

Terms & Conditions Changes

- for policies renewing from 1st October 2022

To keep you fully informed of updates that affect your policy at renewal time, the terms and conditions changes that have come into effect since your last renewal are shown below. Some of these changes will only impact you if the benefit is available on your plan. Please see your Table of Cover for details of what is covered on your plan.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to contact numbers	Digital Doctor - 1890 100 048 / 0044 203 858 3892 Nurse on Call - 1850 946 644 Healthy Minds - 1850 718 888 Back Up - 1890 928 998	Digital Doctor - 01 562 5150 Nurse on Call - 01 562 5150 Healthy Minds - 01 562 5150 Back Up - 01 562 5150
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Change to the definition of a Psychologist	Psychologist A member of the Irish Association for Counselling & Psychotherapy (IACP) or a member of the Psychological Society of Ireland.	Psychologist A member of the Psychological Society of Ireland.
Health Plans Membership Handbook	Update to the vaccinations benefits rules	Vaccinations This benefit allows you to claim back some of the cost of vaccinations provided by a nurse or a GP. Vaccinations: Travel only This benefit allows you to claim back some of the cost of your travel vaccinations provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**.	Vaccinations: Travel Only This benefit allows you to claim back some of the cost of vaccinations provided by a nurse or a GP. Vaccinations: Travel or Flu This benefit allows you to claim back some of the cost of travel or flu vaccinations provided by a nurse or a GP. Vaccinations: Travel only (HealthGuide 1, HealthGuide 2, HealthGuide 3 and HealthGuide 4 plans only) This benefit allows you to claim back some of the cost of your travel vaccinations provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**.

