



**Irish Life**  
health

Health insurance



# Membership Handbook Health Plans

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# Thank you for choosing Irish Life Health

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Words in bold in this Membership Handbook are defined terms. These are words or phrases commonly used in the private health insurance industry. If **you** don't understand any of these terms, **you** can find full explanations in the Definitions section at the end of this Membership Handbook.

# 1 Your Contract

## Everything you need to know about your policy

Your contract with us is made up of the following:

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

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

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

## Understanding your cover

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

The checklists below explain what to look for to see if you are covered under your Day-to-day Benefits, Out-patient Benefits or In-patient Benefits. You will notice that some of your benefits will be classed as Maternity Benefits or Other Benefits on your Table of Cover. Some of these benefits are claimed as Out-patient Benefits or In-patient Benefits and the checklists below will apply to these.

### Day-To-Day Benefits and Out-patient Benefits

What to look for	Where to check
<ul style="list-style-type: none"> <li>&gt; Is the benefit covered under your plan?</li> <li>&gt; How much will we pay?</li> <li>&gt; Is there an excess?</li> </ul>	Your Table of Cover
<ul style="list-style-type: none"> <li>&gt; What terms and conditions apply to the benefit?</li> <li>&gt; Does a waiting period apply?</li> <li>&gt; How can you claim?</li> </ul>	Your Membership Handbook
<ul style="list-style-type: none"> <li>&gt; What does the benefit cover?</li> <li>&gt; Are there any further criteria?</li> </ul>	The Lists (if applicable)

### In-patient Benefits

What to look for	Where to check
<ul style="list-style-type: none"> <li>&gt; Is the treatment or procedure an established treatment?</li> <li>&gt; Is the treatment or procedure medically necessary?</li> <li>&gt; Is your health care provider registered with Irish Life Health and a participating health care provider?</li> <li>&gt; Will you be admitted to a medical facility and if so which one?</li> <li>&gt; If not, where will you be having your procedure or treatment performed?</li> </ul>	Your health care provider
<ul style="list-style-type: none"> <li>&gt; Is your treatment or procedure covered (is it listed in the Schedule of Benefits)?</li> <li>&gt; Do any clinical indicators apply and do you meet them?</li> <li>&gt; Does your treatment or procedure need to be pre-authorised?</li> <li>&gt; 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)?</li> <li>&gt; 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?</li> </ul>	The Schedule of Benefits or your health care provider
<ul style="list-style-type: none"> <li>&gt; Which List of Medical Facilities applies to you?</li> <li>&gt; What's your level of cover? i.e. Do you need to pay an excess, shortfall or co-payment?</li> </ul>	Table of Cover
<ul style="list-style-type: none"> <li>&gt; If you are being admitted to a medical facility, is it included in the Lists of Medical Facilities covered under your plan?</li> <li>&gt; Does a waiting period apply?</li> <li>&gt; How can you claim?</li> <li>&gt; Are there any further criteria?</li> </ul>	Your Membership Handbook

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

## Membership Handbook

This document:

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

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

### Table of Cover

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

### The Schedule of Benefits

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

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

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

### The Lists

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

#### 1. The List of Special Procedures

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

#### 2. The List of Cardiac Procedures

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 9. List of Provider Partners

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

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

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

#### 11. The List of Care Connect health programmes

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

### Ground rules

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

### Clinical indicators

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

### Pre-authorisation

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

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

## Your health care provider

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

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

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

## Waiting periods

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

## Excess/Shortfall/Co-payment

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

## Understanding changes to your cover

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

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

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

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

#### Changes to the Schedule of Benefits

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

#### Changes to the Lists of Medical Facilities

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

#### Changes to The Lists

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

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

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

#### Changes to **benefits** provided by **provider partners**

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

#### Changes required by law

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

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

## Acknowledgment

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

## 2 Your Cover & How to Claim

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

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

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

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

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

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

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

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

Day-to-day Benefits are not included on all **plans**. If they are not covered on **your plan** and **you** wish to add day-to-day cover to **your plan**, please call **our** customer service team on 01 562 5100 to see what options are available to **you**.

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

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

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

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

Benefit	Description / Criteria
<ul style="list-style-type: none"> <li>&gt; Medical herbalist*</li> <li>&gt; Nutritionist*</li> <li>&gt; Occupational therapist*</li> <li>&gt; Orthoptist*</li> <li>&gt; Osteopath*</li> <li>&gt; Podiatrist*</li> <li>&gt; Reflexologist*</li> <li>&gt; Reiki Practitioner*</li> <li>&gt; Speech and language therapist*</li> <li>&gt; Speech therapist*</li> </ul>	
> 3D/4D & Early pregnancy scans	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a 3D or a 4D maternity scan or an early pregnancy scan.
> A&E Cover (in choice of High Tech, Private and Public Hospitals)	This <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> .
> Antenatal Class	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of an antenatal class provided by a midwife* prior to the birth of <b>your</b> baby. This <b>benefit</b> may only be claimed by one <b>member</b> (either parent) in respect of each birth. If this <b>benefit</b> is available under <b>your plan</b> the contribution is set out in <b>your</b> Table of Cover.
> At Home Health Testing	This <b>benefit</b> allows <b>you</b> to <b>claim</b> a contribution from <b>us</b> towards the cost of an at home health testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked**.
> 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.
> Baby massage course	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a baby massage course provided by a Baby Massage Therapist*. This <b>benefit</b> can only be <b>claimed</b> once per <b>policy year</b> .
> Breast prosthesis or wig (following cancer treatment)	This <b>benefit</b> allows <b>you</b> to <b>claim</b> a contribution from <b>us</b> towards the cost of <b>your</b> first breast prosthesis and/ or <b>your</b> first wig following cancer <b>treatment</b> . Subsequent <b>claims</b> are covered as set out on the List of Medical and Surgical Appliances up to the amount specified on that list.
> Breastfeeding consultancy	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of a consultation with a qualified breastfeeding consultant*.
> 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>
> 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> .
> Child Development Benefit	This <b>benefit</b> allows a child <b>member</b> to <b>claim</b> back some of the costs of a developmental / neurodevelopmental assessment carried out by a developmental specialist*. This assessment must address at least one of the following: Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Developmental Coordination Disorder or Dyspraxia, Intellectual Disability, Learning Disability Speech Delays, Sensory Processing Disorders.
> Child psychologist	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of child counselling carried out by a psychologist*.
> 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.
> Child/Teen counselling	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of child or teen counselling carried out by a psychologist or psychotherapist*.

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

Benefit	Description / Criteria
> Convalescence benefit	This <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 claimed is set out in <b>your Table of Cover</b> . 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> .
> Counselling	This <b>benefit</b> allows <b>you</b> to claim back some of the cost of attending a counsellor*.
> Dermatology benefit	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of a consultation with DermView Limited** <a href="https://www.dermviewclinics.com/">https://www.dermviewclinics.com/</a> .
> Dexa scan	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a dexa scan.
> Dietician or Nutritionist Consultation	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of attending a nutritionist* or a dietician*.
> Emergency dental care	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of dental <b>treatments or procedures</b> which are required as a result of an <b>accident or 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. The patient must present to the dental practitioner within 48 hours following an <b>accident or injury</b> and receive treatment within 7 days of presenting to dental practitioner.
> Executive Health Screen	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back a contribution towards the cost of a comprehensive health screen once per <b>policy year</b> where it is carried out in a <b>clinical environment</b> by a <b>qualified practitioner</b> . The health screen must include all of the following: <ul style="list-style-type: none"> <li>&gt; Comprehensive doctor consultation with physical examination &amp; patient history</li> <li>&gt; Systems review (respiratory, cardiovascular, musculoskeletal, central nervous system, abdominal and skin assessment)</li> <li>&gt; Blood pressure, heart rate, weight, height, body mass index measurement</li> <li>&gt; Urinalysis</li> <li>&gt; Lung function test (spirometry)</li> <li>&gt; Chest X-ray (where indicated)</li> <li>&gt; Heart assessment (Resting ECG)</li> <li>&gt; Hearing and eye (colour blindness, glaucoma and visual acuity) assessments</li> <li>&gt; Colon cancer screen (FIT test)</li> <li>&gt; Testicular &amp; Prostate Check (Men)</li> <li>&gt; Breast Check (Women)</li> <li>&gt; An extensive blood screen to include full blood count, kidney function test, bone profile, liver function test, lipid profile, fasting blood sugar, uric acid, iron studies, prostate specific antigen (where indicated), thyroid function test.</li> <li>&gt; Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.</li> </ul>
> Eyebrow tattooing (following cancer treatment)	This <b>benefit</b> allows <b>you</b> to <b>claim</b> a contribution from <b>us</b> towards the cost of eyebrow tattooing following or during cancer <b>treatment</b> . The <b>benefit</b> is claimable once per <b>policy year</b> .
> Fitness Wearables	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a wearable fitness tracker which is a smartwatch or a fitness wearable worn on <b>your</b> wrist that monitors and tracks fitness-related metrics (including at least one of the following) heart beat/calorie consumption/daily steps.
> Health screen at any centre	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of a health screen where it is carried by a <b>qualified practitioner</b> registered with either the Nursing and Midwifery Board of Ireland (NMBI) or Irish Medical Council (IMC). This <b>benefit</b> only covers screening which includes at least 4 of 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> This health screen must be carried out by a <b>qualified practitioner</b> .
> 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. <b>You</b> can only <b>claim</b> this <b>benefit</b> once during <b>your policy year</b> .



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

Benefit	Description / Criteria
> Health screening (Optimise Platinum, Optimise Gold, Health Plan 09, Health Plan 04 and Business Plan Executive plans only)	<p>This <b>benefit</b> allows <b>you to claim</b> back a contribution towards the cost of a comprehensive health screen once per <b>policy year</b> where it is carried out in a <b>clinical environment</b> by a <b>qualified practitioner</b>. The health screen must include all of the following:</p> <ul style="list-style-type: none"> <li>&gt; Comprehensive doctor consultation with physical examination &amp; patient history</li> <li>&gt; Systems review (respiratory, cardiovascular, musculoskeletal, central nervous system, abdominal and skin assessment)</li> <li>&gt; Blood pressure, heart rate, weight, height, body mass index measurement</li> <li>&gt; Urinalysis</li> <li>&gt; Lung function test (spirometry)</li> <li>&gt; Chest X-ray (where indicated)</li> <li>&gt; Heart assessment (Resting ECG)</li> <li>&gt; Hearing and eye (colour blindness, glaucoma and visual acuity) assessments</li> <li>&gt; Colon cancer screen (FIT test)</li> <li>&gt; Testicular &amp; Prostate Check (Men)</li> <li>&gt; Breast Check (Women)</li> <li>&gt; An extensive blood screen to include full blood count, kidney function test, bone profile, liver function test, lipid profile, fasting blood sugar, uric acid, iron studies, prostate specific antigen (where indicated), thyroid function test.</li> <li>&gt; Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.</li> </ul>
> Health screening and allergy testing	<p>This <b>benefit</b> allows <b>you to claim</b> back some of the costs of health screening and/or allergy testing. A health screen includes some or all of the tests listed below:</p> <ul style="list-style-type: none"> <li>&gt; Blood pressure, heart rate, weight, height, body mass index measurement</li> <li>&gt; Urinalysis to check kidney function</li> <li>&gt; Lung function test particularly for those with asthma recent shortage of breath or chest infections</li> <li>&gt; Heart assessment (Resting ECG)</li> <li>&gt; VDU eye assessments to check near and far vision visual acuity and to check for colour blindness</li> <li>&gt; CT Calcification Scoring Scan</li> <li>&gt; An extensive blood screening which includes an assessment of cholesterol and glucose levels</li> <li>&gt; Liver and kidney function, measurement of haemoglobin and iron levels, full blood count and to screen for gout and haemochromatosis</li> <li>&gt; Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.</li> </ul> <p>For allergy testing <b>you can claim</b> back the cost of an initial consultation for allergy related problems.</p> <p>This <b>benefit</b> is only available where the health screen or allergy testing is carried out in a clinical environment by a <b>qualified practitioner</b>. Subsequent consultations, <b>treatment</b> or therapy is not covered under this <b>benefit</b>. If the consultation takes place within a hospital or clinic, all consultations must be received on an <b>out-patient</b> basis. The amount that can be <b>claimed</b> under this <b>benefit</b> is set out in <b>your</b> Table of Cover and is the total amount that can be <b>claimed</b> for both health screening and allergy testing combined in <b>your policy year</b>.</p>
> Hearing test	This <b>benefit</b> allows <b>you to claim</b> back some of the cost of a hearing test carried out by a qualified audiologist.
> His & Hers fertility screening tests	Under this <b>benefit you can claim</b> a contribution per <b>policy year</b> from <b>us</b> towards the cost of a screening which includes a Hormone Profile, Semen Analysis and/or Progesterone Levels.
> Home Recovery Benefit	This <b>benefit</b> allows <b>you to claim</b> back some of the cost of home nursing, physiotherapy, occupational therapy and carers (where the carers service is provided by Home Instead**) up to three weeks after <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 services being <b>claimed</b> under this <b>benefit</b> must be provided by registered Healthcare professionals (Nurses*, Physiotherapists*, Occupational Therapists*, Carers*). The services must be carried out in the home setting. The contribution under this <b>benefit</b> is the maximum payable for costs which are incurred (even where a combination of services are used) up to a specified number of days in <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</b> Table of Cover. Please note that service set-up fees may be charged by a provider and these administration charges may not be claimed under this <b>benefit</b> .
> HPV Vaccine	Under this <b>benefit you can claim</b> a contribution from <b>us</b> towards the HPV vaccine. This <b>benefit</b> is only available where the vaccination is carried out in a clinical environment by a <b>qualified practitioner</b> and only when the course of <b>treatment</b> is complete. Please submit either <b>your</b> prescription <b>claim</b> form for the vaccine or <b>your</b> practitioner receipt including the cost of the vaccine and its administration to <b>claim</b> .
> Kids Sports Clubs	This <b>benefit</b> allows a child member to <b>claim</b> a contribution towards the costs of an annual subscription to a sports club governed by one of the National Governing Bodies of Sport in Ireland; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. <b>You</b> must provide evidence of the total annual amount paid for <b>your</b> membership (e.g. a receipt from <b>your</b> club). The following items are specifically excluded from this <b>benefit</b> : a subscription to a social/members club or any clubs or classes not listed in this <b>benefit</b> . The beneficiary named on a receipt must have this <b>benefit</b> under their <b>plan</b> in order to be eligible to <b>claim</b> .

