



Membership Handbook Health Plans

October
2026

Thank you for choosing Irish Life Health

Table of Contents

1	Your Contract	2	5	General Terms & Conditions	41
2	Your Cover & How to Claim	5	6	Waiting Periods	43
2.1	Day-to-Day & Out-patient Benefits	5	7	Fraud Policy	46
2.2	In-patient Benefits	18	8	Group Schemes	46
2.3	Maternity Benefits	22	9	Premium Changes	46
2.4	Other Benefits	25	10	Your Contacts	47
2.5	Overseas Benefits	30	11	Definitions	48
2.6	Irish Life Health Member Benefits	35	11.1	Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners	52
3	Exclusions from Your Cover	37			
4	Your Policy	39			



Words in **bold** in this Membership Handbook are defined terms. These are words or phrases commonly used in the private health insurance industry. **You** can find full explanations in the Definitions section at the end of this Membership Handbook. Where these terms appear in the text, it is important that **you** understand the meaning and read these in conjunction with the rest of terms and conditions throughout this document.

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 Privacy Notice

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

In-patient Benefits

What to look for	Where to check
> Is the treatment or procedure an established treatment? > Is the treatment or procedure medically necessary? > Is your health care provider registered with Irish Life Health and a participating health care provider? > Will you be admitted to a medical facility and if so which one? > If not, where will you be having your procedure or treatment performed?	Your health care provider
> Is your treatment or procedure covered (is it listed in the Schedule of Benefits)? > Do any clinical indicators apply and do you meet them? > Does your treatment or procedure need to be pre-authorised? > Is your treatment or procedure covered when it is carried out by the type of health care provider you are attending (i.e. is it covered when carried out by a GP, dentist, oral surgeon, periodontist)? > If your treatment or procedure is not going to be performed in a hospital or treatment centre, is it covered when it is carried out in your health care provider's rooms?	The Schedule of Benefits or your health care provider
> Which List of Medical Facilities applies to you? > What's your level of cover? i.e. Do you need to pay an excess, shortfall or co-payment?	Table of Cover
> If you are being admitted to a medical facility, is it included in the Lists of Medical Facilities covered under your plan? > Does a waiting period apply? > How can you claim? > Are there any further criteria?	Your Membership Handbook

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

Membership Handbook

This document:

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

The lists of **Medical Facilities** which were previously included in Section 12 of this Membership Handbook can now be found at www.irishlife.ie/health-insurance/hospital-lists/.

These lists 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 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. 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.

The **treatment** must begin, or **surgical procedure** must be performed, before **your pre-authorisation** expires. **Your pre-authorisation** will end either six months from when it is granted, or if **you** change **your plan** and reduce **your** level of cover, or if **you** cease to be a **member** of **Irish Life Health**, whichever is sooner.

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 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 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 apply per **policy year** and 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 > Consultant fees (for out-patient consultations) > Dentist visits > Paediatrician benefit > Physiotherapist or Physical Therapist* visits > Acupuncturist* > Chiroprapist* > Chiropractor* > Dietician* > Homeopath* > Massage therapist* > Medical herbalist* > Nutritionist* > Occupational therapist* > Orthoptist* > Osteopath* > Podiatrist* > Reflexologist* > Reiki Practitioner* > Speech and language therapist* > Speech therapist*	Under these benefits we will contribute towards the costs of attending the practitioners named in the benefit for treatment provided to a member on a one to one basis. GP visits benefit excludes costs incurred through use of a remote GP advice line / digital consultation service - these services are provided through the Digital Doctor benefit. Consultant fees (for out-patient consultations) excludes costs incurred for maternity related consultations. Where practitioner visits are shown as having a combined benefit on your Table of Cover, we will pay the maximum number of consultations listed on your Table of Cover across any combination of those practitioners.
3D/4D & Early pregnancy scans	Under this benefit you can claim a contribution from us 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 benefit allows you to claim back some of the charge imposed by a public, private or high tech hospital when you attend the A&E department without a referral letter from your GP .
Adult Counselling - Counsellors and Therapists	This benefit allows a member to claim back some of the cost of attending a psychotherapist* or a counsellor*.
Adult Counselling - Psychologists	Under this benefit, we will contribute towards the costs of attending a psychologist*.
Adult Neurodiversity Benefit	Under this benefit you can claim back some of the costs of a neurodiversity / neurodevelopment assessment carried out by a psychologist*, a consultant psychiatrist or an occupational therapist*. This assessment must address at least one of the following: Attention Deficit, Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Intellectual Disability, Learning Disability, Motor Skills Disorders, Communication Disorders, Tic Disorders, Developmental Coordination Disorders, Dyspraxia or Sensory Processing Disorders. Receipts submitted under this benefit must state they are for the relevant assessment. This benefit provides a contribution towards the assessment only. Follow up treatment is not covered under this benefit. The contribution provided under this benefit is for the overall assessment and not per practitioner visit. This benefit is available to members aged 18 years and older.
Adult Vaccinations - Not Travel	This benefit provides a contribution towards the cost of vaccinations provided by a GP , Nurse or Pharmacist for members over 18 years of age. The benefit is only applicable for vaccinations that are not claimable under the travel vaccination benefit .
Antenatal Class	Under this benefit you can claim a contribution from us towards the cost of an antenatal class provided by a midwife* prior to the birth of your baby. This benefit may only be claimed by one member (either parent) in respect of each birth. If this benefit is available under your plan the contribution is set out in your Table of Cover.
At Home Health Testing	This benefit allows you to claim a contribution from us towards the cost of an at home health testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked**.
Baby massage	This benefit allows the parent or legal guardian of a child to claim back some of the costs of baby massage for that child. This benefit may not be claimed by more than one member in respect of the same baby massage session.
Baby massage course	Under this benefit you can claim a contribution from us towards the cost of a baby massage course provided by a Baby Massage Therapist*. This benefit can only be claimed once per policy year .

Benefit	Description / Criteria
Breast prosthesis or wig (following cancer treatment)	This benefit allows you to claim a contribution from us towards the cost of your first breast prosthesis and/or your first wig following cancer treatment . Subsequent claims are covered as set out on the List of Medical and Surgical Appliances up to the amount specified on that list.
Breastfeeding consultancy	This benefit allows you to claim back some of the costs of a consultation with a qualified breastfeeding consultant*.
Cardiac screening	This benefit allows you to claim back some of the costs of cardiac screening carried out in-clinic by a GP or Consultant . The cardiac screening must include some or all of the following tests: > An ECG > Fasting lipids > Random glucose > Blood Pressure > Cardiac risk factor assessment
Child A&E visit	This benefit allows a child member to claim back some of the charge imposed by a public hospital when they attend the A&E department without a referral letter from their GP .
Child Development Benefit	This benefit allows a child member aged under 18 years to claim back some of the costs of a developmental / neurodevelopmental assessment carried out by a developmental specialist(s)*. Receipts submitted under this benefit must state they are for the relevant assessment. This benefit provides a contribution towards the assessment only. Follow up treatment is not covered under this benefit . 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 or Sensory Processing Disorders. The contribution provided under this benefit is for the overall assessment and not per practitioner visit.
Child psychologist	This benefit allows you to claim back some of the cost of child counselling carried out by a psychologist*.
Child speech and language	This benefit allows a child member to claim back some of the costs of their speech and language therapy provided by a speech and language therapist*. This benefit is only available to members who are under 18 years of age.
Child/Teen counselling	This benefit allows you to claim back some of the cost of child or teen counselling carried out by a psychologist* or psychotherapist*.
Convalescence benefit	This benefit allows you to claim back some of the cost of a stay in a convalescence home for a specified number of days in your policy year . If this benefit is available under your plan , the maximum amount that we will contribute per day and the maximum number of days for which this can be claimed is set out in your Table of Cover. This benefit is only available in respect of a medically necessary stay in a convalescence home where you entered such convalescence home immediately after you were an in-patient in a medical facility covered under your plan for the purpose of receiving a medically necessary treatment or procedure .
Counselling	This benefit allows you to claim back some of the cost of attending a counsellor*.
Dean Clinic Out-patient Treatment	This benefit allows a member to claim back some of the cost of attending out-patient treatment at the Dean Clinics with any practitioner from your treating Multi-Disciplinary Team at the Dean Clinic.
Dentist visits (non-routine treatment)	Under this benefit we will contribute towards the cost of the following non-routine treatment provided by a dentist in a dental practice: Crowns, Veneers / Etched Fillings, Tip Replacing, Gold or Fibreglass Posts and Core Build-ups, Inlays (smaller version of a gold crown), Endodontics (Root Canal Treatment), Periodontal Treatment for gum disease, Implants, Orthodontic Treatment , Surgical Extraction of Impacted Wisdom Teeth and Bridgework.
Dentist visits (routine treatment)	Under this benefit we will contribute towards the cost of attending a dentist for the following routine dental treatment : check ups, fillings, X-rays, scale and polish and tooth extraction.
Dermatology benefit	This benefit allows you to claim back some of the costs of a consultation with DermView Limited trading as AllView Healthcare** https://allview.ie/dermatology/app-request/ .
Dexa scan	Under this benefit you can claim a contribution from us towards the cost of a dexa scan. The maximum amount you can claim per policy year is listed on your Table of Cover. This benefit is only available where the dexa scan is medically necessary and carried out in a clinical environment by a qualified practitioner.
Dietician or Nutritionist Consultation	Under this benefit you can claim a contribution from us towards the cost of attending a nutritionist* or a dietician*.
Emergency dental care	This benefit allows you to claim back some of the costs of dental treatments or procedures which are required as a result of an accident or injury and are required to alleviate pain or to treat an acute dental trauma which represents a serious threat to the member's general health. The patient must present to the dental practitioner within 72 hours following an accident or injury and receive treatment within 7 days of presenting to dental practitioner.

Benefit	Description / Criteria
Executive Health Screen	This benefit allows you to claim back a contribution towards the cost of a comprehensive health screen once per policy year where it is carried out in a clinical environment by a qualified practitioner. The health screen must include all of the following: > Comprehensive doctor consultation with physical examination & patient history > Systems review (respiratory, cardiovascular, musculoskeletal, central nervous system, abdominal and skin assessment) > Blood pressure, heart rate, weight, height, body mass index measurement > Urinalysis > Lung function test (spirometry) > Chest X-ray (where indicated) > Heart assessment (Resting ECG) > Hearing and eye (colour blindness, glaucoma and visual acuity) assessments > Colon cancer screen (FIT test) > Testicular & Prostate Check (Men) > Breast Check (Women) > 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. > Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.
Eyebrow tattooing (following cancer treatment)	This benefit allows you to claim a contribution from us towards the cost of eyebrow tattooing following or during cancer treatment. The benefit is claimable once per policy year.
First Aid Course for Mums and Dads	Under this benefit we will contribute towards the cost of a paediatric first aid course provided by First Aid For Everyone**. You can also claim a discount directly from First Aid For Everyone** when you book the course with them. If you cannot attend a course provided by First Aid For Everyone**, we will contribute towards the cost of a paediatric first aid course given by a provider accredited by FETAC and/or PHECC up to the same amount that we would have paid for the paediatric first aid course provided by First Aid For Everyone**.
Fitness Wearables	Under this benefit you can claim a contribution from us towards the cost of a wearable fitness tracker which is a smartwatch or a fitness wearable worn on your wrist that monitors and tracks fitness-related metrics (including at least one of the following) heart beat/calorie consumption/daily steps.
Flu Vaccine	This benefit provides a contribution towards the cost of your annual flu vaccination provided by a nurse*, GP or pharmacy.
Health screen at any centre	This benefit allows you to claim back some of the costs of a health screen where it is carried by a qualified practitioner registered with either the Nursing and Midwifery Board of Ireland (NMBI) or Irish Medical Council (IMC). This benefit only covers screening which includes at least 4 of the following: > lifestyle assessment > physical examination > blood count > urinalysis > written report This health screen must be carried out by a qualified practitioner.
Health screening	This benefit allows you to claim back some of the costs of VO2 max testing, fertility assessment (anti-mullerian hormone testing or semen analysis only) or sexual health screening. This benefit is only available where the fertility assessment or sexual health screening is carried out by a GP or in a fully accredited medical centre. You can only claim this benefit once during your policy year.
Health screening (Optimise Platinum, Optimise Gold and Health Plan 09 plans only)	This benefit allows you to claim back a contribution towards the cost of a comprehensive health screen once per policy year where it is carried out in a clinical environment by a qualified practitioner. The health screen must include all of the following: > Comprehensive doctor consultation with physical examination & patient history > Systems review (respiratory, cardiovascular, musculoskeletal, central nervous system, abdominal and skin assessment) > Blood pressure, heart rate, weight, height, body mass index measurement > Urinalysis > Lung function test (spirometry) > Chest X-ray (where indicated) > Heart assessment (Resting ECG) > Hearing and eye (colour blindness, glaucoma and visual acuity) assessments > Colon cancer screen (FIT test) > Testicular & Prostate Check (Men) > Breast Check (Women)