Handbook name	What's changing?	Previous wording	Updated wording
<p>Health Plans Membership Handbook Tailored Health Plans Membership Handbook</p>	<p>Update to the Child Development Benefit rule</p>	<p>Day-to-Day and Out-patient benefits How to claim</p> <p>You need to pay the practitioner/health care provider yourself and then claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid.</p> <p>You should keep your original receipts for your own records and in case we request them to be resubmitted. Please ensure that all receipts state:</p> <ul style="list-style-type: none"> > 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. <p>When claiming for prescription costs you must also submit the prescription claim form issued by your pharmacist. When claiming for the emergency dental care benefit you must also submit a dental report. When claiming the home recovery benefit you may also have to provide us with a medical report from your consultant confirming that the home recovery is medically necessary. must also submit the hospital discharge letter/statement issued to you by the hospital in which you received your in-patient care.</p> <p>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.</p> <p>Where your benefit includes a discount from the provider partner, you will need to provide the provider partner with your Irish Life Health membership number at the time of purchasing or booking the products or service. In some cases the provider partner may need to verify your cover with us.</p>	<p>Day-to-Day and Out-patient benefits How to claim</p> <p>You need to pay the practitioner/health care provider yourself and then claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid.</p> <p>You should keep your original receipts for your own records and in case we request them to be resubmitted. Please ensure that all receipts state:</p> <ul style="list-style-type: none"> > 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. <p>When claiming for prescription costs you must also submit the prescription claim form issued by your pharmacist. When claiming for the emergency dental care benefit you must also submit a dental report. When claiming the home recovery benefit you may also have to provide us with a medical report from your consultant confirming that the home recovery is medically necessary. must also submit the hospital discharge letter/statement issued to you by the hospital in which you received your in-patient care. When claiming for the Child Development Benefit the receipt must state which of the covered developmental/neurodevelopmental assessments were carried out.</p> <p>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.</p> <p>Where your benefit includes a discount from the provider partner, you will need to provide the provider partner with your Irish Life Health membership number at the time of purchasing or booking the products or service. In some cases the provider partner may need to verify your cover with us.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Change to the Genetic Testing for Cancer Treatment Options - Foundation One CDx rule	<p>Genetic Testing for Cancer Treatment Options – Foundation One CDx</p> <p>Under this benefit we will cover the cost of solid and liquid biopsy testing (FoundationOne CDx and FoundationOne Liquid CDx) provided by Roche Products (Ireland) Ltd for patients with primary lung cancer, cholangiocarcinoma, advanced breast cancer, advanced colorectal cancer and cancer of unknown primary origin. The benefit is only available where it is recommended by an Irish Life Health approved oncology consultant and where the testing has been pre-authorised by Irish Life Health. In addition agreed clinical criteria (available on request) must be satisfied before this testing will be covered.</p>	<p>Genetic Testing for Cancer Treatment Options – Foundation One CDx</p> <p>Under this benefit we will cover the cost of solid and liquid biopsy testing (FoundationOne CDx and FoundationOne Liquid CDx) provided by Roche Products (Ireland) Ltd for patients with primary lung cancer, cholangiocarcinoma, advanced breast cancer, advanced colorectal cancer and cancer of unknown primary origin. The benefit is only available where it is recommended by an Irish Life Health approved oncology consultant and where the testing has been pre-authorised by Irish Life Health. In addition agreed clinical criteria (available on request) must be satisfied before this testing will be covered. This benefit can only be claimed once per policy year.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Genetic Testing: Initial consultation rule	<p>Genetic Testing: Initial consultation</p> <p>Under this benefit we will contribute towards the cost of an initial consultation with an Irish Life Health approved oncology consultant with a specialist medical genetics qualification at Blackrock Clinic or the Mater Private Hospital, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact us on 01 562 5100 for details of our approved consultant(s).</p>	<p>Genetic Testing: Initial consultation</p> <p>Under this benefit we will contribute towards the cost of an initial consultation with an Irish Life Health approved oncology consultant with a specialist medical genetics qualification at Hermitage Clinic or the Mater Private Hospital, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact us on 01 562 5100 for details of our approved consultant(s).</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Genetic Testing: Test for specified genetic mutations rule	<p>Genetic Testing: Test for specified genetic mutations</p> <p>Under this benefit we will cover the cost of a test for genetic mutations associated with hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome) at Blackrock Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish Life Health approved oncology consultant.</p>	<p>Genetic Testing: Test for specified genetic mutations</p> <p>Under this benefit we will cover the cost of a test for genetic mutations associated with hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome) at Hermitage Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish Life Health approved oncology consultant.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Clarification of the Healthy Minds benefit wording	<p>Healthy Minds</p> <p>Where this benefit is available on your plan, you will have access to a dedicated counselling and advisory service via telephone, video, webchat and face-to-face including up to 6 follow-up counselling sessions per presenting condition if deemed clinically appropriate by your telephone counsellor. A period of 12 months must pass since your last counselling session before you can access further counselling sessions for the same presenting condition. The telephone and webchat counselling service is available 24 hours a day, 365 days a year. This benefit also provides you with unlimited access to an online portal which provides self-assessment tools and content. This benefit is only available to members who are 16 years old and over and only relates to counselling provided by LifeWorks*.</p>	<p>Healthy Minds</p> <p>Where this benefit is available on your plan, you will have access to a dedicated counselling and advisory service, via telephone or webchat, and access to an online portal which provides self-assessment tools and content (for members aged 16 years and over). If deemed clinically appropriate by your telephone counsellor, this benefit also includes up to 6 follow-up counselling sessions per presenting problem (for members aged 18 years and over) via telephone, video, or in-person. A period of 12 months must pass since your last counselling session before you can access further counselling sessions for the same presenting condition. The telephone and webchat counselling service is available 24 hours a day, 365 days a year. This benefit only relates to counselling provided by LifeWorks*.</p>

