



Irish Life  
health



# Membership Handbook

Everyday Care Plans

July  
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# Thank you for choosing Irish Life Health

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



## EVERYTHING YOU NEED TO KNOW ABOUT YOUR POLICY

Your contract with us is made up of the following:

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

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

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

## UNDERSTANDING YOUR COVER

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

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

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

## Day-To-Day Benefits

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

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

## MEMBERSHIP HANDBOOK

This document:

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

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

## TABLE OF COVER

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

## THE SCHEDULE OF BENEFITS

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

We would advise you to contact us or your health care provider before undergoing your procedure or treatment to confirm whether it will be covered by us. The Radiology section of the Schedule of Benefits can be accessed on our website at [www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits](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 Clinical Indicators for Cardiac MRI and Cardiac CT Scans

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

### 2. List of Provider Partners

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

## GROUND RULES

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

## CLINICAL INDICATORS

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

## WAITING PERIODS

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

## EXCESS/SHORTFALL

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

## UNDERSTANDING CHANGES TO YOUR COVER

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

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

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

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

#### Changes to the Schedule of Benefits

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

#### Changes to the Lists of Medical Facilities

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

#### Changes to The Lists

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

#### Changes to benefits provided by provider partners

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

#### Changes required by law

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

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

## ACKNOWLEDGMENT

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

## 2 YOUR COVER & HOW TO CLAIM

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

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

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

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

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

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

### 2.1 DAY-TO-DAY BENEFITS

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

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

#### Day-to-Day Benefits

Benefit	Description / Criteria
<ul style="list-style-type: none"> <li>&gt; <b>Consultant</b> fees</li> <li>&gt; <b>Dentist</b> visits</li> <li>&gt; Physiotherapist or Physical Therapist* visits</li> <li>&gt; Acupuncturist*</li> <li>&gt; Chiroprapist*</li> <li>&gt; Chiropractor*</li> <li>&gt; Dietician*</li> <li>&gt; Massage therapist*</li> <li>&gt; Medical herbalist*</li> <li>&gt; Nutritionist*</li> <li>&gt; Occupational therapist*</li> <li>&gt; Orthoptist*</li> <li>&gt; Podiatrist*</li> <li>&gt; Reflexologist*</li> <li>&gt; Reiki practitioner*</li> <li>&gt; Speech therapist*</li> </ul>	<p>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.</p> <p><b>Consultant fees</b> excludes costs incurred for maternity related consultations.</p> <p>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 overall for any and all of those combined visits each year and not for each type of practitioner visit separately.</p>
<ul style="list-style-type: none"> <li>&gt; Minor Injury Clinic Cover (Pay &amp; Claim)</li> </ul>	<p>This <b>benefit</b> allows <b>you</b> to <b>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 our website <a href="http://www.irishlifehealth.ie/hospital-lists">www.irishlifehealth.ie/hospital-lists</a></p>

Day-to-Day Benefits	
Benefit	Description / Criteria
> 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.
> Pathology & Radiology	This <b>benefit</b> allows <b>you to claim</b> back some of the costs of pathology and/or radiology (i.e. x-rays, mammograms and non-maternity ultrasounds carried out in an accredited <b>medical facility</b> ) up to the limit listed on <b>your</b> Table of Cover.
> Pre/post natal medical expenses	This <b>benefit</b> allows <b>you to 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: <ul style="list-style-type: none"> <li>&gt; <b>Out-patient consultant's fees</b> (obstetrician and gynaecologist),</li> <li>&gt; Maternity scans</li> <li>&gt; Antenatal classes run by a midwife*</li> <li>&gt; Pre and post natal physiotherapist services provided by U Mamma** or by a chartered physiotherapist* with a speciality in women's health.</li> </ul> <p>This benefit covers pre/post natal care which is received between 9 months before and 3 months after your anticipated delivery date.</p>
> GP and Prescriptions	Under this <b>benefit we</b> will contribute towards the costs of attending a <b>GP</b> and/or prescriptions (prescribed by a <b>GP, consultant, dentist</b> or prescribing nurse*) up to the limit listed on your Table of Cover. This <b>benefit</b> excludes costs of the use of a remote <b>GP</b> advice line / digital consultation service - these services are provided through the Virtual <b>GP benefit</b> .
> Psychotherapy and counselling benefit	This <b>benefit</b> allows a <b>member to 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.
> Health Screen	This <b>benefit</b> allows <b>you to claim</b> back some of the costs of health screening. A health screen includes some or all of the tests listed below: <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>This <b>benefit</b> is only available where the health screen is carried out in a <b>clinical environment</b> 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 out-patient basis.</p>
> At Home Lipid or Iron Test	Under this <b>benefit we</b> will contribute towards the cost of an at home Lipid/Cholesterol or Iron/Ferritin testing kit once per <b>policy year</b> .
> At Home STI Screening	Under this <b>benefit we</b> will contribute towards the cost of an at home STI screening kit once per <b>policy year</b> .
> Mindfulness course	Under this <b>benefit you can claim</b> a contribution from <b>us</b> towards the cost of an annual subscription to the HEADSPACE or Calm mindfulness apps or the cost of a mindfulness course or programme which is listed on the Qualifax database available at <a href="http://www.qualifax.ie">www.qualifax.ie</a> .

