where to check
> Is the treatment or procedure an established treatment?	Your health care provider
> 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?	
> Is your treatment or procedure covered (is it listed in the Schedule of Benefits)?	The Schedule of Benefits or your health care provider
> 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?	
> Which List of Medical Facilities applies to you?	Table of Cover
> What's your level of cover? i.e. Do you need to pay an excess, shortfall or co-payment?	
> If you are being admitted to a medical facility, is it included in the Lists of Medical Facilities covered under your plan?	Your Membership Handbook
> Does a waiting period apply?	
> How can you claim?	
> Are there any further criteria?	

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

### MEMBERSHIP HANDBOOK

This document:

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

Section 12 of this Membership Handbook contains tables which show the medical facilities that are covered under our plans. They also show if we pay them directly (known as direct settlement) or if you need to pay them yourself and claim this back from us. 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 Post-Operative Home Help (POHH) Procedures

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

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

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

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

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

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

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

7. The List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans  
This list sets out the **clinical indicators** that must be satisfied for cardiac MRI and cardiac CT scans.

### 8. The List of Clinical Indicators for GP Referral for MRI Scans

This list sets out the **clinical indicators** that must be satisfied when you are referred for a MRI scan by a **GP**.

## 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 and the List of Clinical Indicators for GP Referral for MRI 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.

## **UNDERSTANDING CHANGES TO YOUR COVER**

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

From time to time we alter the **benefits** available under our **plans**. If we alter the **plan** that you are on, the 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 Lists of Medical Facilities

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

#### 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**.

## **2 ) YOUR COVER & HOW TO CLAIM**

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

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

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

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

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

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

## **2.1 DAY-TO-DAY AND OUT-PATIENT BENEFITS**

These **benefits** typically allow you to **claim** a refund from us of a set amount each time you visit certain medical practitioners or receive certain medical services. 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
> GP visits > Dentist visits > Physiotherapist* visits > Acupuncturist* > Chiropractor* > Chiropractor* > Dietician* > Homeopath* > Massage therapist* > Medical herbalist* > Occupational therapist* > Osteopath* > Physical therapist* > Podiatrist* > Reflexologist* > Consultant fees (for out-patient consultations) > Child speech and language therapist* > Paediatrician benefit	Under these <b>benefits</b> we will contribute towards the costs of attending the practitioners named in the <b>benefit</b> .
> Out of hours GP visits	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of attending a <b>GP</b> in their capacity as an out of hours <b>GP</b> under the HSE's GP Out of Hours Service or for the costs of a home visit by a <b>GP</b> .
> Prescriptions	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of <b>your</b> prescriptions from a <b>GP, consultant, dentist</b> or prescribing nurse.
> Public A&E cover	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the charge imposed by a <b>public hospital</b> when <b>you</b> attend the A&E department without a referral letter from <b>your GP</b> .
> Private A&E cover	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the charge imposed by a <b>private hospital</b> when <b>you</b> attend the A&E department without a referral letter from <b>your GP</b> .
> Child A&E visit	This <b>benefit</b> allows a child <b>member</b> to <b>claim</b> back some of the charge imposed by a <b>public hospital</b> when they attend the A&E department without a referral letter from their <b>GP</b> .
> A&E Cover (in choice of High Tech, Private and Public Hospitals)	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the charge imposed by a public, private or high tech hospital when <b>you</b> attend the A&E department without a referral letter from <b>your GP</b> .
> Optical (eye test and/or glasses/ lenses combined)	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of an eye test and glasses/lens provided by a qualified optician, orthoptist, optometrist or an ophthalmologist.
> Hearing test	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of a hearing test carried out by a qualified audiologist.
> Voice coaching	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of voice coaching carried out by a speech and language therapist*.
> Child counselling	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of child counselling carried out by a psychologist*.
> Vaccinations	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of vaccinations provided by a nurse or a <b>GP</b> .
> Pathology: Cost of test	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the <b>hospital costs</b> for pathology.
> Pathology: Consultant fees	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the <b>consultant's</b> fee for pathology.
> Radiology: Cost of test	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the <b>out-patient costs</b> for radiology (including X-Rays, mammograms and non maternity ultrasounds) carried out in a <b>medical facility</b> covered under <b>your plan</b> .
> Radiology: Consultant fees	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the <b>consultant's</b> fee for radiology.
> Orthotic insoles	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of orthotic insoles specified by a physiotherapist* or a podiatrist*.
> Psycho-oncology counselling	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of psycho-oncology counselling (counselling received after <b>in-patient</b> or <b>day-case</b> chemotherapy) where it is carried out by a psychologist* and <b>you</b> have been referred to the psychologist* by <b>your consultant</b> .
> Emergency dental care	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of dental <b>treatments</b> or <b>procedures</b> which are required as a result of an <b>accident</b> or <b>injury</b> and are required to alleviate pain or to treat an acute dental trauma which represents a serious threat to the member's general health. <b>The patient must present to the dental practitioner within 48 hours following an accident or injury and receive treatment within 7 days of presenting to dental practitioner.</b>
> VO2 testing	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of VO2 testing.
> Antenatal class	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of antenatal classes run by a midwife*. This <b>benefit</b> does not cover pregnancy yoga and pilates.
> Baby massage	This <b>benefit</b> allows the parent or legal guardian of a child to <b>claim</b> back some of the costs of baby massage for that child. This <b>benefit</b> may not be <b>claimed</b> by more than one <b>member</b> in respect of the same baby massage session.

## Day-to-Day Benefits and Out-Patient Benefits

Benefit	Description / Criteria
> Manual Lymph Drainage (MLD)	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of <b>treatment</b> provided by a member of Manual Lymph Drainage Ireland or a member of the Irish Society of Chartered Physiotherapists. This <b>benefit</b> is only available where MLD is received to treat and manage the following conditions:</p> <ul style="list-style-type: none"> <li>&gt; Lymphoedema</li> <li>&gt; Oedema</li> <li>&gt; Wounds and burns</li> <li>&gt; Chronic inflammatory sinusitis</li> <li>&gt; Arthritis</li> </ul> <p>This <b>benefit</b> will also cover the costs related to compression therapy and remedial and breathing exercises solely related to the above conditions.</p> <p>This <b>benefit</b> will not be covered when MLD is used in order to:</p> <ul style="list-style-type: none"> <li>&gt; improve the appearance and texture of old scars</li> <li>&gt; provide skin care and improve the hygiene of swollen limbs</li> <li>&gt; treat traumatic bruising and swelling</li> <li>&gt; treat acne &amp; rosacea</li> </ul>
> Child speech and language	This <b>benefit</b> allows a child <b>member</b> to <b>claim</b> back some of the costs of their speech and language therapy provided by a speech and language therapist*. This <b>benefit</b> is only available to <b>members</b> who are under 18 years of age.
> Home nursing	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of home nursing where it is received immediately after <b>you</b> have been discharged from an <b>in-patient</b> stay in a <b>medical facility</b> covered under <b>your plan</b> , it is provided by a <b>nurse*</b> and <b>your consultant</b> has advised that the home nursing is <b>medically necessary</b> .
> Health screen at any centre	<ul style="list-style-type: none"> <li>&gt; This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of a health screen where it is carried out in an accredited <b>medical facility</b>. This <b>benefit</b> only covers screening which consists of all the following:           <ul style="list-style-type: none"> <li>&gt; lifestyle assessment</li> <li>&gt; physical examination</li> <li>&gt; blood count</li> <li>&gt; urinalysis</li> <li>&gt; written report</li> </ul> </li> </ul>
> Health screening	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of VO2 max testing, fertility assessment (Anti-mullerian hormone testing or semen analysis only) or sexual health screening. This <b>benefit</b> is only available where the fertility assessment or sexual health screening is carried out by a <b>GP</b> or in a fully accredited medical centre. You can only <b>claim</b> this <b>benefit</b> once during your <b>policy year</b> .
> Health screening (Optimise Gold & Platinum plans only)	If this <b>benefit</b> is covered under <b>your plan</b> , we will pay the providers directly for the Platinum Health Screening. You can only <b>claim</b> this <b>benefit</b> once per <b>policy year</b> . The list of approved <b>medical facilities</b> where <b>you</b> can avail of this service is as follows: <ul style="list-style-type: none"> <li>&gt; Irish Healthcare at Blackrock Clinic, Co.Dublin</li> <li>&gt; Hermitage Medical Clinic Lucan, Co.Dublin</li> <li>&gt; Mater Private Hospital Dublin, Co.Dublin</li> <li>&gt; Irish Healthcare at the Galway Clinic, Co.Galway</li> <li>&gt; Mater Private Hospital Cork, Co.Cork</li> </ul>
> Sexual health screening	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of sexual health screening carried out by a <b>GP</b> or in a fully accredited medical centre.
> Cardiac screening	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of cardiac screening carried out by a <b>GP</b> or a <b>consultant</b> where the cardiac screening involves all of the following tests: <ul style="list-style-type: none"> <li>&gt; An ECG</li> <li>&gt; Fasting lipids</li> <li>&gt; Random glucose</li> <li>&gt; Blood Pressure</li> <li>&gt; Cardiac risk factor assessment</li> </ul>
> Medical and surgical appliances	This <b>benefit</b> allows <b>you</b> to <b>claim</b> 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.
> Pre/post natal medical expenses	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of pre/post natal care provided by a <b>consultant</b> , <b>GP</b> or a <b>midwife*</b> during and after <b>your pregnancy</b> . The following costs are included and can be claimed per pregnancy: <ul style="list-style-type: none"> <li>&gt; <b>Out-patient consultant's fees</b> (obstetrician and gynaecologist),</li> <li>&gt; Maternity scans</li> <li>&gt; Antenatal classes run by a midwife</li> <li>&gt; Pre and post natal physiotherapist services provided by U Mammo** or by a chartered physiotherapist* with a specialty in women's health. This <b>benefit</b> covers pre/post natal care which is received between 9 months before and 3 months after <b>your anticipated delivery date</b>.</li> </ul>
> Vasectomy (GP only)	Under this <b>benefit</b> we will contribute up to a <b>maximum of €360</b> towards the cost of a vasectomy including any related consultations pre and post <b>procedure</b> . The vasectomy must be carried out by a <b>GP</b> who is registered with the Irish Medical Council. We will only accept one receipt, detailing the name of the <b>procedure</b> and date the <b>procedure</b> was performed and any related consultation dates. Vasectomy is only covered on selected <b>plans</b> , please contact Irish Life Health or check <b>your Table of Cover</b> to see if <b>you</b> are covered.

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

## How to claim

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

1. 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](http://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. **We** will not return **your** original receipts unless you ask us to do so at the time **you** submit them to **us**.

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**.

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

Benefit	Description / Criteria
Nurse on call	Nurse on call is a telephone based service that provides general, non-diagnostic information over the phone. Under this <b>benefit</b> <b>you</b> have access to the nurse on call service 24 hours a day 365 days a year.