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Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Infertility benefit rule	<p>Infertility benefit</p> <p>Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members.</p> <p>If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. The benefit is limited to a maximum of two claims per member's lifetime. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s).</p>	<p>Infertility benefit</p> <p>Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members.</p> <p>If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s). The benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles.</p>
Health Plans Membership Handbook	Update to the Public hospital cover for maternity benefit wording	<p>Public hospital cover for maternity</p> <p>Under this benefit we will either:</p> <p>a) Cover your hospital costs for up to 3 nights where you are admitted to a public hospital. The type of hospital accommodation that will be covered under this benefit is the same as that covered under your public hospitals cover in your In-patient Benefits. However, please note that you will only be able to avail of a private room or semi private room where you have opted to be a private or semi private patient with the public hospital. The private or semi private fee imposed by the public hospital is not covered under this benefit but you may be able to claim back some of that fee under our pre/ post natal medical expenses benefit if this benefit is available on your plan.; or</p> <p>b) Pay the contribution specified in your Table of Cover towards your hospital costs. The type of cover available to you will depend on your plan and is set out in your Table of Cover. This benefit is only available where you have been admitted to a public hospital covered on your plan to give birth.</p> <p>Where your plan covers you for up to 3 nights' accommodation but it is medically necessary for you to remain for more than 3 nights, the remainder of your stay in hospital will be covered under your In-patient Benefits.</p> <p>Please note that caesarean section deliveries are covered under your In-patient Benefits and not under this benefit.</p>	<p>Public hospital cover for maternity</p> <p>Under this benefit we will either:</p> <p>a) Cover your hospital costs for up to 3 nights where you are admitted to a public hospital. The type of hospital accommodation that will be covered under this benefit is the same as that covered under your public hospitals cover in your In-patient Benefits. However, please note that you will only be able to avail of a private room or semi private room where you have opted to be a private or semi private patient with the public hospital. The private or semi private fee imposed by the public hospital is not covered under this benefit but you may be able to claim back some of that fee under our pre/ post natal medical expenses benefit if this benefit is available on your plan.; or</p> <p>b) Pay the contribution specified in your Table of Cover towards your hospital costs. The type of cover available to you will depend on your plan and is set out in your Table of Cover. This benefit is only available where you have been admitted to a public hospital covered on your plan to give birth. This benefit is only available for the first three nights of your hospital stay. Where it is medically necessary for you to remain in hospital for more than 3 nights, your fourth and subsequent night's stay will be covered under your In-patient Benefits so the level of cover available for a public hospital stay under your in-patient benefits will apply.</p> <p>It is important to note that the level of in-patient cover under your in-patient benefits and your maternity benefits may be different. For example, if you have cover for a private room under your maternity benefits but a semi-private room under your in-patient benefits, you will only be covered for a semi-private room for your fourth and subsequent night's stay. In this case you should ask to be moved to a semi-private room after your third night or you will have to pay the balance.</p> <p>Please note that caesarean section deliveries are covered under your In-patient benefits and not under this benefit.</p>