\* **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). Where **your** broker offers an online claiming facility, **your** receipts should be uploaded through their online claiming tool. **You** must submit **your** receipts within six months of the end of **your policy year**. If **your** receipts are not received within these six months, **your claim** will not be paid.

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

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

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

Benefit	Description / Criteria
Minor Injury Clinic Cover (Direct Settlement)	Under this <b>benefit we</b> will cover some of the cost of attending one of our 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 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
Diagnostic Scans (in approved centres)	<p>Under this <b>benefit we</b> will provide cover for the MRI or CT scans listed below when carried out in an approved facility in <b>your</b> List of Medical Facilities on pages 19–20 (<i>i.e.</i> an approved centre). 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>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.</p>

## How to claim

If **your** scan is carried out in an approved centre (*i.e.* a scan facility that is covered in the appropriate table for **your** scan type in **your** List of Medical Facilities), **we** will pay the scan facility directly up to the **policy** limit specified on your Table of Cover. There is no cover available if **your** scan is carried out in a non-approved centre (*i.e.* a scan facility that is not covered in **your** List of Medical Facilities).

Benefit	Description / Criteria
Virtual <b>GP</b>	This <b>benefit</b> gives <b>you</b> unlimited consultations with a <b>GP</b> provided by Medical Solutions UK Limited trading as Health Hero**. <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 faxed 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be faxed the next <b>working day</b> . This service shouldn't be used for emergencies or urgent conditions as this may delay necessary <b>treatment</b> .

## How to claim

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

Benefit	Description / Criteria
Virtual Physio	This <b>benefit</b> gives <b>you</b> access to consultations with a Chartered Physiotherapist provided by Medical Solutions UK Limited trading as Health Hero**. Appointments are available for a phone or video consultation with a Physiotherapist between 09:00 and 17:30, Monday to Friday (excluding bank holidays). Initial consultations will include an assessment, with relevant medical history, to provide a clinically appropriate <b>treatment</b> plan which may or may not include further consultations. There may be a limit to the number of consultations available per <b>policy year</b> but this will be detailed on <b>your</b> Table of Cover. This <b>benefit</b> may not be suitable for <b>members</b> who are currently pregnant without written clearance from their <b>GP</b> or for <b>members</b> who are recovering from or seeking rehabilitation after recent surgery. This <b>benefit</b> is only available to <b>members</b> who are 16 years and over and only relates to physiotherapy provided by Medical Solutions UK Limited trading as Health Hero**. This service shouldn't be used for emergencies or urgent conditions as this may delay necessary <b>treatment</b> .
<b>How to claim</b>	
Please call 01 582 6400 between 09:00 and 17:30, Monday to Friday (excluding bank holidays) with <b>your membership number</b> to book a consultation.	

Benefit	Description / Criteria
Virtual Mental Health Therapist	This <b>benefit</b> gives <b>you</b> access to a dedicated counselling service provided by Medical Solutions UK Limited trading as Health Hero**. Appointments are available for a phone or video consultation with a counsellor between 09:00 and 17:30, Monday to Friday (excluding bank holidays). Initial consultations will include an assessment, with relevant medical and mental health history, to provide a clinically appropriate <b>treatment</b> plan which may or may not include further consultations. There may be a limit to the number of consultations available per <b>policy year</b> but this will be detailed on <b>your</b> Table of Cover. This <b>benefit</b> is only available to <b>members</b> who are 18 years and over and only relates to counselling provided by Medical Solutions UK Limited trading as Health Hero**. This service shouldn't be used for emergencies or urgent conditions as this may delay necessary <b>treatment</b> .
<b>How to claim</b>	
Please call 01 582 6400 between 09:00 and 17:30, Monday to Friday (excluding bank holidays) with your <b>membership number</b> to book a consultation.	