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

Benefit	Description / Criteria
> Laser Eye Surgery Benefit	Under this <b>benefit you can claim</b> a contribution towards LASIK, LASEK or PRK laser eye surgery carried out by a <b>qualified practitioner</b> . The maximum contribution <b>you can claim</b> is listed on <b>your</b> Table of Cover and this <b>benefit</b> is limited to one <b>claim per member's</b> lifetime.
> Life Coaching Session	Under this <b>benefit you can claim</b> a contribution towards sessions with a life coach*.
> Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress	Under this <b>benefit, you can claim</b> a contribution towards the cost of a lifestyle genomic test through DNAFit**. The level of cover available is set out on <b>your</b> Table of Cover. This <b>benefit</b> is limited to one <b>claim</b> per lifetime.
> Mammogram	Under this <b>benefit you can claim</b> a contribution from <b>us</b> towards the cost of a mammogram. The level of cover available is set out on <b>your</b> Table of Cover. This <b>benefit</b> is only available where the mammogram is carried out in a clinical environment by a <b>qualified practitioner</b> .
> Manual Lymph Drainage (MLD)	This <b>benefit</b> allows <b>you to claim</b> back some of the costs of <b>treatment</b> provided by a full member of Manual Lymph Drainage Ireland or a physiotherapist registered with CORU. This <b>benefit</b> is only available where MLD is received to treat and manage the following conditions: <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>
> Maternity Bra	> This <b>benefit</b> allows <b>you to claim</b> a contribution from <b>us</b> towards the cost of a maternity bra, once per pregnancy.
> Maternity Mental Health Support	Under this <b>benefit we</b> will contribute towards the cost of counselling sessions provided by Nurture** for ante-natal and post-natal depression, fertility issues and miscarriage support. If this <b>benefit</b> is available under <b>your plan</b> the contribution and number of sessions that will be covered is set out in <b>your</b> Table of Cover.  To book this service please see Nurture's website for contact details: <a href="http://www.nurturehealth.ie">www.nurturehealth.ie</a> . Please note that an initial processing fee is charged by Nurture**. If <b>you</b> do not use all of <b>your</b> sessions <b>you</b> can substitute the cost of a session towards this fee.
> Meditation support devices	Under this <b>benefit you can claim</b> a contribution from <b>us</b> towards the cost of electroencephalography (EEG) and electrodermal activity (EDA) meditation support devices i.e. Muse or Pip.
> Medical and surgical appliances	This <b>benefit</b> allows <b>you to 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.
> Menopause Benefit	This <b>benefit</b> allows <b>you to claim</b> back some of the costs of consultations with a Menopause Specialist*.
> Mindfulness app subscription	Under this <b>benefit you can claim</b> a contribution from <b>us</b> towards the cost of an annual subscription to the HEADSPACE mindfulness app or to the MyLife (formerly Stop, Breathe and Think) app
> Minor Injury Clinic Cover (Pay & Claim)	This <b>benefit</b> allows <b>you to claim</b> back some of the charge imposed when <b>you</b> attend an approved pay and <b>claim</b> minor injury clinic. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. <b>You</b> can find the most current <b>list</b> of minor injury clinics covered on <b>our</b> website <a href="http://www.irishlifehealth.ie/hospital-lists">www.irishlifehealth.ie/hospital-lists</a>
> Optical (eye test and/or glasses/lenses combined)	This <b>benefit</b> allows <b>you to claim</b> back some of the costs of an eye test and glasses/lenses (including contact lenses) provided by a qualified optician, orthoptist, optometrist* or an ophthalmologist.
> Orthotic insoles	This <b>benefit</b> allows <b>you to claim</b> back some of the costs of orthotic insoles specified by a physiotherapist* or a podiatrist*.
> Orthodontics	This <b>benefit</b> allows an adult member to <b>claim</b> a contribution towards the costs of orthodontic treatment provided by an orthodontist*.
> Out of hours GP visits	This <b>benefit</b> allows <b>you to 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> .
> Pathology: Consultant fees	This <b>benefit</b> allows <b>you to claim</b> back some of the <b>consultant's</b> fee for pathology.
> Pathology: Cost of test	This <b>benefit</b> allows <b>you to claim</b> back some of the <b>costs</b> for pathology.

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

Benefit	Description / Criteria
> Personal Trainer	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a personal training session with a qualified personal trainer*.
> Play Therapy	This <b>benefit</b> allows a child <b>member</b> to <b>claim</b> back some of the costs of play therapy facilitated by a play therapist*. This <b>benefit</b> is only available to <b>members</b> under 18 years of age.
> Positive Mental Health Training	Under this <b>benefit we</b> will contribute towards the Feeling Good 12-track Positive Mental Training audio programme (available as an in-app purchase) designed to help recovery from stress, anxiety and depression. The <b>benefit</b> available is set out in <b>your</b> Table of Cover.
> Post cancer treatment sleeping caps	This <b>benefit</b> allows <b>you</b> to <b>claim</b> a contribution from <b>us</b> towards the cost of a sleeping cap following cancer <b>treatment</b> .
> Psychologist	Under this <b>benefit, we</b> will contribute towards the costs of attending a psychologist*.
> 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, GP</b> or a midwife* during and after <b>your</b> pregnancy. The following costs can be claimed per pregnancy: > <b>Out-patient consultant's</b> fees (obstetrician and gynaecologist), > Maternity scans > Antenatal classes run by a midwife* > Pre and post natal physiotherapist services provided by U Mamma** or by a chartered physiotherapist* with a specialty in women's health. This <b>benefit</b> covers pre/post natal care which is received between 9 months before and 3 months after <b>your</b> anticipated delivery date.
> Prescriptions abroad	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of <b>your</b> prescriptions filled abroad.
> Prescriptions/Prescription Costs	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back a contribution towards <b>your</b> prescriptions from a <b>GP, consultant, dentist</b> or prescribing nurse*. The contribution is claimable on the total amount on <b>your</b> 'Prescription <b>Claim</b> Form' receipt and not per listed item.
> 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.
> 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> .
> Psychotherapy and counselling benefit (including practitioners at the Dean Clinic)	This <b>benefit</b> allows a <b>member</b> to <b>claim</b> back some of the cost of attending a psychotherapist* or a counsellor*, or to <b>claim</b> back some of the costs of consultations with a practitioner at the Dean Clinic.
> Public A&E cover	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the charge imposed by a public hospital when <b>you</b> attend the A&E department without a referral letter from <b>your GP</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.
> Radiology: Cost of test	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the <b>out-patient</b> costs for radiology (i.e. X-Rays, mammograms and non-maternity ultrasounds) carried out in an accredited <b>medical facility</b> .
> Retainers & fitted gum shields	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a retainer or fitted gum shield provided by a <b>dentist</b> .
> SADS Screening	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of cardiac screening for sudden arrhythmic death syndrome. This <b>benefit</b> is only available where the SADS Screening is carried out in a clinical environment by a <b>qualified practitioner</b> .
> Self-Compassion Programme (MSC)	Under this <b>benefit you</b> can <b>claim</b> a contribution towards the Mindful Self-Compassion (MSC) programme for emotional resilience developed by Germer and Neff. This <b>benefit</b> is payable for an 8 week face to face or online programme delivered by a facilitator who has completed the MSC Teacher Training.
> Sexual health screening	This <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.
> Sports Club / Gym Membership / Classes	This <b>benefit</b> provides a contribution towards the cost of <b>your</b> annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland; or children's dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. <b>You</b> must provide evidence of the annual subscription that <b>you</b> have signed up to and confirmation of the total amount paid/payable for <b>your</b> membership (e.g. a receipt from <b>your</b> club). The following items are specifically excluded from this <b>benefit</b> : a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this <b>benefit</b> . This <b>benefit</b> can only be <b>claimed</b> once per <b>policy year</b> . The beneficiary named on a receipt must have this <b>benefit</b> under their <b>plan</b> in order to be eligible to <b>claim</b> .
> Sports Massage	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of a sports massage performed by a massage therapist*.

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

Benefit	Description / Criteria
> Sports psychologist	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of attending a sports psychologist*
> Stress Reduction Programme (MBSR)	Under this <b>benefit you</b> can <b>claim</b> a contribution towards the Mindfulness-Based Stress Reduction Programme (MBSR) developed by Kabat-Zinn. This <b>benefit</b> is payable for an 8 week face to face or online programme delivered by a certified MBSR trainer.
> Vaccinations: Travel only	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> .
> Vaccinations: Travel only (HealthGuide 1-4 plans only)	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of <b>your</b> travel vaccinations provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**.
> Vaccinations: Travel or Flu	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the cost of travel or flu vaccinations provided by a nurse or a <b>GP</b> .
> Vasectomy ( <b>GP</b> or <b>consultant</b> )	Under this <b>benefit we</b> will contribute up to a maximum of €360 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> or <b>consultant</b> who is registered with the Irish Medical Council. <b>We</b> 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 <b>Irish Life Health</b> or check <b>your</b> Table of Cover to see if <b>you</b> are covered.
> VO2 Max testing	This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of VO2 Max testing.
> 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*.
> Yoga / Pilates classes	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of yoga or pilates classes provided by a yoga/pilates instructor*.
> Zika screening	Under this <b>benefit we</b> will contribute towards the cost of a Zika screening consultation and/or test when provided by the Executive Medical Care Ltd trading as Tropical Medical Bureau**. This <b>benefit</b> can only be <b>claimed</b> once per <b>policy year</b> . You will also receive a point of sale discount directly from Tropical Medical Bureau**.

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

## How to claim

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

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

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

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

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

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

## How to claim

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

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

## How to claim

Telephone: 01 562 5150

Benefit	Description / Criteria
PET-CT Scans MRI Scans CT Scans Cardiac MRI Scans Cardiac CT Scans	<p>Under this <b>benefit 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 47-54 (<b>i.e.</b> an approved centre) or in a scan facility that is not included in <b>your</b> List of Medical Facilities (<b>i.e.</b> 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.</p> <p>The following criteria must be satisfied before <b>your</b> scan will be covered:</p> <p><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's Hospital <b>you</b> must be referred by an oncologist or other clinician working in St. James's Hospital and the scan is required for the diagnosis, <b>treatment</b> or staging of a cancer.</p> <p><b>CT Scans</b> <b>You</b> must be referred by a <b>consultant</b> or <b>GP</b>. For CT scans in St. James's Hospital <b>you</b> must be referred by an oncologist or other clinician working in St. James's Hospital and the scan is required for the diagnosis, <b>treatment</b> or staging of a cancer.</p> <p><b>Cardiac MRI Scans</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).</p> <p><b>Cardiac CT Scans</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). Calcium CT scoring is not covered under this <b>benefit</b>.</p> <p><b>CT Colonography Scans</b> <b>You</b> must be referred by a <b>consultant</b>.</p> <p><b>PET-CT and PSMA Scans</b> All PET-CT and PSMA scans must be <b>pre-authorised</b> by <b>us</b>. <b>You</b> must be referred by a <b>consultant</b>.</p> <p>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. Calcium CT scoring is not covered under this <b>benefit</b> but may be claimed under Out-patient Radiology; cost of test where this <b>benefit</b> is available on <b>your plan</b>.</p>

## How to claim

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

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

Benefit	Description / Criteria
Digital Doctor	<p>This <b>benefit</b> gives <b>you</b> unlimited consultations with Irish based <b>GPs</b>. Service provided by Centric Health Ltd**. <b>You</b> can speak to a <b>GP</b> anytime day or night over the phone, or if <b>you</b> would prefer a face-to-face consultation, the online video service is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). If necessary, through this service <b>GPs</b> can also arrange to have a prescription sent to <b>your</b> local pharmacy following <b>your</b> consultation. Prescriptions can be sent 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be sent the next <b>working day</b>. This service is not suitable for emergencies or urgent conditions as this may delay <b>your treatment</b>. Where a <b>member</b> is under the age of 18, it is necessary for their legal guardian to be present during the consultation.</p> <p>This service is not intended to replace <b>your</b> usual <b>GP</b>, it is designed for episodic, once-off conditions and not for on-going care. Centric Health Ltd** may offer additional follow on services after a Digital Doctor consultation but these services are not covered under the Digital Doctor <b>benefit</b>.</p>

### How to claim

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

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

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

The amount that can be **claimed** under these **benefits** may be a set amount per visit or it may be a percentage of the cost of the visit up to a maximum amount per visit or per **policy year**. There may be a limit to the number of times in **your policy year** that **you** can **claim** a refund for a visit to a particular medical practitioner or for a particular service. In addition the number of refunds that **you** can **claim** for specified practitioners collectively may be limited (this is known as "combined visits"). Please note that there may be a limit on the total amount that **we** will pay for Day-to-day Benefits or Out-patient Benefits in a **policy year**. This limit will apply before the deduction of any applicable **policy excess**. In addition an **excess** may apply to the total amount **you** **claim** under **your** Day-to-day Benefits or Out-patient Benefits in **your policy year**. So for example, where an **excess** applies to the Out-patient Benefits under **your plan**, it applies to the total amount **you** are claiming for all **your** Out-patient Benefits in **your policy year**. When **you** submit **your** receipts to **us** **we** will calculate the total amount due to be refunded to **you** under all **your** Out-patient Benefits, subtract the **excess** and refund **you** the balance.