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<p>Health Plans Membership Handbook</p> <p>Tailored Health Plans Membership Handbook</p>	<p>Update to the Back-up benefit rule</p>	<p>Member Benefits Back-up</p> <p>Our physiotherapy case management programme provides Irish Life Health members with advice on prevention and treatment for back, neck and spine pain. Please contact our approved provider on 01 562 5150 and provide them with some initial details of your injury. To support your recovery, you will have a dedicated case manager and a programme of care that is personalised to you. You will be asked questions to assess your signs and symptoms to support you in improving your condition. Treatment programmes and duration will vary depending on how your condition presents but will include face-to-face physiotherapy either online or in-person with one of our associated physiotherapists. You must attend the physiotherapist recommended by the Back-Up team. If one of our approved physiotherapists is not available in your area, the Back-Up team will try to offer an alternative. Once the programme has commenced, the Back-Up team are unable to facilitate requests for transfer to another approved practitioner. You'll be entitled to two Back-Up treatment programmes in your policy year for a nominal fee of €50 per in-person face-to-face treatment programme. This fee should be paid to your physiotherapist at the first session of your treatment programme. Each treatment programme must be completed within three months from the date it is begun.</p> <p>A second treatment programme can only be started 6 months after the preceding one finishes. If you wish to amend your appointment time, you will need to follow your physiotherapist's policy on appointment changes. If you miss your appointment without informing your physiotherapist, a new appointment can be scheduled at a charge to you.</p> <p>Clinical responsibility for treatment lies with your physiotherapist and not Irish Life Health. Irish Life Health cannot guarantee the availability of specific treatment modalities. The following patient groups are not eligible to avail of the Back-Up service:</p> <ul style="list-style-type: none"> > Patients who are currently pregnant (however if you have written clearance from your GP then an assessment can be done which will determine your individualised treatment programme) > Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back > Patients who are under 18 years of age > Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months. <p>While we aim for nationwide coverage with our Back-Up panel, a physiotherapist may not be available in your locality. The Back-Up team and programme are managed by Spectrum Health Limited* and our network of ISCP physiotherapists.</p> <p>Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/memberbenefits/back-up/.</p>	<p>Member Benefits Back-up</p> <p>Our physiotherapy case management programme provides Irish Life Health members with advice on prevention and treatment for back, neck and spine pain. Please contact our approved provider on 01 562 5150 and provide them with some initial details of your injury. To support your recovery, you will have a dedicated case manager and a programme of care that is personalised to you. You will be asked questions to assess your signs and symptoms to support you in improving your condition. Treatment programmes and duration will vary depending on how your condition presents but will include face-to-face physiotherapy either online or in-person with one of our associated physiotherapists. You must attend the physiotherapist recommended by the Back-Up team. If one of our approved physiotherapists is not available in your area, the Back-Up team will try to offer an alternative. Once the programme has commenced, the Back-Up team are unable to facilitate requests for transfer to another approved practitioner. You'll be entitled to two Back-Up treatment programmes in your policy year for a nominal fee of €50 per in-person face-to-face treatment programme. This fee should be paid to your physiotherapist at the first session of your treatment programme. Each treatment programme must be completed within three months from the date it is begun.</p> <p>If you wish to amend your appointment time, you will need to follow your physiotherapist's policy on appointment changes. If you miss your appointment without informing your physiotherapist, a new appointment can be scheduled at a charge to you.</p> <p>Clinical responsibility for treatment lies with your physiotherapist and not Irish Life Health. Irish Life Health cannot guarantee the availability of specific treatment modalities. The following patient groups are not eligible to avail of the Back-Up service:</p> <ul style="list-style-type: none"> > Patients who are currently pregnant (however if you have written clearance from your GP then an assessment can be done which will determine your individualised treatment programme) > Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back > Patients who are under 18 years of age > Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months. <p>While we aim for nationwide coverage with our Back-Up panel, a physiotherapist may not be available in your locality. The Back-Up team and programme are managed by Spectrum Health Limited* and our network of ISCP physiotherapists</p> <p>Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/memberbenefits/back-up/.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the PET-CT scan benefit rule	<p>PET-CT Scans All PET-CT scans must be pre-authorised by us. You must be referred by a consultant.</p> <p>In addition, the clinical indicators which relate to your type of scan must be satisfied before it will be covered.</p>	<p>PET-CT and PSMA Scans All PET-CT and PSMA scans must be pre-authorised by us. You must be referred by a consultant.</p> <p>In addition, the clinical indicators which relate to your type of scan must be satisfied before it will be covered.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to Consequences of cancellation wording	<p>Section 4 Your Policy Consequences of cancellation</p> <p>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 midterm 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.</p>	<p>Section 4 Your Policy Consequences of cancellation</p> <p>If a fully paid policy or plan is cancelled before the end of the policy year, we will reimburse the policyholder for the cover the member(s) have not received – i.e. from the Cancellation Date until the next renewal date. Please note we will apply a midterm cancellation charge (you can find more information about this charge in the paragraph below). We will not return the amount of premium for any cover received before the date of cancellation. If we cancel a fully paid policy or plan before the end of the policy year due to the submission of a fraudulent or dishonest claim, we will not refund any of the premium that has already been paid.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to Mid-tem cancellation charge wording	<p>Section 4 Your Policy Mid-term cancellation charge</p> <p>We will apply a mid-term cancellation charge if:</p> <ul style="list-style-type: none"> > 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. <p>The mid-term cancellation charge is made up as follows:</p> <ul style="list-style-type: none"> > 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. <p>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-termcancellation charge.</p>	<p>Section 4 Your Policy Mid-term cancellation charge</p> <p>We will apply a mid-term cancellation charge if:</p> <ul style="list-style-type: none"> > 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. <p>The mid-term cancellation charge is made up as follows:</p> <ul style="list-style-type: none"> > 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. <p>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-termcancellation charge. A mid-term cancellation charge also applies to policies paid by direct debit.</p>