## How to claim

Telephone: 1850 946 644

Benefit	Description / Criteria
PET-CT Scans	Under this <b>benefit</b> <b>we</b> will cover or contribute towards the costs of <b>your</b> scan. The amount that is covered and how it is covered will depend on whether <b>you</b> have <b>your</b> scan carried out in a scan facility that is covered in the appropriate table for <b>your</b> scan type in <b>your</b> List of Medical Facilities on pages 33-34 (i.e. an approved centre) or in a scan facility that is not included in <b>your</b> List of Medical Facilities (i.e. a non-approved centre). The maximum amount that can be claimed for non-approved centres in <b>your policy year</b> may be limited. This will be shown on <b>your</b> Table of Cover.  The following criteria must be satisfied before <b>your</b> scan will be covered:  <b>MRI Scans</b> <b>You</b> must be referred by a <b>consultant</b> or <b>GP</b> . For MRI scans in St James hospital <b>you</b> must be referred by an oncologist or other clinician working in St. James Hospital and the scan is required for the diagnosis, <b>treatment</b> or staging of a cancer.  <b>CT Scans</b> <b>You</b> must be referred by a <b>consultant</b> . For CT scans in St James hospital <b>you</b> must be referred by an oncologist or other clinician working in St. James Hospital and the scan is required for the diagnosis, <b>treatment</b> or staging of a cancer.  <b>Cardiac MRI Scans</b> All cardiac MRI scans must be <b>pre-authorised</b> by <b>us</b> . <b>You</b> must be referred by a <b>consultant</b> . 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).  <b>Cardiac CT Scans</b> All cardiac CT scans must be <b>pre-authorised</b> by <b>us</b> . <b>You</b> must be referred by a <b>consultant</b> . 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)  <b>CT Colonography Scans</b> All CT colonography scans must be <b>pre-authorised</b> by <b>us</b> . <b>You</b> must be referred by a <b>consultant</b> .  <b>PET-CT Scans</b> All PET-CT scans must be <b>pre-authorised</b> by <b>us</b> . <b>You</b> must be referred by a <b>consultant</b> .  In addition the <b>clinical indicators</b> which relate to <b>your</b> type of scan must be satisfied before it will be covered. The <b>clinical indicators</b> which must be satisfied before <b>you</b> 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. The <b>clinical indicators</b> which must be satisfied before <b>you</b> will be covered for a MRI scan when referred by a <b>GP</b> are set out in the List of Clinical Indicators for GP Referrals for MRI Scans.
babylon Health	Under this <b>benefit</b> <b>we</b> will cover the costs of consultations with a <b>GP</b> through the babylon Health app provided by Babylon Healthcare Services Limited**. If this <b>benefit</b> is available under <b>your</b> <b>plan</b> , the maximum number of <b>GP</b> consultations <b>you</b> can receive in <b>your policy year</b> may be limited. This will be shown on <b>your</b> Table of Cover. Please note the babylon Health app is only available for download and use on iPhone or Android phones.

## 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).

Benefit	Description / Criteria
babylon Health	Under this <b>benefit</b> <b>we</b> will cover the costs of consultations with a <b>GP</b> through the babylon Health app provided by Babylon Healthcare Services Limited**. If this <b>benefit</b> is available under <b>your</b> <b>plan</b> , the maximum number of <b>GP</b> consultations <b>you</b> can receive in <b>your policy year</b> may be limited. This will be shown on <b>your</b> Table of Cover. Please note the babylon Health app is only available for download and use on iPhone or Android phones.

## How to claim

**You** will be provided with a babylon Health verification code on **your** Table of Cover. **You** will need to download the babylon Health app and register using **your** code. **You** will then be able to receive the number of online **GP** consultations that is shown in **your** Table of Cover, throughout **your policy year**, without charge. **We** will pay Babylon Healthcare Services Limited\*\* directly for **your** use of their service.

\* **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.

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

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

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

For example:

	Consultant	GP
Cover shown on Table of Cover	€60 x 4 visits	€25 x 6 visits
Number of times you visited your health care provider in your policy year and how much you paid per visit	3 x €150	7 x €60
Total amount that you can claim	3 x €60 = €180 (3 being the number of times you visited a consultant and €60 being the maximum amount that can be claimed per visit)	6 x €25 = €150 (6 being the maximum number of times you can claim for a visit to a GP and €25 being the maximum amount that can be claimed per visit)
Total amount that you can claim under both benefits	€330 (i.e. €180 + €150)	
Less outpatient excess	€200	
Money we pay you 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 prostheses and charges for drugs administered for consumption whilst you are admitted. You can find the level of cover available for your *hospital costs* in a *public hospital*, *private hospital* and high-tech hospital in your Table of Cover (see section entitled "Hospital Cover"). You can check whether your hospital is public, private or high-tech in the tables of *medical facilities* in section 12 of this Membership Handbook. Please note that some hospitals may be classed as a high-tech hospital for *Level 1 plans* and a *private hospital* for all other *plans*. Treatment centres are not classed as public, private or high-tech.

We will fully cover *your hospital costs* in the treatment centres covered in your Lists 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 Lists of Medical Facilities are contained in the tables of *medical facilities* in section 12 of this Membership Handbook.

Where you are admitted to a *medical facility* covered under your *plan*, 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](http://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 GPs fees for performing a limited number of treatments and procedures in their surgery. Such procedures and treatments are covered under your in-patient benefit for consultant's fees. Your GP's fees for a routine visit will be covered under our Day-to-day Benefits or Out-patient Benefits. The treatments and procedures that will be covered under your In-patient Benefits are set out in the GP 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 **Lists of Medical Facilities** before being admitted to any **medical facility** to see whether **direct settlement** applies or whether **you** will have to pay the **medical facility** and **claim** it back from **us**.

Where **direct settlement** applies, **your medical facility or health care provider** will submit **your claim form** to **us** on **your behalf**. It is important to remember that they are only making the **claim** on **your behalf** and that **you** are responsible for ensuring that all aspects of the **claim** are correct. If **your** claim form contains any inaccurate information, **we** may treat **your claim** as fraudulent, decline the **claim** and possibly cancel **your plan or policy** (see section 7 of this Membership Handbook for further information on our fraud policy). **You** will need to sign **your claim form** before **your medical facility or health care provider** submits it to **us**. **Your medical facility and health care providers** should always specify the **medical care** you received on **your claim form** before **you** are asked to sign it. **You** should check this information very carefully to ensure that it is accurate. By signing this form **you** are confirming that **you** have received the **medical care** specified in the form and that all information contained in **your claim form** is true and accurate. When we've paid **your claims**, **we'll** send **you** a statement confirming payment and outlining the amounts paid on **your behalf**.

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

## PLEASE NOTE WE RESERVE THE RIGHT TO:

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

## SHORTFALL

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

## IN-PATIENT OR DAY CASE EXCESS

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

- > where **you** are admitted as an **in-patient or day case** patient for the purpose of receiving chemotherapy, the **in-patient excess** will only apply once for each course of **treatment**. Where it has been more than 12 months since **your last chemotherapy session**, **your course of treatment** will be considered to have ended and the **excess** will apply again for any further course of **treatment**.
- > where **you** are admitted as a **day case** patient for the purpose of receiving psychiatric **treatment**, the **day case excess** will only apply once for each course of **treatment**. 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**.
- > **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** in **your Table of Cover**.

## 2.3 ) MATERNITY BENEFITS

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

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

### In-patient Maternity Benefits

Benefit	Description / Criteria
Public hospital cover for maternity	<p>Under this <i>benefit</i> we will either:</p> <ul style="list-style-type: none"> <li>a) Cover <i>your hospital costs</i> for up to 3 nights where <i>you</i> are admitted to a <i>public hospital</i>. The type of hospital accommodation that will be covered under this <i>benefit</i> is the same as that covered under <i>your public hospitals</i> cover in <i>your In-patient Benefits</i>. However, please note that <i>you</i> will only be able to avail of a <i>private room</i> or <i>semi private room</i> where <i>you</i> have opted to be a private or semi private patient with the <i>public hospital</i>. The private or semi private fee imposed by the <i>public hospital</i> is not covered under this <i>benefit</i> but <i>you</i> may be able to <i>claim</i> back some of that fee under our pre/post natal medical expenses <i>benefit</i> if this <i>benefit</i> is available on <i>your plan</i>; or</li> <li>b) Pay the contribution specified in <i>your Table of Cover</i> towards <i>your hospital costs</i>.</li> </ul> <p>The type of cover available to <i>you</i> will depend on <i>your plan</i> and is set out in <i>your Table of Cover</i>. This <i>benefit</i> is only available where <i>you</i> have been admitted to a <i>public hospital</i> covered on <i>your plan</i> to give birth.</p> <p>Where <i>your plan</i> covers <i>you</i> for "up to 3 nights' accommodation" but it is <i>medically necessary</i> for <i>you</i> to remain for more than 3 nights, the remainder of <i>your</i> stay in hospital will be covered under <i>your In-patient Benefits</i>.</p> <p>Please note that caesarean section deliveries are covered under <i>your In-patient Benefits</i> and not under this <i>benefit</i>.</p>
In-patient maternity consultant fees	<p>Under this <i>benefit</i> we will either:</p> <ul style="list-style-type: none"> <li>&gt; Cover the professional fees of <i>your baby's paediatrician</i>;</li> <li>&gt; Cover <i>your anaesthetist's and pathologist's professional fees</i>; and</li> <li>&gt; Cover <i>your consultant's professional fees</i> for a routine delivery (<i>procedure 2206</i>) up to the amount set out in the Schedule of Benefits. (Please note that if <i>your consultant</i> charges more than this amount for delivering <i>your baby</i> <i>you</i> will be required to pay the balance yourself).</li> </ul> <p>Or:</p> <ul style="list-style-type: none"> <li>&gt; Pay the contribution specified in the Table of Cover towards <i>your consultants' professional fees</i>.</li> </ul> <p>The type of cover available under <i>your plan</i> is set out in <i>your Table of Cover</i>. Please note that where <i>you</i> are attending a <i>public hospital</i> this <i>benefit</i> is only available where <i>you</i> have opted to be a private or semi-private patient.</p>
Grant-in-aid amount	This <i>benefit</i> allows <i>you</i> to <i>claim</i> back some of <i>your hospital costs</i> for maternity care in a private maternity hospital covered under <i>your plan</i> . If this <i>benefit</i> is available under <i>your plan</i> , the maximum amount which <i>we</i> will cover is set out in <i>your Table of Cover</i> .

### 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. Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are *claimed* and paid.