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

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

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





## 2.2 OVERSEAS BENEFITS

### EMERGENCY IN-PATIENT TREATMENT ABROAD

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

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

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

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

Emergency In-patient Treatment Abroad	
Benefit	Description / Criteria
Hospital bill for in-patient treatment	<p>Under this <i>benefit we</i> will contribute towards <i>your</i> medical costs for <i>emergency care</i> in a <i>medical facility</i> abroad whilst on a temporary stay abroad not exceeding 31 days in duration where:</p> <ul style="list-style-type: none"> <li>&gt; The <i>emergency care</i> is <i>medically necessary</i>;</li> <li>&gt; The <i>emergency care</i> is <i>authorised</i> and arranged by <i>Irish Life Health</i>;</li> <li>&gt; <i>You</i> are required to stay overnight or longer in a hospital bed</li> <li>&gt; <i>You</i> began <i>your emergency care</i> abroad within 31 days of <i>your</i> departure from <i>Ireland</i>;</li> <li>&gt; <i>You</i> receive the <i>emergency care</i> in an <i>internationally recognised hospital</i>;</li> <li>&gt; <i>You</i> have not travelled against medical advice;</li> <li>&gt; <i>You</i> were not suffering from a <i>terminal illness</i> when <i>you</i> left <i>Ireland</i>; and</li> <li>&gt; <i>You</i> did not suspect when <i>you</i> left <i>Ireland</i> that <i>you</i> might require any <i>medical care</i> when <i>you</i> were abroad and a reasonable person in <i>your</i> position would not have suspected that <i>you</i> would require any <i>medical care</i> when <i>you</i> were abroad.</li> </ul> <p><i>You</i> must pay the <i>medical facility</i> yourself and <i>claim</i> the <i>benefit</i> from <i>us</i>. There is a maximum amount that can be claimed under this <i>benefit</i> on <i>your plan</i>. This will be shown in <i>your</i> Table of Cover.</p>

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

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

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

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

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

### 3 EXCLUSIONS FROM YOUR COVER

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

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

### 4 YOUR POLICY

#### JOINING IRISH LIFE HEALTH

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

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

#### CHANGING YOUR POLICY

The **policyholder** can make changes to their **policy** or any of the **plans** listed on their **policy** at any time by logging onto the membership area on **our** website ([www.irishlifehealth.ie/members/manage-my-plan](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. **We** cannot take instructions to make changes to the **policy** or any of the **plans** listed on the **policy** from a **member**. However, the **policyholder** can nominate a person to act on their behalf to make changes to the **policy** or any of the **plans**. If **you** wish to nominate someone, please call or write to **us** and let **us** know if they have authority to act on the entire **policy** or just specific **plans**.

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

## RENEWING YOUR PLAN

To renew *your* membership:

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

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

## CANCELLING YOUR POLICY

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

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

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

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

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

### 3) *Incorrect information / fraud*

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

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

## CONSEQUENCES OF CANCELLATION

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

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

## MID-TERM CANCELLATION CHARGE

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

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

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

## COOLING OFF

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

## PAYING YOUR PREMIUMS

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

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

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

## GENERAL RULES

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



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

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

### INITIAL WAITING PERIODS

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

Initial waiting periods do not apply in the following circumstances:

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

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

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

### PRE-EXISTING CONDITION WAITING PERIODS

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

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

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

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

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

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



## UPGRADE WAITING PERIODS

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

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

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

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

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

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

## 7 FRAUD POLICY

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

## 8 GROUP SCHEMES

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

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

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

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



## 9 PREMIUM CHANGES

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

## 10 YOUR CONTACTS

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

### IRISH LIFE HEALTH CUSTOMER SERVICE TEAM

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

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

E-mail: [heretohelp@irishlifehealth.ie](mailto:heretohelp@irishlifehealth.ie)

Telephone: 1890 717 717 or 021 480 2040

### CORPORATE ENQUIRIES

E-mail: [justaskus@irishlifehealth.ie](mailto:justaskus@irishlifehealth.ie)

Telephone: 1890 721 721

### CLAIMS SUBMISSION

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

## APPEALS

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

- > By phone on 1890 717 717
- > By email: [heretohelp@irishlifehealth.ie](mailto: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

### COMPLAINTS

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

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

Alternatively *you* can contact the Complaints Team:

- > By phone on 1890 717 717
- > By email: [heretohelp@irishlifehealth.ie](mailto: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@fsp.ie](mailto:info@fsp.ie)

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



## DENTIST

A dental practitioner, who:

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

## DIRECT SETTLEMENT

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

## EEA

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

## E.G.

An abbreviation meaning "for example".