#### For example:

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

## 2.2 In-patient Benefits

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

### Hospital costs

The fees charged by **your** hospital or **treatment centre** for **your medical care** whilst **you** are admitted are known as **hospital costs**. They include the **public hospital levy**, hospital accommodation costs, charges for the use of the operating theatres, charges for radiology and pathology, nursing charges, costs of prosthesis and charges for drugs administered for

consumption whilst **you** are admitted. **You** can find the level of cover available for **your hospital costs** in a **public hospital**, **private hospital** and high-tech hospital in **your** Table of Cover (see section entitled "Hospital Cover"). **You** can check whether **your** hospital is public, private or high-tech in the tables of **medical facilities** in section 12 of this Membership Handbook. Please note that some hospitals may be classed as a high-tech hospital for **Level 1 plans** and a **private hospital** for all other **plans**. **Treatment centres** are classed as private hospitals in terms of **your** level of cover. Any excess specified on **your** Table of Cover in respect of private hospital cover will not apply to **treatment centres** but any shortfalls specified will.

## Medical facilities covered under your plan

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

Where **you** are admitted to a **medical facility** covered under **your plan** and where it is **medically necessary, your hospital costs** will be fully covered subject to any limitations specified in **your** Table of Cover, such as **excesses** (subject to exceptions as outlined under In-patient or Day Case excess section below), shortfalls, co-payments, **private rooms** covered at semi-private rates etc. Where necessary, **we** have agreements with **medical facilities** to ensure that this is the case. However, **medical facilities** are free to end their arrangement with **us** at any time so **we** cannot guarantee that this will continue to be the case for all the **medical facilities** covered under **your plan** throughout **your policy year**. Where this arrangement between **us** and a **medical facility** ends, the **medical facility** will no longer be covered by **us** and it will be removed from all the Lists of Medical Facilities. Similarly where **we** enter into new arrangements with **medical facilities**, they will be added to one or more of the Lists of Medical Facilities. Such changes will affect **your plan** immediately. Up to date Lists of Medical Facilities are available on **our** website at [www.irishlifehealth.ie](http://www.irishlifehealth.ie). **We** recommend that **you** always check whether **your medical facility** is covered before being admitted by reviewing **your** List of Medical Facilities on **our** website or contacting **our** call centre on 01 562 5100.

## Medical facilities not covered on your plan

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

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

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

## How long are your hospital costs covered for?

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

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

## Your health care provider's fees

### Consultants

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

### Consultants registered with Irish Life Health

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

- **Participating consultants**  
Participating **consultants** have agreed to accept payment from **us** in full settlement of their fees for performing the **procedures** and **treatments** in the Schedule of Benefits. This means that if **your consultant** is a participating **consultant**, **you** will be fully covered for the **procedures** and **treatments** listed in the Schedule of Benefits provided the **consultant** is operating within the rules imposed by the HSE relating to his capacity to practice privately.
- **Standard rate consultants**  
Standard rate **consultants** (or part participating **consultants**) have not agreed to accept payment from **us** in full settlement of their fees. Only a small portion of the fees of standard rate **consultants** will be covered for performing the **procedures** and **treatments** in the Schedule of Benefits. Therefore, if **your consultant** is a standard rate **consultant** **you** will have to pay a large portion of their fees yourself. **You** will not be able to **claim** this back from **us**.

### Consultants not registered with Irish Life Health

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

to be a lot more than the amount shown in the **Minimum Benefit Regulations**. If this happens, **you'll** have to pay the difference.

### **Dentists/Oral surgeons/Periodontists**

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

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

As with **your consultant, your dentist, oral surgeon or periodontist** must be registered with **Irish Life Health**. If they are not registered with **us**, **you** will not be covered (subject to cover prescribed under the **Minimum Benefit Regulations** if applicable). The extent to which **your oral surgeon/periodontist's** professional fees are covered will also depend on whether they have chosen to be a participating or a standard rate **oral surgeon/periodontist**. See the **consultant** section above for a full explanation on how **your oral health care provider's** status as participating or standard rate affects **your** cover. Please note that all **dentists** are classed as standard rate so **we** will only cover a limited portion of **your dentist's** fees for performing oral/dental surgery.

### **GPs**

**We** will cover **your GPs** fees for performing a limited number of **treatments and procedures** in their surgery. Such **procedures and treatments** are covered under **your in-patient benefit for consultant's fees**. **Your GP's** fees for a routine visit will be covered under **our Day-to-day Benefits or Out-patient Benefits**. The **treatments and procedures** that will be covered under **your In-patient Benefits** are set out in the **GP** section of the Schedule of Benefits. If **your treatment or procedure** is not listed in the **GP** section, **your GP's** fees will not be covered. As with **consultants** and dental professionals, **your GP** must be registered with **Irish Life Health** before they will be covered and the extent to which their fees are covered will depend on whether they are a participating **GP** or a standard rate **GP**. Please see previous sections for a full explanation on the effect of **your health care provider** not being registered with **Irish Life Health** and not participating with **Irish Life Health**.

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

**Health care providers** are free to alter their arrangement with **Irish Life Health** at any time. Therefore, by way of example, a participating **health care provider** may choose to become standard rate or to unregister with **us** at any time. Any changes to their status with **us** will affect how they are covered immediately. Therefore the level to which their fees are covered may change throughout **your policy year**. **We** recommend that **you** always check whether **your health care provider** is registered with **Irish Life Health** and whether they are participating or standard rate before undergoing any **procedure or treatment** or being

admitted to a **medical facility**. **You** can do this by visiting **our website** or contacting **our call centre** on 01 562 5100.

### **Maternity treatment**

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

### **Psychiatric treatment**

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

### **How In-patient Benefits are claimed**

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

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

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



Your **medical facility** and **health care providers** should always specify the **medical care** you received on your claim form before you are asked to sign it. You should check this information very carefully to ensure that it is accurate. By signing this form you are confirming that you have received the **medical care** specified in the form and that all information contained in your claim form is true and accurate. When we've paid your claims, we'll send you a statement confirming payment and outlining the amounts paid on your behalf.

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

### Please note we reserve the right to:

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

### Shortfall

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

### In-patient or day case excess

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

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

more than 3 months since your last admission, your course of **treatment** will be considered to have ended and the **excess** will apply again for any further course of **treatment**.

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

### Co-payment for certain procedures

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

### Colorectal cancer screening

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

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

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

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

### Listed cardiac procedures and listed special procedures benefits

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

## 2.3 Maternity Benefits

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

### In-patient Maternity Benefits

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

### How to claim

Where the **benefit** covers a contribution towards the costs of **your** maternity care, the maximum amount that **we** will contribute will be set out in **your** Table of Cover. If **your** medical expenses exceed this amount, **we** will pay the maximum contribution to **your medical facility** or **health care provider** and **you** will need to pay them the balance. If **your** care is provided by an approved **medical facility** based in Northern Ireland, all **claims** will be assessed and settled in euro. **Irish Life Health** will use the foreign exchange rate which applies at the date of the invoice received from the **medical facility** or at the time of purchase, as appropriate. Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are **claimed** and paid.

### Out-patient Maternity Benefits

Benefit	Description / Criteria
Home birth	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the medical costs involved in having a planned home birth, where such costs are directly associated with the delivery of <b>your</b> child and a midwife* was present at the birth. 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>

Foetal screening	<p>Under this <b>benefit we</b> will either:</p> <p>a) cover the costs of foetal screening where <b>you</b> satisfy the <b>clinical indicators</b> set out in the Schedule of Benefits; or</p> <p>b) pay the contribution set out in <b>your</b> Table of Cover towards the costs of <b>elective</b> foetal screening.</p> <p>Only the following foetal screening tests are covered under this <b>benefit</b>:</p> <ul style="list-style-type: none"> <li>&gt; Chorionic Villus Sampling with ultrasound guidance,</li> <li>&gt; Amniocentesis with ultrasound guidance; or</li> <li>&gt; Cordocentesis (intra uterine) with ultrasound guidance</li> </ul> <p>The level of cover that is available to <b>you</b> is set out in <b>your</b> Table of Cover. This <b>benefit</b> may only be claimed once per pregnancy.</p>
Welcome Home Food Hamper	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> 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 <b>your</b> choice from the list provided on <a href="https://gourmetfuel.com">Gourmetfuel.com</a> which is delivered to <b>your</b> home. To redeem this <b>benefit, you</b> will need to go to <a href="https://gourmetfuel.com/irishlifehealth/">https://gourmetfuel.com/irishlifehealth/</a> and order through the online form. <b>We</b> will pay the service provider directly (by <b>direct settlement</b>).</p> <p>This <b>benefit</b> may only be claimed by one <b>member</b> (either parent) in respect of each birth and must be claimed within 12 months from the date on which <b>your</b> baby was born. To be eligible for this <b>benefit, you</b> must be covered under an in force <b>policy</b> with <b>Irish Life Health</b> at the time <b>your</b> baby is born and at the time <b>you</b> receive the service.</p> <p>To avail of the 30 minute phone consultation with a Gourmet Fuel** Nutritionist, please contact 01 2938799 or email <a href="mailto:info@gourmetfuel.com">info@gourmetfuel.com</a></p>
GentleBirth App	<p>This <b>benefit</b> provides <b>you</b> with unlimited access for one year to the GentleBirth App**.</p> <p>To access this <b>benefit you</b> must contact GentleBirth directly on <a href="http://www.gentlebirth.com/irishlifehealth">www.gentlebirth.com/irishlifehealth</a></p>
Breastfeeding consultancy	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the costs of a consultation with a qualified breastfeeding consultant.*</p> <p>The contribution under this <b>benefit</b> is payable for a limited number of breastfeeding consultancy sessions 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 session and the maximum number of session for which it can be <b>claimed</b> is set out in <b>your</b> Table of Cover.</p>
Partner benefit	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> back some of the following costs where <b>your</b> birth partner has to travel to be with <b>you</b> when <b>you</b> 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>their</b> hotel or bed and breakfast accommodation;</li> <li>&gt; <b>Their</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 they are visiting <b>you</b> 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>
Infertility benefit	<p>Under this <b>benefit we</b> 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) <b>treatment</b> for female <b>members</b>. If this <b>benefit</b> is available under <b>your plan</b> the amount that <b>we</b> will contribute up to a maximum amount is set out in <b>your</b> Table of Cover. To be eligible to <b>claim</b> this <b>benefit</b>, the female recipient of the <b>treatment</b> must be a <b>member</b> on an in force <b>policy</b> with <b>Irish Life Health</b> at the time of the <b>procedure(s)</b>. The <b>benefit</b> is limited to a maximum of two <b>claims</b> per <b>member's</b> lifetime with a minimum period of 4 weeks between fertility cycles.</p>
AMH fertility test	<p>Under this <b>benefit</b> a female <b>member</b> can <b>claim</b> a contribution from <b>us</b> towards the costs of receiving an anti-mullerian hormone assessment. This <b>benefit</b> is only available where the anti-mullerian hormone test is carried out in a clinical environment by a <b>qualified practitioner</b>.</p>
Egg freezing	<p>Under this <b>benefit we</b> will contribute towards the cost of egg freezing (where this procedure is not part of an IVF or ICSI cycle) for female <b>members</b> up to the amount set out on <b>your</b> Table of Cover. To be eligible to <b>claim</b>, the female <b>member</b> must be on an in force <b>policy</b> with <b>Irish Life Health</b> at the time of the <b>procedure</b>. This <b>benefit</b> is limited to one <b>claim</b> per lifetime.</p>

Sperm freezing	Under this <b>benefit we</b> will contribute towards the cost of sperm freezing (where this procedure is not part of an IVF or ICSI cycle) for male <b>members</b> up to the amount set out on <b>your</b> Table of Cover. To be eligible to <b>claim</b> , the male <b>member</b> must be on an in force <b>policy</b> with <b>Irish Life Health</b> at the time of the <b>procedure</b> . This <b>benefit</b> is limited to one <b>claim</b> per lifetime.
Pre/Post-natal yoga & pilates	Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of pregnancy yoga, pregnancy pilates, baby yoga and baby pilates classes provided by a yoga/pilates instructor*.

### How to claim

These **benefits** are claimed as Out-patient Benefits. **You** need to pay the practitioner/health care provider 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](http://www.irishlifehealth.ie). **You** must submit **your** receipts within six months of the end of **your policy year**. If **your** receipts are not received within these six months, **your claim** will not be paid. **You** should keep **your** original receipts for **your** own records and in case **we** request them to be resubmitted.

Please ensure that all original receipts state:

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

### Other Maternity Benefits

Benefit	Description / Criteria
Early discharge maternity benefit	Under this <b>benefit 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.