### Out-patient Maternity Benefits

Benefit	Description / Criteria
Home birth	This <i>benefit</i> allows <i>you</i> to <i>claim</i> back some of the medical costs involved in having a home birth, where such costs are directly associated with the delivery of <i>your child</i> . If this <i>benefit</i> is available under <i>your plan</i> the maximum amount that <i>we</i> will contribute is set out in <i>your Table of Cover</i> .
Antenatal benefit	Under this <i>benefit</i> <i>Irish Life Health</i> will contribute towards an antenatal course with a midwife. 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 it can be <i>claimed</i> is set out in <i>your Table of Cover</i> .
Post-natal counselling	<p>This <i>benefit</i> allows <i>you</i> to <i>claim</i> back some of the costs of post-natal counselling where it is received within 12 months of <i>your baby</i> being born and is carried out by a person belonging to one of the following societies/associations:</p> <ul style="list-style-type: none"> <li>&gt; The Irish Psychological Society (PSI)</li> <li>&gt; The Irish Association of Counsellors and Psychotherapists (IACP)</li> <li>&gt; The British Association of Counsellors and Psychotherapy (BACP)</li> <li>&gt; Family Therapy Association of Ireland (FTAI)</li> <li>&gt; The Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)</li> </ul> <p>The contribution under this <i>benefit</i> is payable 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 Table of Cover</i>.</p>
Breastfeeding consultancy	<p>This <i>benefit</i> allows <i>you</i> to <i>claim</i> back some of the costs of a consultation with a qualified breastfeeding <i>consultant</i>.</p> <p>The contribution under this <i>benefit</i> is payable for a limited number of breastfeeding consultancy sessions 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 session and the maximum number of session for which it can be <i>claimed</i> is set out in <i>your Table of Cover</i>.</p>

## Out-patient Maternity Benefits

Benefit	Description / Criteria
Cord blood stem cell preservation	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back:</p> <ul style="list-style-type: none"> <li>&gt; €600 on the cost of cord blood stem cell preservation where the umbilical cord is being harvested after the birth of a single child or identical twins or</li> <li>&gt; €900 on the cost of cord blood stem cell preservation where the umbilical cord is being harvested after the birth of non-identical twins.</li> </ul> <p>Please note that the preservation of cord blood stem cells will not be available after 30 June 2016. This is because the sole provider of this service in <b>Ireland</b> will no longer be carrying out this <b>procedure</b>. Unfortunately this is beyond our control but <b>you</b> will be able to <b>claim</b> this <b>benefit</b> again if another medical service provider begins providing this service in <b>Ireland</b>.</p>
Partner benefit	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the following costs where <b>you</b> have to travel to be with <b>your</b> partner when they are admitted to a <b>medical facility</b> to give birth to <b>your</b> child:</p> <ul style="list-style-type: none"> <li>&gt; Costs of <b>your</b> hotel or bed and breakfast accommodation;</li> <li>&gt; <b>Your</b> travel costs to and from <b>your</b> home to the <b>medical facility</b>;</li> <li>&gt; The costs of a child minder whilst <b>you</b> are visiting <b>your</b> partner in a <b>medical facility</b>.</li> </ul> <p>The contribution under this <b>benefit</b> is payable for the reasonable costs incurred within a specified number of days in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b>, the maximum amount that <b>we</b> will contribute per day and the number of days for which it can be <b>claimed</b> is set out in <b>your</b> Table of Cover.</p> <p>The contribution can only be <b>claimed</b> for costs incurred on the day <b>your</b> baby is born, on the day before <b>your</b> baby is born or on the day after <b>your</b> baby is born and can only be <b>claimed</b> for consecutive days.</p>
Post Natal Night Nurse Care	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs towards the services of a paediatric nurse* at home after <b>you</b> have <b>your</b> baby.</p> <p>This <b>benefit</b> must be <b>claimed</b> within 26 weeks of the date on which <b>your</b> child was born.</p> <p>The contribution under this <b>benefit</b> is payable for paediatric home nursing costs which are incurred up to a specified number of days/nights in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b> the maximum amount that <b>we</b> will contribute per day and the maximum number of days/nights for which can be <b>claimed</b> will be set out in <b>your</b> Table of Cover.</p>

### 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 **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](http://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).

**We** will not return **your** original receipts unless **you ask us** to do so at the time **you** submit them to **us**.

## Other Maternity Benefits

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

### How to claim

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

Benefit	Description / Criteria
Post-natal home help (PNHH)	<p>Under this <b>benefit</b> we will cover the cost of domestic home help provided by Brown Flower Limited* after your baby is born.</p> <p>If this <b>benefit</b> is available under <b>your plan</b>, the number of days of home help that will be covered is set out in <b>your</b> Table of Cover. <b>You</b> will normally be covered for up to 2 days of domestic home help under this <b>benefit</b>. The maximum number of hours of home help that will be provided on each day is four hours.</p> <p><b>You</b> must call <b>us</b> to request the service within 20 weeks of the date on which <b>your</b> child was born and <b>you</b> must receive the domestic home help within 26 weeks of the date on which <b>your</b> child was born.</p> <p>This <b>benefit</b> is not available where Brown Flower Limited is unable to provide the domestic home help service for any reason including where they are fully booked or where <b>your</b> home is not in an area serviced by Brown Flower Limited. When the domestic home help will be provided is subject to Brown Flower Limited's availability and their operating hours. The receipt of domestic home help is subject to Brown Flower Limited's terms and conditions and outside the control of <i>Irish Life Health</i>.</p> <p>This <b>benefit</b> cannot be <i>claimed</i> in conjunction with the following <b>benefits</b>:</p> <ul style="list-style-type: none"> <li>&gt; the alternative amount for post natal home help <b>benefit</b>;</li> <li>&gt; the early discharge maternity <b>benefit</b>;</li> <li>&gt; the rebate towards the costs of a birthing package under the Doula Ireland <b>benefit</b>.</li> </ul> <p>If you wish to cancel a booking with Brown Flower Limited, <b>you</b> must contact them directly to do so. <b>You</b> must give Brown Flower Limited more than 24 hours' notice of any cancellation. If <b>you</b> fail to do so, this <b>benefit</b> will be exhausted and <b>you</b> will continue to be prevented from claiming the alternative amount for post natal home help <b>benefit</b>, the early maternity discharge <b>benefit</b> and the rebate towards the costs of a birthing package under the Doula Ireland <b>benefit</b>.</p> <p>Either <b>you</b> or a family member/friend who is 18 years old or older must be present in <b>your</b> home at all times when the domestic home help assistant is in attendance. This <b>benefit</b> may only be <i>claimed</i> by one <b>member</b> (either parent) in respect of each birth.</p>

#### How to claim

Call us on (021) 480 2040 between 9.00am and 7.00pm Monday to Friday. **We** will take **your** details and pass these on to Brown Flower Limited who will contact **you** to arrange the service. When **you** contact **us**, **you** will need to provide **us** with evidence of **your** baby's birth – this may be either the birth certificate or a note confirming the birth from a **GP**, **consultant** or district nurse.

Benefit	Description / Criteria
Alternative amount for post natal home help	<p>This <b>benefit</b> allows <b>you</b> to <i>claim</i> €120 towards the costs of domestic home help after <b>you</b> have <b>your</b> baby. This <b>benefit</b> must be <i>claimed</i> within 26 weeks of the date on which <b>your</b> child was born.</p> <p>This <b>benefit</b> cannot be <i>claimed</i> in conjunction with the following:</p> <ul style="list-style-type: none"> <li>&gt; the post natal home help <b>benefit</b>;</li> <li>&gt; the early discharge maternity <b>benefit</b>;</li> <li>&gt; the rebate towards the costs of a birthing package under the Doula Ireland <b>benefit</b>.</li> </ul>
Newborn free until next renewal	<p>Under this <b>benefit</b>, <b>you</b> may add your <b>newborn</b> to <b>your policy</b> without charge within 13 weeks of the date of his/her birth. Where <b>you</b> do so, he/she will be covered under the same <b>plan</b> as <b>you</b> until <b>your</b> next <b>renewal date</b>.</p>

#### How to claim

Please call **us** to let **us** know that **you** wish to *claim* these **benefits**. **You** will need to provide **us** with evidence of **your** baby's birth – this may be either the birth certificate or a note confirming the birth from a **GP**, **consultant** or district nurse.

Benefit	Description / Criteria
Doula Ireland	<p>Under this <b>benefit</b> you can <i>claim</i> a discount on a birthing package through Doula Ireland. If this <b>benefit</b> is available under <b>your plan</b>, the discount that is available will be set out in <b>your</b> Table of Cover. If <b>you</b> do not <i>claim</i> the post-natal home help <b>benefit</b> or the alternative amount for post-natal home help <b>benefit</b>, <b>you</b> may <i>claim</i> a rebate towards the amount <b>you</b> paid Doula Ireland for <b>your</b> birthing package. This is available in conjunction with the discount. If this <b>benefit</b> is available under <b>your plan</b>, the amount of rebate that can be claimed is set out in <b>your</b> Table of Cover.</p>

#### How to claim

Discount to be *claimed* from Doula Ireland at point of sale. In addition, if **you** do not wish to *claim* the post natal home help **benefit** or the alternative amount for post natal home help **benefit**, **you** can *claim* the additional rebate. In order to do so, **you** should send **your** original receipt to **us**.

\*The service providers named under these **benefits** may change from time to time.

## 2.4 OTHER BENEFITS

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

Other Benefits	
Benefit	Description / Criteria
Public hospital levy (also known as the Public Statutory In-patient Charge)	<b>Public hospitals</b> charge <b>in-patients</b> a daily charge for a maximum of 10 days each calendar year. This is known as the <b>public hospital levy</b> . Under this <b>benefit</b> we will cover the <b>public hospital levy</b> for a maximum of 10 days in a calendar year.
How to claim	

Where the **public hospital** in question is covered under **your plan**, **we** will pay this charge directly to the **public hospital**. See section 2.2 of this Membership Handbook for information on how **direct settlement** operates. If the **public hospital** in question is not covered under **your plan**, **you** will have to pay **your public hospital levy** to the **public hospital** and **claim** this back from **us**. This **benefit** is subject to €1 **excess** which will be refunded to **you**.