Benefit	Description / Criteria
	> 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. > Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.
Health screening and allergy testing	This benefit allows you to claim back some of the costs of health screening and/or allergy testing. A health screen includes some or all of the tests listed below: > Blood pressure, heart rate, weight, height, body mass index measurement > Urinalysis to check kidney function > Lung function test particularly for those with asthma recent shortage of breath or chest infections > Heart assessment (Resting ECG) > VDU eye assessments to check near and far vision visual acuity and to check for colour blindness > CT Calcification Scoring Scan > An extensive blood screening which includes an assessment of cholesterol and glucose levels > Liver and kidney function, measurement of haemoglobin and iron levels, full blood count and to screen for gout and haemochromatosis > Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime. For allergy testing you can claim back the cost of an initial consultation for allergy related problems. This benefit is only available where the health screen or allergy testing is carried out in a clinical environment by a qualified practitioner. Subsequent consultations, treatment or therapy is not covered under this benefit. If the consultation takes place within a hospital or clinic, all consultations must be received on an out-patient basis. The amount that can be claimed under this benefit is set out in your Table of Cover and is the total amount that can be claimed for both health screening and allergy testing combined in your policy year.
Hearing test	This benefit allows you to claim back some of the cost of a hearing test carried out by a qualified audiologist.
His & Hers fertility screening tests	Under this benefit you can claim a contribution per policy year from us towards the cost of a screening which includes a Hormone Profile, Semen Analysis and/or Progesterone Levels.
Home Recovery Benefit	This benefit allows you to claim back some of the cost of services that support your recovery following a recent discharge from hospital, such as: > Home nursing: Organised directly you, provided by appropriately registered nurses* in the home setting. > Physiotherapy: Organised directly by you, provided by a physiotherapist*. > Occupational therapy: Organised directly by you, provided by an occupational therapist*. > Carers: Support within your home from healthcare professionals. Carer services under this benefit must be provided by Dovidá. For Dovidá's convalescence-at-home service, you or your medical professional must contact Dovidá to arrange the service. Dovidá will then assess suitability and confirm the services required. This is a pay and claim benefit. Any claim for this service must be accompanied by a recent discharge letter from your hospital stay. This benefit can be claimed for services provided up to three weeks after you have been discharged from an in-patient stay in a medical facility covered under your plan. The contribution under this benefit is the maximum payable for costs incurred (even where a combination of different services listed above are used) up to a specified number of days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the maximum number of days for which claims can be made will be set out in your Table of Cover. Please note that service set-up fees and administration charges may be charged by a provider, and these may not be claimed under this benefit.
HPV Vaccine	Under this benefit you can claim a contribution from us towards the HPV vaccine. This benefit is only available where the vaccination is carried out in a clinical environment by a qualified practitioner and only when the course of treatment is complete. Please submit either your prescription claim form for the vaccine or your practitioner receipt including the cost of the vaccine and its administration to claim .
Pelvic Health Physiotherapy Benefit	Under this benefit you can claim back some of the costs of an initial pelvic health physiotherapy consultation carried out by a women's health physiotherapist*. This consultation must address at least one of the following conditions: Bladder and bowel dysfunction, pre and post-natal pelvic floor health, endometriosis, pelvic organ prolapse. Receipts submitted under this benefit must state they are for the relevant conditions. This benefit provides a contribution towards the initial consultation only. Follow up treatment is not covered under this benefit , but you may have cover under another out-patient or day-to-day benefit listed on your Table of Cover.
Fertility Benefit	Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members . If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit , the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s) . The benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles.

Benefit	Description / Criteria
Fitness Test & Personalised Exercise Programme	Under this benefit we will contribute towards Fitness Testing and a Personalised Exercise Programme carried out in the SSC Fitness Lab, Sports Surgery Clinic, Santry. This benefit is limited to one claim every 2 years.
Intrauterine system (IUS) hormonal coil - device	This benefit allows you to claim a contribution from us towards the cost of Intrauterine system (IUS) hormonal coil where the coil/system is either a Mirena, Jaydess or Kyleena Intrauterine System. Your receipt must state whether the Intrauterine system (IUS) hormonal coil is Mirena, Jaydess or Kyleena Intrauterine System.
Intrauterine system (IUS) hormonal coil - procedure	This benefit allows you to claim a contribution from us towards the cost towards insertion of an Intrauterine system (IUS) hormonal coil, i.e. Mirena, Jaydess or Kyleena Intrauterine System, where the procedure is carried out by a General Practitioner, Consultant or Nurse in a clinical setting.
Kids Sports Clubs	This benefit allows a child member to claim 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 (NGBs) recognised by Sport Ireland; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the total annual amount paid for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit : a subscription to a social/members club or any clubs or classes not listed in this benefit . The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim .
Laser Eye Surgery Benefit	Under this benefit you can claim a contribution towards LASIK, LASEK or PRK laser eye surgery carried out by a qualified practitioner . The maximum contribution you can claim is listed on your Table of Cover and this benefit is limited to one claim per member's lifetime.
Life Coaching Session	Under this benefit you can claim a contribution towards sessions with a life coach*.
Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress	Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through CircleDNA*. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.
Lois Bridges Out-patient Treatment	This benefit allows a member to claim back some of the cost of attending out-patient treatment at Lois Bridges in relation to Anorexia and Bulimia, with any practitioner from your treating Multi-Disciplinary Team at Lois Bridges.
Mammogram	Under this benefit you can claim a contribution from us towards the cost of a mammogram (including breast ultrasound where you receive both tests together as part of your visit to the breast clinic). The level of cover available is set out on your Table of Cover. This benefit is only available where the mammogram is carried out in a clinical environment by a qualified practitioner .
Manual Lymph Drainage (MLD)	This benefit allows you to claim back some of the costs of treatment provided by a full member of Manual Lymph Drainage Ireland or a physiotherapist registered with CORU. This benefit is only available where MLD is received to treat and manage the following conditions: > Lymphoedema > Oedema > Wounds and burns > Chronic inflammatory sinusitis > Arthritis This benefit will also cover the costs related to compression therapy and remedial and breathing exercises solely related to the above conditions. This benefit will not be covered when MLD is used in order to: > improve the appearance and texture of old scars > provide skin care and improve the hygiene of swollen limbs > treat traumatic bruising and swelling > treat acne & rosacea
Maternity Bra	> This benefit allows you to claim a contribution from us towards the cost of a maternity bra, once per pregnancy.
Maternity Mental Health Support	Under this benefit we 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 benefit is available under your plan the contribution and number of sessions that will be covered is set out in your Table of Cover. To book this service please see Nurture's website for contact details: www.nurturehealth.ie . Please note that an initial processing fee is charged by Nurture**. If you do not use all of your sessions you can substitute the cost of a session towards this fee.
Meditation support devices	Under this benefit you can claim a contribution from us towards the cost of electroencephalography (EEG) and electrodermal activity (EDA) meditation support devices i.e. Muse or Pip.
Medical and surgical appliances	This benefit allows you to claim back the costs of the medical and surgical appliances set out on the List of Medical and Surgical Appliances up to the amount specified on that list.

Benefit	Description / Criteria
Meningitis B/Chicken Pox Vaccinations	Under this benefit you can claim a contribution from us towards a completed course of Meningitis B or Chicken Pox vaccinations. This benefit is only available where the vaccination is carried out in a clinical environment by a qualified practitioner and only when the course of treatment is complete. Please submit either your prescription claim form for the vaccine or your practitioner receipt including the cost of the vaccine and its administration to claim .
Menopause Benefit	This benefit allows you to claim back some of the costs of consultations with a Menopause Specialist*.
Mindfulness app subscription	Under this benefit you can claim a contribution from us towards the cost of an annual subscription to the HEADSPACE** mindfulness app.
Minor Injury Clinic Cover (Pay & Claim)	This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor injury clinic. We will contribute up to the amount detailed on your Table of Cover towards initial consultation and, if deemed necessary treatments related to the initial consultation such as x-ray, stitching, full cast, temporary cast, splints and crutches. You can find the most current list of clinics and details of applicable charges, which may be subject to change, and a list of what's covered at www.irishlifehealth.ie/expresscare . An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling.
Minor Injury Clinic Cover (Pay & Claim with Excess)	This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor injury clinic. We will refund you the cost of your visit less the excess amount detailed on your Table of Cover towards initial consultation and, if deemed necessary treatments related to the initial consultation such as x-ray, stitching, full cast, temporary cast, splints and crutches. You can find the most current list of clinics and details of applicable charges, which may be subject to change, and a list of what's covered at www.irishlifehealth.ie/expresscare . An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling.
Nutrition Recovery Benefit	Under this benefit you can claim a contribution from us towards the cost of a nutritious home meal delivery service when recovering after you have undergone a procedure that is listed on the List of Post-Operative Home Help (POHH) Procedures. The meals must be developed by a nutritionist or dietician.
Optical (eye test and/or glasses/lenses combined)	This benefit allows you to claim back some of the costs of an eye test and glasses/lenses (including contact lenses) prescribed and dispensed by a qualified optician, orthoptist, optometrist* or an ophthalmologist.
Orthotic insoles	This benefit allows you to claim back some of the costs of orthotic insoles specified by a physiotherapist* or a podiatrist*.
Orthodontics	This benefit allows an adult member to claim a contribution towards the costs of orthodontic treatment provided by an orthodontist*.
Out of hours GP visits	This benefit allows you to claim back some of the costs of attending a GP in their capacity as an out of hours GP under the HSE's GP Out of Hours Service or for the costs of a home visit by a GP .
Out-patient maternity consultant fees	This benefit allows you to claim a contribution per pregnancy towards your consultant's professional fees for pre and post-natal out-patient care.
Partner benefit	This benefit allows you to claim back some of the following costs where your birth partner has to travel to be with you when you are admitted to a medical facility to give birth to your child: > Costs of their hotel or bed and breakfast accommodation; > Their travel costs to and from your home to the medical facility; > The costs of a child minder whilst they are visiting you in a medical facility. The contribution under this benefit is payable for the reasonable costs incurred within a specified number of days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the number of days for which it can be claimed is set out in your Table of Cover. The contribution can only be claimed for costs incurred on the day your baby is born, on the day before your baby is born or on the day after your baby is born and can only be claimed for consecutive days.
Pathology: Consultant fees	This benefit allows you to claim back some of the consultant's fee for pathology.
Pathology: Cost of test	This benefit allows you to claim back some of the costs for pathology carried out in an accredited medical facility .
Personal Trainer	Under this benefit you can claim a contribution from us towards the cost of a personal training session with a qualified personal trainer*.
Personal Trainer / Sports Psychologist	Under this benefit you can claim a contribution from us towards the cost of a personal training session with a qualified personal trainer* or towards the cost of attending a sports psychologist* for a performance coaching session. Your receipt must specify which session was carried out.
Play Therapy	This benefit allows a child member to claim back some of the costs of play therapy facilitated by a play therapist*. This benefit is only available to members under 18 years of age.
Positive Mental Health Training	Under this benefit we will contribute towards the Sorted Mental Health 'Feeling Good for Life' 12-track Positive Mental Training audio programme (available as an in-app purchase) designed to help recovery from stress, anxiety and depression. The benefit available is set out in your Table of Cover.