### How to claim

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

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

### How to claim

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

Benefit	Description / Criteria
Postnatal Doula Support	Under this <b>benefit we</b> will cover the cost of post natal support in <b>your</b> home provided by Doula Care Ireland** after <b>your</b> baby is born. If this <b>benefit</b> is available under <b>your plan</b> , the number of support sessions that will be covered is set out in <b>your</b> Table of Cover.  To be eligible for this <b>benefit</b> , <b>you</b> must be covered under an in force <b>policy</b> with <b>Irish Life Health</b> with this <b>benefit</b> available under <b>your plan</b> at the time <b>your</b> baby is born and at the time <b>you</b> receive the service. This service must be booked within 12 months from the date on which <b>your</b> baby was born.

### How to claim

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

Benefit	Description / Criteria
Postnatal Domestic Support	<p>Under this <b>benefit we</b> will cover the cost of domestic support provided by Cpl Group Limited trading as Myhomecare.ie** after <b>your</b> baby is born. If this <b>benefit</b> is available under <b>your plan</b>, the amount of domestic support that will be covered is set out in <b>your</b> Table of Cover.</p> <p>To be eligible for this <b>benefit</b>, <b>you</b> must be covered under an in force <b>policy</b> with <b>Irish Life Health</b> at the time <b>your</b> baby is born and at the time <b>you</b> receive the service. <b>You</b> must request the service within six months from the date on which <b>your</b> baby was born. If <b>you</b> have not met these terms and conditions, Myhomecare.ie** will bill <b>you</b> directly.</p> <p>The receipt of domestic support is subject to Myhomecare.ie** terms and conditions, availability and operating hours and outside the control of <b>Irish Life Health</b>. The service may be unavailable where www.Myhomecare.ie** are fully booked or where <b>your</b> home is not in an area serviced by them.</p> <p>If <b>you</b> wish to cancel a booking with Myhomecare.ie**, <b>you</b> must contact them directly to do so. <b>You</b> must give Myhomecare.ie** more than 24 hours' notice of any cancellation. If <b>you</b> fail to do so this <b>benefit</b> will be exhausted.</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 support assistant is in attendance. This <b>benefit</b> may only be claimed by one <b>member</b> (either parent) in respect of each birth.</p>

### How to claim

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

- \* **We** will only cover the costs of visits to practitioners who have appropriate qualifications and registrations. Please see **our** Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations which each practitioner must hold.
- \*\* The provider partners named under these **benefits** may change from time to time. Access to these **benefits** is subject to availability and the provider partners' terms and conditions of use. **Our** provider partners operate independently from **Irish Life Health** and **we** accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of **our** control. While **we** aim for nationwide coverage with **our benefits**, a service may not be available in **your** locality. Please also note that **we** are not responsible for the content of the websites of these provider partners.

## 2.4 Other Benefits

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

### Other Benefits

Benefit	Description / Criteria
Public hospital levy (also known as the Public Statutory In-patient Charge)	<p><b>Public hospitals</b> charge <b>in-patients</b> a daily charge for a maximum of 10 days in any period of 12 consecutive months. This is known as the <b>public hospital levy</b>. Under this <b>benefit we</b> will cover the <b>public hospital levy</b> for a maximum of 10 days in any period of 12 consecutive months.</p>

### 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 we</b> will cover the cost of domestic support provided by Cpl Group Limited trading as Myhomecare.ie* 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>. The list is available on <b>our</b> website at <a href="http://www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/">www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/</a></p> <p>To be eligible for this <b>benefit you</b> must be covered under an in force <b>policy</b> with <b>Irish Life Health</b> at the time the <b>procedure</b> took place and when the service is delivered. <b>You</b> must call 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 support 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>. If <b>you</b> have not met these terms and conditions, Myhomecare.ie* will bill <b>you</b> directly.</p> <p>If this <b>benefit</b> is available under <b>your plan</b>, the amount of domestic support covered is set out in <b>your</b> Table of Cover.</p>

This **benefit** is not available where Myhomecare.ie\* is unable to provide the domestic support service for any reason including where they are fully booked or where **your** home is not in an area serviced by Myhomecare.ie\*. When the domestic support will be provided is subject to Myhomecare.ie's availability and their operating hours. The receipt of domestic support is subject to Myhomecare.ie's terms and conditions and outside the control of **Irish Life Health**.

This **benefit** cannot be claimed in conjunction with the alternative amount for post-operative home help **benefit**.

If **you** wish to cancel a booking with Myhomecare.ie\*, **you** must contact them directly to do so. **You** must give Myhomecare.ie\* more than 24 hours' notice of any cancellation. If **you** fail to do so this **benefit** will be exhausted and **you** will continue to be prevented from claiming the alternative amount for post-operative home help **benefit**.

Either **you** or a family member/friend who is 18 years old or older must be present in **your** home at all times when the domestic support assistant is in attendance.

### How to claim

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

Benefit	Description / Criteria
Alternative amount for post-operative home help	<p>This <b>benefit</b> allows <b>you</b> to <b>claim</b> €120 towards the costs of domestic support after <b>you</b> have undergone a <b>procedure</b> that is listed on the List of Post-Operative Home Help (POHH) Procedures. The list can be found at <a href="http://irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/">irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/</a>.</p> <p>This <b>benefit</b> cannot be <b>claimed</b> in conjunction with the post-operative home help <b>benefit</b>. To be eligible for this <b>benefit</b> <b>you</b> must be covered under an in force <b>policy</b> with <b>Irish Life Health</b> at the time the <b>procedure</b> took place and when the service is delivered. This <b>benefit</b> must be <b>claimed</b> within 4 weeks of the date of <b>your</b> discharge. 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**. If **we** have not received the **claim** from **your** treating hospital at the time of **your** call **we** will ask **you** to provide a letter from **your** treating **consultant** or **your** **medical facility** confirming the date of **your** **treatment** and **procedure** code.

Benefit	Description / Criteria
Oncotype dx	Under this <b>benefit</b> <b>we</b> 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> .
Vasectomy (in Clane Hospital)*	Under this <b>benefit</b> <b>we</b> 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</b> <b>policy year</b>. If this <b>benefit</b> is available under <b>your</b> <b>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</b> Table of Cover.</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</b> <b>plan</b> for the purpose of receiving a <b>medically necessary treatment</b> or <b>procedure</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</b> <b>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</b> <b>policy year</b>. If this <b>benefit</b> is available under <b>your</b> <b>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</b> Table of Cover.</p>

Benefit	Description / Criteria
Parent accompanying child	<p>Under this <b>benefit we</b> will contribute towards the following costs where <b>your</b> child 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</b> child</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</b> <b>policy year</b>. If this <b>benefit</b> is available under <b>your</b> <b>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</b> Table of Cover.</p> <p>The contribution can only be <b>claimed</b> for costs incurred after <b>your</b> child has been an <b>in-patient</b> for 3 consecutive days <b>i.e.</b> the contribution can only be <b>claimed</b> for the costs <b>you</b> incur from the 4th day <b>your</b> child 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 we</b> will contribute towards the following costs where <b>you</b> have to travel more than 50 kilometres from <b>your</b> home 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</b> <b>policy year</b>. If this <b>benefit</b> is available under <b>your</b> <b>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</b> Table of Cover.</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 <b>you</b> can receive the <b>treatment or procedure</b>.</p>
Cancer support benefit	<p>Under this <b>benefit 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 or 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</b> home to receive chemotherapy or radiotherapy in the <b>public or 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</b> <b>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</b> Table of Cover.</p>
Genetic Testing: Initial consultation	<p>Under this <b>benefit we</b> will contribute towards the cost of an initial consultation with an <b>Irish Life Health</b> approved oncology <b>consultant</b> 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 <b>GP or consultant</b>. Please contact <b>us</b> on 01 562 5100 for details of <b>our</b> approved <b>consultant(s)</b>.</p>
Genetic Testing: Test for specified genetic mutations	<p>Under this <b>benefit we</b> 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 <b>Irish Life Health</b> approved oncology <b>consultant</b>.</p>
Hormone Replacement Therapy for Gender Dysphoria	<p>Under this <b>benefit, we</b> will contribute towards the cost of Hormone Replacement Therapy for <b>members</b> with a diagnosis of Gender Dysphoria given by a <b>consultant</b>. This <b>benefit</b> is only available to <b>members</b> who are 18 years old and over who are undergoing a programme of care and have submitted a letter from their treating <b>consultant</b> confirming the date of their first consultation and that they are receiving feminising/masculinising hormone therapy as part of their programme to enable their transition goals. There is a lifetime maximum amount that can be claimed under this <b>benefit on your plan</b>. This will be shown on <b>your</b> Table of Cover.</p>

## How to claim

**You** must settle the bill directly with the provider of the goods or services. Please send all original receipts to **us** in an envelope with **your** name, address and **membership number** (see 'Your Contacts').

Please ensure that all original receipts state:

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

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

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

Benefit	Description / Criteria
EXOGEN therapy	Under this <b>benefit we</b> will cover the cost of EXOGEN therapy provided by Bioventus Cooperatief UA*. The <b>benefit</b> is only available where it is recommended by <b>your consultant</b> and where the therapy has been <b>pre-authorised</b> by <b>Irish Life Health</b> . In addition agreed clinical criteria (available on request) must be satisfied before this therapy will be covered.

### How to claim

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

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

Benefit	Description / Criteria
Genetic Testing for Cancer Treatment Options – Foundation One CDx	Under this <b>benefit we</b> 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 <b>benefit</b> is only available where it is recommended by an Irish Life Health approved oncology <b>consultant</b> and where the testing has been <b>pre-authorised</b> by <b>Irish Life Health</b> . In addition agreed clinical criteria (available on request) must be satisfied before this testing will be covered. This <b>benefit</b> can only be claimed once per <b>policy year</b> .

### How to claim

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

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

Benefit	Description / Criteria
Medical ambulance costs	Under this <b>benefit we</b> will cover the cost of an ambulance when it is <b>medically necessary</b> , 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> covered under <b>your plan</b> . The <b>benefit</b> is only available where the ambulance is provided by Medical 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 <b>your plan</b> to which <b>you</b> are being transferred from and to.

### How to claim

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

Benefit	Description / Criteria
Healthy Minds	Where this <b>benefit</b> is available on <b>your plan</b> , <b>you</b> 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 <b>members</b> aged 16 years and over). If deemed clinically appropriate by <b>your</b> telephone counsellor, this <b>benefit</b> also includes up to 6 follow-up counselling sessions per presenting problem (for <b>members</b> aged 18 years and over) via telephone, video, or in-person. A period of 12 months must pass since <b>your</b> last counselling session before <b>you</b> 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 <b>benefit</b> only relates to counselling provided by LifeWorks*.

### How to claim

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

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

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

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



	<p><b>Treatment programmes</b> and duration will vary depending on how <b>your</b> condition presents but will include either online or in-person <b>treatment</b> or a combination of both. <b>You</b> must attend the <b>treatment</b> provider recommended by <b>your</b> Spectrum Mental Health case manager. If one of Spectrum Mental Health's approved <b>treatment</b> providers is not available in <b>your</b> area, the Spectrum Mental Health team will try to offer an alternative. <b>Your</b> Spectrum Mental Health case manager will be responsible for determining the delivery and length of <b>your treatment programme</b> and their decision is final. <b>You'll</b> be entitled to one <b>treatment programme</b> in <b>your policy year</b>.</p> <p>If <b>you</b> wish to amend <b>your</b> appointment time, <b>you</b> will need to follow <b>your treatment</b> provider's policy on appointment changes. If <b>you</b> miss <b>your</b> appointment without informing <b>your treatment</b> provider, a new appointment can be scheduled at a charge to <b>you</b>. Clinical responsibility for <b>treatment</b> lies with <b>your treatment</b> provider and not <b>Irish Life Health</b>. This <b>benefit/treatment programme</b> is available to <b>members</b> aged 18 years and over.</p> <p>Due to the nature of the assessments, <b>treatment</b> provided and the clinical interventions used within this <b>programme</b>, <b>your</b> Spectrum Mental Health case manager will decide if this <b>programme</b> is suitable for <b>you</b>. <b>Members</b> who present with certain symptoms or conditions may not be appropriate for the programme and will be supported to ensure they are referred to the most appropriate health care professional in line with their presenting signs and symptoms. Any other services they may be referred to in this instance are not covered under the Mental Health Guide <b>benefit</b>.</p> <p>The team and <b>programme</b> are managed by Spectrum Mental Health Limited*. Further information is available on <b>our</b> website at <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a>.</p>
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### How to claim

We will pay Spectrum Mental Health Limited\* directly.

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

### How to claim

We will pay TCP Homecare Limited\* directly.

Benefit	Description / Criteria
Care Connect	<p>Under this <b>benefit</b> <b>you</b> can access specified health programmes provided by our provider partner Care-Connect*, as set out in the List of Care Connect health programmes, where <b>you</b> have been diagnosed with certain medical conditions. This <b>benefit</b> includes specialist case management, remote health monitoring and where appropriate, <b>treatment</b> interventions as required. <b>Your GP or consultant</b> must approve <b>your</b> suitability to receive these services at home. <b>You</b> must also meet the specified clinical indicators as set out in the List of Care Connect health programmes available at <a href="https://www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits">https://www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits</a>. This <b>benefit</b> is not available where Care-Connect* cannot provide the service for any reason including where the <b>member</b> lacks the required hardware and connectivity or if the <b>member</b> lives in an area not serviced by Care-Connect*. The receipt of Care Connect health programmes operated by Care-Connect* is subject to their terms and conditions and is outside the control of <b>Irish Life Health</b>. This <b>benefit</b> is available to members aged 18 years and over and must be <b>pre-authorised</b> by <b>Irish Life Health</b>.</p>

### How to claim

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

Benefit	Description / Criteria
Gender Affirmation benefit	<p>Under this <b>benefit</b>, we will contribute towards <b>your</b> medical costs for gender affirmation surgical <b>procedures</b> as set out in the List of Gender Affirmation Surgical <b>Procedures</b> where <b>you</b> have been diagnosed with the condition Gender Dysphoria and where the <b>procedures</b> are carried out in a <b>medical facility</b> worldwide.</p>

We will contribute to the following:

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

**Consultant** fees: **we** will contribute towards **your** reasonable **consultant** fees for gender affirmation surgeries worldwide.

