

Essential Suite

Rules booklet



laya
healthcare 
proudly part of 

looking after you always

Welcome to Laya Healthcare

In 2015 laya healthcare proudly became part of AIG, one of the strongest insurance organisations in the world with over 90 million customers in 100 countries and jurisdictions.

The affordable and innovative insurance solutions that laya healthcare provides to our members, along with our dedicated and experienced team who are obsessed with providing excellent customer service, proved a key attraction for AIG.

With AIG's financial backing, global expertise and long term commitment to Ireland, we expect to go from strength to strength, widening our offering and bringing value and innovation to Ireland's insurance market. We will continue to work closely with our members to educate and empower them in their lives, protecting their long term health and wellbeing for years to come.

Our valued members can rest assured that laya healthcare will continue to operate in Dublin and Cork, providing the same excellent service for which we are known while fulfilling our promise of Looking After You Always.

Empowering you to make the most of everyday

Exclusive to laya healthcare, **healthcoach** is a unique and empowering way for you to take control of living and feeling better. **Healthcoach** provides you with personalised programmes covering all aspects of your health and wellbeing. Following consultation with one of our healthcoaches, your programme will be available through the dedicated app to help and support you achieve your goals; whether that's losing weight, getting fitter, or improving your mental wellbeing. See your Member Area or page 33 for full details.

Thank you for choosing us to look after your healthcare cover.

This rules booklet contains very detailed legal information about our 'Essential Suite' schemes and can act as a reference to your Essential Suite brochure.

Due to the detail in this booklet we understand you may have questions, so please feel free to contact our award winning Customer Care team.

Call 1890 700 890 between 8am and 7pm Monday to Friday and 10am and 3.30pm on Saturdays, or use our Web Chat facility. In the interest of customer service, calls are recorded & monitored.

Visit our website on www.layahealthcare.ie or email us at info@layahealthcare.ie

Laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.

Contents

Digital Customer Care- serving you online	02
How to make a claim	02
Reading your rules booklet	02
Scheme rules	
Introduction	03
Definitions	03
Joining the scheme	08
Your membership certificate	08
Renewing your membership	09
Your subscriptions	09
Ending your membership	09
What is covered under the scheme	10
What is not covered under the scheme - waiting periods	12
Making a claim	14
Changes to the agreement	15
General terms and conditions	15
Data Protection Act	17
Tax relief	19
Making a complaint	19
Table of benefits	
Benefit 1 – Hospital charges	20
Benefit 2 – Consultant fees	21
Benefit 3 – Radiotherapy/Chemotherapy	21
Benefit 4 – Non-surgical out-patient treatment	21
Excess and overall annual limits	30
Benefit 5 – Maternity benefits	31
Benefit 6 – Convalescence	31
Benefit 7 – Treatment in the EU	32
Benefit 8 - Emergency overseas cover	32
Benefit 9 - Medical Tourism	32
Benefit 10 - Healthcoach	33
Benefit 11 - Digital Health	33
Benefit 12 - Consultant Connections	34
Notes	
Note 1	42
Notes 2-3	43
Hospital List	44
Important Information	48

Digital Customer Care, serving you online

We are always looking for ways to make things a little simpler for our members. Digital Customer Care does just this. It combines the latest in advanced digital technology from our Member Area, Member App and Web chat with our award winning Customer Care team. Our members can access all of the benefits of their membership anytime, anywhere and from any device

It's never been easier for you to access information when it suits you. By logging into your secure Member Area, the main member on the policy can do things such as:

- Check your everyday medical expenses cover
- Make changes to your personal details
- Add a member to your policy
- Review your hospital and scan centres cover
- Access your policy documentation, including claim forms
- Check your claims history

Just visit www.layahealthcare.ie/memberarea

Web Chat

Our award winning customer care team are available on Web Chat. Simply click the 'On-line Chat' button on our website and they will help you.

How to make a claim

While in hospital

We have direct settlement with almost all of our hospitals and consultants. This means that when you go into hospital (for in-patient or day-case treatment), you simply fill out a form when you arrive, sign it when you leave, and the hospital then deals directly with us. There's no need for you to do anything else. We will then write to you afterwards to let you know how **your** claim has

been assessed. It's as simple as that.

It's a good idea to call us on 1890 700 890 and let us know about any upcoming treatment. Don't forget to tell us which hospital you're going to and the name of **your** consultant, so we can confirm **your** cover.

Everyday Medical Expenses

If you have other health expenses, like physiotherapy, GP or casualty visits, just keep your receipts. Claiming has never been easier with our Member App. You can submit your claims for everyday medical expenses through the app at any point during the year - 24 hours a day, 7 days a week.

Otherwise, your claims can be processed at renewal time. Simply fill in an out-patient claim form (which can posted to you if requested) include all your receipts and send to:

Laya healthcare, PO Box 12679, Dublin 15

Visit www.layahealthcare.ie/howtoclaim for forms and more details on claiming through the app.

Read on for a full explanation of our benefits.

Reading your rules booklet

This booklet is broken into your:

1. Scheme rules which outlines definitions and the rules of your policy (pg 3-19), and
2. Table of benefits which outlines in detail the benefits received by you (pg 20-34)

Scheme rules for the essential suite

Effective from 1st November 2017

1. Introduction

You need to read these rules in conjunction with the current Table of Benefits for the Essential Suite schemes (see pages 20-34), including the notes (see page 42-43), your membership certificate and your application form. These documents and the rules make up the agreement between us, **laya healthcare**, and you the member.

2. Definitions

It is important for you to understand that some of the terms we use have specific meanings. These terms and their meanings are outlined below and bolded throughout the remainder of the booklet.

These key terms are defined as follows:

Age of Entry

The sum of your age minus any **Lifetime Community Rating Credited Months**. This figure is used to determine any additional **LCR Amount** that you may have to pay.

Benefits

The hospital charges, medical fees and other benefits shown in the Table of **Benefits**.

Clinical Psychologist

Clinical Psychology is both a general practice and a health service provider speciality in professional psychology. **Clinical Psychologists** provide professional services relating to the diagnosis, assessment, evaluation, **treatment** and prevention of psychological, emotional, psychophysiological and behavioural disorders in individuals across the lifespan.

Consultant

Any registered medical practitioner who meets all of the following requirements:

- they hold a current full registration with the Irish Medical Council
- they are engaged in hospital practice by reason of their training, skill and experience in a designated specialty, they are consulted by other registered medical practitioners and undertake full clinical responsibility for patients in their care, or that aspect of care on which they have been consulted, without supervision in professional matters by any other person
- they hold a public consultant post or are eligible to hold a public consultant post
- they are recognised by us as a **laya healthcare** consultant for the purpose of our insurance schemes in **Ireland** (**you** can phone or write to us if **you** would like to know whether or not a particular registered medical practitioner is recognised by us or **you** can check our website).

If **you** need to receive **treatment** in a country outside **Ireland**, a **consultant** will refer **you** to a surgeon, physician, or anaesthetist who is less than 70 years of age and is legally qualified to provide the **treatment** in that country.

Cosmetic treatment

Treatment which is defined as medical or surgical and is primarily for the purpose of improving appearance or self-esteem.

Day-case treatment

Treatment where, for medical reasons, **you** have to be admitted into a **hospital** and occupy a bed in that **hospital** during the day, but not overnight, for **treatment** which would be accepted generally by the medical profession in **Ireland** as **day-case treatment** as opposed to out-patient treatment.

Dental Practitioner

A **dental practitioner** with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/She is community based and provides dental care.

Dependants

Your husband or wife or partner and any child or **dependant** of **yours** who we have agreed with **you** to accept into membership of one of the **schemes**, and who is also named on **your** membership certificate as one of **your** **dependants**.

Emergency dental treatment

Restorative **dental treatment** urgently required in order to alleviate pain, inability to eat or any acute dental condition caused by an accidental external impact to the mouth and which presents an immediate and serious threat to a person's general health.

Full cover scheme

The scheme known as the full cover scheme under which **laya healthcare** agrees limits on **consultants'** fees with participating **consultants**. A **consultant** is participating in the **full cover scheme** if he or she is listed in **laya healthcare's** list of **full cover scheme** participating **consultants** (**you** can phone or write to us if **you** would like to know whether or not a **consultant** is participating in the **full cover scheme** or **you** can check our website).