Benefit	Description / Criteria
Post cancer treatment sleeping caps	This benefit allows you to claim a contribution from us towards the cost of a sleeping cap following cancer treatment .
Postnatal Doula Benefit	Under this benefit we will contribute towards the cost of support provided by a Postnatal Doula* after your baby is born. If this benefit is available under your plan , the amount that will be covered is set out in your Table of Cover. This benefit may only be claimed by one member (either parent) in respect of each birth. To be eligible for this benefit , you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service. Receipts must be dated within 12 months from the date on which your baby was born. Receipts for the service must be submitted within six months of the end of the policy year in which they occur.
Psychologist	Under this benefit , we will contribute towards the costs of attending a psychologist*.
Pre/post natal medical expenses	This benefit allows you to claim back some of the costs of pre/post natal care provided by a consultant, GP or a midwife* during and after your pregnancy. The following costs can be claimed per pregnancy: > > consultant's fees (obstetrician and gynaecologist), > Maternity scans > Antenatal classes run by a midwife* > Pre and post natal physiotherapist services provided by a chartered physiotherapist* with a specialty in women's health. This benefit covers pre/post natal care which is received between 9 months before and 3 months after your anticipated delivery date.
Prescriptions abroad	This benefit allows you to claim back some of the cost of your prescriptions filled abroad.
Prescriptions/Prescription Costs	This benefit allows you to claim back a contribution towards your prescriptions from a GP, consultant, dentist or prescribing nurse*. The contribution is claimable on the total amount on your 'Prescription Claim Form' receipt and not per listed item.
Private A&E cover	This benefit allows you to claim back some of the charge imposed by a private hospital when you attend the A&E department.
Psycho-oncology counselling	This benefit allows you to claim back some of the costs of psycho-oncology counselling (counselling received after in-patient or day-case chemotherapy) where it is carried out by a psychologist* and you have been referred to the psychologist* by your consultant .
Psychotherapy and counselling benefit (including practitioners at the Dean Clinic)	This benefit allows a member to claim back some of the cost of attending a psychotherapist* or a counsellor*, or to claim back some of the costs of consultations with any practitioner from your treating Multi Disciplinary Team at the Dean Clinic.
Public A&E cover	This benefit allows you to claim back some of the charge imposed by a public hospital when you attend the A&E department without a referral letter from your GP .
Radiology: Consultant fees	This benefit allows you to claim back some of the consultant's fee for radiology.
Radiology: Cost of test	This benefit allows you to claim back some of the out-patient costs for radiology (i.e. X-Rays, mammograms and non-maternity ultrasounds) carried out in an accredited medical facility .
Retainers & fitted gum shields	Under this benefit you can claim a contribution from us towards the cost of a retainer or fitted gum shield provided by a dentist .
SADS Screening	Under this benefit you can claim a contribution from us towards the cost of cardiac screening for sudden arrhythmic death syndrome. This benefit is only available where the SADS Screening is carried out in a clinical environment by a qualified practitioner .
Self-Compassion Programme (MSC)	Under this benefit you can claim a contribution towards the Mindful Self-Compassion (MSC) programme for emotional resilience developed by Germer and Neff. This benefit 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 benefit allows you to claim back some of the costs of sexual health screening carried out by a GP or in a fully accredited medical centre.
Sports Club / Gym Membership / Classes	This benefit provides a contribution towards the cost of an annual subscription to a Gym, swimming pool or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland for adult or child members ; or towards a course of Yoga or Pilates classes led by a yoga/pilates instructor*, or towards the cost of your Irish Life Dublin Marathon entry fee for adult members ; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes for child members . You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/ payable for your membership (e.g. a receipt from your club). When claiming for your Marathon entry fee, you must submit the "Dublin Marathon - Acknowledgment of Entry" email that you received from Dublin Marathon. The following items are specifically excluded from this benefit : a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit . This benefit can only be claimed once per policy year . The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim .

Benefit	Description / Criteria
Sports Massage	Under this benefit you can claim a contribution from us towards the cost of a sports massage performed by a massage therapist*.
Sports psychologist	Under this benefit you can claim a contribution from us towards the cost of attending a sports psychologist*
Stress Reduction Programme (MBSR)	Under this benefit you can claim a contribution towards the Mindfulness-Based Stress Reduction Programme (MBSR) developed by Kabat-Zinn. This benefit is payable for an 8 week face to face or online programme delivered by a certified MBSR trainer.
Vaccinations: Travel only	This benefit allows you to claim back some of the cost of vaccinations provided by a nurse* or a GP .
Vaccinations: Travel or Flu	This benefit allows you to claim back some of the cost of travel or flu vaccinations provided by a nurse*, GP or pharmacy.
Vasectomy (GP or consultant)	Under this benefit we will contribute up to a maximum of €360 towards the cost of a vasectomy including any related consultations pre and post procedure . The vasectomy must be carried out by a GP or consultant who is registered with the Irish Medical Council. We will only accept one receipt, detailing the name of the procedure and date the procedure was performed and any related consultation dates. Vasectomy is only covered on selected plans , please contact Irish Life Health or check your Table of Cover to see if you are covered.
VO2 Max Testing (HealthAction plans only)	Under this benefit you can claim a contribution from us towards the cost of a VO2 Max test with Health Matters**. Further information and contact details are available on the Health Matters website: www.myhealthmatters.ie .
VO2 Max testing	This benefit allows you to claim back some of the costs of VO2 Max testing.
Voice coaching	This benefit allows you to claim back some of the cost of voice coaching carried out by a speech and language therapist*.
Women's and Men's Health Cancer Screening	Under this benefit you can claim a contribution from us towards the cost of women's or men's cancer screening, i.e. a smear test or physical breast examination, a prostate or testicular screening with a qualified practitioner in a clinical environment. Your receipt must specify the screening carried out.
Yoga / Pilates classes	Under this benefit you can claim a contribution from us towards the cost of yoga or pilates classes provided by a yoga/pilates instructor*.
Zika screening	Under this benefit we 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 benefit can only be claimed once per policy year . You will also receive a point of sale discount directly from Tropical Medical Bureau**.

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

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

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

Benefit	Description / Criteria
Metabolic Testing	Under this benefit we will cover the cost of a standard metabolic test provided by Health Matters**. Further information and contact details are available on the Health Matters website: www.myhealthmatters.ie .
How to claim	
We will pay the provider partner directly for you .	

Benefit	Description / Criteria
Irish Life Health ExpressCare Clinic Cover	Under this benefit we will cover some of the cost of attending one of our approved Irish Life Health Expresscare clinics. We will pay the clinic directly, up to the amount detailed on your Table of Cover for each visit, towards initial consultation and, if deemed necessary treatments related to the initial consultation such as x-ray, stitching, full cast, temporary cast, splints and crutches. You can find the most current list of clinics, which may be subject to change, and a list of what's covered at www.irishlifehealth.ie/expresscare. Any balance due should be paid by you to the minor injury clinic at the time of your visit. Please note that any additional amount paid by you to the minor injury clinic cannot be claimed back under out-patient, Day-to-Day or any other benefit on your plan. An age restriction for minors may apply to the clinic's services. Please check these restrictions with the clinic in advance of travelling. Members may contact the clinic to enquire about waiting times. Note: Provider partners operate independently from Irish Life Health and we accept no liability for the provision of their services.
How to claim	
You can find the most current lists of facilities on our website www.irishlifehealth.ie/hospital-lists . The medical facilities which will be paid directly by us may change from time to time.	

Benefit	Description / Criteria
Irish Life Health ExpressCare Clinic Cover with excess	Under this benefit we will cover some of the cost of attending one of our approved direct settlement minor injury clinics. You will pay the excess to the minor injury clinic directly, of the amount detailed on your Table of Cover for each visit, towards initial consultation and, if deemed necessary treatments related to the initial consultation such as x-ray, stitching, full cast, temporary cast, splints and crutches. We will pay any balance due to be paid to the minor injury clinic at the time of your visit. Please note that the excess amount paid by you to the minor injury clinic cannot be claimed back under out-patient, Day-to-Day or any other benefit on your plan. Note: Provider partners operate independently from Irish Life Health and we accept no liability for the provision of their services.
How to claim	
You can find the most current list of clinics and details of applicable charges, which may be subject to change, and a list of what's covered at www.irishlifehealth.ie/expresscare . An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. Members may contact the clinic to enquire about waiting times.	

Benefit	Description / Criteria
Nurse on call	Nurse on call is a telephone based service that provides general, non-diagnostic information over the phone. Under this benefit you have access to the nurse on call service 24 hours a day 365 days a year. This service is provided by Healix Medical Partnership LLP**.
How to claim	
Please call 01 562 5150 24 hours a day with your membership number to access this benefit .	

Benefit	Description / Criteria
Under this benefit we will cover or contribute towards the costs of your scan. The amount that is covered and how it is covered will depend on whether you have your scan carried out in a scan facility that is covered in the appropriate table for your scan type in your List of Medical Facilities (i.e. an approved centre) or in a scan facility that is not included in your List of Medical Facilities (i.e. a non-approved centre). The maximum amount that can be claimed for non-approved centres in your policy year may be limited. This will be shown on your Table of Cover. The following criteria must be satisfied before your scan will be covered:	
MRI Scans	MRI Scans You must be referred by a consultant, GP or a Physiotherapist*. Acceptance of Physiotherapist* referrals for direct settlement are at the discretion of the approved scan centre and we advise you to confirm this in advance. For MRI scans in St. James's Hospital you must be referred by an oncologist or other clinician working in St. James's Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.
CT Scans	CT Scans You must be referred by a consultant or GP. For CT scans in St. James's Hospital and the Bon Secours Hospital, Cork you must be referred by an oncologist or other clinician working in that hospital and the scan is required for the diagnosis, treatment or staging of a cancer.
Cardiac MRI Scans	Cardiac MRI Scans You must be referred by a consultant. All cardiac MRI scans must be carried out in an approved cardiac scan facility (see the tables of MRI and CT facilities).

Cardiac CT Scans	Cardiac CT Scans You must be referred by a consultant . All cardiac CT scans (including CT TAVI scans where available) must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities). In some facilities, diagnostic calcium CT scoring may be included, however, cover is limited to our agreements with our providers. Please confirm with the scan facility when booking your appointment that the scan you require is available by direct settlement .
Dexa Scan	Dexa Scan You must be referred by a GP or consultant . All direct settlement dexa scans must be carried out in an approved dexa scan facility.
Mammogram Scan	Mammogram Scans You must be referred by a GP or consultant . All direct settlement mammogram scans must be carried out in an approved mammogram scan facility.
CT Colonography Scans	CT Colonography Scans You must be referred by a consultant .
PET-CT Scans	PET-CT and PSMA Scans All PET-CT and PSMA scans must be referred by a consultant .