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

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

The following conditions apply to this **benefit**:

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

This **benefit** will not cover:

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

## How to claim

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

**You** will need to pay **your medical facility** and **health care providers** directly for **your** medical care. **You** can then **claim** the amount **we** have **pre-authorised** back from **us** by submitting **your** original receipts to **us** in an envelope and **your** name, address and **membership number** (see section 10 for details of where to send **your** receipts). Unfortunately, **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records. **You** must submit **your** original receipts within three years of the date of the **procedure(s)**. If **your** receipts are not received within this three year period, **your claim** will not be paid.

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

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

## 2.5 Overseas Benefits

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

### A&E Abroad

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

Our A&E Abroad **benefits** are not a substitute for travel insurance. **We** recommend that **you** purchase travel insurance prior to travelling outside **Ireland** and obtain a European Health Insurance Card before **you** travel (see [www.ehic.ie](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 the invoice we receive from the **medical facility** abroad or at the time of purchase, as appropriate.

**Waiting periods** may also apply, please see section 6.

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

### Emergency Inpatient Treatment Abroad and related benefits

Benefit	Description / Criteria
Hospital bill for in-patient treatment	<p>Under this <b>benefit we</b> will cover <b>your</b> medical costs for <b>emergency care</b> in a <b>medical facility</b> abroad whilst on a pre-booked temporary stay abroad not exceeding 31 days in duration 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>authorised</b> and arranged by <b>Irish Life Health</b>;</li> <li>&gt; <b>You</b> are required to stay overnight or longer in a hospital bed</li> <li>&gt; <b>You</b> began <b>your emergency care</b> abroad within 31 days of <b>your</b> departure from <b>Ireland</b>;</li> <li>&gt; <b>You</b> receive the <b>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</b> left <b>Ireland</b>; and</li> <li>&gt; <b>You</b> did not suspect when <b>you</b> left <b>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><b>Your</b> return journey must be booked before <b>you</b> begin <b>your</b> outward journey and <b>your</b> temporary stay abroad must be no longer than 31 days in duration. There is a maximum amount that can be <b>claimed</b> under this <b>benefit on your plan</b>. This will be shown in <b>your</b> Table of Cover.</p> <p><b>We</b> will not cover:</p> <ul style="list-style-type: none"> <li>&gt; non-medical expenses;</li> <li>&gt; costs incurred where <b>you</b> did not stay overnight in hospital</li> <li>&gt; <b>medical care</b> that has not been <b>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</b> return to <b>Ireland</b>.</li> </ul>

### How to claim

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

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

Benefit	Description / Criteria
Out-patient A&E abroad	<p>Under this <b>benefit you</b> can <b>claim</b> a contribution from <b>us</b> towards the cost of the following <b>emergency care</b> where <b>you</b> receive it as an <b>out-patient</b> whilst <b>you</b> are abroad:</p> <ul style="list-style-type: none"> <li>&gt; Emergency room/department fees</li> <li>&gt; <b>GP</b> visits</li> <li>&gt; <b>Consultant</b> visits</li> <li>&gt; Prescription drugs</li> <li>&gt; Radiology and pathology fees</li> <li>&gt; Cost of one ambulance journey to a hospital or clinic for <b>treatment</b></li> <li>&gt; Emergency dental <b>treatment</b> required as the result of an accident. (Please refer to section 2.1 for further terms and conditions of Emergency Dental Care.)</li> </ul>

Benefit	Description / Criteria
	To avail of this <b>benefit</b> , the costs being claimed must have been incurred outside of <b>Ireland</b> on a pre-booked temporary stay abroad of not more than 31 days in duration and must have been incurred as a result of <b>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. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this <b>benefit</b> . <b>Your out-patient excess</b> does not apply to this <b>benefit</b> .

### How to claim

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

Benefit	Description / Criteria
Repatriation expenses	Under this <b>benefit we</b> 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>Our medical advisors</b> will determine whether <b>your</b> medical condition requires <b>you</b> to have assistance to travel. The opinion of <b>our medical advisors</b> is final. <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</b> offer <b>you</b> this <b>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> .  The maximum amount that <b>we</b> will cover 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 <b>our</b> 'hospital bill for in-patient treatment' <b>benefit</b> .  Under this <b>benefit we</b> will also arrange and cover the return of <b>your</b> remains to <b>Ireland</b> should <b>you</b> die while on a temporary stay abroad not to exceed 31 days.

### How to claim

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

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

Benefit	Description / Criteria
Companion repatriation expenses	This <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</b> Table of Cover.  This <b>benefit</b> is only available in conjunction with <b>our</b> 'hospital bill for in-patient treatment' <b>benefit</b> .

### How to claim

**Your** companion must arrange and pay for their transport back to **Ireland**. **You** can **claim** the contribution under this **benefit** from **us** by sending **us** their receipts. **You** must send all original receipts to **us** in an envelope with **your** name, address and **membership number** (see section 10 of this Membership Handbook). Unfortunately **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records. Where receipts are not in English, **you** may need to provide a complete translation when submitting **your claim**.

Benefit	Description / Criteria
Expenses for companion who remains with <b>you</b>	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 <b>our</b> 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** (see section 10 of this Membership Handbook). Unfortunately **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records. Where receipts are not in English, **you** may need to provide a complete translation when submitting **your claim**.

Benefit	Description / Criteria
24 hour telephone assistance	Under this <b>benefit 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 <b>our</b> '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;
- > for giving birth where **you** travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of **your** departure that **you** would give birth abroad.
- > in a country in which the Irish Department of Foreign Affairs has recommended that **you** should not travel;
- > in a country in which the Irish Department of Foreign Affairs has recommended that **you** should avoid non-essential travel unless **your** journey is essential. Evidence of why **your** journey is essential will be required. Details of what **we** constitute essential travel to be, as well as the evidence **you** need to provide is detailed below.

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

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

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

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

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

### Elective Overseas Referrals

**Our** Elective Overseas Referral **benefits** cover some of the cost 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.

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

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

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

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

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

### Elective Overseas Referral

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

## Elective Overseas Referral

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

## How to claim

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

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

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

## 2.6 Irish Life Health Member Benefits

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

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

### Irish Life Health Member Benefits

Benefit & Provider	Description / Criteria
<p>Health screening</p> <p>Charter Medical Group* Telephone: 01 657 9000</p> <p>Corporate Health Ireland* Telephone: 021 4350360 Cork, 01 670 1820 Dublin, 061 303 975 Limerick</p>	<p>Charter Medical Group and Corporate Health Ireland provide <b>Irish Life Health members</b> with a point of sale discount on health screening. This offer may not be used in conjunction with any other offer or promotion run by Charter Medical Group and Corporate Health Ireland. This discount can be <b>claimed</b> once per <b>policy year</b>.</p> <p>In addition to the discount, <b>you</b> may also be able to <b>claim</b> a contribution from <b>us</b> on the amount that <b>you</b> have paid to Charter Medical Group or Corporate Health Ireland for <b>your</b> health screening. To <b>claim</b> the contribution from <b>us</b> <b>you</b> need to settle the bill directly with Charter Medical Group or Corporate Health Ireland and scan <b>your receipt</b> to <b>us</b> through <b>our</b> online <b>claims</b> tool (<b>Irish Life Health</b> Online Claiming) in <b>your member</b> area on <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a></p> <p><b>You</b> should keep <b>your</b> original receipts for <b>your</b> own records.</p>
<p>Smoking Cessation</p> <p>Allen Carr's Easyway to Stop Smoking Programme* Telephone: 01 4999010 Website: <a href="http://www.easyway.ie">www.easyway.ie</a> or <a href="http://www.allencarr.ie">www.allencarr.ie</a></p>	<p>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.</p>
<p>Dental Access Package</p> <p>Smiles Town and Dental* Telephone: 01 507 9202 Website: <a href="http://www.smiles.ie">www.smiles.ie</a></p>	<p>Smiles Town and Dental provide <b>Irish Life Health members</b> with a point of sale discount on a number of dental <b>treatments</b>.</p> <p>This discount cannot be used in conjunction with any other offer or promotion run by Smiles Town and Dental facilities. Where the <b>treatment</b> or <b>procedure</b> is not supplied for the entire mouth, the discount shall be applied on a <b>pro-rata</b> basis.</p>

## Irish Life Health Member Benefits

Benefit & Provider	Description / Criteria
<p>Asthma care programme Asthma Care Ireland*</p> <p>Telephone: 1800 931 935 or 091 756229 Email: info@asthmacare.ie Website: www.asthmacare.ie</p>	<p>Asthma Care Ireland provide <b>Irish Life Health members</b> with a point of sale discount on its asthma care programme.</p> <p>The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.</p>
<p>Laser eye surgery Optilase*</p> <p>Telephone: 01 619 1400 Website: www.optilase.com</p>	<p>Lominol Limited t/a Optilase provide <b>Irish Life Health members</b> with a point of sale discount on LASIK or LASEK <b>treatments</b>. Where the <b>treatment</b> is not supplied for both eyes, the discount shall be applied on a <b>pro-rata</b> basis. This offer may not be used in conjunction with any other offer or promotion run by Lominol Limited t/a Optilase.</p>
<p>U Mamma U Mamma*</p> <p>Telephone: 01 2014900 Website: www.umamma.ie</p>	<p>U Mamma provide <b>Irish Life Health members</b> with a point of sale discount on pre and post natal <b>treatments</b>. This offer may not be used in conjunction with any other offer or promotion run by U Mamma.</p>
<p>4d scans Ultrasound Dimensions*</p> <p>21 Main Street, Blackrock, Co. Dublin Telephone: 01 210 0232 Email: info@ultrasound.ie</p>	<p>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.</p>
<p>Back-Up Spectrum Health*</p> <p>Telephone: 01 562 5150</p>	<p>Back-Up is <b>our</b> physiotherapist-led case management programme unique to <b>Irish Life Health</b>. It provides <b>you</b> with advice on prevention and <b>treatment</b> for back, neck and spine pain. <b>Treatment</b> programmes are tailored to <b>your</b> condition and may include online or in-person <b>treatment</b> with a CORU registered Physiotherapist. Every effort will be made to find a Physiotherapist within <b>your</b> locality from <b>our</b> network but this cannot be guaranteed.</p> <p>Up to two Back-Up <b>treatment</b> programmes are available each <b>policy year</b> subject to eligibility and each <b>treatment</b> programme must be completed within three months from the date it began. Where in-person <b>treatment</b> is advised, a once off fee of €50 will apply for the course of <b>treatment</b> payable to <b>your</b> Physiotherapist. Once <b>treatment</b> has commenced, <b>we</b> are unable to facilitate transfers to another clinic.</p> <p><b>Your</b> physiotherapist's policy on amending/cancelling appointments will apply. <b>Your</b> physiotherapist may charge you if <b>you</b> do not notify them of any amendments or cancellations in line with their policy. Clinical responsibility for <b>treatment</b> is with your physiotherapist.</p> <p><b>Irish Life Health</b> cannot guarantee the availability of specific <b>treatment</b> modalities. <b>You</b> will not be eligible for <b>our</b> Back-Up service if <b>you</b> fall into one of the following groups:</p> <ul style="list-style-type: none"> <li>&gt; Patients who are currently pregnant (however if <b>you</b> have written clearance from your GP then an assessment can be done which will determine <b>your</b> individualised treatment programme)</li> <li>&gt; Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back</li> <li>&gt; Patients who are under 18 years of age</li> <li>&gt; Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months.</li> </ul> <p>To access: Login to your <b>Irish Life Health member</b> portal and complete an online suitability assessment for the programme or call the MyClinic line on 01 562 5150.</p> <p>Further information on Back-Up is available on <b>our</b> website at <a href="http://www.irishlifehealth.ie/members/memberbenefits/back-up/">www.irishlifehealth.ie/members/memberbenefits/back-up/</a>.</p> <p>Back-Up is managed by Spectrum Health Limited* and our network of CORU registered physiotherapists.</p>