General medical practitioner/GP

A **registered medical practitioner** who is fully registered with the Irish Medical Council and who is not a **consultant** and is currently practicing as a primary care physician in the community.

Health insurance contract

A **health insurance contract** to which the Irish Health Insurance Act, 1994, and the regulations made under that Act, apply.

Hospital

This means a **laya healthcare participating hospital**.

In-patient treatment

Treatment where, for medical reasons, **you** have to stay in a **hospital** overnight.

Ireland

Ireland excluding Northern Ireland.

Laya healthcare's list of approved appliances

This is a list of approved appliances which shows the amount which a member can claim for a list of appliances on their scheme. Some of these appliances may require a specific referral letter. For full details on the appliance list visit www.layahealthcare.ie/formembers/appliancelist. This list may change from time to time so please refer to the list online or call us before purchasing any item on the list.

Lifetime Community Rating Health Insurance Contract

A contract that provides for in-patient indemnity payment and to which the Health Insurance Act, 1994 applies.

Lifetime Community Rating Regulations

The Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014.

Membership start date

The date on which a person begins his or her current continuous period of membership of their **scheme**. The **membership start date** for **you** and **your dependants** is shown for each of **you** individually on **your** current membership certificate. We will treat a person's cover under the **scheme** as continuous if there is no break in membership of more than 13 weeks.

Midwife

A **midwife** registered on the midwife register with An Bord Altranais

Minimum benefit regulations

The Irish Health Insurance Act, 1994 (**Minimum Benefit**) Regulations, 1996 made pursuant to the Irish Health Insurance Act, 1994, as amended from time to time.

Northern Ireland participating hospital

Any hospital in **Northern Ireland** listed in note 1 Northern Ireland private hospital table on page 44 of the Table of Benefits.

Nurse

A **nurse** who is registered with An Bord Altranaís for midwifery, health visiting and/or nursing.

Out-patient treatment

Treatment which is not **in-patient treatment** or **day-case treatment**. For example, **treatment** in a doctor's surgery.

Participating therapist

We will recognise a person who is a participating alternative **therapist** and is registered with the relevant associations at the time of treatment for the purpose of our insurance **schemes** in **Ireland**. We will also recognise registered **general practitioners** who are **participating therapists** with the relevant alternative associations. These are listed as follows:

- (a) a chartered or State registered physiotherapist and the Irish Society of Chartered Physiotherapists
- (b) a member of the Irish Association of Speech and Language Therapists and/or the Royal College of Speech and Language Therapists
- (c) a member of the Society of Chiropractors/Podiatrists, the Institute of Chiropractors and Podiatrists, the Irish Chiropractors/Podiatrists Organisation Ltd, and/or the British Chiropractic and Podiatry Association
- (d) a person who is either on the Professional Register of Traditional Chinese Medicine, the Traditional Chinese Medicine Council of Ireland (TCMCI), British Medical Acupuncture Society, Acupuncture Foundation

Professional and/or is accredited to the British Acupuncture Council and/or the Academy of Chinese Culture and Medicine

- (e) a person who is on the Professional Register of the Irish Society of Homeopaths or the Irish Medical Homeopathic Association or the Alliance of Registered Homeopaths
- (f) a member of the Chiropractic Association of Ireland (CAI) and McTimoney Chiropractic Association of Ireland
- (g) a member of The Osteopathic Council of Ireland and the Association of Osteopaths in Ireland
- (h) for the purpose of child counselling a **full** member of the Irish Association of Counsellors and Therapist or The Irish Council for Psychotherapy or the Psychological Society of Ireland
- (i) for the purpose of adult counselling a **full** member as a **Clinical Psychologist** in the clinical division of the Psychological Society of Ireland
- (j) a member of the Association of Occupational Therapists of Ireland
- (k) a member of the Irish Nutrition and Dietetic Institute
- (l) a member of the International Association of Infant Massage
- (m) a member of MLD (Manual Lymph Drainage) Ireland
- (n) a member of the Irish Reflexologists Institute, the Federation of Holistic Therapists Ireland, The Certified Association of Reflexologists of Ireland and/or the National Register of Reflexologists.
- (o) a member of the British and Irish Orthoptic Society and/or Fellow of the Association of Optometrists of Ireland (FAOI)
- (p) a member of the Association of Neuromuscular Therapists (ANMT), The Irish Association of Physical Therapists, Register of Orthopaedic & Soft Tissue Therapists of Ireland or the Irish Institute of Physical Therapists
- (q) a member of the Irish Society of Hearing Aid Audiologists

- (r) a member of the Association of Lactation Consultants in Ireland who holds International Board Certified Lactation consultant membership.

(You can phone or write to us if you would like to know whether or not someone is a **participating therapist** for the purpose of the scheme).

Pre-existing condition

Pre-existing condition: An ailment, illness or condition, where, on the basis of medical advice, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months immediately preceding:

- the day **you** took out a Health insurance contract for the first time; or
- the day **you** took out a Health insurance contract again after **your** previous Health insurance contract had lapsed for 13 weeks or more.

Please note that our medical advisors will determine whether a condition is a Pre-Existing condition. Their decision is final.

Private hospitals: Tier (Level) 1

- Aut Even Hospital, Kilkenny
- Barringtons Hospital, Limerick
- Cahercalla Hospital, Clare
- Clane Hospital, Kildare
- Cork Clinic*
- National MS Centre, Rathgar
- Park West Clinic, Dublin 12
- St Francis, Mullingar
- Kingsbridge Private Hospital, Sligo

*Please contact us prior to admission to ensure **your** treatment is covered.

Tier (Level) 2

- Bon Secours Hospital (Cork, Tralee, Galway and Dublin)
- Galway Clinic
- Hermitage Medical Clinic, Dublin

- Mater Private Cork
- North West Independent Hospital, Derry
- St Vincent's Private Hospital, Dublin
- Ulster Independent Clinic, Belfast
- Whitfield Clinic, Waterford
- Sports Surgery Clinic, Dublin

Tier (Level) 3 - Hi Tech Hospitals

- Blackrock Clinic, Dublin
- Mater Private Hospital, Dublin
- Beacon Hospital, Dublin

Public hospital

A publicly funded hospital, other than a nursing home, which provides services for a person pursuant to his or her entitlements under Chapter II of Part IV of the Irish Health Act, 1970.

Laya healthcare participating hospital

Any hospital listed in the **laya healthcare** participating hospital list at the time **you** receive **your treatment**. For members of the **laya healthcare** Essential Assist, Essential, Essential Connect Health, Essential Connect Family, Essential Complete, Essential Plus, Health Smart or Essential Gold scheme, the **laya healthcare** participating hospital list means the list of **laya healthcare** participating hospitals that is published by us from time to time for the purpose of these schemes. This list may change now and again, so please check with us before going to hospital that **you** are properly covered for that hospital and that the hospital is still listed. We will send **you** a copy of the most up-to-date list if **you** ask us to.

Qualifying Period of Unemployment

Any period or periods of time, greater than 6 continuous months up to a combined maximum of 36 months, after 1st January 2008 where you ceased to have a **Lifetime Community Rating Health Insurance Contract** by reason of unemployment of either you or the person you were dependent on and you or that person you were dependent on was in receipt of a Relevant Social Welfare Payment.

Registered medical practitioner

A person whose name appears in the General Register of Medical Practitioners maintained under the Irish Medical Practitioners Act 2007.

Registered nursing home

A nursing home registered pursuant to the Health Act 2007.

Renewal date

The **renewal date** shown on **your** membership certificate.

Routine dental treatment

We refer to **routine dental treatment** as being a general check-up, scale or polish, routine filling or extraction (excludes wisdom teeth) carried out by a registered dentist. A dental x-ray, where deemed necessary in the clinical judgement of a registered dentist, is also considered Routine dental treatment.