## EMERGENCY CARE

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

## ESTABLISHED TREATMENT

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

## EXCESS

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

## FIRST DEGREE RELATIVE

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

## FOLLOW ON CARE

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

## GENERAL PRACTITIONER / GP

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

## GROUP SCHEME

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

## GROUP SCHEME SPONSOR

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

## 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 speciality (including appropriate specialist training) is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and;
- > holds a current full registration as a specialist with the Medical Council of Ireland and is listed on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of *Ireland*.

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



## HAZARDOUS SPORTS

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

## HEALTH CARE PROVIDER

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

## I.E.

An abbreviation meaning “that is to say/ specifically”

## IMMEDIATE FAMILY

Your parent, child, sibling, spouse and partner.

## INJURY

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

## IN-PATIENT

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

## IRISH LIFE HEALTH

*Irish Life Health* dac.

## HOSPITAL COSTS

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

## INTERNATIONALLY RECOGNISED HOSPITAL

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

## IRELAND

The Republic of Ireland excluding Northern Ireland.

## MEDICAL ADVISER

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

## MEDICAL CARE

Care relating to the science or practice of medicine.

## MEDICAL FACILITY

A hospital, scan centre, or treatment centre.

## MEDICALLY NECESSARY

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

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

## MEDICALLY PROVEN

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

## MEMBER

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

## MEMBERSHIP NUMBER

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

## MINIMUM BENEFIT REGULATIONS

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

## NEWBORN

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

## OUT-PATIENT

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

## PLAN

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

## POLICY

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

## POLICYHOLDER

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

## POLICYYEAR

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

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

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

## PRE-EXISTING CONDITION

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

## PRIVATE HOSPITAL

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

## PROCEDURE

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

## PRO-RATA

In proportion, proportional or 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.

## QUALIFIED PRACTITIONER

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

## REASONABLE AND CUSTOMARY COSTS

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

## REHABILITATION

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

## RENEWAL DATE

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

## SUBSTANCE ABUSE

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

## TAX RELIEF

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

## TERMINAL ILLNESS

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

## TRANSPLANTS

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

## TREATMENT

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

## VISIT

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

## WE, US

*Irish Life Health* dac.

## WORKING DAY

Monday to Friday excluding bank holidays.

## YOU, YOUR

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

**Allied Health Professionals**

<b>Chiroprapist</b>	A member of one of the following Societies: > The Society for Chiroprapists/Podiatrists > Society of Chiroprapists and Podiatrists in Ireland > Institute of Chiroprapists and Podiatrists in Ireland > Irish branch of the British Chiroprapy and Podiatry Association > The Irish Chiroprapists/Podiatrists Organisation Ltd
<b>Dietician</b>	A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)
<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>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>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>Podiatrist</b>	A member of one of the following Societies: > The Society for Chiroprapists/Podiatrists > Society of Chiroprapists and Podiatrists in Ireland > Institute of Chiroprapists and Podiatrists in Ireland > Irish branch of the British Chiroprapy and Podiatry Association > The Irish Chiroprapists/Podiatrists Organisation Ltd.
<b>Speech therapist</b>	A speech and language therapy professional who is registered with CORU (Health & Social Care Professionals Council)

**Alternative (Complementary) and Other Practitioners**

<b>Acupuncturist</b>	A person who is on the professional register of one of the following bodies: > The Acupuncture Council of Ireland (TCMCI Ltd) > The Acupuncture Foundation Professional Association > The Professional Register of Traditional Chinese Medicine
<b>Chiropractor</b>	A member of one of the following Associations: > The Chiropractic Association of Ireland > McTimony Chiropractic Association of Ireland
<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>Nutritionist</b>	A person who is registered with Nutritional Therapist of Ireland (NTOI)
<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 Orthoptist Society.
<b>Psychologist</b>	A member of the Irish Association for Counselling & Psychotherapy or 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