In addition the **clinical indicators** which relate to **your** type of scan must be satisfied before it will be covered. The **clinical indicators** which must be satisfied before **you** will be covered for a cardiac MRI or cardiac CT scan are set out in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans. Independent Calcium CT scoring scans are not covered under this **benefit** but may be **claimed** under Out-patient Radiology: cost of test or Health screening and allergy testing where these **benefits** are available on **your plan**. Please note certain scan centres will only accept Consultant referrals for all scan types. Please contact **your** scan centre to confirm cover before **you** attend.

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. **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.

Benefit	Description / Criteria
Digital Doctor	This benefit gives you 24/7 online access to doctor-led services. Message A Doctor You can message a Doctor about a non-emergency medical query anytime via MyClinic in your online account. This messaging service is advice only and is not designed to provide a diagnosis, treatment, or prescriptions. In certain clinical circumstances where the doctor deems it appropriate, you may be presented with the option of speaking to a doctor via video call following a messaging interaction. This service is provided by Abi Global**. Message A Midwife You can message a Midwife about a non-emergency pregnancy, postnatal or newborn query anytime via MyClinic in your online account. This messaging service is advice and support service only and is not designed to provide a diagnosis, treatment, or prescriptions. This service is provided by Abi Global. Online Prescriptions This service gives you access to prescriptions for a defined list of medications subject to a clinical suitability assessment via MyClinic in your online account. The prescription will be transmitted electronically to your preferred pharmacy. This service is not designed for ongoing/repeat prescriptions. This service is provided by Abi Global**. Book an Appointment You can book an appointment to speak with a GP by phone or video call via MyClinic in your online account. This service is not suitable for emergencies or urgent conditions as this may delay your treatment. This service is not intended to replace your usual GP, it is designed for episodic, once-off conditions and not for on-going care. This service is provided by Centric Health Ltd**. On the treating GP's recommendation, Centric Health Ltd ** may offer an in-person follow on consultation at selected Centric Health practices. This service is primarily intended for those who do not have an existing GP or can't access their own GP. These consultations are not covered under the Digital Doctor benefit. If you have GP cover on your plan, you may be able to claim back all or part of the cost by uploading your receipt on your online account. For further information on Digital Doctor including hours of operation and the defined list of medications please see https://www.irishlifehealth.ie/benefits/digital-doctor-benefit All Digital Doctor services are subject to availability. Where a member is under the age of 18, it is necessary for their legal guardian to be present during the consultation.

How to claim

To access the Message A Doctor, Message a Midwife or Online Prescriptions services please log in to MyClinic in **your member** portal at www.irishlifehealth.ie/login. To Book an Appointment please call 01 562 5150 with **your membership number** or access through MyClinic in **your member** portal at www.irishlifehealth.ie/login.

Benefit	Description / Criteria
Essential Health Check	Under this benefit, we will provide a contribution towards an at-home blood test kit to measure select blood profiles, access to an online lifestyle assessment, and a consultation with a healthcare professional through Inuvi Health Limited** twice per policy year when accessed through MyClinic on the Irish Life Health member portal or app. We will pay Inuvi Health Limited** directly for our contribution under this benefit. You will be required to pay the amount detailed on your Table of Cover at the time of purchasing the at-home kit. This amount cannot be claimed against any other benefit on your plan, including any other health screen benefit, as you cannot claim for the same medical expense twice. Inuvi Health Limited** may refer you to a healthcare professional for further investigation or treatment based on your results, and you may subsequently access health coaching directly through Inuvi Health Limited**. Any subsequent visits to a healthcare professional and/or health coaching sessions with Inuvi Health Limited** are not covered under this benefit, but you may have cover for visits to certain healthcare professionals on your plan under another benefit listed on your Table of Cover. This benefit is available to members aged 18 years and over. The Essential Health Check is a preventative screen for certain health markers and is not an emergency or diagnostic service.

How to claim

For further information and to purchase the assessment kit and online consultation, please access through MyClinic in **your member** portal at www.irishlifehealth.ie/login and provide **your** details through the online form.

Benefit	Description / Criteria
Female Fertility Assessment and Consultation	Under this benefit, we will provide a contribution towards an at-home hormone and fertility assessment kit and an online consultation with a fertility specialist through Hertility Health Limited** once per policy year when accessed through MyClinic on irishlifehealth.ie. We will pay Hertility Health Limited** directly for our contribution under this benefit. You will be required to provide payment details for the amount detailed on your Table of Cover at the time of purchasing the at-home kit. We will not reimburse under this benefit for services purchased through Hertility Health Limited** outside of the MyClinic portal. This amount cannot be claimed against any other benefit on your plan, including your GP visits benefit, as you cannot claim for the same medical expenses twice. The Hertility Health Limited** fertility specialist may recommend additional follow-on services, such as blood tests, scans, or visits to other health professionals. These follow-on services are not covered under this benefit even where billed by Hertility Health Limited**, but you may have cover on your plan under another benefit listed on your Table of Cover. This benefit is available to female members aged 18 years and over.

How to claim

For further information and to purchase the assessment kit and online consultation, please access through MyClinic in **your member** portal at www.irishlifehealth.ie/login and provide **your** details through the online form.

Benefit	Description / Criteria
Female Health Consultation	Where this benefit is available on your plan, we will provide a contribution towards a video consultation booked with an Irish based Centric Health** GP who has a special interest in female health. We will pay Centric Health** directly up to the amount detailed for the number of visits listed on your Table of Cover. You will be required to provide payment details for the remaining amount at the time of booking. Centric Health** will take payment 48 hours before your scheduled appointment and once payment is taken it is non-refundable. This amount cannot be claimed against any other benefit on your plan, including your GP visits benefit, as you cannot claim for the same medical expenses twice. The GP may recommend additional follow-on services, such as blood tests, scans, or visits to other allied health professionals. These follow-on services are not covered under this benefit, but you may have cover on your plan under another benefit listed on your Table of Cover. This service is not suitable for emergencies or urgent conditions as this may delay your treatment. Where a member is under the age of 18, it is necessary for an adult covered on the policy to book the consultation on their behalf. Depending on the nature of the presenting issue, the GP may request the presence of a parent or guardian for those under the age of 18.

How to claim

To see available appointment times and to book a consultation, please access through MyClinic in **your member** portal at www.irishlifehealth.ie/login and provide **your** details through the online booking form.

Benefit	Description / Criteria
Specialist Weight Loss Support	Under this benefit, members can avail of a specialist weight management programme through our preferred provider, HealthHero Healthcare Ireland Limited *(HealthHero) once per policy year when accessed through MyClinic on irishlifehealth.ie. This programme gives you access to specialist GPs who can offer support during your weight loss journey, and prescribe GLP-1 medications, where clinically appropriate**. You will be entitled to an initial consultation with a GP, who will assess your suitability for weight loss medication. Following this, you may have up to six follow-up consultations with a GP, through HealthHero*. Your initial consultation will be fully covered, and we will contribute towards each of your six follow-up sessions. Our contribution will be paid directly to HealthHero*. You will be required to pay the remaining shortfall amount to the provider at the time of each follow-up consultation. This amount cannot be claimed against any other benefit on your plan, including any other GP benefit, as you cannot claim for the same medical expense twice. Based on your initial assessment, Health Hero* may refer you to a healthcare professional for further treatment and you may also access a virtual dietician through MyClinic. Any subsequent GP visits beyond your six follow-up sessions with Health Hero* are not covered under this benefit, however, you may have cover for GP visits under other benefits listed in your Table of Cover. This benefit is available to members aged 18 years and over.

How to claim

For further information and to access an online consultation, please access through MyClinic in **your Irish Life Health member** portal and provide **your** details through the online form. Please note **Irish Life Health** does not cover the costs of any BMI (Body Mass Index) checks carried out in a pharmacy. Furthermore, **Irish Life Health** also does not cover the costs of any prescribed medication under this **benefit**, but **you** may have cover under another **Out-patient** or **Day-to-day benefit** listed on **your** Table of Cover.

- * **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.

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 you visited your consultant in your policy year and how much you paid per visit	2 x €100	5 x €100
Total amount that you can claim (the number of times you visited a consultant multiplied by the maximum amount that can be claimed per visit)	2 x €60 = €120	5 x €75 = €375
Less out-patient excess	€150	€200
Money we pay you 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 hospital accommodation costs, charges for the use of the operating theatres, charges for radiology and pathology, nursing charges, costs of prostheses and charges for drugs administered for consumption whilst **you** are admitted. **You** can find the level of cover available for **your hospital costs** in a **public hospital**, **private hospital** and high-tech hospital in **your** Table of Cover (see section entitled “Hospital Cover”). **You** can check whether **your** hospital is public, private or high-tech in the tables of **medical facilities**. Please note that some hospitals may be classed as a high-tech hospital for **selected 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 or co-payment 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**.

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. **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 not prevented from engaging in private practice by virtue of his or her public hospital contract.

- **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**.

Please note that general anaesthetic is not covered for **members** older than 18 when a **procedure** is carried out in a **dentist/oral surgeon/periodontist's** room.

If it is **medically necessary** for **your** child (up to age 18) to undergo routine dental **treatment** under General Anaesthetic in an Approved Facility, we will:

- > Cover the hospital stay, subject to prior approval, up to the level of cover outlined in the Table of Benefits on **your** child's **plan**.
- > Provide a contribution towards the Anaesthetist's fees.

Please note: **We** do not cover the dentist's Professional Fees for this **treatment**.

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, for any of the cardiac **procedures** specified in the List of Cardiac Procedures Subject to Co-Payment and/or for any of the ophthalmic procedures specified in the List of Ophthalmic Procedures Subject to Co-

Payment where such orthopaedic, cardiac and/or ophthalmic **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	Under this benefit we will either: a) Cover your in-patient hospital costs for 3 nights where you are admitted to a public hospital to give birth. (Please note that you will only be able to avail of a private room or semi-private room where you have opted to be treated privately or semi-privately by a consultant for your pre and post-natal care. The consultant's booking fee is not covered under this benefit but you may be able to claim back some of that fee under our “Out-patient maternity consultant fees” benefit or our pre/post-natal maternity costs benefit if these are available on your plan); or b) Pay the contribution specified in your Table of Cover towards your hospital costs. The type of cover available to you will depend on your plan and is set out in your Table of Cover. This benefit is only available where you have been admitted to a public hospital covered on your plan to give birth. This benefit is only available for the first three nights of your hospital stay. Where it is medically necessary for you to remain in hospital for more than 3 nights, your fourth and subsequent night's stay will be covered under your In-patient Benefits so the level of cover available for a public hospital stay under your in-patient benefits will apply. It is important to note that the level of in-patient cover under your in-patient benefits and your maternity benefits may be different. For example, if you have cover for a private room under your maternity benefits but a semi-private room under your in-patient benefits, you will only be covered for a semi-private room for your fourth and subsequent night's stay. In this case you should ask to be moved to a semi-private room after your third night or you will have to pay the balance. Please note that caesarean section deliveries are covered under your in-patient benefits and not under this benefit.
In-patient maternity consultant fees	Under this benefit we will either: > Cover the professional fees of your baby's paediatrician; > Cover your anaesthetist's and pathologist's professional fees; and > Cover your consultant's professional fees for a routine delivery (procedure 2206) up to the amount set out in the Schedule of Benefits. (Please note that if your consultant charges more than this amount for delivering your baby you will be required to pay the balance yourself). Or: > Pay the contribution specified in the Table of Cover towards your consultants' professional fees. The type of cover available under your plan is set out in your Table of Cover. Please note that where you are attending a public hospital this benefit is only available where you have opted to be a private or semi-private patient.
Grant-in-aid amount	This benefit allows you to claim back some of your hospital costs for maternity care in a private maternity hospital covered under your plan. If this benefit is available under your plan, the maximum amount which we will cover is set out in your Table of Cover. Costs of maternity care in a public maternity hospital as a private or semi-private patient are not covered under this benefit.