Schedule of benefits

This is the schedule which we publish from time to time for the purpose of our medical insurance **schemes in Ireland**. This schedule lists various surgical and diagnostic procedures and medical illnesses. It also explains the amount of the **benefits** we shall pay for treatment provided by a **consultant** and for **surgical out-patient treatment** provided by a **general practitioner** (we will make available to **you** a copy of the schedule if **you** ask us to).

Scheme

Scheme means whichever **laya healthcare** health insurance scheme **you** are a member of, such as Essential Assist, Essential, Essential Connect Health, Essential Connect Family, Essential Complete, Essential Plus, Health Smart or Essential Gold.

Surgical out-patient treatment

Out-patient treatment consisting of a surgical procedure listed in the **schedule of benefits**.

Specified Orthopaedic Procedures

These are orthopaedic procedures which, depending on your scheme and the hospital you attend, may be liable to a shortfall payable by you to the hospital. These procedures are listed below:

Code	Procedure
3660	Arthroplasty of hip using prosthesis, unilateral
3666	Metal on Metal hip resurfacing arthroplasty, unilateral
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft
3910	Prosthetic replacement (total) of knee joint, unilateral
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components.

For details of the Shortfall payable please contact **Laya Healthcare** or refer to the “For Members – Checking Your Cover” section of our website.

Where you have to pay a shortfall under this benefit any other private hospital excess or shortfall which you would otherwise have to pay for that private hospital in which the Specified Orthopaedic Procedure was performed will not apply.

The procedures classified as Specified Orthopaedic Procedures and the hospitals in which a shortfall will apply may change from time to time so please contact us in advance of any treatment or refer to the “For Members – Checking Your Cover” section of our website for details of the applicable hospitals.

Treatment

Any health services a person needs solely for the medical investigation, **treatment**, cure or alleviation of the symptoms of illness or injury. The **treatments** which are covered and/or level of cover for those **treatments** may change during the **Year** (for example where a procedure is re-designated or is no longer covered by

laya healthcare in a participating hospital), so please check with us before booking in for those **treatments** that **you** are properly covered for the relevant **treatment**. We will send **you** a copy of the most up to date **treatment** list if you ask us to.

Year

The period starting on **your membership start date** or a **renewal date** and ending at midnight on the day before the next **renewal date**.

You/your

This means **you** the main member and **your dependants**.

3. Joining the scheme

- (a) **Your** membership of **your scheme** begins on **your** start date as shown on **your** membership certificate.
- (b) The membership of each of **your dependants** of their **scheme** begins on their start date as shown on **your** membership certificate.
- (c) If **you** enrol **your** child as a **dependant** within 13 weeks of the child's birth, **your** child's membership of the **scheme** will be treated as having begun on the date of the child's birth. And if **you** are a member of the **scheme**, **you** can apply to enrol **your** newborn child as a **dependant** of their **schemes** free of charge until **your** first **renewal date** after his or her birth.
- (d) The agreement between **you** and us for **your** membership of any of the **schemes** shall be separate from any agreement between us and **you** for **your** membership of any other **laya healthcare** insurance scheme or schemes.
- (e) The **scheme** of which **you** are a member is shown on **your** membership certificate.

4. Your membership certificate

Your membership certificate forms part of the agreement between **you** and **laya healthcare**. This section explains the information that is provided on your membership certificate

LCR Credit Months:

Any previous months in which **you** had a **Lifetime Community Rating Health Insurance Contract** or in which **you** had a **Qualifying Period of Unemployment**. The amount of credited months **you** have is subtracted from **your** age to determine **your Age of Entry**

PMI:

This is the total amount of months you previously had a **Lifetime Community Rating Health Insurance Contract**

UE:

This is the total amount of months **you** previously had a **Qualifying Period of Unemployment**

LCR Amount:

The additional loading that **you** have to pay in accordance with **Lifetime Community Rating Regulations**

LCR Waivers:

These are exemptions that mean that **you** will not be subject to a **LCR Amount**. These exemptions are listed below:

Non-resident - **you** are entitled to this waiver if **you**:

- were resident outside of Ireland on 1st May 2015, and **you** subsequently established residency in Ireland,
- subsequently became resident in Ireland after that date, and
- **you** took out a Health Insurance contract within 9 months of establishing residency in Ireland

Continuous PMI Cover – **you** are entitled to this waiver if **you**:

- had a **Lifetime Community Rating Health Insurance Contract** on the 30th April 2015 and
- **you** have held a **Lifetime Community Rating Health Insurance Contract** on a continuous basis since that date

5. Renewing your membership

- (a) **Your** membership of the **scheme** will automatically renew on **your renewal date**, each year (subject to Rule 11 on page 15) for a further year unless we write to notify **you** that we have decided to end the scheme. In that case, **your scheme** membership will end at the end of the year in which we notify **you** of our decision.
- (b) **You** renew **your** membership of the **schemes** by continuing to pay **your** subscriptions after **your renewal date**.

6. Your subscriptions

You must pay the subscriptions **you** have agreed with us for **your** membership of the scheme when it falls due. We may increase the subscriptions **you** have to pay each year (see Rules 11 on page 15).

You must pay **your** subscriptions in a way which is reasonably acceptable to us. We will give details of the ways **you** can pay **your** subscriptions in our Essential Suite brochure and we will send **you** updated details if **you** ask us to. A credit charge will apply if paying by instalments.

If a change to **your** membership results in a premium refund of less than or equal to €5, no refund will be provided unless agreed by **you** with **laya healthcare**.

If a change to **your** membership results in a premium shortfall of less than or equal to €10, payment will not be required unless agreed by **you** with **laya healthcare**.

7. Ending your membership

- (a) **You** have the right to cancel **your** membership of the **scheme** by writing to us within 14 days of **you** receiving **your** first membership certificate. We will give **you** a full refund of any money **you** have paid us as long as **you** have not made any claims.
- (b) **Your** contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel mid-year, **you** will not receive any refund on **your** premium. In the event of non-payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.
- (c) **You** may also cancel the membership of any of **your dependants** of their **scheme** by writing to us within 14 days of **you** receiving **your** first membership certificate which lists them as a member. We will give **you** a full refund of any money **you** have paid for those **dependants**, whose membership **you** have cancelled within 14 days, as long as no claims have been made in respect of them.
- (d) **Your** dependants contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel **your** dependants contract mid-year, **you** will not receive any refund on **your** premium. In the event of non-payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.
- (e) We can end or refuse to renew someone's membership of the **scheme** if they have at any time made a fraudulent misrepresentation which relates to their contract with **laya healthcare** or any other **health insurance contract**, and which has, or could have, resulted in us, or any other registered health insurer, suffering financial

loss. This includes information which could have affected our decision to allow anyone to join the **scheme** or what subscriptions they have to pay, or whether or not we have to pay any claim for **benefits**.

- (f) Your membership of the **scheme** will end immediately if **you** stop living in **Ireland** for a consecutive six month period.
- (g) We may end **your** membership of the **scheme** by writing to **you** if **you** do not pay any or part of **your** subscriptions on the date they are due. If **your** membership ends because **you** do not pay **your** subscriptions, we may allow **you** to continue **your** membership, as long as **you** pay the subscriptions **you** owe within 30 days.
- (h) Where a change made to your policy increases your subscriptions and we choose to cancel your policy in accordance with 7(g), we may cancel your policy from whatever period your subscriptions provide cover for.
- (i) If a person's membership of the **scheme** ends because we end their membership (eg. for fraudulent misrepresentation), we will give a refund of subscriptions paid for them for the period after their membership ends.
- (j) If **you** cease to be a member of **your scheme** for any reason at any time, the membership of each of **your dependants** on the **scheme** will also end at the same time unless we agree otherwise in writing at the time. **Your dependants** will need to make their own arrangements with us to continue their membership of their **schemes**. They can do this by telephoning or writing to us. We will explain to them what they will need to do.

8. What is covered under the scheme

- (a) We will pay **benefits** for **treatment** a person receives while they are a member of their **scheme**. We will pay **benefits** under the **scheme** of which they were a member at the time they received the **treatment** and according to the rules and Table of Benefits of the **scheme** that applied to them at that time. We will not pay **benefits** for **treatment** which a person receives while he or she is not a member of the **schemes**.