Benefit	Description / Criteria
Post-operative home help	<p>Under this <b>benefit</b> we will cover the cost of domestic home help where <b>you</b> have undergone a <b>treatment</b> or <b>procedure</b> which is set out in the List of Post-Operative Home Help (POHH) Procedures in a <b>medical facility</b> covered under <b>your plan</b>.</p> <p>This <b>benefit</b> is only available where the domestic home help is provided by Brown Flower Limited*.</p> <p><b>You</b> must call <b>us</b> to request the service within 3 weeks of the date of <b>your</b> discharge from the <b>medical facility</b> in which <b>you</b> received the <b>treatment</b> or <b>procedure</b>. <b>You</b> must receive the domestic home help within 4 weeks of <b>your</b> discharge from the <b>medical facility</b> in which <b>you</b> received the <b>treatment</b> or <b>procedure</b>.</p> <p>If this <b>benefit</b> is available under <b>your plan</b> the number of days of home help that will be covered is set out in <b>your</b> Table of Cover. The maximum number of hours of home help that will be provided on each day is four hours.</p> <p>This <b>benefit</b> is not available where Brown Flower Limited is unable to provide the domestic home help service for any reason including where they are fully booked or where <b>your</b> home is not in an area serviced by Brown Flower Limited. When the domestic home help will be provided is subject to Brown Flower Limited's availability and their operating hours. The receipt of domestic home help is subject to Brown Flower Limited's terms and conditions and outside the control of <b>Irish Life Health</b>.</p> <p>This <b>benefit</b> cannot be <b>claimed</b> in conjunction with the alternative amount for post-operative home help <b>benefit</b>.</p> <p>If <b>you</b> wish to cancel a booking with Brown Flower Limited, <b>you</b> must contact them directly to do so. <b>You</b> must give Brown Flower Limited more than 24 hours' notice of any cancellation. If <b>you</b> fail to do so this <b>benefit</b> will be exhausted and <b>you</b> will continue to be prevented from claiming the alternative amount for post-operative home help <b>benefit</b>.</p> <p>Either <b>you</b> or a family member/friend who is 18 years old or older must be present in <b>your</b> home at all times when the domestic home help assistant is in attendance.</p>
How to claim	

Call us on (021) 480 2040. **We** will take **your** details and pass these on to Brown Flower Limited who will contact **you** to arrange the service. **You** must provide a letter from **your** treating **consultant** confirming the dates of **your treatment** and **procedure** and the **treatment** and **procedure** code.

Benefit	Description / Criteria
Alternative amount for post-operative home help	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> €120 towards the costs of domestic home help after <b>you</b> have undergone a <b>procedure</b> that is listed on the List of Post-Operative Home Help (POHH) Procedures.</p> <p>This <b>benefit</b> cannot be <b>claimed</b> in conjunction with the post-operative home help <b>benefit</b>. This <b>benefit</b> must be <b>claimed</b> within 4 weeks of the date of <b>your</b> discharge.</p> <p>This <b>benefit</b> cannot be <b>claimed</b> in conjunction with the post-operative home help <b>benefit</b>.</p>
How to claim	

Please call **us** to let **us** know if you wish to **claim** this **benefit**. **You** must provide a letter from **your** treating **consultant** or **your medical facility** confirming the date of **your treatment** and **procedure** and the **treatment** and **procedure** code.

Benefit	Description / Criteria
Oncotype dx	Under this <b>benefit</b> we will cover the cost of genomic testing for HER positive node negative breast cancer to indicate the recurrence score for breast cancer returning in a 10 year time period. This <b>benefit</b> is only available where the genomic testing has been <b>pre-authorised</b> by <b>Irish Life Health</b> .
Day-case procedure for rheumatology & chemotherapy	Under this <b>benefit</b> we will cover the cost of rheumatology and chemotherapy provided by Point of Care Health Services Limited* on a <b>day case</b> basis.
Vasectomy (in Clane Hospital)*	Under this <b>benefit</b> we will cover <b>your</b> hospital costs and <b>consultant's</b> fees where <b>you</b> have a vasectomy carried out in Clane Hospital subject to €125 excess. This <b>benefit</b> is only available on Family Focus and Hospital Focus <b>plans</b> .
How to claim	

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

Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are **claimed** directly by **medical facilities** and **health care providers**.

Benefit	Description / Criteria
Convalescence benefit	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of a stay in a <b>convalescence home</b> for a specified number of days in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b>, the maximum amount that <b>we</b> will contribute per day and the maximum number of days for which this can be <b>claimed</b> is set out in <b>your Table of Cover</b>.</p> <p>This <b>benefit</b> is only available in respect of a stay in a <b>convalescence home</b> where <b>you</b> entered such <b>convalescence home</b> immediately after <b>you</b> were an <b>in-patient</b> in a <b>medical facility</b> covered under <b>your plan</b> for the purpose of receiving a <b>medically necessary treatment or procedure</b>.</p>
Home nursing	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of home nursing immediately after <b>you</b> have been discharged from an <b>in-patient</b> stay in a <b>medical facility</b> covered under <b>your plan</b>. The home nursing must be provided by a nurse** and <b>your consultant</b> must have advised that the home nursing is <b>medically necessary</b>.</p> <p>The contribution under this <b>benefit</b> is payable for home nursing costs which are incurred up to specified number of days in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b>, the maximum amount that <b>we</b> will contribute per day and the maximum number of days for which can be <b>claimed</b> will be set out in <b>your Table of Cover</b>.</p>
Child home nursing	<p>Under this <b>benefit</b> <b>we</b> will contribute towards the costs of home nursing by a paediatric nurse**. The child home nursing must be received immediately after the <b>member</b> has been an <b>in-patient</b> for at least 5 days in a <b>medical facility</b> covered under their <b>plan</b>. The <b>member's consultant</b> must have advised that the home nursing care is <b>medically necessary</b>.</p> <p>The contribution under this <b>benefit</b> is payable for child home nursing costs which are incurred up to a specified number of days in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b> the maximum amount that <b>we</b> will contribute per day and the maximum number of days for which can be <b>claimed</b> will be set out in <b>your Table of Cover</b>.</p>
Parent accompanying child	<p>Under this <b>benefit</b> <b>we</b> will contribute towards the following costs where <b>your child</b> is an <b>in-patient</b> for more than 3 days and <b>you</b> have to travel to be with them:</p> <ul style="list-style-type: none"> <li>&gt; costs of <b>your</b> hotel or bed and breakfast accommodation</li> <li>&gt; <b>your</b> travel costs to and from the <b>medical facility</b></li> <li>&gt; the costs of food and drink consumed whilst <b>you</b> are visiting <b>your child</b></li> </ul> <p>The contribution under this <b>benefit</b> is payable for reasonable costs incurred by <b>you</b> up to a specified number of days in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b> the maximum amount which <b>we</b> will cover per day and the maximum number of days for which it can be <b>claimed</b> is set out in <b>your Table of Cover</b>.</p> <p>The contribution can only be <b>claimed</b> for costs incurred after <b>your child</b> has been an <b>in-patient</b> for 3 consecutive days i.e. the contribution can only be <b>claimed</b> for the costs <b>you</b> incur from the 4th day <b>your child</b> remains an <b>in-patient</b>. For the purposes of this <b>benefit</b> "child" means a child of 14 years of age or under.</p>
In-patient support benefit	<p>Under this <b>benefit</b> <b>we</b> will contribute towards the following costs where <b>you</b> have to travel more than 50 kilometres from <b>your home</b> to receive an <b>in-patient treatment or procedure</b> in a <b>public hospital</b>:</p> <ul style="list-style-type: none"> <li>&gt; fuel costs to get to and from the <b>public hospital</b> (petrol or diesel)</li> <li>&gt; public transport costs to get to and from the <b>public hospital</b></li> </ul> <p>The contribution under this <b>benefit</b> is payable for reasonable costs incurred by <b>you</b> up to a specified number of days in <b>your policy year</b>. If this <b>benefit</b> is available under <b>your plan</b> the maximum amount which <b>we</b> will cover per day and the maximum number of days for which it can be <b>claimed</b> is set out in <b>your Table of Cover</b>.</p> <p>This <b>benefit</b> is only available for travel costs to and from a <b>public hospital</b> and only where the hospital in question is the nearest <b>public hospital</b> in which you can receive the <b>treatment or procedure</b>.</p>
Cancer support benefit	<p>Under this <b>benefit</b> <b>we</b> will contribute towards the costs of hotel or bed and breakfast accommodation where <b>you</b> have to stay in a hotel or bed and breakfast to enable <b>you</b> to receive chemotherapy or radiotherapy in a <b>public</b> or <b>private hospital</b>.</p> <p>This <b>benefit</b> is only available where <b>you</b> have to travel more than 50 kilometres from <b>your home</b> to receive chemotherapy or radiotherapy in the <b>public</b> or <b>private hospital</b>. This <b>benefit</b> is only available for the costs of a hotel or bed and breakfast on the night before and the night after <b>you</b> receive the chemotherapy or radiotherapy.</p> <p>If this <b>benefit</b> is available under <b>your plan</b> the maximum amount that <b>we</b> will contribute per day and per <b>policy year</b> is set out in <b>your Table of Cover</b>.</p>
Medical and surgical appliances	Under this <b>benefit</b> <b>we</b> will contribute towards 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.
<b>How to claim</b>	
<p><b>You</b> must settle the bill directly with the provider of the goods or services. At the end of <b>your policy year</b>, <b>you</b> must send all original receipts to <b>us</b> in an envelope with <b>your name</b>, address and <b>membership number</b> (see 'Your Contacts').</p> <p>Please ensure that all original receipts state:</p> <ul style="list-style-type: none"> <li>&gt; The amount paid;</li> <li>&gt; The full name of the <b>member</b> receiving <b>treatment/service</b> and their date of birth;</li> <li>&gt; The type of <b>treatment/service</b> received;</li> <li>&gt; The date the <b>treatment/service</b> was received;</li> <li>&gt; The signature and contact details for the treating <b>consultant</b> and the hospital or treatment centre where <b>you</b> were treated (if applicable).</li> </ul> <p><b>We</b> will not return <b>your</b> original receipts unless <b>you ask us</b> to do so at the time <b>you</b> submit them to <b>us</b>.</p> <p>When claiming for the convalescence benefit, home nursing benefit or child home nursing benefit <b>you</b> may also have to provide <b>us</b> with a medical report from <b>your consultant</b> confirming that the stay in a <b>convalescence home</b> or the home nursing is <b>medically necessary</b>.</p>	

Benefit	Description / Criteria
Stress management telephone line	Under this <b>benefit</b> <b>members</b> have access to a stress management telephone service 7 days a week, 365 day a year.
<b>How to claim</b>	
Telephone : 1850 718 888	

Benefit	Description / Criteria
Medcall ambulance costs	Under this <b>benefit</b> we will cover the cost of an ambulance where it is required to transfer <b>you</b> between <b>medical facilities</b> or between a <b>medical facility</b> and a <b>convalescence home</b> . The <b>benefit</b> is only available where the ambulance is provided by Medcall Ambulance Limited* and where it is <b>medically necessary</b> . This <b>benefit</b> is only available where <b>you</b> were, or will be, a private patient in the <b>medical facility</b> covered under your <b>plan</b> to which <b>you</b> are being transferred from or to.
<b>How to claim</b>	

We will pay Medcall Ambulance Limited\* directly but **you** must sign the forms provided by Medcall Ambulance Limited to allow them to **claim** the costs of the service on **your** behalf.