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Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to Cooling off wording	<p>Section 4 Your Policy Cooling off</p> <p>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.</p>	<p>Section 4 Your Policy Cooling off</p> <p>You can cancel your policy free of charge within 14 days from the date the policy was entered into or from the date you are given the policy documentation, whichever is the later. This is known as the cooling off period. We'll give you a full refund of premium unless you or any member has made a claim during this period. If a claim has been made and you wish to cancel your policy from the start date, the cost of any out-patient claim will be deducted from the refund due and you will be liable for any charge relating to in-patient care. Should you wish to cancel your policy with effect from a date later than the start date, we will charge you for providing health insurance cover up to the date of cancellation and we will apply a mid-term cancellation charge in this case.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Change to the Welcome Home Food Hamper redemption link	<p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper and a 30 minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to www.gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service.</p> <p>To avail of the 30 minute phone consultation with a Gourmet Fuel** Nutritionist, please contact 01 2938799 or email info@gourmetfuel.com</p>	<p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper and a 30 minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service.</p> <p>To avail of the 30 minute phone consultation with a Gourmet Fuel** Nutritionist, please contact 01 2938799 or email info@gourmetfuel.com</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Change to the definition of a Sports Psychologist	<p>Sports Psychologist</p> <p>A sports psychologist must have a degree in psychology/ sports science and a postgraduate in psychology (min. masters)</p>	<p>Sports Psychologist</p> <p>A member of the Psychological Society of Ireland.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to the notes referencing our provider partners	<p>Previous notes</p> <p>- The provider partners named under these benefits may change from time to time. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in your locality. Please also note that we are not responsible for the content of the websites of these provider partners.</p> <p>- The provider partners named under these benefits may change from time to time. Access to these benefits is subject to availability and the provider partners' terms and conditions of use. These benefits may not be available in conjunction with other promotions offered by the provider partner. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in your locality.</p> <p>- The provider partners named under these benefits may change from time to time. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. We are not responsible for the content of the websites of these provider partners.</p>	<p>New aligned wording</p> <p>- The provider partners named under these benefits may change from time to time. Access to these benefits is subject to availability and the provider partners' terms and conditions of use. Our provider partners operate independently from Irish Life Health and we accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in your locality. Please also note that we are not responsible for the content of the websites of these provider partners.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to Cancelling your policy wording	<p>Section 4 Your Policy Cancelling your policy</p> <p>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:</p> <ol style="list-style-type: none"> 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. 	<p>Section 4 Your Policy Cancelling your policy</p> <p>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:</p> <ol style="list-style-type: none"> 1) You no longer want health insurance with Irish Life Health The policyholder can choose to cancel the policy or any of the plans listed on the policy at any time. To do this, they just need to call our customer services team or let us know in writing. We will refund any amount due on the cancellation of a policy to the policyholder. In the case of a policyholder who has passed away, we will issue a refund by cheque to the deceased's estate. If we're asked to remove a member from the policy, we reserve the right to tell them that they are no longer covered, however, please note that it is not our policy to do so. It is the policyholder's responsibility to inform the members on their policy of any changes that affect their cover.

Handbook name	What's changing?	Previous wording	Updated wording				
Everyday Care Plans Membership Handbook	Change to Initial Waiting Periods	Section 6 Waiting periods Initial Waiting Periods table		Section 6 Waiting periods Initial Waiting Periods table			
		Benefit	Under 55 years old	55 years and older	Benefit	Under 55 years old	55 years and older
		Overseas Benefits	26 weeks		Overseas Benefits	26 weeks	
		All Day to Day Benefits	None	26 weeks	All Day to Day Benefits	6 weeks	26 weeks
		Diagnostic Scans (in approved centres) Minor Injury Clinic Cover Minor Injury Clinic Cover (Pay & Claim)	None		Diagnostic Scans (in approved centres) Minor Injury Clinic Cover Minor Injury Clinic Cover (Pay & Claim)	None	

If you are unsure which membership handbook applies to your plan or policy, you can check your current handbook on your online account at www.irishlifehealth.ie/login.