- (b) We will only pay fees and charges for **treatment**, services and facilities that are reasonable and customary and in any event only up to the limits shown in the Table of Benefits. By reasonable and customary we mean that what **you** are charged for and how much **you** are charged is not more than what the majority of our other members of the **schemes** are charged in Ireland for similar **treatment** services or facilities.
- (c) The **treatments** which are covered and/or level of cover for those **treatments** may change during the **Year** (for example where a procedure is re-designated or is no longer covered by **laya healthcare** in a participating hospital), so please check with us before booking in for those **treatments** that **you** are properly covered for the relevant treatment. We will send **you** a copy of the most up to date **treatment** list if **you** ask us to
- (d) We may pay **benefits** direct to the person who provided the **treatment** or to **you** or **your dependants**. We will pay benefits after deducting any withholding tax or other deductions that we are required to make by law.
- (e) We will only pay **benefits** for costs and expenses that **you** have to pay. We will only pay **benefits** for **treatment** that **you** need and have received.
- (f) Any **benefits** we pay for **treatment** to which **you** are not entitled, will still count towards the maximum amount we will pay under the **scheme**. We may decide to make these payments, but it does not mean we will have to pay them in the future.
- (g) We will pay **benefits** for **in-patient treatment** for psychiatric or addictive conditions or problems up to the following limits:
 - (i) The maximum number of days of **in-patient treatment** for psychiatric conditions (other than those referred to in 'ii') for which we shall pay **benefits** for any person in any calendar year shall be 100 less the number of days of such **treatment** that the person has received during the same calendar year, in respect of which a payment has been made by us or any other **health insurance contract**.

- (ii) The maximum number of days of **in-patient treatment** for alcoholism, drugs or substance abuse for which we shall pay **benefits** for any person in any continuous period of five years shall be 91 less the number of days of such **treatment** received by that person during the same five-year contract period in respect of which a payment has been made by us or under any other **health insurance contract**.
- (h) The maximum number of days of **in-patient treatment** and **day-case treatment** combined for which we shall pay **benefits** for any person in any calendar year shall be 180 less the number of days of such **treatment** received by that person during the same calendar year for which any payment has been made or is payable under any other **health insurance contract**. In the case of anyone who joins or cancels during the year, their number of eligible days for **in-patient** or **day-case treatment** will be calculated on a pro rata basis.
- (i) We will only pay **benefits** in relation to the diagnosis or treatment of illness or injury of a person which would be accepted generally by the medical profession in **Ireland** as appropriate and necessary, having regard to the standards of medical practice and to the nature and cost of any other recognised forms of treatment as well as to all the circumstances relevant to the person.
- (j) We do not have to pay **benefits** for **in-patient treatment** provided by a **hospital** if we are of the reasonable opinion, based on appropriate medical advice, that the **treatment** could have been received as **day-case treatment** or **out-patient treatment**. We also do not have to pay benefits for **day-case treatment** if we are of the reasonable opinion, based on appropriate medical advice, that the **treatment** could have been received as **out-patient treatment**. However, we will pay benefits for such treatment as follows:
- if **you** receive **in-patient treatment** and we determine that the **treatment** could have been received as **day-case treatment**, we may treat such **treatment** as **day-case treatment** for the purpose of paying **benefits**
 - if **you** receive **in-patient treatment** or **day-case treatment** and we determine that the **treatment** could have been received as **out-patient treatment**, we may treat such **treatment** as **out-patient treatment** for the purpose of paying benefits.
- (k) Despite anything to the contrary in these rules and the Table of Benefits, **you** may claim any **benefits** we are required to pay under the **minimum benefit regulations**.
- (l) Colon cancer screening provided by a participating hospital, this benefit is paid subject to certain medical conditions or clinical indicators. An excess may apply. Please ask us for details.
- (m) We will only pay **benefits** for **consultants' fees** for **in-patient treatment** or **day-case treatment** if the **treatment** is provided in a **laya healthcare participating hospital**.
- (n) In the case of a person who was covered under a **health insurance contract** within 13 weeks before their **membership start date**, we will only pay **benefits** for **treatment** received during their additional cover waiting period if **benefits** for the **treatment** would have been payable under that **health insurance contract**. And we will only pay **benefits** for such **treatment** during the additional cover waiting period up to the amount that would have been payable under that **health insurance contract** if the amount is less than would otherwise be payable by us under the **scheme**.
- A person's additional cover waiting period for this purpose shall be:
- the first year following their **membership start date** for benefits under Benefit 5 on page 31
 - the first two years following their **membership start date** for all other benefits
- This rule will not restrict cover for **treatment** arising out of any illness, injury or disease which originated after the person's **membership start date**. This rule applies both to a person who becomes a member of the **scheme** for the first time or to anyone changing their **scheme** to any other

laya healthcare insurance scheme which generally provides more extensive cover.

- n) Subject to **laya healthcare** paying benefits up to the amount required by the **minimum benefit regulations**, **laya healthcare** shall deduct the first €50, €75, €125, €150 or €200 of the claim, depending on the hospital **you** choose, from the benefits payable under the **laya healthcare** Essential Connect Health, Essential Complete and the Essential Plus schemes and the first €125 under the Health Smart schemes for each claim for hospital treatment in a **private hospital**. This deduction will not apply if the person receiving the treatment is a member of the Essential Plus scheme and **laya healthcare** has agreed to waive the excess for that person in return for a higher subscription under the scheme. (If the excess has been waived for you or your dependants, this will be shown on your membership certificate.)

For the Essential Connect Family scheme, subject to **laya healthcare** paying benefits up to the amount required by the minimum benefit regulations, **laya healthcare** shall deduct the first €300 of the claim. This excess applies once per policy per membership year.

9. What is not covered under the scheme

We will not pay benefits for the following:

- (a) **Treatment** which a person requires during any waiting period that may apply to the **treatment** under their **scheme**. All waiting periods commence on a person's **membership** and upgrade **start date**.

There are three waiting periods that apply under the scheme:

- the initial waiting period - this applies to any **treatment** that a person may require
- the pre-existing condition waiting period - this only applies to **treatment** which a person requires for a **pre-existing condition**

- the maternity waiting period - this only applies to **treatment** that a person requires for pregnancy or childbirth

The initial waiting period is:

- the first 26 weeks of membership

The pre-existing condition waiting period is:

- the first five years of membership

The maternity waiting period

- applies to Benefit 5 on page 31 and applies during the first 52 weeks of membership

The above waiting periods will not apply:

- to any child of **yours** who becomes a member of the **scheme** within 13 weeks of their birth; or
- to any **treatment** received by a person resulting from an accident or injury which occurred while they were a member of the **scheme** or covered under another **health insurance contract**.

The waiting periods shall be reduced by a person's continuous period of cover (if any) under one or more **health insurance contracts** prior to their **membership start date** if the period of continuous cover ended within 13 weeks of their **membership start date**. (A person's cover shall be treated by us as continuous even if there is a break in cover, but only if the break in cover does not last more than 13 weeks.) Please remember that we will not pay benefits for any **treatment** which a person receives whilst he or she is not a member of the **scheme**.

- (b) **Treatment** directly or indirectly relating from or to do with male or female birth control, infertility or assisted reproduction. This exclusion will not apply to investigations relating to infertility.
- (c) Any **treatment** including drug therapy, device and procedure, which is experimental and unproven and not recognised as a standard treatment in Ireland, UK and Europe.