Benefit	Description / Criteria
Employment Assistance Program (EAP)	Where this <b>benefit</b> is available on <b>your plan</b> , <b>you</b> will have access to a dedicated telephone counselling service. This telephone counselling service is available 24 hours a day, 365 days a year. 6 face to face counselling sessions per <b>policy year</b> are also available on some <b>plans</b> . The type of cover available is set out in <b>your</b> Table of Cover. This <b>benefit</b> is only available to <b>members</b> who are 18 years old and over. All counselling must be provided by EAP Consultants Limited*.
<b>How to claim</b>	
Telephone counselling To <b>claim</b> this <b>benefit</b> please call the dedicated EAP phone line on 1850 718 888. EAP will take <b>your</b> details and organise for a counsellor to contact <b>you</b> Face to face counselling If <b>your</b> telephone counsellor considers it necessary they will refer <b>you</b> to a counsellor for face to face counselling.	

Benefit	Description / Criteria
Health in the Home (HITH)	Under this <b>benefit</b> we will cover the costs of a home nursing service, provided by TCP Homecare Limited*, where <b>you</b> require <b>medically necessary treatment</b> but <b>you</b> wish to be discharged and continue <b>your treatment</b> at home. The home nursing is limited to administering <b>your</b> prescribed <b>treatments</b> . <b>Your consultant</b> must have approved <b>your</b> early discharge and consented to <b>your treatment</b> being continued at home. This <b>benefit</b> is only available for home nursing immediately following a <b>medically necessary in-patient</b> stay in a <b>medical facility</b> covered under <b>your plan</b> . This <b>benefit</b> is not available where TCP Homecare Limited* cannot provide the home nursing service for any reason including where they are fully booked or where <b>your</b> 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 <b>Irish Life Health</b> . This <b>benefit</b> must be <b>pre-authorised</b> by <b>Irish Life Health</b> .
<b>How to claim</b>	

We will pay TCP Homecare Limited\* directly.

Benefit	Description / Criteria
Asthma care programme	Under this <b>benefit</b> <b>you</b> receive a discount on the asthma care programme run by Asthma Care Ireland*. The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.
<b>How to claim</b>	

This is a point of sale discount which **you** can **claim** from Asthma Care Ireland at time of purchase on production of **your Irish Life Health** membership card.

\* The service providers named under these **benefits** may change from time to time.

\*\* Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations that must be held by the practitioner.

## 2.5 ) OVERSEAS BENEFITS

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

### A&E ABROAD

Our A&E Abroad **benefits** cover **your** medical costs and the costs of repatriation for **you** and **your** companion where **you** require **emergency care** outside **Ireland**.

The table below explains all our A&E Abroad **benefits** but **you** should check **your** Table of Cover to see which of these **benefits** apply to **you**.

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

All **claims** will be assessed and settled in euro. **Irish Life Health** will use the foreign exchange rate which applies at the date of **your** discharge from the **medical facility** abroad or at the time of purchase, as appropriate.

#### A&E Abroad

Benefit	Description / Criteria
Hospital bill for in-patient treatment	<p>Under this <b>benefit</b> we will cover <b>your</b> medical costs for <b>emergency care</b> in a <b>medical facility</b> abroad where:</p> <ul style="list-style-type: none"><li>&gt; The <b>emergency care</b> is <b>medically necessary</b>;</li><li>&gt; The <b>emergency care</b> is <b>pre-authorised</b> and arranged by <b>Irish Life Health</b>;</li><li>&gt; <b>You began your emergency care</b> abroad within 31 days of <b>your</b> departure from <b>Ireland</b>;</li><li>&gt; <b>You receive the emergency care</b> in an <b>internationally recognised hospital</b>;</li><li>&gt; <b>You</b> have not travelled against medical advice;</li><li>&gt; <b>You</b> were not suffering from a <b>terminal illness</b> when <b>you left Ireland</b>; and</li><li>&gt; <b>You</b> did not suspect when <b>you left Ireland</b> that <b>you</b> might require any <b>medical care</b> when <b>you</b> were abroad and a reasonable person in <b>your</b> position would not have suspected that <b>you</b> would require any <b>medical care</b> when <b>you</b> were abroad.</li></ul> <p>There is a maximum amount that can be claimed under this <b>benefit</b> on <b>your plan</b>. This will be shown in <b>your Table of Cover</b>.</p> <p><b>We</b> will not cover:</p> <ul style="list-style-type: none"><li>&gt; non-medical expenses;</li><li>&gt; <b>medical care</b> that has not been <b>pre-authorised</b> and arranged by <b>us</b>;</li><li>&gt; elective <b>treatments</b> or <b>procedures</b> or <b>follow on care</b>, regardless of whether this is related to <b>your emergency care</b>;</li><li>&gt; <b>medical care</b> that could be delayed until <b>your return to Ireland</b>.</li></ul>

#### How to claim

**You** should call our international assistance number 00353 148 17840 in advance of receiving **your emergency care** to have **your medical care pre-authorised** and arranged by **us**. **You** must provide **us** with details of **your** travel insurance and **your** European Health Insurance Card. If **you** are unable to contact our international assistance number, a third party may do so on **your** behalf.

In most cases, where **we** have **pre-authorised** and arranged **your emergency care** in advance, **we** will pay **your medical facility** and **health care providers** directly (by **direct settlement**). However, some **medical facilities** and **health care providers** abroad may not accept payment from **us** by **direct settlement**. Where this occurs, **you** must pay the **medical facility** and **health care providers** yourself and **claim** the amount covered under this **benefit** back from **us**. **You** will need to submit **your** original receipts to **us** to do so. **You** should send all receipts to **us** in an envelope with **your** name, address and **membership number**. **We** will not return **your** original receipts unless **you ask us** to do so at the time **you** submit them to **us**.

Benefit	Description / Criteria
Reparation expenses	<p>Under this <b>benefit</b> we will arrange and cover the costs (up to a specified amount) of <b>your</b> transport back to <b>Ireland</b> where <b>you</b> are unable to use <b>your</b> return transport to return to <b>Ireland</b> for medical reasons. <b>You</b> must be willing to travel as soon as <b>you</b> are medically fit to do so. If <b>you</b> fail to accept the transport <b>we offer you this benefit</b> will be exhausted. All repatriation travel must be arranged by <b>us</b>. <b>We</b> will not cover the cost of any travel that has not been arranged by <b>us</b>.</p> <p>The maximum amount that <b>we</b> will cover under this <b>benefit</b> is set out in <b>your Table of Cover</b>.</p> <p>This <b>benefit</b> is only available in conjunction with our 'hospital bill for in-patient treatment' <b>benefit</b>.</p>

#### How to claim

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

**We** will pay the transport providers directly where possible. If **we** are unable to pay **your** transport provider directly for any reason **you** will have to pay them yourself and **claim** this back from **us**. **You** will need to submit **your** original receipts to **us** to do so. **You** should send all receipts to **us** in an envelope with **your** name, address and **membership number**. **We** will not return **your** original receipts unless **you ask us** to do so at the time **you** submit them to **us**.

Benefit	Description / Criteria
Companion repatriation expenses	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back the transport costs incurred by <b>your</b> companion to return to <b>Ireland</b> where they have missed their return mode of transport as a result of remaining with <b>you</b> whilst <b>you</b> were receiving <b>your emergency care</b>. The maximum amount that <b>we</b> will contribute under this <b>benefit</b> is set out in <b>your Table of Cover</b>.</p> <p>This <b>benefit</b> is only available in conjunction with our 'hospital bill for in-patient treatment' <b>benefit</b>.</p>

#### How to claim

**Your** companion must arrange and pay for their transport back to **Ireland**. **You** can **claim** the contribution under this **benefit** from **us** by sending **us** their receipts. **You** must send all original receipts to **us** in an envelope with **your** name, address and **membership number**. **We** will not return **your** original receipts unless **you ask us** to do so at the time **you** submit them to **us**.

Benefit	Description / Criteria
Expenses for companion who remains with you	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back reasonable accommodation, local transport and food costs incurred by <b>your</b> companion as a result of such companion remaining with <b>you</b> whilst <b>you</b> are receiving <b>your emergency care</b> . The maximum amount that <b>Irish Life Health</b> will contribute under this <b>benefit</b> is set out in <b>your</b> Table of Cover.  This <b>benefit</b> is only available in conjunction with our hospital 'bill for in-patient treatment' <b>benefit</b> .

#### How to claim

Your companion must pay the providers of the goods and services and keep their receipts. You can **claim** the contribution under this **benefit** from **us** by sending **us** their receipts. You must send all original receipts to **us** in an envelope with **your** name, address and **membership number**. We will not return **your** original receipts unless **you** ask **us** to do so at the time you submit them to **us**.

Benefit	Description / Criteria
24 hour telephone assistance	Under this <b>benefit</b> <b>you</b> have access to a 24 hour telephone assistance line whilst <b>you</b> are abroad.  This <b>benefit</b> is only available in conjunction with our 'hospital bill for in-patient treatment' <b>benefit</b> .

#### How to claim

Please call 00353 148 17840

Please note that our A&E Abroad **benefits** will not apply where **your emergency care** is required:

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

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

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

- > The **surgical procedure** must be performed within 31 days from when **you** leave **Ireland**;
- > **You** must have been referred for the **surgical procedure** abroad by a participating **consultant** in **Ireland**;
- > 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**;
- > The **surgical procedure** must be **medically necessary** and our **medical advisers** must agree that the **surgical procedure** will result in a reasonably favourable medical prognosis;
- > The proposed **surgical procedure** **you** require abroad must be related to and have the same objective as a **procedure** or **treatment** that **you** are covered for in **Ireland**; and
- > The **surgical procedure** or, where the **surgical procedure** is not available in **Ireland**, the most similar **surgical procedure** available in **Ireland**, must not be controlled by a national register of waiting lists for **transplants** or other complex **procedures**.

#### ELECTIVE OVERSEAS REFERRALS

Our Elective Overseas Referral **benefits** cover some of the cost of having a **surgical procedure** performed abroad. We provide two **benefits** under our Elective Overseas Referral **benefits**; (A) 'benefit abroad for surgical procedures that are available in Ireland' and (B) 'benefit abroad for surgical procedures that are not available in Ireland'. The table below explains both our 'Elective Overseas Referral' **benefits** but **you** should check **your** Table of Cover to see if these **benefits** are covered under **your plan**.

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

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

Overseas  
Benefits

## Elective Overseas Referral

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

### How to claim

If you wish to *claim* either of these *benefits* you must have all *your medical care* abroad *pre-authorised* by *us*. To obtain *pre-authorisation* you will need to complete the *Irish Life Health* Overseas Pre-Approval Form which is available on our website. Part 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*). *We* will not return *your original receipts* unless *you ask us* to do so at the time *you submit them to us*.