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	This benefit allows you to claim back some of the medical costs involved in having a planned home birth, where such costs are directly associated with the delivery of your child and a midwife* was present at the birth. Members claiming under this benefit should be registered as a public maternity patient with a public hospital for their pre and post natal care. If this benefit is available under your plan the maximum amount that we will contribute is set out in your Table of Cover.
Foetal screening	Under this benefit we will either: a) cover the costs of foetal screening where you satisfy the clinical indicators set out in the Schedule of Benefits; or b) pay the contribution set out in your Table of Cover towards the costs of elective foetal screening. Only the following foetal screening tests are covered under this benefit : > Chorionic Villus Sampling with ultrasound guidance, > Amniocentesis with ultrasound guidance; or > Cordocentesis (intra uterine) with ultrasound guidance The level of cover that is available to you is set out in your Table of Cover. This benefit may only be claimed once per pregnancy.
Welcome Home Food Hamper	This benefit allows you to claim a Welcome Home Food Hamper delivered to your home and a 30 minute telephone consultation from the nutritionists at Gourmet Fuel**. Gourmet Fuel** will provide eligible members with a voucher code to spend on their choice of meals at Gourmetfuel.com. To redeem this benefit , you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement). This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit , you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service. To avail of the 30 minute phone consultation with a Gourmet Fuel** Nutritionist, please contact 01 2938799 or email info@gourmetfuel.com
GentleBirth App	This benefit provides you with unlimited access for one year to the GentleBirth App**. To access this benefit you must contact GentleBirth directly on www.gentlebirth.com/irishlifehealth
Post Natal Night Nurse Care	This benefit allows you to claim back some of the costs towards the services of a paediatric nurse* at home after you have your baby. This benefit must be claimed within 26 weeks of the date on which your child was born. The contribution under this benefit is payable for paediatric home nursing costs which are incurred up to a specified number of days/nights in your policy year . If this benefit is available under your plan the maximum amount that we will contribute per day and the maximum number of days/nights for which can be claimed will be set out in your Table of Cover.
Postnatal Domestic Cleaning Support	This benefit allows you to claim back some of the costs towards a domestic cleaning service after your baby is born. If this benefit is available under your plan , the maximum amount which we will cover per session and the maximum number of sessions per year for which it can be claimed is set out in your Table of Cover. To be eligible for this benefit , you must be covered under an in force policy with Irish Life Health at the time your baby is born and: > The cleaning support must commence within six months from the date on which your baby was born, unless you reduce your level of cover, or if you cease to be a member of Irish Life Health , whichever is sooner. > The cleaning service must be provided by a registered cleaning company or sole trader trading in Ireland . > This benefit may only be claimed by one member (either parent) in respect of each birth.
Fertility benefit	Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members . If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit , the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s) . The benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles.
AMH fertility test	Under this benefit a female member can claim a contribution from us towards the costs of receiving an anti-mullerian hormone assessment. This benefit is only available where the anti-mullerian hormone test is carried out in a clinical environment by a qualified practitioner .

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

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. **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 benefit you can claim a cash payment where you have given birth in a medical facility covered under your plan and are discharged after only one night. This benefit only applies where you were a private in-patient in a public hospital and your consultant has approved your discharge after only one night's stay as an in-patient . This benefit cannot be claimed in conjunction with the post-natal domestic support benefit (or any cash benefit provided in lieu). If this benefit is available under your plan , the maximum amount that we will contribute is set out in your 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 Midwife Support following 1 or 2 nights' stay in hospital	Under this benefit you can claim support from a midwife* from Myhomecare** in your home where you have given birth in a public hospital covered under your plan and are discharged after one or two nights. If this benefit is available under your plan , the number of hours support that will be covered is set out in your Table of Cover. This benefit applies where you were a private or semi-private in-patient in a public hospital and your consultant has approved your discharge after one or two nights' stay as an in-patient .

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 to request the service. Please check **your** Table of Cover in **your member** area 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.

Benefit	Description / Criteria
Alternative amount for post-operative home help	This benefit allows you to claim €120 towards the costs of domestic support after you have undergone a procedure that is listed on the List of Post-Operative Home Help (POHH) Procedures. The list can be found at irishlifehealth.ie/privacy-and-legal/schedule-of-benefits/. To be eligible for this benefit you must be covered under an in force policy with Irish Life Health at the time the procedure took place and when the service is delivered. This benefit must be claimed within 4 weeks of the date of your discharge.

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 benefit we will cover the cost of genomic testing for HER positive node negative breast cancer to indicate the recurrence score for breast cancer returning in a 10 year time period. This benefit is only available where the genomic testing has been pre-authorised by Irish Life Health .
Vasectomy (in Clane Hospital)*	Under this benefit we will cover your hospital costs and consultant's fees where you have a vasectomy carried out in Clane Hospital subject to €125 excess. This benefit is only available on Family Focus and Hospital Focus plans .

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
Child home nursing	Under this benefit we will contribute towards the costs of home nursing by a paediatric nurse**. The child home nursing must be received immediately after the member has been an in-patient for at least 5 days in a medical facility covered under their plan. The member's consultant must have advised that the home nursing care is medically necessary. The contribution under this benefit is payable for child home nursing costs which are incurred up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount that we will contribute per day and the maximum number of days for which can be claimed will be set out in your Table of Cover.
Parent accompanying child	Under this benefit we will contribute towards the following costs where your child is an in-patient in Ireland for more than 3 days and you have to travel to be with them: > costs of your hotel, bed and breakfast or short-term letting accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover. The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit "child" means a child of 17 years of age or under.
In-patient support benefit	Under this benefit we will contribute towards the following costs where you have to travel more than 50 kilometres from your home to receive an in-patient treatment or procedure in a public hospital: > fuel costs to get to and from the public hospital (petrol or diesel) incurred on the day before admission, day of admission and/or day of discharge > public transport costs to get to and from the public hospital The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover. This benefit is only available for travel costs to and from a public hospital and only where the hospital in question is the nearest public hospital in which you can receive the treatment or procedure.

Cancer support benefit (for accommodation expenses when travelling more than 50km)	Under this benefit we will contribute towards the costs of hotel, bed and breakfast or short-term letting accommodation to enable you to receive chemotherapy or radiotherapy in a public or private hospital. This benefit is only available where you have to travel more than 50 kilometres from your home to receive chemotherapy or radiotherapy in the public or private hospital. This benefit is only available for the costs of a hotel, bed and breakfast or short-term letting on the night before and the night after you receive the chemotherapy or radiotherapy. If this benefit is available under your plan the maximum amount that we will contribute per day and per calendar year is set out in your Table of Cover.
Genetic Testing: Initial consultation	Under this benefit we will contribute towards the cost of an initial consultation with an Irish Life Health approved oncology consultant with a specialist medical genetics qualification at the Blackrock Clinic, the Hermitage Clinic or the Mater Private Hospital, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact us on 01 562 5100 for details of our approved consultant(s).
Genetic Testing: Test for specified genetic mutations	Under this benefit we will cover the cost of a test for genetic mutations associated with hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome) at the Blackrock Clinic, the Hermitage Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish Life Health approved oncology consultant.
Hormone Replacement Therapy for Gender Dysphoria	Under this benefit, we will contribute towards the cost of Hormone Replacement Therapy for members with a diagnosis of Gender Dysphoria given by a consultant. This benefit is only available to members who are 18 years old and over who are undergoing a programme of care and have submitted a letter from their treating consultant 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 benefit on your plan. This will be shown on your Table of Cover.
Pre Implantation Genetic Testing	Under this benefit we will cover a contribution to the cost of Pre-Implantation Genetic Testing for Monogenic Diseases (PGT-M) and Structural Arrangements (PGT-SR) to detect specific genetic diseases and chromosomal abnormalities in embryos. PGT-A is not claimable under this benefit. If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the procedure must be a member on an in-force policy with Irish Life Health at the time of the procedure(s) and have this benefit on their plan. This benefit is only available where the testing has been pre-authorised by Irish Life Health, and the following clinical indicators are present: 1. Parent(s) already have a child with a serious genetic condition associated with conditions detectable through PGT-M or PGT-SR tests 2. Parent(s) have a family history of a serious genetic condition associated with conditions detectable through PGT-M or PGT-SR tests or have the condition themselves 3. Parents have found out that they are both carriers for the condition.

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 child home nursing **benefit** **you** may also have to provide **us** with a medical report from **your consultant** confirming that the home nursing is **medically necessary**.

Benefit	Description / Criteria
Genetic Testing for Cancer Treatment Options – Foundation One CDx	Under this benefit we will cover the cost of solid and liquid biopsy testing (FoundationOne CDx and FoundationOne Liquid CDx) provided by Roche Products (Ireland) Ltd*, for patients with primary lung cancer, cholangiocarcinoma, advanced breast cancer, advanced colorectal cancer and cancer of unknown primary origin. The benefit is only available where it is recommended by an Irish Life Health approved oncology consultant and where the testing has been pre-authorised by Irish Life Health. In addition agreed clinical criteria (available on request) must be satisfied before this testing will be covered. This benefit can only be claimed once per policy year.

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
Medicall ambulance costs	Under this benefit we will cover the cost of an ambulance when it is medically necessary , where it is required to transfer you between medical facilities covered under your plan or from a medical facility to a convalescence home covered under your plan where you will be receiving short term care. The benefit is only available where the ambulance is provided by Medicall Ambulance Limited* and where it is medically necessary . This benefit is only available where you were, or will be, a private patient in the medical facility covered under your plan to which you are being transferred from and to.

How to claim

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

Benefit	Description / Criteria
Healthy Minds	Where this benefit is available on your plan , you will have access to a dedicated counselling and advisory service via telephone or webchat, and access to an online portal which provides self-assessment tools and content (for members aged 16 years and over). If deemed clinically appropriate by your telephone counsellor, this benefit also includes up to 6 follow-up counselling sessions per presenting problem (for members aged 18 years and over) via telephone, video, or in-person. A period of 12 months must pass since your last counselling session before you can access further counselling sessions for the same presenting condition. The telephone and webchat counselling service is available 24 hours a day, 365 days a year. This benefit only relates to counselling provided by TELUS Health*.

How to claim

Online portal and webchat counselling: To access this **benefit** log on to 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 programme managed by Centric Mental Health Limited* provides Irish Life Health members with exploratory and therapeutic treatment following referral through your employer's EAP service where your employer has a group scheme with Irish Life Health or through the Irish Life Health Healthy Minds benefit. To support your journey, you will have a dedicated Centric Mental Health case manager who will set out a programme of care that is personalised to you. You will be asked questions to assess your signs and symptoms to support you in improving your condition. Treatment programmes and duration will vary depending on how your condition presents but will include either online or in-person treatment or a combination of both. You must attend the treatment provider recommended by your Centric Mental Health case manager. If one of Centric Mental Health's approved treatment providers is not available in your area, the Centric Mental Health team will try to offer an alternative. Your Centric Mental Health case manager will be responsible for determining the delivery and length of your treatment programme and their decision is final. You'll be entitled to one treatment programme in your policy year. If you wish to amend your appointment time, you will need to follow your treatment provider's policy on appointment changes. If you miss your appointment without informing your treatment provider, a new appointment can be scheduled at a charge to you. Clinical responsibility for treatment lies with your treatment provider and not Irish Life Health. This benefit/treatment programme is available to members aged 18 years and over. Due to the nature of the assessments, treatment provided and the clinical interventions used within this programme, your Centric Mental Health case manager will decide if this programme is suitable for you. Members 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 benefit. The team and programme are managed by Centric Mental Health Limited*. Further information is available on our website at www.irishlifehealth.ie.