## 12 | LISTS OF MEDICAL FACILITIES

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

Scan Facilities: Approved MRI Scan Facilities	Facility Type	Location	Direct Settlement	Approved Cardiac Scan Facilities	List 5
Ulster Independent Clinic (Belfast)	Private hospital	Belfast	Yes	No	Covered
Bon Secours Hospital	Private hospital	Cork	Yes	No	Covered
Alliance Medical at Cork University Hospital	Public hospital	Cork	Yes	Yes	Covered
Alliance Medical Mater Private Cork	Scan centre	Cork	Yes	Yes	Covered
Affidea Cork, The Elysian	Scan centre	Cork	Yes	No	Covered
Alliance Medical at Mercy University Hospital	Public hospital	Cork	Yes	Yes	Covered
Southscan MRI at South Infirmary / Victoria University Hospital	Public hospital	Cork	Yes	No	Covered
Alliance Medical at North West Independent Hospital	Private hospital	Derry	Yes	No	Covered
Affidea Letterkenny	Scan centre	Donegal	Yes	No	Covered
Alliance Medical Cherrywood, Dublin 18	Scan centre	Dublin	Yes	No	Covered
Alliance Medical at Charter Medical Group, Dublin 7	Scan centre	Dublin	Yes	Yes	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Dublin	Yes	No	Covered
Affidea at The Meath Primary Care Centre, Dublin 8	Scan centre	Dublin	Yes	No	Covered
Affidea Northwood, Santry, Dublin 9	Scan centre	Dublin	Yes	No	Covered
Affidea Tallaght, Dublin 24	Scan centre	Dublin	Yes	No	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Dublin	Yes	Yes	Covered
Blackrock Clinic, Co. Dublin	Private hospital	Dublin	Yes	Yes	Covered
Bon Secours Hospital (Glasnevin), Dublin 9	Private hospital	Dublin	Yes	No	Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital	Dublin	Yes	Yes	Covered
Mater Private Hospital, Dublin 7	Private hospital	Dublin	Yes	No	Covered
Sports Surgery Clinic, Santry, Dublin 9	Private hospital	Dublin	Yes	No	Covered
St. James's Hospital, Dublin 8	Public hospital	Dublin	Yes	No	Covered**
Bon Secours Hospital, Renmore	Private hospital	Galway	Yes	No	Covered
Galway Clinic	Private hospital	Galway	Yes	Yes	Covered
Alliance Medical at Merlin Park	Scan centre	Galway	Yes	Yes	Covered
Alliance Medical Portiuncula	Scan centre	Galway	Yes	No	Covered
Alliance Medical at Bon Secours Tralee	Scan centre	Kerry	Yes	No	Covered
Alliance Medical at Clane General Hospital	Scan centre	Kildare	Yes	No	Covered
Affidea at Vista Primary Care Centre	Scan centre	Kildare	Yes	No	Covered
Aut Even Hospital	Private hospital	Kilkenny	Yes	No	Covered
Affidea, Dean Street Clinic, Kilkenny	Scan centre	Kilkenny	Yes	No	Covered
Alliance Medical at Bon Secours Diagnostic Imaging	Scan centre	Limerick	Yes	Yes	Covered
Limerick Clinic, City Gate House, Raheen Business Park	Scan centre	Limerick	Yes	No	Covered
Alliance Medical at Our Lady Of Lourdes Hospital, Drogheda	Scan centre	Louth	Yes	Yes	Covered
Alliance Medical at Tullamore Regional Hospital	Scan centre	Offaly	Yes	No	Covered
Affidea at Sligo General Hospital	Scan centre	Sligo	Yes	No	Covered
Alliance Medical at South Tipperary General Hospital (Clonmel)	Scan centre	Tipperary	Yes	No	Covered

Affidea Dunmore Road, Waterford	Scan centre	Waterford	Yes	No	Covered
UPMC Whitfield Clinic, Butlerstown North	Private hospital	Waterford	Yes	No	Covered
Alliance Medical at Charter Medical Private Hospital, Ballinderry	Scan centre	Westmeath	Yes	No	Covered