## 2.6 IRISH LIFE HEALTH MEMBER BENEFITS

As an *Irish Life Health member*, *you* are eligible to receive discounts on certain health related products or services. These are known as *Irish Life Health Member Benefits* and are explained in the table below. To *claim* your *Irish*

*Life Health Member Benefits*, *you* will need to prove that *you* are an *Irish Life Health member* at the time of purchasing the products or booking/receiving the service. *You* can do this by 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	<b>Charter Medical Group*</b> Telephone: 01 657 9000  <b>Employment Health Advisers*</b> Telephone: 021 453 6000	<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, <i>you</i> may also be able to <i>claim</i> a contribution from <i>us</i> on the amount that <i>you</i> have paid to Charter Medical Group or Employment Health Advisers for <i>your</i> health screening. To <i>claim</i> the contribution from <i>us</i> you need to settle the bill directly with Charter Medical Group or Employment Health Advisers and send <i>your receipt</i> to <i>us</i> at the end of <i>your policy year</i> (see section 10 of this Membership Handbook for contact details for our claims team).</p>

## Irish Life Health Member Benefits

Benefit	Provider contact details	Description / Criteria
Smoking Cessation	Allen Carr's Easyway to Stop Smoking Programme*  Telephone: 1890 379 929 or 01 4999010  Website: <a href="http://www.easyway.ie">www.easyway.ie</a> or <a href="http://www.allencarr.ie">www.allencarr.ie</a>	Allen Carr's Easyway to Stop Smoking Programme provide <b>Irish Life Health members</b> with a point of sale discount on its smoking cessation programme. This offer may not be used in conjunction with any other offer or promotion run by Allen Carr's Easyway to Stop Smoking Programme.
Dental Access Package	Smiles Town and Dental  Telephone: 1850 323 323 Website: <a href="http://www.smiles.ie">www.smiles.ie</a>	Smiles Town and Dental provide <b>Irish Life Health members</b> with a point of sale discount on a number of dental <i>treatments</i> .  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.
Asthma care programme	Asthma Care Ireland*  Telephone: 1800 931 935 or 091 756229 Email: <a href="mailto:info@asthmacare.ie">info@asthmacare.ie</a> Website: <a href="http://www.asthmacare.ie">www.asthmacare.ie</a> or <a href="http://www.buteykochidren.com">www.buteykochidren.com</a>	Asthma Care Ireland provide <b>Irish Life Health members</b> with a point of sale discount on its asthma care programme.  The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.
Laser eye surgery	Optilase*  Telephone: 1890 301 302 Website: <a href="http://www.optilase.com">www.optilase.com</a>	Lominol Limited t/a Optilase provide <b>Irish Life Health members</b> 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 Lominol Limited t/a Optilase.
Fitsquad	2012 FITSQUAD LIMITED*	2012 Fitsquad Limited provide <b>Irish Life Health members</b> 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.
U Mamma	U Mamma*  Telephone: 01 2014900 Website: <a href="http://www.umamma.ie">www.umamma.ie</a>	U Mamma provide <b>Irish Life Health members</b> 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.
4d scans	Ultrasound Dimensions*  21 Main Street, Blackrock, Co. Dublin  Telephone: 01 210 0232 Email: <a href="mailto:info@ultrasound.ie">info@ultrasound.ie</a>	Ultrasound Dimensions provide <b>Irish Life Health members</b> 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.
Elvery's Sports	Elvery's Sports* Stores nationwide	Elvery's Sports provide <b>Irish Life Health members</b> 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.  In addition we will contribute towards the cost running shoes purchased from Elvery's Sports. One contribution can be claimed per member per policy year. To claim 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 policy year (see section 10 of this Membership Handbook for contact details for our claims team). This Irish Life Health Member Benefit is available on certain plans only. Please refer to your Table of Cover to see if it's applicable to your plan.
Back up	Health & Case Management Limited (HCML)*	Health & Case Management Limited provide <b>Irish Life Health members</b> with advice on back and neck pain and where required physiotherapy for a once off nominal fee.  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.  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 physiotherapy 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-authorisation. This is only available to members who are 18 years old and over.  Further information on Back Up is available on our website at <a href="http://irishlifehealth.ie/back-up">irishlifehealth.ie/back-up</a> .
babylon Health	Babylon Healthcare Services Limited*	Members can claim a discount on the cost of subscribing to the babylon Health app. The babylon Health app allows you to have a consultation with a GP through your mobile device. Please note the babylon Health app is only available for download and use on iPhone or Android phones. This offer may not be used in conjunction with any other offer or promotion run by Babylon Healthcare Services Limited*.

\* 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 Medicall ambulance costs **benefit**;
- > 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**, investigations into infertility, the reversal of infertility **treatment** and assisted reproduction, except where such costs are covered under **our vasectomy benefit**, **prescription benefit** or the fertility assessment in **our health screening 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-authorised** by *Irish Life Health*;
- > Expenses for which **you** are not liable;

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

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

### RENEWING YOUR PLAN

To renew your membership:

- > If you pay in monthly 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 cheque or 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.

### 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** accept payment by debit card, direct debit, credit card or cheque. Please note credit card and debit card payments will only be accepted in three circumstances:

- > as payment for the first monthly premium while the direct debit is being set up;
- > to pay a monthly premium which is late;
- > to pay the yearly premium in advance.

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 AND CONDITIONS

### GENERAL RULES

- > Your **policy** is governed at all times by the laws of **Ireland** and the exclusive jurisdiction of the courts of **Ireland**;
- > All **policy** documents and communications to **members** will be in English. **We** can provide **policy** documents and/or communications in braille or large print if requested;
- > All **members** must be resident in **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 any documents **you** send to **us** unless you ask **us** to when **you** send them to **us**;

> **We** will not pay **your claim** where **you** have failed to comply with any of the terms of our contractual documents;

> **We** have absolute discretion whether or not to exercise our legal rights. Failure to exercise our legal rights shall not prevent **us** from doing so in the future;

> **Irish Life Health** and our agents reserve the right to review any information which relates to the **medical care**, goods or services that **you** are claiming for (including **your** medical records) where **we** are of the opinion that access to such information is required to process **your claim** and/or detect or prevent fraud. **You** must provide **your medical facility** and **health care providers** with any consents which they require to allow them to release such information to **Irish Life Health** and our agents. **We** will not pay **your claim** where **we** are unable to gain access to any information which **we** believe is necessary to enable **us** to process the **claim** or detect fraud;

> If any provision of this Membership Handbook is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of this Membership Handbook and all provisions not affected by such invalidity or unenforceability shall remain in full force and effect.

> In the event that **Irish Life Health** disagrees with the classification of a **member** as a public or a private patient by a **medical facility** or a **health care provider**, our decision shall prevail and be final.

> Any dispute between **you** and **us** (about our liability over a **claim** or the amount to be paid, where the amount of the **claim** is €5,000 or more) must be referred (within 12 months of the dispute arising) to an arbitrator appointed jointly by **you** and **us**. If **we** cannot agree on an arbitrator, the President of the Law Society of Ireland will decide on the arbitrator and the decision of that arbitrator will be final. **We** may not refer the dispute to arbitration without **your** consent where the amount of the **claim** is less than €5,000. If **you** do not refer such a dispute to arbitration within 12 months, **we** will treat the **claim** as abandoned.

## 6 ) WAITING PERIODS

### WAITING PERIODS

A waiting period is the amount of time that must pass before **you** will be covered under **your plan** or before **you** will be covered to the level of cover available under **your plan**. 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		
Medical Ambulance Cost		
Health In the Home		
PET CT Scans	26 weeks	
Oncotype Dx		
Day-case for Rheumatology and Chemo		
Public Hospital Levy		
All Maternity Benefits	52 weeks	
All Day to Day Benefits		
Post Operative Home Help		
Alternative amount for post-operative home help		
Convalescence Benefit	None	26 weeks
Home Nursing		
Parent Accompanying Child		
In- Patient Support Benefit		
Cancer Support Benefit		
Medical & Surgical Appliances		
All Out Patient Benefits	None	
Asthma Care Programme		
Employment Assistance Programme		
Stress Management Telephone Line		
Child Home Nursing	None	N/A

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		
Day-case for Rheumatology and Chemo		5 years
PET-CT Scans		
Medical & Surgical Appliances		
Health In the Home		
All Maternity Benefits	52 weeks	
All Day to Day Benefits		
All Out Patient Benefits		
Asthma Care Programme		
Stress Management Telephone Line		
Medical Ambulance Cost		
Employment Assistance Programme		
Convalescence Benefit		
Home Nursing		None
Child Home Nursing		
Parent Accompanying Child		
In- Patient Support Benefit		
Cancer Support Benefit		
Public Hospital Levy		
Post Operative Home Help		
Alternative amount for post-operative home help		
Oncotype Dx		

#### 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 claiming 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 overleaf sets out the upgrade waiting periods applied by *Irish Life Health*. These waiting periods will apply from the date *you* upgraded.

#### 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

## General Terms & Conditions and 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		2 years
Day-case for Rheumatology and Chemo		
PET CT Scans		
All Maternity Benefits		52 weeks
Post Operative Home Help		
Alternative amount for post-operative home help		
Oncotype Dx		
Convalescence Benefit	None	
Home Nursing		52 weeks
Parent Accompanying Child		
In-Patient Support Benefit		
Cancer Support Benefit		
Medical & Surgical Appliances		
All Day to Day Benefits	None	26 weeks
All Out Patient Benefits		
Asthma Care Programme		
Employment Assistance Programme		
Stress Management Telephone Line		
Public Hospital Levy		
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 *your policy* was arranged through a *group scheme sponsor*, *your* cover will continue as long as *you* fulfil the conditions for participation in the *group scheme* and the *group scheme sponsor* continues to pay *your* premium.

## 9 ) PREMIUM CHANGES

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

## 10 ) YOUR CONTACTS

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

## NURSE-ON-CALL

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

All calls will remain fully confidential.

Telephone: 1850 946 644

## 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:

## 11 DEFINITIONS

### 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 specialty (including appropriate specialist training) is consulted by other registered medical

practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and;

- > holds a current full registration as a specialist with the Medical Council of Ireland and is listed on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of *Ireland*.

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

### CONVALESCENCE HOME

A nursing home registered pursuant to the Health (Nursing Homes) Act 1990 which is approved by the Health Information and Quality Authority and retains a current registration with that body. A link to the Health Information and Quality Authority's list of registered convalescence/nursing homes can be found at [irishlifehealth.ie](http://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*.

> By phone on (021) 480 2040

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

> By post at: The Complaints Team, P.O. Box, 764, Freepost, 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](mailto:enquiries@financialombudsman.ie)

### 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 parascending, potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighing, off-piste skiing, competitive canoeing or kayaking, boxing, wrestling, karate, judo or martial arts, scuba diving, any professional sporting activity, or extreme sports such as free diving, base jumping and ice climbing.

#### **HEALTH CARE PROVIDER**

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

#### **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 doc.

#### **HOSPITAL COSTS**

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

#### **INTERNATIONALLY RECOGNISED HOSPITAL**

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

#### **IRELAND**

The Republic of Ireland excluding Northern Ireland.