How to claim

You can call 01 562 5150 to access our Healthy Minds **benefit** and speak to a telephone counsellor. They will assess **your** suitability for the service. **We** will pay Centric Mental Health Limited* directly.

Benefit	Description / Criteria
Health in the Home (HITH)	Under this benefit we will cover the costs of a home nursing service, provided by TCP Homecare Limited*, where your consultant has approved your early discharge from hospital and has consented to your treatment being continued at home. A Health in the home referral form must be completed by your GP/ Consultant in order to access the service Health-in-The-Home-Referral-Form-Update.pdf (irishlifehealth.ie). The Health in the Home benefit is limited to administering your prescribed treatments such as intravenous antibiotics, specialised dressings such as negative pressure dressings and other therapies. This benefit is only available for home nursing immediately following a medically necessary in-patient stay in a medical facility covered under your plan, or to prevent admission/readmission to a medical facility covered under your plan. This benefit is not available where TCP Homecare Limited* cannot provide the home nursing service for any reason including where they are fully booked or where your home is not in an area serviced by TCP Homecare Limited*. The receipt of the home nursing service operated by TCP Homecare Limited* is subject to TCP Homecare Limited's* terms and conditions and is outside the control of Irish Life Health. This benefit must be pre-authorised by Irish Life Health.

How to claim
We will pay TCP Homecare Limited* directly.

Benefit	Description / Criteria
Care Connect	Under this benefit you can access specified health programmes provided by our provider partner Care-Connect*, as set out in the List of Care Connect health programmes, where you have been diagnosed with certain medical conditions. This Benefit includes specialist case management, remote health monitoring and where appropriate, treatment interventions as required. Your GP or consultant must approve your suitability to receive these services at home. You must also meet the specified clinical indicators as set out in the List of Care Connect health programmes available at www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits, including any age restrictions that may apply. This benefit is available wherever Care-Connect* can provide the service and where the requirements can be met on hardware and connectivity by the Irish Life Health member. Access and eligibility for the programme must be pre-authorised and is subject to Care-Connect's* terms and conditions. To participate in this service, we will review your past and current health insurance claims to help us understand the impact and cost effectiveness of the programme.

How to claim
To request this benefit , please go to 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 . We will pay Care-Connect* directly.

Benefit	Description / Criteria
Gender Affirmation benefit	Under this benefit, we will contribute towards your medical costs for gender affirmation surgical procedures as set out in the List of Gender Affirmation Surgical Procedures where you have been diagnosed with the condition Gender Dysphoria and where the procedures are carried out in a medical facility worldwide. 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 either six months from when it is granted, or if you change your plan and reduce your level of cover, or if you cease to be a member of Irish Life Health, 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.

Benefit	Description / Criteria
Gender Affirmation Support Benefit	Under this benefit , we will contribute towards your reasonable hospital costs and consultant fees for specified procedures where you have been diagnosed with the condition Gender Dysphoria and are undergoing medical or surgical gender affirmation treatment . The procedure(s) must take place in a recognised medical facility either in Ireland or 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 . This benefit is subject to preauthorisation and clinical and payment criteria. Please contact us for details of procedures covered and criteria.

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. The decisions of **our** medical advisers are final. Where **pre-authorisation** is approved, the surgical **procedure** must be performed within 31 days from when **you** leave **Ireland** and must be performed before **your pre-authorisation** expires. **Your pre-authorisation** will end either six months from when it is granted, or if **you** change **your plan** and reduce **your** level of cover, or if **you** cease to be a **member** of **Irish Life Health**, whichever is sooner. **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).

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

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

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 **out-patient benefits**, please refer to the **out-patient** 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	Under this benefit we will cover your medical costs for emergency care in a medical facility abroad where: > The emergency care is medically necessary; > The emergency care is authorised and arranged by Irish Life Health; > You are required to stay overnight or longer in a hospital bed; > You began your emergency care abroad within 31 days of your departure from Ireland, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian; > You receive the emergency care in an internationally recognised hospital; > You have not travelled against medical advice; > You were not suffering from a terminal illness when you left Ireland; and > You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover. We will not cover: > non-medical expenses; > costs incurred where you did not stay overnight in hospital > medical care that has not been authorised and arranged by us; > elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care; > medical care that could be delayed until your return to Ireland. > medical care if you have travelled abroad after 34 weeks following the commencement of your pregnancy.
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	Under this benefit you can claim a contribution from us towards the cost of the following emergency care where you receive it as an out-patient whilst you are abroad: > Emergency room/department fees > GP visits > Consultant visits > Prescription drugs > Pathology fees > Radiology fees (i.e X-Rays, mammograms and non-maternity ultrasounds) > Cost of one ambulance journey to a hospital or clinic for treatment > Emergency dental treatment required as the result of an accident. (Please refer to section 2.1 for further terms and conditions of Emergency Dental Care.) To avail of this benefit, the costs being claimed must have been incurred outside of Ireland, as a result of emergency care, and within 31 days of your departure from Ireland. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your out-patient excess does not apply to this benefit.

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. **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 benefit we will arrange and cover the costs (up to a specified amount) of your transport back to Ireland where you are unable to use your return transport to return to Ireland for medical reasons. Our medical advisors will determine whether your medical condition requires you to have assistance to travel. The opinion of our medical advisors is final. You must be willing to travel as soon as you are medically fit to do so. If you fail to accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us. The maximum amount that we will cover under this benefit is set out in your Table of Cover. This benefit is only available in conjunction with our 'hospital bill for in-patient treatment' benefit. This benefit is not available if you have not required emergency In-patient A&E treatment or if that treatment is not covered by us. Under this benefit we will also arrange and cover the return of your remains to Ireland should you die while abroad within 31 days of your departure from Ireland.

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

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

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 benefit you have access to a 24 hour telephone assistance line whilst you are abroad. This benefit is only available in conjunction with our 'hospital bill for in-patient treatment ' benefit .

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;
- > if **you** have travelled abroad after 34 weeks following the commencement of **your** pregnancy;
- > a Non-medical expense (e.g. phone calls, taxi fares or other transport costs to attend **out-patient** or **in-patient treatment** or appointments or for collection of medication prescribed by the hospital, miscellaneous expenses etc.);
- > for any **treatment** that is excluded under the waiting and exclusion periods detailed in Section 6;
- > for any **treatment** that would not be covered in **Ireland**;
- > for expenses incurred in **Ireland**;
- > for **treatment** or services provided by a health spa, convalescent or nursing home or **rehabilitation** centre;

> for any expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.

> for any costs that relate in any way to transplants including any subsequent **treatments, procedures** or **medical care**.

> 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) 'Elective Procedure Abroad - for **procedures** that are available in **Ireland**' and (B) 'Elective Procedure Abroad - for **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 or **treatment** must commence within 31 days from when **you** leave **Ireland**;
- > **You** must have been referred for the surgical **procedure** abroad by a participating **GP** or **Consultant** in **Ireland** or following on from a second opinion consultation through the International Second Opinion Service **benefit**, this must also include the initial review and consultation notes by an appropriately qualified medical practitioner;
- > 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 if **you** change **your** plan and reduce **your** level of cover, or if **you** cease to be a member of **Irish Life Health**, whichever is sooner;
- > 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**;
- > 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**; and
- > This **benefit** is subject to an overall limit per **policy year**, this amount is listed on **your** Table of Cover.



Elective Overseas Referral

Benefit	Description / Criteria
Elective Procedure Abroad - for procedures that are available in Ireland	Under this benefit we will cover the following: > Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Cover) if you were to be admitted to a medical facility in Ireland to have the surgical procedure performed. Our medical advisers will base their assessment on the hospital costs that would be covered in the medical facility in Ireland, which, in their opinion, would have been most suitable for you. > Consultant's fees: Under this benefit Irish Life Health will cover your consultant's fees to the same level as would be covered under your plan if you were treated by a participating consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. Our medical advisers will decide the hospital costs and the consultant's fees that would have been covered if you were admitted to a medical facility in Ireland to undergo the surgical procedure you wish to receive abroad. The decision of our medical advisers is final. The costs of travelling to and from the country in which you wish to receive your surgical procedure will not be covered. We will confirm the amount that we will cover under this benefit when we pre-authorise your overseas surgical procedure. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself.

Elective Procedure abroad - for procedures that are not available in Ireland	Under this benefit we will cover the following: > Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Cover) if you were to be admitted to a medical facility in Ireland to receive the most similar surgical procedure available in Ireland. Our medical advisers will base their assessment on the hospital costs that would be covered in the medical facility in Ireland, which, in their opinion, would have been most suitable for you. > Consultant's fees: Under this benefit Irish Life Health will cover your consultant's fees to the same level as would have been covered under your plan if you were treated by a participating consultant whilst admitted to a medical facility in Ireland to receive the most similar surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. Our medical advisers will decide the hospital costs and the consultant's fees that would be covered if you were admitted to a medical facility in Ireland to undergo a surgical procedure to treat the medical condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. Our medical advisers must believe that the surgical procedure that you wish to undergo abroad is medically proven to be a more effective method of treatment than the treatments and procedures available in Ireland to treat the condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. The decisions of our medical advisers are final. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself. The costs of travelling to and from the country in which you wish to receive your surgical procedure will not be covered.
--	--

How to claim	
If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. To obtain pre-authorisation you will need to complete the Irish Life Health Overseas Pre-Approval Form which is available on our website. Part 3 of the Irish Life Health Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you may also be required to provide us with additional information including a detailed medical report from your GP or Consultant in Ireland and/or your treating consultant abroad. Irish Life Health will not contribute to the cost of getting a written medical opinion from your GP or Consultant. 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. All claims will be assessed and settled in euro.	

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

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

2.6 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 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	Description / Criteria
Health screening Charter Medical Group* Telephone: 01 657 9000 Corporate Health Ireland* Telephone: 021 4350360 Cork, 01 670 1820 Dublin, 061 303 975 Limerick	Charter Medical Group and Corporate Health Ireland provide Irish Life Health members 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 claimed once per policy year . In addition to the discount, you may also be able to claim a contribution from us on the amount that you have paid to Charter Medical Group or Corporate Health Ireland for your health screening. To claim the contribution from us you need to settle the bill directly with Charter Medical Group or Corporate Health Ireland and scan your receipt to us through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie You should keep your original receipts for your own records.
Smoking Cessation Allen Carr's Easyway to Stop Smoking Programme* Telephone: 01 4999010 Website: www.easyway.ie or www.allencarr.ie	Allen Carr's Easyway to Stop Smoking Programme provide Irish Life Health members 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.
Buteyko Clinic (formerly asthma care) Buteyko Clinic Ireland* Telephone: 091 335 536 Email: help@buteykoclinic.com Website: www.buteykoclinic.com	Buteyko Clinic Ireland provide Irish Life Health members with a point of sale discount on participation in its Buteyko Clinic which can support asthma care, rhinitis and other breathing and health issues. The discount cannot be used in conjunction with any other offer or promotion run by Buteyko Clinic Ireland*.
Laser eye surgery Optilase* Telephone: 01 619 1400 Website: www.optilase.com	Lominol Limited t/a Optilase provide Irish Life Health members with a point of sale discount on LASIK or LASEK treatments . Where the treatment is not supplied for both eyes, the discount shall be applied on a pro-rata basis. This offer may not be used in conjunction with any other offer or promotion run by Lominol Limited t/a Optilase.
4d scans Ultrasound Dimensions* 21 Main Street, Blackrock, Co. Dublin Telephone: 01 210 0232 Email: hello@ultrasound.ie	Ultrasound Dimensions provide Irish Life Health members 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.
Back-Up Health Hero*	Back-Up is our physiotherapist-led case management programme unique to Irish Life Health . It provides you with advice on prevention and treatment for back, neck and spine pain. Treatment programmes are tailored to your condition and may include online or in-person treatment with a CORU registered Physiotherapist. Every effort will be made to find a Physiotherapist within your locality from our network but this cannot be guaranteed. Up to two Back-up treatment programmes are available each policy year subject to eligibility. Up to six sessions are available in each treatment programme and these sessions must be used within 6 months of commencing the treatment programme. Where in-person treatment is advised, a charge will apply for the course of treatment payable to your Physiotherapist. Details of applicable charges, which may be subject to change, can be found at www.irishlifehealth.ie/members/memberbenefits/back-up/ . Once treatment has commenced, we are unable to facilitate transfers to another clinic. Your physiotherapist's policy on amending/cancelling appointments will apply. Your physiotherapist may charge you if you do not notify them of any amendments or cancellations in line with their policy. Clinical responsibility for treatment is with your physiotherapist.