- (d) Cosmetic **treatment** except the correction of accidental disfigurement or significant congenital disfigurement or significant disfigurement due to disease.
- (e) **Treatment** where injury or illness is caused by virtue of war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster in **Ireland** or overseas.
- (f) **Treatment** for symptoms which are not due to any underlying disease, illness or injury.
- (g) **Treatment you** receive outside **Ireland**. This exclusion will not apply to **treatment** that **you** receive in an emergency because of a sudden illness or injury whilst travelling temporarily outside Ireland or treatment approved as part of **laya healthcare's** medical tourism benefit. But we will only pay those **benefits** and costs described in benefits 7, 8 and 9 of the Table of Benefits. We will not pay **benefits** if any of the following apply to the person who receives the **treatment**:
- if **you** are receiving treatment at the time of travel and/or **you** know before **you** travel that treatment may be required while temporarily overseas.
 - **you** travelled abroad despite being given medical advice that **you** should not travel abroad.
 - **you** were told before travelling abroad that **you** were suffering from a terminal illness.
 - **you** travelled abroad to receive **treatment**.
 - **you** knew **you** would need the **treatment** before travelling abroad.
- (This exclusion will not apply to **treatment** that we have agreed **you** may receive in a **hospital in the EU** and which has been pre-approved by us, because the **treatment** is not available in **Ireland**.)
- conditions arising from deliberately injuring **yourself**
 - conditions arising from alcohol and drug abuse
 - conditions arising from a psychiatric condition
 - injuries caused during mountaineering, motor competitions and competitive professional sport
 - convalescence or rehabilitation services
- injuries **you** received while breaking the law
 - pregnancy-related admissions or giving birth after 34 weeks
 - expenses incurred after a member has been discharged from hospital
 - injuries caused by air travel unless **you** are a passenger on a licensed aircraft operated by an airline
- (h) **Treatment** provided by a **consultant** whom the Irish Medical Council does not recognise as having knowledge and expertise in a speciality relevant to that **treatment**.
- (i) **Treatment** in any hospital, or by any registered medical practitioner or therapist to whom we have sent a written notice saying that we no longer recognise them as a **laya healthcare participating hospital**, or **consultant** or **participating therapist** as the case may be.
- (j) Any dental or orosurgical or orthodontic **treatment** or procedure unless it is a surgical or medical procedure listed in the **schedule of benefits**. But we will pay **benefits** for **out-patient treatment** for dental injuries to the extent shown under Benefit 4 on page 21.
- We will only pay **benefits** for the following **treatments** if **you** get our permission beforehand:
- periodontal mucoperiosteal flap surgery
 - removal of buried teeth (single or multiple)
 - removal of buried or impacted tooth/teeth
- Please note: emergency or routine dental is not covered overseas.
- (k) **Treatment** relating to eating disorders or weight reduction other than anorexia nervosa or bulimia nervosa.
- (l) Convalescence in a nursing home other than a **registered nursing home** under Benefit 6 on page 31.
- (m) Medical reports.
- (n) Any penalty charge in lieu of Health Act contributions.
- (o) Nursery fees.
- (p) Hearing aids, spectacles and contact lenses (except as specified in the Table of Benefits),

dentures or orthodontic appliances.

- (q) Any **treatment** not specified in the **minimum benefit regulations** or in our **schedule of benefits** unless we agree to include it. This exclusion will not apply to Benefit 7 on page 32.
- (r) Charges for drugs or medication unless provided when an in-patient and as agreed with the hospital.
- (s) **laya healthcare** will have no obligation to pay otherwise eligible claims where they are submitted in respect of a spouse, parent, child, brother, sister, uncle, aunt, niece, nephew of a consultant, dentist or alternative therapist, general practitioner or any other provider of service.
- (t) Vaccinations other than those specifically covered by **your** scheme.
- (u) Long term care in a **laya healthcare** participating hospital which in the opinion of our medical advisors is in relation to rehabilitation or convalescence.
- (v) Any **treatment** or provider unless we have specified that we provide full cover.

10. Making a claim

- (a) When possible, **you** should tell us about any **treatment you** are going to have. This gives us the chance to tell **you** if **you** can claim for **benefits**. We may ask **your consultant** or other **registered medical practitioner** to provide us with full written details of the **treatment**.
- (b) We will not pay **benefits** while **you** are breaking any of the terms of **your** membership.
- (c) **you** should send **your** claims to us as soon as possible. We will only pay **benefits** if we receive all of the following:
 - a written claim within 12 months of the date of any non-**surgical out-patient treatment** and six months of the date of any other **treatment** (unless this was not reasonably possible). **You** must make the claim in the way that we reasonably ask **you**. We may

change the procedure for making a claim. If we do change the procedure, we will write and let **you** know

- any proof we reasonably need to help us to decide if **you** are entitled to **benefits**.
This can include:
 - any medical reports and other information to do with the **treatment** for which **you** are making a claim
 - the results of an independent medical examination which we may ask **you** to undergo
 - original accounts and invoices for the **benefits you** are claiming
 - written confirmation from **you** as to whether or not **you** think **you** can recover the cost of the **benefits** from another person or insurance company
 - details of any **health insurance contract** under which **you** were covered prior to becoming a member of the **scheme**
 - original flight/travel tickets which will act as proof of **your** stay outside of Ireland up to but not exceeding 180 days in each calendar year.
- (d) Notwithstanding Section 9(c)1, we shall only pay benefits for out-patient treatment after your renewal date. Claims for out-patient treatment submitted to us prior to your renewal date will not be processed and shall be returned to you.

- (e) In order to process a claim we require a fully completed claim form. If information required to process the claim is incomplete or ambiguous on the claim form, our claims department will follow up with the necessary party to obtain this information.
- (f) All out-patient receipts are assessed in date order received and treatment date, as per your **laya healthcare** scheme rules and table of benefits.

Please note: If the required information is not received within six months, the claim will be deemed ineligible for benefit.

Appeals

If we decline **your** claim, **you** may appeal

in writing or phone to the Claims Appeals Department, **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181. Phone: 1890 700 890.

Important Note

Fraud policy:

- **Laya healthcare** operates a fraud policy in respect of all claims made under our **health insurance contract**.
- Members should note that regular audits of claims are undertaken by **laya healthcare**.
- In all instances where fraud is suspected in respect of a particular claim a full and comprehensive investigation will be carried out by us.
- If, following that investigation, a finding of fraud is made or if a claim be deemed in any respect fraudulent, the claim shall be disallowed in its entirety.
- If, after that investigation, a finding of fraud is made, or if a claim is in any respect fraudulent or dishonest and submitted with a view to obtaining any **benefit** under this policy, all **benefit** under this policy shall be forfeited. For example: overstatement of any medical fees incurred.
- Any member found guilty of submitting a fraudulent claim shall have their health insurance contract suspended with immediate effect.
- All claims of whatever nature being considered under that individual member shall be suspended with immediate effect.
- In addition, if any claim is fraudulent in any respect, **laya healthcare** reserves the right to refer the matter and details of the claim to the appropriate authorities to prosecute the member.

11. Changes to the agreement

- (a) We may change any of the terms of **your** membership of **your schemes** each **year** on **your renewal date**. These changes can include, for example, how much **your** subscription will be and how often **you** have to pay it. The changes can also include changes to the **benefits**. We will not add any restrictions or exclusions to **your** cover that are personal and specific to **you** concerning

medical conditions that started after **you** joined the **scheme**. Changes will only apply to **you** for the period following the **renewal date** when the change was made. The changes will not apply to the period before the **renewal date**.

- (b) We will write to tell **you** about any of these changes before the **renewal date** on which they are to take effect.
- (c) We can increase or reduce the subscriptions **you** pay at any time if there is an increase or decrease in the rate of tax or any other government or statutory charge or if any new tax or government or statutory charge is introduced which is related to **your** health insurance contract with **laya healthcare**. If we do, we will only increase the subscriptions **you** have to pay to cover the cost to us of the changes in the taxes or charges. We will write to tell **you** before increasing **your** subscription.
- (d) We may make any changes to the terms of **your** membership of the **scheme** and **your** subscriptions at any time if we are required to do so by law. We will write to tell **you** about any such change as soon as is reasonably practical and **you** may **end your** membership of the **scheme** within 14 days of us telling **you** about the change. If as a consequence **you** end **your** membership, we will refund any subscriptions that **you** have paid for the period after **your** membership ends.

12. General terms and conditions

- (a) **Your** policy and all communication between **you** and us will be in English.
- (b) These terms will be governed by Irish law and all matters to do with the **schemes** will be dealt with by the courts in **Ireland**.
- (c) We will not return any documents **you** send us, unless **you** ask us to do so at the time **you** send them to us.
- (d) Any changes to these terms will only be valid if they are made according to these rules or the Table of Benefits, unless we agree any changes with **you** in writing. Nobody else

can change **your** terms of membership of the **scheme** on our behalf or decide not to enforce any of our rights.