## Irish Life Health Member Benefits

Benefit & Provider	Description / Criteria
<p>International Second Opinion Service</p> <p>MediGuide* Telephone: 1800 902 251</p>	<p>MediGuide International LLC* provide <b>Irish Life Health</b> members with access to a medical second opinion. MediGuide's* Medical Second Opinion Service can help give <b>you</b> peace of mind if <b>you</b>, whether an adult or a child <b>member</b>, are diagnosed with a medical condition, including paediatric and fertility conditions. This means <b>you</b> can have an independent review of <b>your</b> diagnosis and <b>treatment plan</b> from one of a range of leading medical centres around the world.</p> <p><b>Irish Life Health</b> members may request a medical second opinion through MediGuide* under most circumstances, with the following exceptions:</p> <p><b>Member</b> has not received a diagnosis – a <b>member</b> must have been given an official diagnosis by his or her treating <b>consultant</b> as a prerequisite in order for the medical centre giving the second opinion to review the diagnosis and to provide <b>treatment</b> recommendations where appropriate on a particular medical condition;</p> <ul style="list-style-type: none"> <li>&gt; <b>Member</b> has not been evaluated by a treating <b>consultant</b> within the last 12 months – recent medical records are required by the medical centre giving the second opinion in order to provide relevant <b>treatment</b> recommendations;</li> <li>&gt; <b>Member</b> has developed an acute or life threatening condition - if a <b>member</b> requires immediate medical attention, they should seek the care of their treating <b>consultant</b> on an urgent basis, and not delay while awaiting the arrival of the medical second opinion;</li> <li>&gt; Physical evaluation of the <b>member</b> is required - certain conditions will always require an in-person study and evaluation (for example, mental health conditions), such cases would not be eligible to receive a medical second opinion.</li> </ul> <p>To access this service, please freephone MediGuide* directly on 1800 902 251. Remember to have <b>your Irish Life Health policy</b> number ready when <b>you</b> call. There is no charge for using this service. When <b>you</b> call, the customer care agent will explain the service and take some information from <b>you</b>. <b>Your</b> case will be reviewed by a team of experts in the specific field of medicine involved. <b>You</b> will be assigned a clinical case manager and a comprehensive, confidential report will be provided to <b>you</b> within 10 working days, after MediGuide* has received all the required medical records. <b>You</b> will be brought through the report by <b>your</b> clinical case manager to make sure <b>you</b> understand everything. This service offers <b>you</b> the reassurance of knowing if <b>your</b> diagnosis and <b>treatment plan</b> is right for <b>you</b> or give <b>you</b> alternative options and support, where appropriate. If <b>you</b> choose an alternative option, such as <b>treatment</b> in an international facility, an additional unique case management programme called Navigator can be accessed.</p> <p>Navigator can assist <b>you</b> with case management and advice on recommended <b>medical facilities</b> and arrange admission, cost containment and claims settlement from medical providers, provide <b>you</b> with a cost estimate for the <b>treatment</b> package, arrange a translation service and provide travel arrangements assistance, if required.</p> <p><u>Important information about the International Second Opinion Service</u></p> <p>Any contact <b>you</b> make with MediGuide* around the International Second Opinion Service will be directly with MediGuide* itself. <b>Irish Life Health</b> does not provide this service and has no involvement in the International Second Opinion or Navigator Service. <b>Irish Life Health</b> has no access to <b>your</b> medical records or the medical second opinion nor do <b>we</b> provide MediGuide* with any medical information.</p> <p>Please note there are limits to <b>your</b> health insurance cover. <b>Treatments</b> and <b>procedures</b> proposed as a result of the medical second opinion provided by MediGuide* may not be covered by <b>your</b> health insurance <b>policy</b>. Where cover may be available on <b>your plan</b> under <b>your</b> Elective Overseas Referral <b>benefits</b>, any proposed <b>treatment</b> or <b>procedures</b> must be <b>pre-authorised</b> by <b>Irish Life Health</b> before <b>you</b> travel abroad for <b>treatment</b> and must meet all the criteria in relation to the Elective Overseas Referral <b>benefits</b>, the decision of <b>our</b> medical advisers is final.</p> <p><b>You</b> will be liable for the cost of travel and all other costs such as <b>treatment</b> outside of those covered by <b>your</b> health insurance <b>policy</b>.</p> <p>MediGuide* provides an independent and confidential service. MediGuide* is independent from <b>Irish Life Health</b> and <b>Irish Life Health</b> accepts no liability for this service. <b>Your</b> access to the MediGuide* International Second Opinion Service is subject to MediGuide*'s terms and conditions. In the event that the MediGuide* provider is based outside the <b>EEA</b> or Switzerland, <b>you</b> will be required to pay a deposit of no more than €2,000 to the MediGuide* provider. This fee is not covered by <b>Irish Life Health</b> and the terms and conditions around this payment should be discussed in full with MediGuide* in advance of <b>you</b> making the payment.</p>
<p>Wellness DNA Test</p> <p>DNAfit* Log on to <b>your</b> member area on <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a> to redeem</p>	<p>As an <b>Irish Life Health member</b>, <b>you</b> can receive a point of sale discount on a Wellness DNA Test from DNAfit*.</p> <p>To avail of this offer, <b>you</b> should log in to <b>your member</b> area at <a href="http://irishlifehealth.ie">irishlifehealth.ie</a> under the Benefits section, click on the Wellness DNA Test link to redeem <b>your</b> discounted test. The test is available to members aged 18 years and over.</p> <p>The discount applies to the Wellness DNA Test offered through this link and cannot be used for the purchase of other tests or in conjunction with other promotions being offered by DNAfit*. Any contact <b>you</b> make with DNAfit* around this service will be directly with DNAfit* itself. By availing of this <b>benefit you</b> are subject to DNAfit*'s terms and conditions. <b>Irish Life Health</b> does not provide nor accepts liability for this. <b>Irish Life Health</b> has no access to <b>your</b> DNA results or test information nor do <b>we</b> provide DNAfit* with any medical information.</p>

\* The provider partners named under these **benefits** may change from time to time. Access to these **benefits** is subject to availability and the provider partners' terms and conditions of use. **Our** provider partners operate independently from **Irish Life Health** and **we** accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of **our** control. While **we** aim for 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.

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

## 4 Your Policy

### Joining Irish Life Health

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

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

### Changing your policy

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

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

### Renewing your plan

To renew **your** membership:

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

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

### Canceling your policy

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

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

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

#### 2) **Premiums are not kept up to date**

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

#### 3) **Incorrect information / fraud**

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

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

### Consequences of cancellation

Once a **plan** is cancelled, the **member** will no longer be covered. **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will be entitled to recover any **claim** amount paid for **in-patient** care or goods or services received after the Cancellation Date. The Out-patient Benefits and Day-to-day Benefits will be allocated on a **pro-rata** basis. (e.g. where the **GP** visits **benefit** covers a contribution of up to €30 for up to 8 visits and the **plan** is cancelled after six months, the number of visits for which the **member** can **claim** will be reduced to 4). The yearly **excess** applicable to those **benefits** will not be reduced on a **pro-rata** basis.

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

## Mid-term cancellation charge

We will apply a mid-term cancellation charge if:

- > **you** choose to cancel **your policy** or any of the **plans** listed 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. A mid-term cancellation charge also applies to policies paid by direct debit.

## Cooling Off

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

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

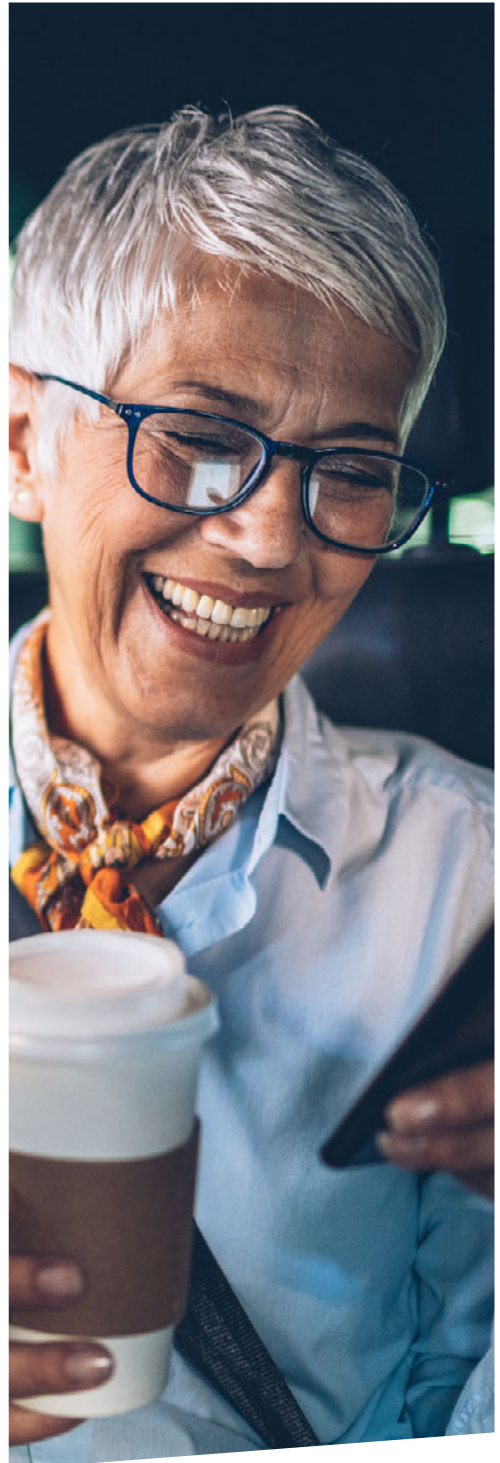
## Paying your premiums

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

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

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

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



## 5 General Terms and Conditions

### General rules

- > **Your policy** is governed at all times by the laws of **Ireland** and the exclusive jurisdiction of the courts of **Ireland**;
- > All **policy** documents and communications to **members** will be in English. **We** can provide **policy** documents and/or communications in braille or large print if requested;
- > **You** can only take out health insurance in **Ireland** if **you** are a resident of **Ireland**. If **you** are not a resident of **Ireland** **we** will not be able to provide **you** with health insurance cover and **we** will decline any **claims** made by **you** whilst **you** are not a resident of **Ireland**;
- > **You** may be required to validate the information contained in **your claim** form. **We** may contact **you** during the claims process for this purpose;
- > Where the amount that can be **claimed** under a **benefit** is greater than the amount **you** have been charged for the goods or services that are covered under that **benefit**, **we** will only cover the amount that **you** have been charged subject to any **excess**, shortfall or co-payment which may apply;
- > The availability of beds in a **semi-private room** or **private room** is determined by the **medical facilities** and is outside the control of **Irish Life Health**;
- > Where **we** cover the cost of goods or services that **you** have received as a result of an **accident** or **injury** for which another person/company/public body may be liable and **you** make a **claim** or take legal action against such other person/company/public body, **you** must include the cost of the goods or services covered by **us** in the damages **you** seek to recover from the person/company/public body. If **you** successfully recover some or all of the costs covered by **Irish Life Health**, by whatever means, **you** must reimburse **us** as soon as possible. **We** will not contribute towards the costs of pursuing such a **claim** or legal action;
- > Where **you** (or any other person for whom **you** are seeking health insurance) hold any form of health insurance with another company **you** must let **us** know at the inception of **your policy**. Where the costs of the goods or services which are covered under **your plan** with **Irish Life Health** are also insured by another insurer, such costs will be allocated between **us** and **your** other insurer on a **pro-rata** basis when **you** make a **claim**;
- > **You** will be covered under the **benefits** available in the **plan** **you** hold on the date **your medical care** (or other service) commences or on the date **you** receive goods, subject to any waiting periods that may apply. If **you** reduce the level of cover on **your plan**, this lower level of cover becomes effective immediately;
- > **You** must provide details of **your** membership with **us** to **your medical facility** and **health care providers** before undergoing **your procedure** or **treatment** or being admitted to a **medical facility**;
- > **We** will not return the original receipts **you** send **us** as part of **your claim**, however, **we** may return other original documents **you** submit to **us** provided **you** let **us** know **you** require **us** to return them to **you** at the time **you** submit them to **us**;

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



## 6 Waiting periods

### Waiting periods

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

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

### Initial waiting periods

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

Initial waiting periods do not apply in the following circumstances:

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

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



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

## Pre-existing condition waiting periods

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

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

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

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

The following table sets out the **pre-existing condition** waiting periods applied by **Irish Life Health**. These waiting periods will apply from the date **you** took out health insurance for the first time (with **Irish Life Health** or another insurer), or from the date **you** took out health insurance (with **Irish Life Health** or another insurer) after **your** health insurance had lapsed for more than 13 weeks.



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

## Upgrade waiting periods

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

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

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

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

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



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



## 7 Fraud Policy

We operate a fraud policy in respect of all **claims** made by **you** or on **your** behalf. We do regular audits of all **claims**. In all instances where fraud is suspected, **we** will carry out a full and comprehensive investigation. If a **claim** submitted by **you** or on **your** behalf is found to be fraudulent or dishonest in any way, the **claim** will be declined in its entirety, **benefits** under the **policy** will be forfeited and the **policy** and/or any **plans** listed on the **policy** may be cancelled and **we** may refuse any new **policies** for **you**. We reserve the right to refer the matter and details of the fraudulent **claim** to the appropriate authorities for prosecution.

## 8 Group Schemes

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

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

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

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

## 9 Premium Changes

We may change the premium payable for **our plans** from time to time. These changes will not affect **you** until **your** next **renewal date** unless **you** change **your plan** during **your policy year**. Please note that **we** deduct **your tax relief** from **your** premium so **you** don't have to **claim** it back from the Revenue Commissioners. The level of **tax relief** is set by

the Government and may be changed at any time which is outside **our** control. **We** are legally obliged to apply tax changes immediately and this may result in a change to the amount that **you** are required to pay to **us** for the **plans** listed in **your policy**.

## 10 Your Contacts

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

### Irish Life Health customer service team

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

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

### Corporate enquiries

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

### Claims submission

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

### Appeals

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

By phone on 01 562 5100

By email: heretohelp@irishlifehealth.ie

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

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

Financial Services and Pensions Ombudsman  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29.

Telephone: (01) 567 7000

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

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

## International assistance number

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

Telephone: 00353 148 17840

## Nurse-on-call

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

All calls will remain fully confidential.