Benefit	Description / Criteria
	Irish Life Health cannot guarantee the availability of specific treatment modalities. You will not be eligible for our Back-Up service if you fall into one of the following groups: > Patients who are currently pregnant (however if you have written clearance from your GP then an assessment can be done which will determine your individualised treatment programme) > Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back > Patients who are under 18 years of age > Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months. To access: Login to your Irish Life Health member portal and complete an online suitability assessment for the programme. Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/memberbenefits/back-up/. Back-Up is managed by HealthHero Healthcare Ireland Limited* and our network of CORU registered physiotherapists.
International Second Opinion Service Teladoc Health* Telephone: 01 568 9610 Website: Irishlifehealth-teladoc.ie	Teladoc Health* provide Irish Life Health members with access to a medical second opinion. Teladoc's Medical Second Opinion service will provide you with access to a remote Second Medical Opinion from leading specialists in case of a complex diagnosis or medical intervention. The service can help give you peace of mind if you, whether an adult or child member are diagnosed with a medical condition. This means that you can have an independent review of your diagnosis and treatment plan from leading specialists internationally. Irish Life Health members may request a Medical Second Opinion through Teladoc under most circumstances with the following exceptions; > As a prerequisite, the member must have a documented diagnosis established by their treating physician (general practitioner or specialist); and a proposed treatment plan provided by their local healthcare professional. The Second Medical Opinion service is designed exclusively to complement, and not replace, the primary medical evaluation conducted locally. It cannot serve as a substitute for the first consultation or diagnostic process by a licensed physician. > Member has developed an acute or life threatening condition – if a member requires immediate medical attention, they should seek the care of their treating consultant on an urgent basis, and not delay while awaiting the arrival of the Medical Second Opinion. > Acute conditions (of short duration), minor chronic illness, psychiatric conditions, dental problems, and patients currently admitted in hospital. In addition, all conditions that have not first been reviewed and reported on by a local, treating specialist, shall not be available for review. > Physical evaluation of the member 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. To access this service, please phone Teladoc directly on 01 5689610 or you can book an appointment for a Medical Second Opinion appointment via MyClinic in your online account. Remember to have your Irish Life Health Policy Number and Member Number ready when you call or log on to their website. There is no charge for using this service but call and data charges may apply. When you call, the customer care agent will explain the service and will request some information from you. Following this call you will be assigned to a Case Manager who will match you to the relevant clinical expert. A confidential report will be provided to you within 3 weeks of the selected clinical expert receiving all of your relevant medical records which will include a review of the original diagnosis and proposed treatment plan. All recommendations will be presented to you and your attending physician in writing. You will also receive a call from your assigned case manager to review the report. Important information about the International Medical Opinion Service Any contact you make with Teladoc* around the international Medical Second Opinion Service will be directly with Teladoc* itself. Irish Life Health does not provide this service and has no involvement in this service. Irish Life Health has no access to your medical records or the International Medical Second Opinion nor do we provide Teladoc* with any medical information. Please note there are limits to your health insurance cover. Treatments and procedures proposed as a result of the International Medical Second Opinion Service provided by Teladoc* may not be covered by our health insurance policy. Where cover may be available on our plan under your Elective Overseas Referral benefits, any proposed treatment or procedures must be pre-authorised by Irish Life Health before you travel abroad for treatment and must meet all the criteria in relation to the Elective Overseas Referral benefits. The decision of our medical advisors is final. You will be liable for the cost of travel and all other costs such as treatment outside of those covered by your health insurance policy.

* 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** where the **clinical indicators/** criteria has not been met;
- > 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 **treatment**, admission or **procedure** which, in the opinion of **our medical advisers**, is planned or elective and could reasonably have been postponed or delayed, and where the reason for admission or **treatment** at that time is not **medically necessary**.
- > 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**;
- > Any costs related to genetic testing except where such costs are listed on **your** Table of Cover;
- > 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, fertility **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, at home health testing **benefit**, executive health screen **benefit**, health screening and allergy testing **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 licensed for use by the European Medicines Agency (EMA) for specific therapeutic indications;
- > The cost of any form of gene therapy including but not limited to gene addition/replacement therapy, gene editing, gene silencing and cell-based gene therapy;
- > The cost of a non-oncology drug which is not recommended for reimbursement by the National Centre for Pharmacoeconomics (NCPe) or the Health Service Executive (HSE) unless pre-approved by **us** prior to **treatment**. Oncology

- drugs or additional oncology therapeutic indications which are licensed by the EMA but awaiting NCPE or HSE approval may be covered but do require pre-approval by the **Irish Life Health** Clinical Team prior to **treatment**. Please contact the **Irish Life Health** Customer Care team to discuss any pre-approval requests you may have;
- > 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 (HPRA) unless pre-approved by **us** prior to **treatment**;
 - > 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** from their date of birth and no additional premium will be charged for their cover up to the first renewal date after their birth. If **you** add **your newborn** in the **policy year** following their birth, a premium will be payable. 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) 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** or individual who is not the **policyholder**. However, the **policyholder** can nominate a person to act on their behalf to discuss the **policy**, administer the **policy** and / or discuss **claims**. If **you** wish to nominate someone, please log on to **your membership** portal where **you** can capture **policy** permissions. Alternatively, **you** can call or write to **us** and let **us** know if **you** want to nominate a person to act on **your** behalf for some or all of the above permissions.

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.

Additional contacts who may deal with us on your behalf

If **you** would like to nominate a Trusted Contact Person, confirm an Assisted Decision-Making Arrangement, Power of Attorney, or any other relevant arrangement permissible under law, please reach out to **our** customer service team, who will bring **you** through the relevant requirements.

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. **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

If **you** cancel **your policy** mid-term, **you** may be subject to a mid-term cancellation fee, which applies to all payment methods.

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.

Cooling Off

You can cancel **your policy** free of charge within 14 working 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

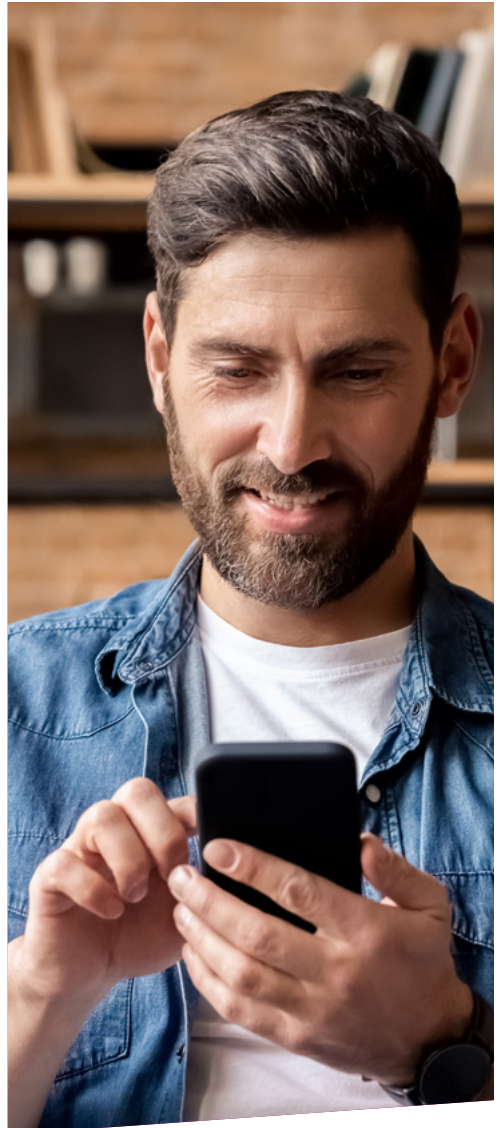
All premiums must be paid in euro. **We** have a number of payment options which are outlined below.

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.

Under SEPA rules, **we** must notify **your** bank of the premium amount to be collected in advance of the collection date. Once **we** have notified the bank of this collection, **we** cannot stop or change the collection. If **you** change or alter **your** cover after the collection date, **we** will still collect the original amount and any overpayment/underpayment will be rectified in **your** next direct debit payment.



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 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**;
- > **We** share information on **your plan** and previous **plans** with other health insurers to facilitate applying the correct **lifetime community rating** loading and level of cover including any **waiting periods**. To do this **we** use **your** contact details to verify **you** with other insurers;
- > **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 **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**;
- > Where **you** hold more than one **Irish Life Health policy**, **we** will check across these **policies** held with **Irish Life Health** to ensure **benefits** have not been **claimed** for more than once;
- > **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;
- > In some cases, **benefits** can be shared/pooled between all **members** on the **policy**. This means that if there is a limit on the number of **visits**, the limits of all **members** on the **policy** can be pooled and will apply to the **members** on the **policy** collectively. The **benefits** to which pooling is applicable are identified on **your** Table of Cover.
- > **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;
- > In cases where **you** are submitting a **claim** online via the MyIrishLife portal that relates to **treatment** for multiple **members** on **your policy**, **you** will need to submit the same receipt for each relevant **member** on **your policy** as applicable, provided **you** have the permission of the **member** on **your policy** to submit this **claim** on their behalf. Payment of the relevant **benefit(s)** will be subject to the terms and conditions of **your policy**. Where a **claim** is submitted that relates to **treatment** or services for multiple **members** on **your policy** and the receipt has only been submitted for one **policy member**, where **we** become aware that it would have been more beneficial for **you** to submit the same receipt for each relevant **member** on **your policy**, **we** may process the receipt against all named **members** on the receipt, again subject to the terms and conditions of **your policy**.
- > **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 and to make **you** aware of services that may be relevant to **you**. **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;
- > The provider partners named within this document 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.
- > **We** carry out Clinical Audits to understand the appropriate use of resources, the resulting outcome and quality of life for patients. Depending on the **claim** type **we** may request information from **your GP**, **consultant**, hospital or other **medical provider** regarding any **treatment** provided to **you** or other **members** of the **policy** for the purpose of a clinical audit. Data minimisation is practiced at every stage of the Audit and **we** will only request the medical information directly related to **claim** or **treatment**;
- > 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.