- (e) If we do not use our legal rights it does not mean we have given them up. We may use them in the future.
- (f) If **you** write to us about anything, **you** must send **your** letter by pre-paid post or deliver it personally to: **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.

If we change this address, we will write to tell **you** about the change.

We will send any letters to the address **you** last told us about. **You** and we can assume that the letter is received on the day after it has been delivered, if delivered personally, or three days after posting if it was sent by pre-paid post.

- (g) **You** must write and tell us as soon as possible if **you** have claimed **benefits** for any **treatment** which **you** needed because somebody else was at fault.
- (h) **You** should write to tell us if **you** have any other insurance cover for **benefits** that **you** have claimed from us. If **you** do have insurance cover with someone other than **laya healthcare**, we will only pay our share of any **benefits**.
- (i) We will pay **benefits** in accordance with the rules for **treatment** which was due to the fault of someone else.

However, if **you** claim **benefits** for **treatment** which was due to the fault of someone else, **you** must take any steps we may reasonably ask **you** to take to recover the cost of the **benefits** we have paid from the person whose fault it was. **You** must also claim interest if **you** are entitled to interest. **You** must pay us the money (and any interest) that **you** recover from that person up to the amount of the **benefits** we have paid for the **treatment**.

Third-party claims

- 1) **Expenses** which **you** are entitled to recover and do in fact recover from another person/

legal entity (a Third-Party) are, where **laya healthcare** has already paid out in respect of the **treatment** concerned, required to be refunded to **laya healthcare** on the following basis:

- 2) **Legal Action Proceedings** Where a claim is submitted to **laya healthcare** in respect of **treatment** required as a result of an injury caused through the fault of a Third-Party, and where **you** propose to pursue a legal claim against that Third Party (a Third Party Claim), **laya healthcare** will pay benefit in accordance with these rules provided that **you** (or the subscriber if you are under 18 years of age) complete and sign the standard **laya healthcare** claim form (including the accident section).

Laya healthcare will also require **you** to complete and sign the standard **laya healthcare** authorisation letter (the Authorisation Letter) which includes an undertaking

 - (i) to incorporate a claim for all **benefits/** medical **treatment** costs already paid out by **laya healthcare** in any Third Party Claim;
 - (ii) to notify **laya healthcare** that **you** intend to commence or have commenced a Third Party Claim;
 - (iii) to provide **laya healthcare** with full details in writing of the outcome of any Third Party Claim and/or settlement; and
 - (iv) unless otherwise directed by a Court, to deduct from any amount received on foot of a successful Third Party Claim or settlement and refund (or direct **your** solicitor to refund) to **laya healthcare** directly, an amount equivalent to the **benefits/**medical **treatment** costs previously paid out by **laya healthcare** in respect of that Third Party Claim.
- 3) **Personal Injuries Assessment Board** Where you make your application to the Personal Injuries Assessment Board ("PIAB"), **laya healthcare** will pay benefit in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the standard **laya healthcare** claim form (including the accident section). This authorisation letter provided by you also authorises **laya healthcare** to provide PIAB with details of

all monies paid by **laya healthcare** relating to your application and for the PIAB to release to **laya healthcare** details of the PIAB assessment in relation to the monies paid by **laya healthcare**. Where the PIAB decides that the case is more appropriately dealt with by the court, due to some legal dispute and issues a letter of authorisation, **laya healthcare** will continue to rely on the undertakings provided by you in the authorisation letter.

- 4) **Criminal Injuries Compensation Tribunal Claims** If **you** are pursuing a claim through the Criminal Injuries Compensation Tribunal, **laya healthcare** will pay benefit in accordance with these rules provided that **you** (or the subscriber if you are under 18 years of age) complete in full and sign the standard **laya healthcare** claim form (including the accident section).

The Authorisation Letter provided by **you** requires you provide **laya healthcare** with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal. The Authorisation Letter also authorises **laya healthcare** to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal and authorises the Criminal Injuries Compensation Tribunal to release this information to **laya healthcare**.

- 5) **Unsuccessful/Withdrawn Claims** If a Third Party Claim or claim submitted to the Injuries Board or claim pursued through the Criminal Injuries Compensation Tribunal is not successful or is withdrawn, **laya healthcare** will not seek a refund of the **benefit/**medical expenses paid, provided that **you** arrange for full written details of the case to be supplied by your solicitor, outlining to the satisfaction of **laya healthcare** the reasons why the case was unsuccessful or was discontinued.
- 6) **Disclosure** It is **your** responsibility as the member to disclose to **laya healthcare** full details of any action to be taken against a Third-Party in relation to any incident/accident in respect of which **laya healthcare** has paid **benefit/**medical expenses to **you** and to comply with the requirements of the Authorisation Letter provided by **you**.

Data Protection Statement

Laya Healthcare Limited and Elips Insurance Limited act as joint data controllers in relation to information held about **you** for the purposes of the Data Protection Acts. **You** should show this notice to anyone who may be covered by your insurance policy with **laya healthcare**.

We will use the information **you** provide to manage and administer **your** insurance policy, including underwriting and claims handling and for money laundering prevention purposes. In order to provide **you** with products and services, this information will be held in the data systems of **Laya Healthcare Limited** and Elips Insurance Limited or by our agents or subcontractors.

In addition to the routine administration of **your** policy we may also use **your** data to:

- invite **you** to events we are sponsoring
- invite **you** to various events we run exclusively for our **members**
- gauge satisfaction with the service **you** received from us. We may use **your** data in such a manner for a period of 18 months after your membership ends
- perform market research. We may use **your** data in such a manner for a period of 18 months after **your membership** ends

Information may be shared with other insurers for the following purposes (either directly or through people acting for the insurer such as an Investigator):

- where we are entitled to do so under the Data Protection Acts
- in accordance with The Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014. The purpose of such a transfer is to confirm information that you have provided on taking out a policy with a new insurer
- for the efficient payment of Stamp Duty, payable on your Health Insurance contract under section 125A of the Stamp Duties Consolidation Act 1999.

We may share **your** personal information with hospitals and/or consultants to aid the efficient processing of claims. We may pass contact details of female members aged between 50 and 64 years to the National Breast Screening Programme. If **you** have a problem with this please let us know when **you** contact us.

We may contact you with a reminder that your insurance is due to be renewed. In the interest of customer service, calls are recorded and monitored.

We take our security responsibilities seriously, employing the most appropriate physical and technical measures, including staff training and awareness. We review our security measures and procedures regularly. It may be necessary for us to collect sensitive information (such as medical conditions) about **you** and others named on the insurance policy.

We collect information about **you**, to include all necessary information as **laya healthcare** or its authorised agents may obtain (or seek from **your** physician or a hospital) in connection with any treatment or other services provided to **you** or **your dependant(s)**. This may include (with respect to any claims under this Policy) copies of hospital/medical records, by which we mean the following in particular:

- records of physical or mental illness or ill-health;
- medical histories;
- records of treatments obtained by **you**;
- length of any stay in a hospital ;
- other treatments or services received by **you** or **your dependant(s)**; and

In general will also include other relevant and pertinent information which we require to administer **your** policy and/or manage, assess or administer any claims thereunder from time to time.

We may use the information about **you** that we hold (both personal and sensitive personal information) for the following purposes:

- for managing and administering your insurance policy

- for underwriting and claims handling
- for money laundering prevention purposes
- to analyse and examine the claims processes and treatment/over-night stay/convalence options applied/utilised by medical service providers
- to audit medical service providers generally
- to examine the handling of claims by a medical service provider.

It may be necessary for us to collect sensitive information (such as medical conditions) about **you** and others named on the insurance policy. By going ahead with this insurance you will be agreeing to us or our agents or other insurers processing that information. Before **you** provide sensitive information about others, **you** should make sure they have given their express consent.

Medical information will be kept confidential and may be disclosed, on a strictly confidential basis, to those involved with your treatment or care or their health professional agents. However, anonymised data - that is, information which does not identify an individual - may be used by **laya healthcare**, or disclosed to others, for research or statistical purposes.