Telephone: 01 562 5150

## Complaints

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

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

Alternatively **you** can contact the Complaints Team:

- > By phone on 01 562 5100
- > By email: heretohelp@irishlifehealth.ie
- > By post at: The Complaints Team, PO Box 13028, Dublin 1

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

Financial Services and Pensions Ombudsman  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29.

Telephone: 01 567 7000

Email: info@fspoi.ie

Website: www.fspoi.ie

## 11 Definitions

### Accident

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

### Acute

Short and sharp onset and which requires immediate medical attention.

### Authorise(d)

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

## Benefit

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

## Claim

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

## Clinical environment

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

## Clinical indicators

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

## Consultant

**Consultant** means a medical practitioner who:

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

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

## Convalescence home

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

## Cosmetic surgery

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

## Day case

A patient who is admitted to a **medical facility** but who does not stay overnight. This includes patients who are admitted to a **medical facility** to receive **side room procedures**.

## Dentist

A dental practitioner, who:

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

## Direct settlement

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

## EEA

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

## E.G.

An abbreviation meaning "for example".

## Elective treatments or procedures

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

## Emergency care

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

## Established treatment

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

## Excess

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

## First degree relative

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

## Follow on care

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

## General practitioner / GP

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

## Government levy

A stamp duty which health insurers must pay to the Revenue Commissioners on each health insurance **plan** sold. The **government levy** is paid into a central fund and is redistributed by the government to maintain a health insurance system where a person's age or health does not determine the level of premium

they pay. The **government levy** is included in **your** premium for each of the **plans** listed in **your policy**. Where **your** premiums are being paid monthly, **we** disburse the cost of the **government levy** evenly across **your** payments. Details of the amount of the **government levy** are set out in **your policy** documentation.

## Group scheme

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

## Group scheme sponsor

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

## Hazardous sports

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

## Health care provider

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

## Hospital costs

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

## I.E.

An abbreviation meaning "that is to say/ specifically"

## Immediate family

**Your** parent, child, sibling, spouse and partner.

## Injury

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

## In-patient

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

## Irish Life Health

**Irish Life Health** dac.

## Internationally recognised hospital

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

## Ireland

The Republic of Ireland excluding Northern Ireland.

### Level 1 plans

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

### Medical adviser

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

### Medical care

Care relating to the science or practice of medicine.

### Medical facility

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

### Medically necessary

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

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

### Medically proven

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

### Member

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

### Membership number

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

## Minimum Benefit Regulations

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

### Newborn

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

### Oral surgeon

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

### Out-patient

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

### Periodontist

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

### Plan

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

### Policy

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

### Policyholder

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

### Policy year

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

### Pre-authorisation / pre-authorised / pre-authorise

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

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

### Pre-existing condition

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

## Private hospital

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

## Private room

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

## Procedure

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

## Pro-rata

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

## Public hospital

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

## Public hospital levy

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

## Qualified practitioner

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

## Reasonable and customary costs

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

## Rehabilitation

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

## Relative

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

## Renewal date

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

## Semi-private room

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

## Side room procedure

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

## Surgical procedure/surgery

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

## Substance abuse

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

## Tax relief

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

## Terminal illness

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

## Transplants

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

## Treatment

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

## Treatment centre

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

## Visit

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

## We, us

Irish Life Health dac.

## Working day

Monday to Friday excluding bank holidays.

## You, your

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

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

### Allied Health Professionals, Alternative (Complementary) and other practitioners

<b>Acupuncturist</b>	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>
<b>Baby massage therapist</b>	A member of Baby Massage Ireland, (BMI) the Irish chapter of International Association of Infant Massage
<b>Breastfeeding consultant</b>	A member of the Association of Lactation Consultants in Ireland (ALCI) and who holds International Board Certified Lactation Consultant (IBCLC) membership.
<b>Carer</b>	A person who is registered with Home Instead as a CAREGiver.
<b>Chiroprodist</b>	A member of one of the following Societies: <ul style="list-style-type: none"> <li>&gt; The Society for Chiroprodists/Podiatrists</li> <li>&gt; Society of Chiroprodists and Podiatrists in Ireland</li> <li>&gt; Institute of Chiroprodists and Podiatrists in Ireland</li> <li>&gt; Irish branch of the British Chiroprody and Podiatry Association</li> <li>&gt; The Irish Chiroprodists/Podiatrists Organisation Ltd</li> </ul>
<b>Chiropractor</b>	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>
<b>Developmental specialist</b>	A member of the Psychological Society of Ireland
<b>Dietician</b>	A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)
<b>Homeopath</b>	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>
<b>Life Coach</b>	The life coach must be a Master or Professional coach registered with one of the following bodies; International Coach Federation (ICF) Ireland or Life and Business Coaching Association of Ireland (LBCAI) or have a degree in psychology/ sports science and a postgraduate qualification in psychology (min. masters)
<b>Massage therapist</b>	A member of the Irish Massage Therapists Association or Athletic Rehabilitation Therapy Ireland.
<b>Medical herbalist</b>	A member of the Irish Institute of Medical herbalists (IIMH).
<b>Menopause Specialist</b>	A menopause practitioner accredited by the British Menopause Society, North American Menopause Society or the International Menopause Society.
<b>Midwife</b>	A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
<b>Nurse (also including paediatric nurse)</b>	A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
<b>Nutritionist</b>	A person who is registered with Nutritional Therapist of Ireland (NTOI)

## Allied Health Professionals, Alternative (Complementary) and other practitioners

<b>Occupational therapist</b>	An occupational therapy professional who is registered with CORU (Health & Social Care Professionals Council)	
<b>Optometrist</b>	An eye health professional who is registered with CORU (Health & Social Care Professionals Council)	
<b>Orthodontist</b>	A person who is registered as an Orthodontist with the Dental Council of Ireland.	
<b>Orthoptist</b>	A person who holds a BSc or BMedSci in Orthoptics and is registered with the Irish Association of Orthoptists or the British and Irish Orthoptic Society	
<b>Osteopath</b>	A member of The Osteopathic Council of Ireland.	
<b>Personal Trainer</b>	A personal trainer or fitness instructor holding a European Qualification Framework Level 4 accreditation.	
<b>Physiotherapist or Physical Therapist</b>	A professional who is engaged in the assessment, treatment and management of musculoskeletal disorders and registered with CORU (Health & Social Care Professionals Council) or is a member of the Irish Society of Chartered Physiotherapists (ISCP)	
<b>Play Therapist</b>	A member of the Irish Play Therapy Association (IPTA), or the Irish Association of Play Therapy & Psychotherapy (IAPTP) or Play Therapy Ireland (PTI).	
<b>Podiatrist</b>	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> </ul>	<ul style="list-style-type: none"> <li>&gt; Irish branch of the British Chiropody and Podiatry Association</li> <li>&gt; The Irish Chiropodists/Podiatrists Organisation Ltd.</li> </ul>
<b>Pregnancy pilates instructor</b>	Standard pilates practice hours requirement plus must have completed a pregnancy pilates course which is recognised by Pilates Teacher Training Ireland (PTTI).	
<b>Pregnancy yoga instructor</b>	Standard yoga practice hours requirement plus must have completed a pregnancy yoga course which is recognised by Yoga Alliance USA, Yoga Alliance Professionals (UK) or Yoga Therapy Ireland.	
<b>Psychologist</b>	A member of the Psychological Society of Ireland.	
<b>Psychotherapist or Counsellor</b>	An accredited member of the Irish Association for Counselling and Psychotherapy (IACP) or the Irish Council for Psychotherapy (ICP).	
<b>Reflexologist</b>	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.	
<b>Reiki Practitioner</b>	A member of Reiki Federation Ireland or the Reiki Association of Ireland.	
<b>Speech and language therapist</b>	A speech and language therapy professional who is registered with CORU (Health & Social Care Professionals Council)	
<b>Sports Psychologist</b>	A member of the Psychological Society of Ireland.	
<b>Yoga/pilates instructor</b>	A person who has completed at least 200 accredited training hours which is recognised by the Yoga Alliance USA, Yoga Alliance Professionals (UK) or Yoga Therapy Ireland or a person who has completed at least 150 accredited training hours recognised by Pilates Teacher Training Ireland.	

## 12 Lists of Medical Facilities

Please refer to **your** Table of Cover to check whether list 1, 2, 3 or 4 applies to **your plan** and the percentage of cover that applies to hospitals, **treatment centres** or scan facilities.

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
Cavan						
Cavan General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Clare						
Midwestern Regional Hospital, Ennis	Public hospital	Yes	Covered	Covered	Covered	Covered
Cork						
Bantry General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Bon Secours Hospital	Private hospital	Yes	Covered Δ	Not Covered	Not Covered	Not Covered
Cork Radiation Oncology at Bon Secours	Private hospital	Yes	Covered Δ	Not Covered	Not Covered	Not Covered
Cork University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Cork University Maternity Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Mallow General Hospital	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Mater Private Hospital Cork	Private hospital	Yes	Covered Δ	Covered	Covered	Not Covered
Mercy University Hospital, Grenville Place	Public hospital	Yes	Covered	Covered	Covered	Covered
South Infirmary / Victoria University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
St. Patrick's (Marymount Hospice)	Public hospital (hospice)	Yes	Covered	Covered	Not Covered	Not Covered
Donegal						
Letterkenny University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Dublin						
Beacon Hospital, Sandyford, Dublin 18	High-tech hospital	Yes	Covered Δ	Covered	Covered	Not Covered
Beaumont Hospital, Dublin 9	Public hospital	Yes	Covered	Covered	Covered	Covered
Blackrock Clinic, Co. Dublin	High-tech hospital	Yes	See Table of Cover Δ	Not Covered	Not Covered	Not Covered
Bon Secours Hospital, Glasnevin, Dublin 9	Private hospital	Yes	Covered Δ	Covered	Covered	Not Covered
Cappagh National Orthopaedic Hospital, Finglas, Dublin 11	Public hospital	Yes	Covered	Covered	Covered	Not Covered
Children's University Hospital, Temple St., Dublin 1	Public hospital	Yes	Covered	Covered	Covered	Covered
Children's Hospital Ireland at TUH, Dublin 24	Public hospital	Yes	Covered	Covered	Covered	Covered
Connolly Hospital, Dublin 15	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Coombe Women's and Infant's University Hospital, Dublin 8	Public hospital	Yes	Covered	Covered	Covered	Covered
Hermitage Medical Clinic, Old Lucan Road, Dublin 20	Private hospital High-tech hospital for Level 1 plans*	Yes	Covered Δ	Covered	Covered	Not Covered
Highfield Healthcare incorporating Highfield Hospital and Hampstead Clinic Services, Dublin 9	Private hospital	Yes	Covered Δ	Covered	Not Covered	Not Covered
La Ginesa - St John of God, Stillorgan, Co. Dublin	Private hospital	Yes	Covered Δ	Covered	Not Covered	Not Covered
Mater Misericordiae University Hospital, Dublin 7	Public hospital	Yes	Covered	Covered	Covered	Covered
Mater Private Hospital, Dublin 7	High-tech hospital	Yes	See Table of Cover Δ	Not Covered	Not Covered	Not Covered
National Maternity Hospital, Holles St, Dublin 2	Public hospital	Yes	Covered	Covered	Covered	Covered
Our Lady's Hospice Blackrock (part cover only), Co. Dublin	Public hospital (hospice)	Yes	Covered	Covered	Not Covered	Not Covered
Our Lady's Hospice, Harold's Cross (part only), Dublin 6W	Public hospital (hospice)	Yes	Covered	Covered	Not Covered	Not Covered
Our Lady's Hospital for Sick Children, Crumlin, Dublin 12	Public hospital	Yes	Covered	Covered	Covered	Covered
Peamount Hospital, Newcastle, Co. Dublin	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Rotunda Hospital, Dublin 1	Public hospital	Yes	Covered	Covered	Covered	Covered
Royal Victoria Eye and Ear Hospital, Dublin 2	Public hospital	Yes	Covered	Covered	Covered	Covered
Sports Surgery Clinic, Santry, Dublin 9	Private hospital	Yes	Covered Δ	Covered	Covered	Not Covered
St. Columcille's Hospital, Loughlinstown, Co. Dublin	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered



A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
St. Edmundsbury Private Hospital, Lucan, Co. Dublin	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	Covered	Covered	Covered	Covered
St. John of God Hospital, Stillorgan, Co. Dublin	Private hospital	Yes	Covered $\Delta$	Covered	Not Covered	Not Covered
St. Joseph's Hospital, Raheny, Dublin 5	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
St. Luke's Hospital, Rathgar, Dublin 6	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
St. Michael's Hospital, Dun Laoghaire, Co. Dublin	Public hospital	Yes	Covered	Covered	Covered	Covered
St. Patrick's University Hospital, Dublin 8	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
St. Vincent's Hospital, Fairview, Dublin 3	Public hospital	Yes	Covered	Covered	Covered	Covered
St. Vincent's Private Hospital, Dublin 4	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
St. Vincent's University Hospital, Dublin 4	Public hospital	Yes	Covered	Covered	Covered	Covered
Tallaght University Hospital, Dublin 24	Public hospital	Yes	Covered	Covered	Covered	Covered
Galway						
Merlin Park Regional Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Bon Secours Hospital, Renmore	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
Galway Clinic	Private hospital High Tech Hospital for Level 1 plans*	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Portiuncula Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
University College Hospital Galway	Public hospital	Yes	Covered	Covered	Covered	Covered
Kerry						
Bon Secours Hospital, Tralee	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
Kerry University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Kildare						
UPMC Kildare Hospital, Clane	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Naas General Hospital	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Kilkenny						
Lourdes Orthopaedic Hospital, Kilcreene	Public hospital	Yes	Covered	Covered	Not Covered	Not Covered
St. Luke's General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
UPMC Aut Even	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Laois						
Midland Regional Hospital (Portlaoise)	Public hospital	Yes	Covered	Covered	Covered	Covered
Leitrim						
Our Lady's Hospital (Manorhamilton)	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Limerick						
Bon Secours Hospital Limerick at Barringtons	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Mid-Western Regional Orthopaedic Hospital	Public hospital	Yes	Covered	Covered	Not Covered	Not Covered
Mid-Western Radiation Oncology Unit	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Milford Care Centre	Public hospital	Yes	Covered	Covered	Covered	Covered
St. John's Hospital	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
University Hospital Limerick (Mid-Western Regional Hospital)	Public hospital	Yes	Covered	Covered	Covered	Covered
University Maternity Hospital, Limerick	Public hospital	Yes	Covered	Covered	Covered	Covered
Louth						
Louth County Hospital, Dundalk	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Our Lady of Lourdes Hospital, Drogheda	Public hospital	Yes	Covered	Covered	Covered	Covered
Mayo						
Mayo University Hospital (Castlebar)	Public hospital	Yes	Covered	Covered	Covered	Covered
Meath						
Our Lady's Hospital (Navan)	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Monaghan						
Monaghan General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Offaly						
Midland Regional Hospital (Tullamore)	Public hospital	Yes	Covered	Covered	Covered	Covered
Roscommon						
Roscommon County Hospital	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
Sligo						
Kingsbridge Private Hospital (Garden Hill)	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Sligo University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Tipperary						
Mid-Western Regional Hospital Nenagh (St. Joseph's)	Public hospital	Yes	Covered	Covered	Covered	Covered
South Tipperary General Hospital (Clonmel)	Public hospital	Yes	Covered	Not Covered	Not Covered	Not Covered
Waterford						
UPMC Whitfield Clinic, Butlerstown North	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
UPMC Whitfield Cancer Centre	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
University Hospital Waterford	Public hospital	Yes	Covered	Covered	Covered	Covered
Westmeath						
Midland Regional Hospital (Mullingar)	Public hospital	Yes	Covered	Covered	Covered	Not Covered
Charter Medical Private Hospital, Ballinderry	Private hospital	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Wexford						
Ely Hospital HSE South, Ferrybank	Public hospital	Yes	Covered	Covered	Covered	Not Covered
Wexford General Hospital	Public hospital	Yes	Covered	Covered	Covered	Not Covered

Northern Ireland						
Antrim						
Royal Victoria Hospital (Belfast)	Private hospital	No	Covered $\Delta$	Not Covered	Not Covered	Not Covered
Ulster Independent Clinic (Belfast)	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
Derry						
Altnagelvin Area Hospital	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered
Kingsbridge Private Hospital North West, Ballykelly	Private hospital	Yes	Covered $\Delta$	Not Covered	Not Covered	Not Covered

B. Treatment centres	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
Clare						
Bushypark Treatment Centre, Ennis	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered
Cork						
Cuan Mhuire (Farnanes)	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered
Tabor Lodge, Belgooly	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered
Dublin						
Eccles Clinic, Dublin 7	Treatment centre	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Medical Optics, Dublin 3 (covered up to the level of private hospital benefits listed on the Table of Cover for Level 1 plans*)	Ophthalmic Clinic	Yes	Covered $\Delta$	Covered	Covered	Not Covered
M.S. Care Centre, Rathgar, Dublin 6	Respite care	Yes	Covered $\Delta$	Covered	Not Covered	Not Covered
NEDRC (National Eating Disorder Recovery Centre), Ballsbridge, Dublin 4	Treatment centre	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Oxycare, Santry	Treatment centre	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Park West Clinic, Nangor Road, Dublin 12	Treatment centre	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Progressive Vision, Dublin 18 (covered up to the level of private hospital benefits listed on the Table of Cover for Level 1 plans*)	Ophthalmic Clinic	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Rutland Centre, Knocklyon, Dublin 16	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered
Donegal						
White Oaks Treatment Centre	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered
Galway						
Cuan Mhuire, Coolarne	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered
Oxygenation	Treatment centre	Yes	Covered $\Delta$	Covered	Covered	Not Covered
Kerry						
The Grove, Abbeylands, Ardfer, Co. Kerry	Addiction centre	Yes	Covered <sup>f</sup> $\Delta$	Covered <sup>f</sup>	Covered <sup>f</sup>	Not Covered

B. Treatment centres	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
Kildare						
Cuan Mhuire, Athy	Addiction centre	Yes	Covered <sup>1</sup> Δ	Covered <sup>1</sup>	Covered <sup>1</sup>	Not Covered
Kilkenny						
Aislinn Treatment Centre, Ballyragget	Addiction centre	Yes	Covered <sup>1</sup> Δ	Covered <sup>1</sup>	Covered <sup>1</sup>	Not Covered
Limerick						
Cuan Mhuire (Bruree)	Addiction centre	Yes	Covered <sup>1</sup> Δ	Covered <sup>1</sup>	Covered <sup>1</sup>	Not Covered
Citygate MHD Rooms, Citygate House, Raheen Business Park, Limerick	Ophthalmic Clinic	Yes	Covered Δ	Covered	Covered	Not Covered
Mayo						
Hope House (Foxford)	Addiction centre	Yes	Covered <sup>1</sup> Δ	Covered <sup>1</sup>	Covered <sup>1</sup>	Not Covered
Tipperary						
Aiséirí Centre (Cahir)	Addiction centre	Yes	Covered <sup>1</sup> Δ	Covered <sup>1</sup>	Covered <sup>1</sup>	Not Covered
Wexford						
Aiséirí Centre (Roxborough)	Addiction centre	Yes	Covered <sup>1</sup> Δ	Covered <sup>1</sup>	Covered <sup>1</sup>	Not Covered
Wicklow						
Medical Optics, Bray	Ophthalmic Clinic	Yes	Covered Δ	Covered	Covered	Not Covered

C. Scan Facilities: Approved MRI Scan Facilities	Facility Type	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Belfast							
Ulster Independent Clinic (Belfast)	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
Cork							
Alliance Medical: Cork University Hospital	Public hospital	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical Mercy University Hospital	Scan centre	Yes	Yes	Covered	Covered	Covered	Not Covered
Alliance Medical Mater Private Cork	Public hospital	Yes	Yes	Covered	Covered	Covered	Covered
Affidea Cork, The Elysian	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Bon Secours Hospital	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
Southscan MRI at South Infirmary / Victoria University Hospital	Public hospital	Yes	No	Covered	Covered	Covered	Covered
Donegal							
Affidea Letterkenny	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Dublin							
Alliance Medical Cherrywood, Cherrywood Business Park, Dublin 18	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical Smithfield, Dublin 7	Scan centre	Yes	Yes	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea at The Meath Primary Care Centre, Dublin 8	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Northwood, Santry, Dublin 9	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Tallaght, Dublin 24	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	Yes	Covered	Covered	Covered	Not Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Yes	Covered	Not Covered	Not Covered	Not Covered
Bon Secours Hospital (Glasnevin), Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
Mater Private Hospital, Dublin 7	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
Sports Surgery Clinic, Santry, Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	No	Covered**	Covered**	Covered**	Covered**

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

<b>C. Scan Facilities: Approved CT Scan Facilities</b>	<b>Facility Type</b>	<b>Direct Settlement</b>	<b>Approved Cardiac Scan Facilities</b>	List 1	List 2	List 3	List 4
Cork							
Affidea Cork, The Elysian	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical, Mater Private Cork	Scan centre	Yes	Yes	Covered	Covered	Covered	Not Covered
Bon Secours Hospital (Oncology CT only)	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
Dublin							
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	Yes	Covered	Covered	Covered	Not Covered
Beaumont Consultants Private Clinic, Santry, Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Yes	Covered	Not Covered	Not Covered	Not Covered

<b>C. Scan Facilities: Approved CT Scan Facilities</b>	<b>Facility Type</b>	<b>Direct Settlement</b>	<b>Approved Cardiac Scan Facilities</b>	List 1	List 2	List 3	List 4
Bon Secours Hospital, Glasnevin Dublin 9	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Alliance Medical Smithfield, Dublin 7	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Affidea Tallaght, Dublin 24	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
Mater Private Hospital, Dublin 7	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	No	Covered**	Covered**	Covered**	Covered**
St. Vincent's Private Hospital, Dublin 4 Galway	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Bon Secours Hospital, Renmore	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
Galway Clinic	Private hospital High-tech hospital for Level 1 plans *	Yes	Yes	Covered	Covered	Covered	Not Covered
Alliance Medical Merlin Park Hospital Kerry	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Bon Secours, Tralee	Private hospital	Yes	No	Covered	Covered	Covered	Covered
Kildare							
Alliance Medical UPMC Kildare Hospital, Clane	Scan centre	Yes	No	Covered	Covered	Covered	Covered
Limerick							
Alliance Medical Bon Secours Limerick at Barringtons Waterford	Scan centre	Yes	No	Covered	Covered	Covered	Covered
UPMC Whitfield, Butlerstown	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
<b>C. Scan Facilities: Approved PET-CT Facilities</b>	<b>Facility Type</b>	<b>Direct Settlement</b>	<b>Approved PSMA Scan Facilities</b>	List 1	List 2	List 3	List 4
Cork							
Alliance Medical: Cork University Hospital Dublin	Public hospital	Yes	Yes	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Blackrock Clinic, Co. Dublin	Private hospital	Yes	Yes	Covered	Not Covered	Not Covered	Not Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital, High-tech hospital for Level 1 plans *	Yes	No	Covered	Covered	Covered	Not Covered
Mater Private Hospital, Dublin 7	Private hospital	Yes	No	Covered	Not Covered	Not Covered	Not Covered
St. James's Hospital, Dublin 8	Public hospital	Yes	No	Covered	Covered	Covered	Covered
St. Vincent's Private Hospital, Dublin 4 Galway	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered
Galway Clinic	Private hospital, High-tech hospital for Level 1 plans *	Yes	No	Covered	Covered	Covered	Not Covered
Waterford							
UPMC Whitfield, Butlerstown	Private hospital	Yes	No	Covered	Covered	Covered	Not Covered

D. Minor Injury Clinic: Approved Direct Settlement Minor Injury Clinics	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
Cork						
Affidea Expresscare Clinic, The Elysian, Cork	Minor Injury Clinic	Yes	Covered	Covered	Covered	Covered
Dublin						
Affidea Expresscare Clinic, Northwood, Dublin 9	Minor Injury Clinic	Yes	Covered	Covered	Covered	Covered
Affidea Expresscare Clinic, Tallaght, Dublin 24	Minor Injury Clinic	Yes	Covered	Covered	Covered	Covered

D. Minor Injury Clinic: Approved Pay & Claim (including HSE) Minor Injury Clinics	Facility Type	Direct Settlement	List 1	List 2	List 3	List 4
Clare						
Ennis Injury Unit, Ennis Hospital	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Cork						
The Mercy Injury Unit, Gurrabraher	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Mallow Injury Unit, Mallow General Hospital	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Bantry Injury Unit, Bantry General Hospital	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Dublin						
Children's Hospital Ireland at Connolly, Blanchardstown	Urgent Care Centre (CHI)	No	Covered	Covered	Covered	Covered
Laya Health & Wellbeing Clinic, Cherrywood Business Park, Dublin 18	Minor Injury Clinic	No	Covered	Covered	Covered	Covered
Mater Smithfield Rapid Injury Clinic, Dublin 7	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
St. Columcille's Injury Unit, Loughlinstown, Co Dublin	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Galway						
Laya Health & Wellbeing Clinic, Briarhill	Minor Injury Clinic	No	Covered	Covered	Covered	Covered
Limerick						
Laya Health & Wellbeing Clinic, Ennis Road	Minor Injury Clinic	No	Covered	Covered	Covered	Covered
St. John's Injury Unit, St. John's Hospital, Limerick	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Louth						
Dundalk Injury Unit, Louth County Hospital	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Monaghan						
Monaghan Injury Unit, Monaghan Hospital, Hill Street	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Roscommon						
Roscommon Injury Unit, Roscommon University Hospital	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Tipperary						
Cashel Injury Unit	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered
Nenagh Injury Unit, Tyone, Nenagh	Minor Injury Clinic (HSE)	No	Covered	Covered	Covered	Covered

Please note: Hospitals may be managed by a different hospital or hospital group, the hospital in which **you** are receiving treatment must be specifically named on the applicable Hospital List for cover to apply. If **your** treating hospital is not specifically named on the applicable Hospital List, then **you** will not be covered for that hospital.

Δ First Cover and First Cover Extra plans do not provide any in-patient cover for private hospitals, high-tech hospitals or treatment centres.

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

\*\* Referrals must be made by an oncologist or other clinician at St. James's Hospital and must be related to the diagnosis, treatment or staging of a cancer. These lists are subject to change and are correct at time of going to print, 1 January 2023. For the most up-to-date lists, visit [www.irishlifehealth.ie](http://www.irishlifehealth.ie).

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

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## Solvency And Financial Condition Report

**Irish Life Health's** Solvency and Financial Conditions Report is available at [www.irishlifehealth.ie/privacy-and-legal/solvency-and-financial-condition](http://www.irishlifehealth.ie/privacy-and-legal/solvency-and-financial-condition).