Third Party Claims

- > 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.
- > **You** must let **us** know within 30 days of initiating proceedings / submitting an application to the Injuries Resolution Board.
- > If **you** make a **claim** or take legal action, a Letter of Undertaking will be provided to **you** and should be returned completed to **us**.
- > Where **you** appoint a solicitor, **you** must keep **your** solicitor fully apprised in a timely manner of all medical expenses paid by **us** in respect of the incident in question. **You** must also provide **us** with an update on the status of **your** case, if requested.
- > If an application is made by **you** or **your** solicitor to the Injuries Resolution Board ("IRB"), the **claims** paid by **Irish Life Health** in respect of this application must be included and a Letter of Undertaking completed and returned to **us**. **You** should inform **us** as soon as possible with regards to any assessment made by the IRB. **You** should also inform **us** of any hearing dates and/or settlement discussions, or if the matter has concluded. If the **claims** submitted by **you** form part of legal proceedings, please note that **we** require advices from Counsel confirming the position with regards to recovery of the **claims** / outlay.
- > In the event that **your claim** is successful and **you** receive a monetary settlement, **you** will need to send **us** a refund for any **claims** already paid by **Irish Life Health** within 30 days of the date upon which payment of the award / settlement is received by **you** or **your** solicitor. In the event that only part of the **claims** submitted by **you** are recovered, **we** will require written confirmation of this from **your** solicitor (to include any advices from Counsel). If there is only partial recovery of the **claims** paid by **Irish Life Health** in the course of legal proceedings, **you** will need to send **us** a refund for the partial amount recovered. In the event that **your claim** is not successful or withdrawn, **we** will not seek reimbursement from **you** once **we** receive written confirmation of this from **your** solicitor (to include any advices from Counsel);
- > Where **you** fail to comply with these requirements **Irish Life Health** shall be entitled to seek repayment of the money due to it by Legal action and **you** may be liable to pay the administrative and/or Legal costs which **we** may incur in seeking to recoup **our** medical expenses.



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 **medically necessary treatment** provided as a result of an accident or injury which occurred while that person was named as an insured person.

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 Gender Affirmation Benefit Gender Affirmation Support 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 Oncotype Dx PET CT Scans	26 weeks	
Maternity In-patient benefits Home Birth Grant In Aid Egg Freezing Sperm Freezing Fertility benefit: IVF, ICSI, IUI	52 weeks	
All Day-to-Day Benefits Genetic Testing: Initial consultation Genetic Testing: Test for specified genetic mutations 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 Out-patient Benefits (excluding Convalescence Benefit, Egg Freezing, Sperm Freezing and Fertility Benefit: IVF, ICSI, IUI) Irish Life Health ExpressCare Clinic Cover Irish Life Health ExpressCare Clinic with Excess Minor Injury Clinic Cover (Pay & Claim) Minor Injury Clinic Cover (Pay & Claim with Excess) 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 Gender Affirmation Support 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 Fertility benefit: IVF, ICSI, IUI	52 weeks	
All Day-to-Day Benefits Out-patient Benefits (excluding Convalescence Benefit, Egg Freezing, Sperm Freezing and Fertility Benefit: IVF, ICSI, IUI) Irish Life Health ExpressCare Clinic Cover Irish Life Health ExpressCare Clinic with Excess Minor Injury Clinic Cover (Pay & Claim) Minor Injury Clinic Cover (Pay & Claim with Excess) Genetic Testing: Initial consultation Genetic Testing: Test for specified genetic mutations Healthy Minds Mental Health Guide Medical Ambulance Cost Medical & Surgical Appliances	None	
Convalescence Benefit Child Home Nursing Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit Alternative amount for post-operative home help Oncotype Dx		

Upgrade waiting periods

An upgrade waiting period will apply when **you** upgrade **your** cover (i.e. **you** purchase a **plan** with higher cover or additional **benefits** compared to **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 **plan** with higher cover for one or more **benefits**.

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 Gender Affirmation Support 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 PET CT Scans	2 years	
Maternity In-patient benefits Home birth Grant in aid Egg Freezing Sperm Freezing Fertility benefit: IVF, ICSI, IUI	52 weeks	
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
Out-patient Benefits (excluding Convalescence Benefit, Egg Freezing, Sperm Freezing and Fertility Benefit: IVF, ICSI, IUI) Irish Life Heath ExpressCare Clinic Cover Irish Life Health ExpressCare Clinic with Excess Minor Injury Clinic Cover (Pay & Claim) Minor Injury Clinic Cover (Pay & Claim with Excess) Healthy Minds Mental Health Guide	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** across **Irish Life Health policies** held by **you** as **you** may not gain financially from a contract of insurance. 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**.

We will share information with the **group scheme sponsor** to the extent that is required in order to administer the **group scheme**. If **your** employer pays for **your plan** as part of an employer **scheme** and **your policy** is cancelled, **we** will notify **your** employer that the **policy** has been cancelled. We also share aggregate insights with group scheme sponsors (and their financial advisers or brokers) in relation to levels of participation, usage of **benefits** and **claim** categories. Aggregate reports are used for insights where individuals are not identifiable.

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**.

Post: 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 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

A copy of **our claims** appeal process can be found at www.irishlife.ie/health-insurance/health-contact-us/appeals/. Should **you** wish to appeal a **claim** decision, **you** can contact the Customer Care Team:

Telephone: 01 562 5100

Email: heretohelp@irishlifehealth.ie

Post: Claims Support 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:

Post: 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

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.

A copy of **our** complaints process can be found at www.irishlife.ie/health-insurance/health-contact-us/complaints/.

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

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

Telephone: 01 562 5100

Email: heretohelp@irishlifehealth.ie

Post: 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:

Post: 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(s)

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

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**.

Day-to-Day excess

The **Day-to-Day excess** is the **benefit** amount that **you** must exceed per **policy year** before **you** can receive any reimbursements on **your** Day-to-Day medical expenses. The reimbursement amount is calculated by taking the **benefit** amount(s) listed on **your** Table of Cover, not the receipt amount, and then deducting the listed **Day-to-Day excess**.

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** and holds a current full registration with the Irish Medical Council.

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, trekking over 3,000 metres altitude, rock climbing, motor sports including motor cycle sport, quad-biking, aviation other than as a fare paying passenger, ballooning, bungee jumping, hang gliding, microlighting, parachuting, paragliding or parascending (other than parascending over water), potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighing, off-piste skiing, competitive canoeing or kayaking, boxing, wrestling, karate, judo or martial arts, scuba diving to a depth over 30 metres (cover applies up to 30 metres depth if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), 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.

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 Europeans 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**.

Out-patient excess

The **out-patient excess** is the benefit amount that **you** must exceed per **policy year** before you can receive any reimbursements on **your out-patient** medical expenses. The reimbursement amount is calculated by taking the **benefit** amount(s) listed on your Table of Cover, not the receipt amount, and then deducting the listed **out-patient excess**.

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**.

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**.

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**.

Registered Cleaning Company

A business that is officially set up in Ireland and listed with the Companies Registration Office (CRO), with a valid company number.

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.

Selected Level 1 plans

These are: Health Starter, Level 1 Everyday, Health Level 1, me plan level 1 with day-to-day me.

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.

Sole Trader

An individual carrying on business in Ireland in their own name, who is registered for Value Added Tax (VAT) with the Revenue Commissioners and holds a valid Irish VAT registration number.

Surgical procedure/surgery

The **treatment** of disease, **injury** or deformity by structurally altering the human body by the incision or destruction of tissues.

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**, in the table of **medical facilities**.

Visit

A consultation with an approved medical provider, allied health professional, specified provider partner or other practitioner listed in this handbook. Extended appointments or back-to-back (consecutive) appointments performed on the same day are considered as a single visit.

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

Acupuncturist	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
Baby massage therapist	A member of Baby Massage Ireland, (BMI) the Irish chapter of International Association of Infant Massage
Breastfeeding consultant	A member of the Association of Lactation Consultants in Ireland (ALCI) and who holds International Board Certified Lactation Consultant (IBCLC) membership.
Carer	A person who is registered with Doviada as a CAREGiver.
Chiropodist	A chiropody professional registered with CORU (Health & Social Care Professionals Council).
Chiropractor	A member of one of the following Associations: > The Chiropractic Association of Ireland > Mc Timony Chiropractic Association of Ireland
Developmental specialist	A psychologist who is a member of the Psychological Society of Ireland, a consultant psychiatrist, a consultant paediatrician, an occupational therapist registered with CORU and/or a speech and language therapist registered with CORU.
Dietician	A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)
Homeopath	A person who is on the professional register of the Irish Society of Homeopaths
Life Coach	The life coach must be a Master or Professional coach registered with the International Coach Federation (ICF) Ireland or have a degree in psychology/ sports science and a postgraduate qualification in psychology (min. masters)
Massage therapist	A member of the Irish Massage Therapists Association or Athletic Rehabilitation Therapy Ireland.
Medical herbalist	A member of the Irish Institute of Medical herbalists (IIMH) or the Irish Association of Master Medical Herbalists (IAMMH).
Menopause Specialist	A menopause practitioner accredited by the British Menopause Society, North American Menopause Society or the International Menopause Society.
Midwife	A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
Nurse (also including paediatric nurse)	A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
Nutritionist	A person who is either registered with the Nutritional Therapists of Ireland (NTOI), or Employed as a nutritionist by Food Choice and able to provide a valid receipt for their services.
Occupational therapist	An occupational therapy professional who is registered with CORU (Health & Social Care Professionals Council)
Optometrist	An eye health professional who is registered with CORU (Health & Social Care Professionals Council)
Orthodontist	A person who is registered as an Orthodontist with the Dental Council of Ireland.
Orthoptist	A person who holds a BSc or BMedSci in Orthoptics and is registered with the Irish Association of Orthoptists or the British and Irish Orthoptic Society

Osteopath	A member of The Osteopathic Council of Ireland.
Personal Trainer	A personal trainer or fitness instructor holding a European Qualification Framework Level 4 accreditation.
Physiotherapist or Physical Therapist	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)
Play Therapist	A member of the Irish Play Therapy Association (IPTA), or the Irish Association of Play Therapy & Psychotherapy (IAPTP) or Play Therapy Ireland (PTI).
Podiatrist	A podiatry professional registered with CORU (Health & Social Care Professionals Council)
Postnatal Doula	A Postpartum Doula registered with the Doula Association of Ireland www.doula.ie
Pregnancy pilates instructor	Standard pilates practice hours requirement plus must have completed a pregnancy pilates course which is recognised by Pilates Teacher Training Ireland (PTTI).
Pregnancy yoga instructor	Standard yoga practice hours requirement plus must have completed a pregnancy yoga course which is recognised by Yoga Alliance USA, Yoga Alliance Professionals (UK) or Yoga Therapy Ireland.
Psychologist	A member of the Psychological Society of Ireland.
Psychotherapist or Counsellor	An accredited member of the Irish Association for Counselling and Psychotherapy (IACP) or the Irish Council for Psychotherapy (ICP).
Reflexologist	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.
Reiki Practitioner	A member of Reiki Federation Ireland or the Reiki Association of Ireland.
Speech and language therapist / Speech therapist	A speech and language therapy professional who is registered with CORU (Health & Social Care Professionals Council)
Sports Psychologist	A member of the Psychological Society of Ireland.
Women's Health Physiotherapist	A chartered physiotherapist who is registered on the Antenatal & Post Natal and Women's Health directories on the Irish Society of Chartered Physiotherapists (ISCP) website iscp.ie .
Yoga/pilates instructor	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.

Legal disclaimer and copyright

The copyright in the material contained in the **Irish Life Health** booklet belongs to **Irish Life Health** dac. This material may only be used for personal use provided that any copy retains all copyright and other proprietary notices contained in the original material. **You** may not modify the materials in this booklet in any way or reproduce or publicly display, perform, distribute or otherwise use them for any public or commercial purpose without the prior written consent of **Irish Life Health**. While **Irish Life Health** has made every effort to ensure that the information contained within the booklet is correct and accurate nevertheless it is possible that errors or omissions in the content may occur from time to time. No liability whatsoever is accepted by **Irish Life Health**, its servants or agents for any errors or omissions in the information or data or for any loss or damage occasioned to any person acting or refraining from acting as a result of the information or data contained within this booklet.

All information included in this Membership Handbook is correct at time of going to print, 1 March 2026. For full details and terms and conditions **you** can access Membership Handbooks on www.irishlifehealth.ie or call **us** on 01 562 5100.

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.