Access to non-medical information may be granted by **laya healthcare** to others on a strictly confidential basis in the course of and for the purpose of the efficient administration of **laya healthcare** (for example, in connection with audit, systems development, managing or improving our services).

It is our policy to only take instructions to change a policy from the main member or from company secretaries where the company is administering or contributing to the cost of the scheme. In some cases we may also deal with other people who call on your behalf with your consent.

Laya healthcare, would like to keep **you** informed about products and services they provide. If **you** would prefer not to receive this information please contact us. **You** will be given an opportunity to opt-out of receiving such messages and information on each occasion we contact **you** by post, e-mail and sms text message.

Your information may also be used for these

purposes for a period of 1 year after **your** policy has lapsed. Thereafter we will only contact **you** if **you** expressly request us to do so.

You have the right to request a copy of the information we hold about you by writing to our Information Protection Manager, at laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 E181. Please review your information and contact us if you wish to make changes.

13. Tax relief

Under current Irish tax legislation **you** are entitled to income tax relief in respect of **your** subscription. Relief is given by us at source which means all our subscriptions are shown net of the applicable rate of income tax.

14. Making a complaint

We intend to provide a first-class service to our members at all times. However, if **you** are in any way dissatisfied, please phone or write to: The Head of Customer Service, **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181. Phone: **1890 700 890**

If **you** are not satisfied with our decision or if we haven't given **you** a decision after 40 business days, **you** have the right to refer **your** complaint to the Insurance Ombudsman at: The Financial Services Ombudsman Bureau, 3rd Floor Lincoln House, Lincoln Place, Dublin 2, Phone: 1890 882090.

Table of Benefits for Laya Healthcare Essential Suite schemes

The following Table of Benefits must be read subject to the notes starting on page 42.

Benefit 1

Hospital charges for in-patient treatment, day-case treatment and surgical out-patient treatment (see note 1 on page 42)

We will pay charges made by **laya healthcare participating hospitals** for providing **in-patient treatment, day-case treatment and surgical out-patient treatment**.

We will pay these charges in full, subject to any excess applicable, for **in-patient treatment** if (a) the person receives it in a **laya healthcare participating hospital** and (b) the **laya healthcare participating hospital** list shows that that hospital's costs for the **in-patient treatment** which the person receives are fully covered under the person's **scheme**, or if they stay in a public ward in a **public hospital**.

We will pay these charges in full, subject to any excess applicable, for **day-case treatment** if the person receiving the **day-case treatment** does so in **day-case** accommodation in a **laya healthcare participating hospital** and that hospital's costs for the **day-case treatment** which the person receives are shown in the **laya healthcare** participating hospital list to be fully covered under their scheme.

We will pay these charges in full, subject to any excess applicable, for **surgical out-patient treatment** if the person receiving the **surgical out-patient treatment** does so in a **laya healthcare participating hospital** and that hospital's costs for the **surgical out-patient treatment** which the person receives are shown in the **laya healthcare** participating hospital list to be fully covered under their **scheme**.

If either the **treatment** or the category of the room in which someone stays is not shown to be fully covered under their **scheme** in the **laya healthcare** participating hospital list, we will only pay the charges shown in note 1 on page 42.

Laya healthcare will only pay benefits for drugs prescribed for use whilst receiving **in-patient treatment, day-case treatment or surgical out-patient treatment**.

Please remember that **laya healthcare** shall deduct €50, €75, €125, €150 or €200 of the claim, depending on the hospital **you** choose from **benefits** payable under the **laya healthcare** Essential Complete and the Essential Plus schemes for each claim for **hospital charges for treatment** in a private hospital in accordance with rule 8(n) on page 11. For Essential Connect Health members **laya healthcare** shall deduct €75 or €150 of the claim depending on the hospital **you** choose, from benefits payable for each claim for hospital charges for treatment in a private hospital in accordance with rule 8(n) on page 11. For Essential Connect Family scheme members **laya healthcare** shall deduct €300 of the claim, depending on the private hospital in accordance with rule 8(n) on page 11.

For Health Smart scheme members **laya healthcare** shall deduct €125 of the claim, depending on the hospital you choose, for hospital charges for treatment in a private hospital in accordance with rule 8(n) on page 11. This deduction will not apply if the person receiving treatment is a member of the Essential Plus scheme and **laya healthcare** has agreed to waive the excess for that person in return for a higher subscription under the scheme (if the excess has been waived for **you** or **your dependants**, this will be shown on **your** membership certificate).

Benefit 2

Consultants' fees for in-patient and day-case treatment and consultants' and general medical practitioners' fees for surgical out-patient treatment (see note 2 on page 43)

We will pay consultants' fees for providing **in-patient treatment, day-case and out-patient surgical treatment** in a **laya healthcare participating hospital**.

If a person receives this **treatment** from a **consultant** who is participating in the **full cover scheme**, we will pay the **consultant's** charges in full in accordance with the terms previously agreed with the **consultant** which is the amount shown as the full rate in the **schedule of benefits** for the **treatment** a person receives.

If they receive the **treatment** from a **consultant** who is not participating in the **full cover scheme**, we will pay the **consultants'** fees for these services in accordance with and up to the amount shown as the standard rate in the **schedule of benefits** for the **treatment** they receive.

We will also pay fees charged by **general medical practitioners** for providing **surgical out-patient treatment** to them in either a **laya healthcare participating hospital's** day surgery facility or in a doctor's surgery. We will pay these fees in accordance with and up to the amount shown as the standard rate in the **schedule of benefits** for the **treatment** they receive.

We will pay benefits under benefit 2 for consultants' fees for **in-patient, day-case and surgical out-patient treatment** received in **Northern Ireland participating hospitals** in full up to the amounts shown as the participating rate in the **laya healthcare schedule of benefits** for the treatment they receive. We will pay all claims in euro.

Benefit 3

Hospital charges and consultants' fees for radiotherapy and chemotherapy out-patient treatment (see note 2 on page 43)

We will pay the following charges for radiotherapy and chemotherapy **out-patient treatment** which is received by a person in a **hospital** but only if they are fully covered for **in-patient treatment** or **day-case treatment** at that **hospital** under their scheme:

Hospital charges

Full refund (see note 1 on page 42)

Fees charged by **consultants** participating in the **full cover scheme**

Full refund in accordance with and up to the amount shown as the full rate in the **schedule of benefits** for the **treatment** they receive

Point 1: In the cases of chemotherapy, radiotherapy and hemochromatosis carried out in private hospitals listed as fully participating, the excesses of €50, €75, €125, €150, €200 and €250 and €300 will apply on a per condition, per membership year basis

Benefit 4

Hospital charges and consultants' fees for non-surgical out-patient treatment other than for radiotherapy or chemotherapy (see note 3 on page 43)

We will pay up to the amount shown for the following charges for non-surgical **out-patient treatment** each **year** other than for radiotherapy or chemotherapy.

We will pay these charges according to the **scheme** of which the person receiving the **treatment** is a member subject to the excess and annual limits shown on page 30.

Important note

The payment of benefits under benefits 4 (1) to 4 (23) inclusive will be made subject to the excesses shown.