<b>Scan Facilities: Approved CT Facilities</b>	<b>Facility Type</b>	<b>Location</b>	<b>Direct Settlement</b>	<b>Approved Cardiac Scan Facilities</b>	<b>List 5</b>
Affidea Cork, The Elysian	Scan centre	Cork	Yes	No	Covered
Alliance Medical at Mater Private Cork	Scan centre	Cork	Yes	Yes	Covered
Bon Secours Hospital (Oncology CT only)	Private hospital	Cork	Yes	No	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Dublin	Yes	Yes	Covered
Beaumont Consultants Private Clinic, Santry, Dublin 9	Private hospital	Dublin	Yes	No	Covered
Blackrock Clinic, Co. Dublin	Private hospital	Dublin	Yes	Yes	Covered
Bon Secours Hospital, Glasnevin Dublin 9	Private hospital	Dublin	Yes	No	Covered
Alliance Medical at Charter Medical, Dublin 7	Scan centre	Dublin	Yes	No	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Dublin	Yes	No	Covered
Affidea Tallaght, Dublin 24	Scan centre	Dublin	Yes	No	Covered
Hermitage Clinic, Old Lucan Road, Dublin 20	Private hospital	Dublin	Yes	Yes	Covered
Mater Private Hospital, Dublin 7	Private hospital	Dublin	Yes	No	Covered
St. James's Hospital, Dublin 8	Public hospital	Dublin	Yes	No	Covered**
St. Vincent's Private Hospital, Dublin 4	Private hospital	Dublin	Yes	No	Covered
Bon Secours Hospital, Renmore	Private hospital	Galway	Yes	No	Covered
Galway Clinic	Private hospital	Galway	Yes	Yes	Covered
Alliance Medical at Merlin Park	Scan centre	Galway	Yes	No	Covered
Bon Secours, Tralee	Private hospital	Kerry	Yes	No	Covered
Alliance Medical at Clane General Hospital	Scan centre	Kildare	Yes	No	Covered
Alliance Medical at Bon Secours Diagnostic Imaging	Scan centre	Limerick	Yes	No	Covered
UPMC Whitfield, Butlerstown	Private hospital	Waterford	Yes	No	Covered

Minor Injury Clinic: Approved Direct Settlement Minor Injury Clinics	Facility Type	Location	Direct Settlement	List 5
Affidea Expresscare Clinic, The Elysian, Cork	Minor Injury Clinic	Cork	Yes	Covered
Affidea Expresscare Clinic, Northwood, Dublin 9	Minor Injury Clinic	Dublin	Yes	Covered
Affidea Expresscare Clinic, Tallaght, Dublin 24	Minor Injury Clinic	Dublin	Yes	Covered
Affidea Expresscare Clinic, Vista, Naas	Minor Injury Clinic	Kildare	Yes	Covered

Minor Injury Clinic: Approved Pay & Claim (including HSE) Minor Injury Clinics	Facility Type	Location	Direct Settlement	List 5
Ennis Injury Unit, Ennis Hospital	Minor Injury Clinic (HSE)	Clare	No	Covered
The Mercy Injury Unit, Gurranbraher	Minor Injury Clinic (HSE)	Cork	No	Covered
Mallow Injury Unit, Mallow General Hospital	Minor Injury Clinic (HSE)	Cork	No	Covered
Bantry Injury Unit, Bantry General Hospital	Minor Injury Clinic (HSE)	Cork	No	Covered
Children's Hospital Ireland at Connolly, Blanchardstown	Urgent Care Centre (CHI)	Dublin	No	Covered
Mater Smithfield Rapid Injury Clinic, Dublin 7	Minor Injury Clinic (HSE)	Dublin	No	Covered
St. Columcille's Injury Unit, Loughlinstown, Co Dublin	Minor Injury Clinic (HSE)	Dublin	No	Covered
St. John's Injury Unit, St. John's Hospital, Limerick	Minor Injury Clinic (HSE)	Limerick	No	Covered
Dundalk Injury Unit, Louth County Hospital	Minor Injury Clinic (HSE)	Louth	No	Covered
Monaghan Injury Unit, Monaghan Hospital, Hill Street	Minor Injury Clinic (HSE)	Monaghan	No	Covered
Roscommon Injury Unit, Roscommon University Hospital	Minor Injury Clinic (HSE)	Roscommon	No	Covered
Nenagh Injury Unit, Tyone, Nenagh	Minor Injury Clinic (HSE)	Tipperary	No	Covered

\*\*Referrals must be made by an oncologist or other clinician at St. James's Hospital and must be related to the diagnosis, treatment or staging of a cancer.

These lists are subject to change and are correct at time of going to print, July 2021. For the most up-to-date lists, visit [www.irishlifehealth.ie](http://www.irishlifehealth.ie).

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

## SOLVENCY AND FINANCIAL CONDITION REPORT

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