#### **LEVEL 1 PLANS**

These are: Access Plan Level 1, Select and Select Starter, Day2Day Focus, Level 1 Everyday, Level 1 Everyday Nurses, Level 1 Everyday Teachers, Health Starter, Hospital Nurses Plan Level 1, Hospital Teachers Plan Level 1, I Plan Level 1, Level 1 Hospital, Level 1 Plan, Me Plan Level 1, Daily Level 1, Health Level 1, Value Focus, We Plan Level 1.

#### **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**.

#### **POLICY YEAR**

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

#### **PRE-AUTHORISATION / PRE-AUTHORISED / PRE-AUTHORISE**

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

## **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*.

## **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*.

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

### Allied Health Professionals

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.
Chiropodist	A member of one of the following Societies: <ul style="list-style-type: none"> <li>&gt; The Society for Chiropodists/Podiatrists</li> <li>&gt; Society of Chiropodists and Podiatrists in Ireland</li> <li>&gt; Institute of Chiropodists and Podiatrists in Ireland</li> <li>&gt; Irish branch of the British Chiropody and Podiatry Association</li> <li>&gt; The Irish Chiropodists/Podiatrists Organisation Ltd</li> </ul>
Dietician	A member of the Irish Nutrition & Dietetic Institute.
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.
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"> <li>&gt; The Society for Chiropodists/Podiatrists</li> <li>&gt; Society of Chiropodists and Podiatrists in Ireland</li> <li>&gt; Institute of Chiropodists and Podiatrists in Ireland</li> <li>&gt; Irish branch of the British Chiropody and Podiatry Association</li> <li>&gt; The Irish Chiropodists/Podiatrists Organisation Ltd.</li> </ul>
Speech and language therapist	A member of the Irish Association of Speech and language therapists

### 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"> <li>&gt; The Acupuncture Council of Ireland (TCMCI Ltd)</li> <li>&gt; The Acupuncture Foundation Professional Association</li> <li>&gt; The Professional Register of Traditional Chinese Medicine</li> </ul>
Baby massage therapist	A member of Baby Massage Ireland,(BMI) the Irish chapter of International Association of Infant Massage
Chiropractor	A member of one of the following Associations: <ul style="list-style-type: none"> <li>&gt; The Chiropractic Association of Ireland</li> <li>&gt; Mc Timony Chiropractic Association of Ireland</li> </ul>
Homeopath	A person who is on the professional register of one of the following Societies: <ul style="list-style-type: none"> <li>&gt; The Irish Society of Homeopaths</li> <li>&gt; The Irish Medical Homeopathic Society</li> </ul>
Massage therapist	A member of the Irish Massage therapists Association.
Medical herbalist	A member of the Irish Institute of Medical herbalists (IIMH).
Osteopath	A member of The Osteopathic Council of Ireland.
Physical therapist (Sports rehabilitation therapist)	A member of one of the following Associations: <ul style="list-style-type: none"> <li>&gt; Irish Association of Physical therapists</li> <li>&gt; Registered Physical therapists of Ireland</li> <li>&gt; Association of Neuromuscular Therapists</li> <li>&gt; Irish Institute of Physical therapists</li> <li>&gt; A member of the British Association of Sports Rehabilitators and Trainers</li> </ul>
Psychologist	A member of the Irish Association for Counselling & Psychotherapy, a member of the Psychological Society of Ireland.
Reflexologist	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.

Please refer to your Table of Cover to check whether list 1, 2, 3 or 4 applies to your plan.

A. Hospitals	Location	Direct settlement	Hospital type	List 1	List 2	List 3	List 4
Cavan							
Cavan General Hospital	Cavan	Yes	Public hospital	Covered	Covered	Covered	Covered
Cork							
Bantry General Hospital	Cork	Yes	Public hospital	Covered	Covered	Covered	Covered
Bon Secours Hospital	Cork	Yes	Private hospital	Covered			
Cork University Hospital	Cork	Yes	Public hospital	Covered	Covered	Covered	Covered
Cork University Maternity	Cork	Yes	Public hospital	Covered	Covered	Covered	Covered
Mallow General Hospital	Cork	Yes	Public hospital	Covered			
Mater Private Hospital Cork	Cork	Yes	Private hospital	Covered	Covered	Covered	
Mercy University Hospital, Grenville Place	Cork	Yes	Public hospital	Covered	Covered	Covered	Covered
South Infirmary / Victoria University Hospital	Cork	Yes	Public hospital	Covered	Covered	Covered	Covered
St. Finbarr's Hospital	Cork	Yes	Public hospital	Covered			
St. Patrick's (Marymount Hospice)	Cork	Yes	Public hospital (hospice)	Covered	Covered		
Clare							
Cahercalla Community Hospital, Ennis	Clare	Yes	Private hospital	Covered	Covered	Covered	
Midwestern Regional Hospital, Ennis	Clare	Yes	Public hospital	Covered			
Donegal							
Letterkenny General Hospital	Donegal	Yes	Public hospital	Covered	Covered	Covered	Covered
Dublin							
Beacon Hospital, Sandyford, D18	Dublin	Yes	High-tech hospital	Covered	Covered	Covered	
Beaumont Hospital, Santry, D9	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Blackrock Clinic, Co.Dublin	Dublin	Yes	High-tech hospital	Covered			
Blackrock Hospice (part only), Co.Dublin	Dublin	Yes	Public hospital (hospice)	Covered	Covered		
Bon Secours Hospital, Glasnevin, D9	Dublin	Yes	Private hospital	Covered	Covered	Covered	
Cappagh National Orthopaedic Hospital, Finglas, D11	Dublin	Yes	Public hospital	Covered	Covered		
Children's University Hospital, Temple St.	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Connolly Hospital	Dublin	Yes	Public hospital	Covered			
Coombe Women's and Infant's University Hospital	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Hampstead Acute Unit, Dublin 9	Dublin	Yes	Private hospital	Covered	Covered		
Hermitage Medical Clinic Lucan	Dublin	Yes	Private hospital High Tech Hospital for Level 1 plans*	Covered	Covered	Covered	
Highfield Private hospital, Whitehall, D9	Dublin	Yes	Private hospital	Covered	Covered		
Incorporated Orthopaedic Hospital of Ireland, Clontarf, D3	Dublin	Yes	Public hospital	Covered			
La Ginesa - St John of God	Dublin	Yes	Private hospital	Covered	Covered		
Mater Misericordiae University Hospital, D7	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Mater Private hospital, D7	Dublin	Yes	High-tech hospital	Covered			
National Maternity Hospital, Holles St, D2	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Our Lady's Hospice, Harold's Cross (part only), Dublin 6W	Dublin	Yes	Public hospital (hospice)	Covered	Covered		
Our Lady's Hospital for Sick Children, Crumlin, D12	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Peamount Hospital, Newcastle, Co.Dublin	Dublin	Yes	Public hospital	Covered			
Rotunda Hospital, D1	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Royal Victoria Eye and Ear Hospital, D2	Dublin	Yes	Public hospital	Covered	Covered	Covered	Covered
Sports Surgery Clinic, Santry, D9	Dublin	Yes	Private hospital	Covered	Covered	Covered	
St. Columcille's Hospital, Loughlinstown, Co.Dublin	Dublin	Yes	Public hospital	Covered			

St. Edmundsbury Private hospital, Lucan, Co.Dublin	Dublin	Yes	<i>Private hospital</i>	Covered			
St. James's Hospital, D8	Dublin	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
St. John of God Hospital, Stillorgan, Co.Dublin	Dublin	Yes	<i>Private hospital</i>	Covered	Covered		
St. Joseph's, Raheny, D5	Dublin	Yes	<i>Public hospital</i>	Covered			
St. Luke's Hospital, Rathgar, D6	Dublin	Yes	<i>Public hospital</i>	Covered			
St. Michael's Hospital, Dun Laoghaire, Co.Dublin	Dublin	Yes	<i>Public hospital</i>	Covered			
St. Patrick's University Hospital, D8	Dublin	Yes	<i>Private hospital</i>	Covered			
St. Vincent's Hospital, Fairview, D3	Dublin	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
St. Vincent's Private Hospital, D4	Dublin	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
St. Vincent's University Hospital, D4	Dublin	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
The Adelaide and Meath Hospital incorporating The National Children's Hospital, Tallaght, D24 (Tallaght Hospital)	Dublin	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
UPMC Cancer Centre, Beacon Hospital, D18	Dublin	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
<b>Galway</b>							
Merlin Park Regional Hospital	Galway	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
Bon Secours Hospital, Renmore	Galway	Yes	<i>Private hospital</i>	Covered			
Galway Clinic	Galway	Yes	<i>Private hospital</i> High Tech Hospital for Level 1 plans*	Covered	Covered	Covered	
Portiuncula Hospital	Galway	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
University College Hospital	Galway	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Kerry</b>							
Bon Secours Hospital, Tralee	Kerry	Yes	<i>Private hospital</i>	Covered			
Kerry General Hospital	Kerry	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Kildare</b>							
Clone General Hospital	Kildare	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
Naas General Hospital	Kildare	Yes	<i>Public hospital</i>	Covered			
<b>Kilkenny</b>							
Aut Even Hospital	Kilkenny	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
Lourdes Orthopaedic Hospital, Kilcreene	Kilkenny	Yes	<i>Public hospital</i>	Covered	Covered		
St. Luke's General Hospital	Kilkenny	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Laois</b>							
Midland Regional Hospital (Portlaoise)	Laois	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Leitrim</b>							
Our Lady's Hospital (Manorhamilton)	Leitrim	Yes	<i>Public hospital</i>	Covered			
<b>Limerick</b>							
Barrington's Hospital	Limerick	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
University Hospital Limerick (Mid-Western Regional Hospital)	Limerick	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
Mid-Western Regional Maternity Hospital	Limerick	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
Mid-Western Regional Orthopaedic Hospital	Limerick	Yes	<i>Public hospital</i>	Covered	Covered		
Mid-Western Radiation Oncology Unit	Limerick	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
Milford Care Centre	Limerick	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
St. John's Hospital	Limerick	Yes	<i>Public hospital</i>	Covered			
<b>Louth</b>							
Louth County Hospital, Dundalk	Louth	Yes	<i>Public hospital</i>	Covered			
Our Lady of Lourdes Hospital, Drogheda	Louth	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Mayo</b>							
Mayo General Hospital (Castlebar)	Mayo	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Meath</b>							

Our Lady's Hospital (Navan)	Meath	Yes	<i>Public hospital</i>	Covered			
<b>Monaghan</b>							
Monaghan General Hospital	Monaghan	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Offaly</b>							
Midland Regional Hospital (Tullamore)	Offaly	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Roscommon</b>							
Roscommon County Hospital	Roscommon	Yes	<i>Public hospital</i>	Covered			
<b>Sligo</b>							
Kingsbridge Private Hospital (Garden Hill)	Sligo	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
Sligo General Hospital	Sligo	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Tipperary</b>							
Mid-Western Regional Hospital Nenagh (St. Joseph's)	Tipperary	Yes	<i>Public hospital</i>	Covered			
South Tipperary General Hospital (Clonmel)	Tipperary	Yes	<i>Public hospital</i>	Covered			
<b>Waterford</b>							
Whitfield Clinic, Butlerstown North	Waterford	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
Waterford Regional Hospital	Waterford	Yes	<i>Public hospital</i>	Covered	Covered	Covered	Covered
<b>Westmeath</b>							
Midland Regional Hospital (Mullingar)	Westmeath	Yes	<i>Public hospital</i>	Covered	Covered	Covered	
St. Francis Private Hospital (Mullingar)	Westmeath	Yes	<i>Private hospital</i>	Covered	Covered	Covered	
<b>Wexford</b>							
Ely Hospital, Ferrybank	Wexford	Yes	<i>Public hospital</i>	Covered			
Wexford General Hospital	Wexford	Yes	<i>Public hospital</i>	Covered	Covered	Covered	
<b>Northern Ireland</b>							
<b>Antrim</b>							
Royal Victoria Hospital (Belfast)	Antrim	Yes	<i>Private hospital</i>	Covered			
Ulster Independent Clinic (Belfast)	Antrim	Yes	<i>Private hospital</i>	Covered			
<b>Derry</b>							
Altnagelvin Area Hospital	Derry	Yes	<i>Private hospital</i>	Covered			
North West Independent Hospital (Ballykelly)	Derry	Yes	<i>Private hospital</i>	Covered			
<b>Down</b>							
Daisy Hill Hospital (Newry)	Down	Yes	<i>Private hospital</i>	Covered			

B. Treatment Centres	Location	Direct settlement	Hospital type	List 1	List 2	List 3	List 4
Bushpark Treatment Centre, Ennis	Clare	Yes	Addiction centre	Covered			
Cork Clinic, Western Road (limited to hysteroscopy and cystoscopy only)	Cork	Yes	Treatment Centre	Covered	Covered	Covered	
Cuan Mhuire (Farnanes)	Cork	Yes	Addiction centre	Covered	Covered	Covered	
Tabor Lodge, Belgooly	Cork	Yes	Addiction centre	Covered	Covered	Covered	
Eccles Clinic, Dublin 7	Dublin	Yes	Treatment Centre	Covered	Covered	Covered	
M.S. Care Centre, Rathgar, D6	Dublin	Yes	Respite Care	Covered	Covered		
Park West Clinic, Nangor Rd., D12	Dublin	Yes	Treatment Centre	Covered	Covered	Covered	
Rutland Centre, Knocklyon, D16	Dublin	Yes	Addiction centre	Covered	Covered		
White Oaks Treatment Centre	Donegal	Yes	Addiction centre	Covered	Covered	Covered	
Cuan Mhuire, Coolarne	Galway	Yes	Addiction centre	Covered	Covered	Covered	
Talbot Grove Centre, Castleisland	Kerry	Yes	Addiction centre	Covered			
Cuan Mhuire, Athy	Kildare	Yes	Addiction centre	Covered	Covered	Covered	
Aislinn Treatment Centre, Ballyragget	Kilkenny	Yes	Addiction centre	Covered			
Gulladoo Treatment Centre	Leitrim	Yes	Addiction centre	Covered	Covered	Covered	
Cuan Mhuire (Bruree)	Limerick	Yes	Addiction centre	Covered	Covered	Covered	

B. Treatment Centres	Location	Direct settlement	Hospital type	List 1	List 2	List 3	List 4	
Hope House (Foxford)	Mayo	Yes	Addiction centre	Covered				
Aiséirí Centre (Cahir)	Tipperary	Yes	Addiction centre	Covered				
Aiséirí Centre (Roxborough)	Wexford	Yes	Addiction centre	Covered				
C. Scan Facilities: Approved MRI Facilities	Location	Direct settlement	Facility Type	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Bon Secours Hospital	Cork	Yes	Private hospital	No	Covered			
Alliance Medical at Cork University Hospital	Cork	Yes	Public hospital	No	Covered	Covered	Covered	Covered
Alliance Medical Mater Private Cork	Cork	Yes	Scan centre	No	Covered	Covered	Covered	
Affidea Cork, The Elysian	Cork	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Mercy University Hospital	Cork	Yes	Public hospital	Yes	Covered	Covered	Covered	Covered
Trans Specialists at South Infirmary / Victoria University Hospital	Cork	Yes	Public hospital	No	Covered	Covered	Covered	Covered
Letterkenny General Hospital	Donegal	Yes	Public hospital	No	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Dublin	Yes	Private hospital	No	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	Dublin	Yes	Private hospital	Yes	Covered			
Bon Secours Hospital (Glasnevin), Dublin 9	Dublin	Yes	Private hospital	No	Covered	Covered	Covered	
Alliance Medical at Charter Medical Group	Dublin	Yes	Scan centre	Yes	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Dublin	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Affidea at The Meath Primary Care Centre, Dublin 8	Dublin	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Affidea Northwood, Santry, Dublin 9	Dublin	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Hermitage Clinic Lucan	Dublin	Yes	Private hospital High-tech hospital for Level 1 plans *	Yes	Covered	Covered	Covered	
Mater Private hospital, Dublin 7	Dublin	Yes	Private hospital	No	Covered			
Sports Surgery Clinic, Santry, Dublin 9	Dublin	Yes	Private hospital	No	Covered	Covered	Covered	
St. James' Hospital, Dublin 8	Dublin	Yes	Public hospital	No	Covered**	Covered**	Covered**	Covered**
St. Vincent's Private hospital, Dublin 4	Dublin	Yes	Private hospital	No	Covered	Covered	Covered	
Bon Secours Hospital, Renmore	Galway	Yes	Private hospital	No	Covered			
Galway Clinic	Galway	Yes	Private hospital High-tech hospital for Level 1 plans *	No	Covered	Covered	Covered	
Alliance Medical at Merlin Park	Galway	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical Portiuncula	Galway	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Bon Secours Tralee	Kerry	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Clane General Hospital	Kildare	Yes	Scan centre	No	Covered	Covered	Covered	
Affidea at Vista Primary Care Centre	Kildare	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Aut Even Hospital	Kilkenny	Yes	Private hospital	No	Covered	Covered	Covered	
Affidea, Dean Street Clinic, Kilkenny	Kilkenny	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Barringtons Hospital	Limerick	Yes	Scan centre	Yes	Covered	Covered	Covered	Covered
Limerick Clinic, City Gate House, Raheen Business Park	Limerick	Yes	Scan centre	No	Covered	Covered	Covered	
Alliance Medical at Our Lady Of Lourdes Hospital, Drogheda	Louth	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Tullamore Regional Hospital	Offaly	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Affidea at Sligo General Hospital	Sligo	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Whitfield Clinic, Butlerstown North	Waterford	Yes	Private hospital	No	Covered	Covered	Covered	
Alliance Medical at North West Independent Hospital (Ballykelly)	Derry	Yes	Scan centre	No	Covered			
St. Francis Private hospital (Mullingar)	Westmeath	Yes	Private hospital	No	Covered	Covered	Covered	

C. Scan Facilities: Approved CT Facilities	Location	Direct settlement	Facility Type	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Affidea Cork, The Elysian	Cork	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Mater Private Cork	Cork	Yes	Scan centre	No	Covered	Covered	Covered	
Beacon Hospital, Sandyford, Dublin 18	Dublin	Yes	<b>Private hospital</b>	No	Covered	Covered	Covered	
Beaumont Consultants Private Clinic, Santry, Dublin 9	Dublin	Yes	<b>Private hospital</b>	No	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	Dublin	Yes	<b>Private hospital</b>	Yes	Covered			
Bon Secours Hospital, Glasnevin Dublin 9	Dublin	Yes	<b>Private hospital</b>	No	Covered	Covered	Covered	
Alliance Medical at Charter Medical	Dublin	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Dublin	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Hermitage Clinic Lucan	Dublin	Yes	Private hospital High-tech hospital for <i>Level 1 plans *</i>	Yes	Covered	Covered	Covered	
Mater Private hospital, Dublin 7	Dublin	Yes	<b>Private hospital</b>	No	Covered			
St. James' Hospital, Dublin 8	Dublin	Yes	<b>Public hospital</b>	No	Covered**	Covered**	Covered**	Covered**
St. Vincent's Private hospital, Dublin 4	Dublin	Yes	<b>Private hospital</b>	No	Covered	Covered	Covered	
Bon Secours Hospital, Renmore	Galway	Yes	<b>Private hospital</b>	No	Covered			
Galway Clinic	Galway	Yes	Private hospital High-tech hospital for <i>Level 1 plans *</i>	Yes	Covered	Covered	Covered	
Alliance Medical at Merlin Park	Galway	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Alliance Medical at Clane General Hospital	Kildare	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Affidea - Vista Primary Care (Naas)	Kildare	Yes	Scan centre	No	Covered	Covered	Covered	Covered
Barringtons Hospital	Limerick	Yes	Scan centre	Yes	Covered	Covered	Covered	Covered
Limerick Clinic, City Gate House, Raheen Business Park	Limerick	Yes	Scan centre	No	Covered	Covered	Covered	
UPMC Whitfield, Butlerstown North	Waterford	Yes	<b>Private hospital</b>	No	Covered	Covered	Covered	

C. Scan Facilities: Approved PET-CT Facilities	Location	Direct settlement	Facility Type	List 1	List 2	List 3	List 4
Alliance Medical at Cork University Hospital	Cork	Yes	<b>Public hospital</b>	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Dublin	Yes	<b>Private hospital</b>	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	Dublin	Yes	<b>Private hospital</b>	Covered			
Hermitage Clinic Lucan	Dublin	Yes	Private hospital High-tech hospital for <i>Level 1 plans *</i>	Covered	Covered	Covered	
Mater Private hospital, Dublin 7	Dublin	Yes	<b>Private hospital</b>	Covered			
St. James's Hospital, Dublin 8	Dublin	Yes	<b>Public hospital</b>	Covered	Covered	Covered	Covered
Galway Clinic	Galway	Yes	Private hospital High-tech hospital for <i>Level 1 plans *</i>	Covered	Covered	Covered	
UPMC Cancer Centre Whitfield Clinic	Waterford	Yes	<b>Private hospital</b>	Covered	Covered	Covered	

\***Level 1 plans** are: Access Plan Level 1, Select & Select Starter, Day2Day Focus, Level 1 Everyday, Level 1 Everyday Nurses, Level 1 Everyday Teachers, Health Starter, Hospital Nurses Plan Level 1, Hospital Teachers Plan Level 1, I Plan Level 1, Level 1 Hospital, Level 1 Plan, Me Plan Level 1, Daily Level 1, Health Level 1, Value Focus, We Plan Level 1.

\*\*Referrals must be made by an oncologist or other clinician at St. James 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, August 27th 2016. For the most up-to-date lists, visit [irishlifehealth.ie](http://irishlifehealth.ie)

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