	Benefit	Essential Assist	Essential
1	Fees charged for radiology by consultants participating in the full cover scheme	Up to €25 per visit	Full refund in accordance with and up to the amount shown as the full rate in the schedule of benefits for consultants' fees for such treatment
2	Fees charged for pathology by consultants	Up to €25 for each referral	Up to €20 for each referral
3a 3b	Hospital charges or charges by an approved diagnostic centre for radiology, and Charges for out-patient MRI services provided by an approved hospital or diagnostic centre. Details of approved out-patient MRI centres are available on our website. Please note: These hospitals/centres may change from time to time. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full refund up to a maximum of €500 per member per year in a public hospital and approved scanning centre. 66% cover of hospital charges, up to €500, in a private hospital/centre. MRI scans must be on GP/consultant referral.	Full refund up to a maximum of €500 per member per year. This includes CT scans, MRIs and PET scans. MRI scans must be on GP/consultant referral.
4	Hospital charges or charges by a laya healthcare approved diagnostic centre for pathology.	Full refund in a public hospital and approved scanning centre. 66% cover of hospital charges in private hospitals	Full refund
5	Hospital casualty charges	Up to €20 per visit	Up to €20 for each visit.
6	Consultants' fees , for consultations other than in connection with radiology and pathology	Up to €51 for each consultation other than to do with maternity	Up to €51 for each consultation, other than to do with maternity, and up to €400 relating to maternity for each pregnancy
7	Charges by a participating therapist for homeopathy, Chinese medicine/acupuncture, chiropractic, osteopathy, reflexology (including baby reflexology)	—	Up to €20 for each visit for therapy (other than for reflexology) for up to 12 visits each year Up to €20 for each visit to a reflexologist for up to eight visits each year
8	Charges by GPs other than for routine maternity (See Note 3 (g))	—	Up to €20 for each consultation
9	Charges for screening for cervical cancer and breast examination with a registered GP. This benefit is subject to the annual out-patient excess	Up to €30 per year subject to out-patient excess	Up to €30 per year subject to out-patient excess
10	Approved appliances	We will refund up to the amount shown for an appliance on laya healthcare's list of approved appliances, some of which require a specific referral letter. Please contact us for details	
11	Charges for physiotherapy by a participating therapist	—	Up to €20 for each visit for up to 25 visits per year
12	Home nursing by a nurse for a person who is 18 years or over, immediately following in-patient treatment or day-case treatment , if recommended by the consultant providing the treatment (see note 3 (d) on page 43)	—	Up to €40 for each day and up to a maximum of 40 days each year

Essential Connect Health/Essential Connect Family	Essential Complete / Essential Plus	Health Smart	Essential Gold
Full refund in accordance with and up to the amount shown as the full rate in the schedule of benefits for consultants' fees for such treatment			
Up to €20 for each referral		Up to €60 for each referral	Up to €20 for each referral
Full refund up to a maximum of €500 per member per year. This includes CT scans, MRIs and PET scans. MRI scans must be on GP/consultant referral.			
Full refund			
Up to €20 for each visit. Health Smart: Up to €60 for each visit, for up to four visits per year			
Up to €51 for each consultation, other than to do with maternity, and up to €400 relating to maternity for each pregnancy			
—	Up to €20 for each visit for therapy (other than for reflexology) for up to 12 visits each year Up to €20 for each visit to a reflexologist for up to eight visits each year		
—	Up to €20 for each consultation		
Up to €30 per year subject to out-patient excess			
We will refund up to the amount shown for an appliance on laya healthcare's list of approved appliances, some of which require a specific referral letter. Please contact us for details			
—	Up to €20 for each visit for up to 25 visits per year		
Up to €40 for each day and up to a maximum of 40 days each year			

	Benefit	Essential Assist	Essential
13	Emergency dental treatment provided by a dentist for restorative treatment and which immediately follows (i.e. within five days) and is required for, a dental injury caused by an accidental external impact to the mouth	—	€510 and €475 on Essential Complete and €300 on Health Smart for each accident
14	Charges for blood tests for prostate cancer screening with a registered GP. This benefit is subject to the annual out-patient excess	Up to €20 per year subject to out-patient excess	Up to €20 each year
15	Charges for routine dental examination	—	Up to €25 each year
16	Charges by a participating therapist for speech and language therapy (on GP or consultant referral), chiropody/podiatry and occupational therapy	—	Up to €20 for each consultation for up to a maximum of 12 consultations combined each year.
17	Charges by a participating therapist for dietetic advice	—	Up to €25 for each consultation for up to a maximum of five consultations each year.
18	Fee for an eye test carried out by a practitioner with the qualification FAOI (Fellow of the Association of Optometrists of Ireland) and/or the cost of glasses and/or the cost of glasses and/or the cost of contact lenses	—	Up to a combined maximum of €20 each year
19	Charges by a participating therapist for physical therapy	—	Up to €20 for each visit up to a maximum of eight visits each year
20	Charges for a laya healthcare approved sports health screen at a laya healthcare approved screening centre	—	Up to €150 for each visit up to a maximum of one visit every two years.
21	Charges for a GP health check	—	—
22	Dean Clinics out-patient Mental Health Consultations	Up to €50 for each visit up to 12 visits per year	Up to €50 for each visit up to 12 visits per year
23	Lois Bridges out-patient Mental Health Consultations	Up to €50 for each visit, for receipts up to €288, up to 12 visits per year	Up to €50 for each visit, for receipts up to €288, up to 12 visits per year
24	Charges for an Executive Health Check	—	—
The following charges will not be subject to the excesses shown on page 30			
25	An online GP consultation and prescription service provided by WebDoctor, a laya healthcare approved service provider.	Full cover for 3 consultations	

Essential Connect Health/Essential Connect Family	Essential Complete / Essential Plus	Health Smart	Essential Gold
€510 and €475 on Essential Complete and €300 on Health Smart for each accident			
Up to €20 each year			
—	Up to €25 each year		
—	Up to €20 for each consultation for up to a maximum of 12 consultations combined each year. For Essential Gold members we allow 1 speech & language therapy assessment, if billed, up to €77. Health Smart: Speech and language therapy - up to €20 per visit for 8 visits, Chiropody/Podiatry up to €20 per visit for 5 visits, Occupational therapy - up to €20 per visit for 5 visits.		
--	Up to €25 for each consultation for up to a maximum of five consultations each year.		
--	Up to a combined maximum of €20 each year		
--	Up to €20 for each visit up to a maximum of eight visits each year		
Up to €150 for each visit up to a maximum of one visit every two years.			
--	€50 each year		--
Up to €50 for each visit up to 12 visits per year			
Up to €50 for each visit, for receipts up to €288, up to 12 visits per year			
--	--		€100 each year at approved centres*.
Full cover for 3 consultations			

	Benefit	Essential Assist	Essential
26	Charges for MRI services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre, that has been approved by laya healthcare for direct payment for MRI services. These may change from time to time. MRI scans have to be on a general practitioner's or consultant's referral. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full cover in direct payment public hospitals and scanning centres. 66% cover in direct payment private hospitals.	Full refund
27	Charges for breast MRI services provided by a hospital or a laya healthcare approved diagnostic centre, that has been approved by laya healthcare for direct payment for breast MRI services. These may change from time to time. Breast MRI scans have to be on a consultant referral. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full cover in direct payment public hospitals and scanning centres. 66% cover in direct payment private hospitals.	Full refund
28	Charges for CT services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre, that has been approved by laya healthcare for direct payment for CT services. These may change from time to time. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full cover in direct payment public hospitals and scanning centres. 66% cover in direct payment private hospitals.	Full refund
29	Charges for PET services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre, that has been approved by laya healthcare for direct payment for PET services. These may change from time to time. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full cover in direct payment public hospitals and scanning centres. 66% cover in direct payment private hospitals.	Full refund
30	Home nursing by a nurse for a child under 18 years of age immediately following in-patient treatment of not less than five continuous days, if recommended by the consultant providing the treatment (see note 3(d) on page 43).	Up to €50 per day up to a maximum of 28 days	Up to €100 for each day on Essential, Health Smart, Essential Plus and Essential Gold and €80 for each day on Essential Connect Health up to a maximum of 28 days. No cover for this benefit on Essential Complete
31	Breast prosthesis	Full refund for the first prosthesis following receipt of an in-patient claim. Subsequent prosthesis will be assessed in accordance with our appliance list (please ask for details). A GP/consultant report will be required if laya healthcare have no details of in-patient treatment.	Full refund for the first prosthesis following receipt of an in-patient claim. Subsequent prosthesis will be assessed in accordance with our appliance list (please ask for details). A GP/consultant report will be required if laya healthcare have no details of in-patient treatment .

Essential Connect Health/Essential Connect Family

Essential Complete /
Essential Plus

Health Smart

Essential Gold

Full refund

Full refund

Full refund

Full refund

Up to €100 for each day on Essential, Health Smart, Essential Plus and Essential Gold and €80 for each day on Essential Connect Health up to a maximum of 28 days. No cover for this benefit on Essential Complete

Full refund for the first prosthesis following receipt of an in-patient claim. Subsequent prosthesis will be assessed in accordance with our appliance list (please ask for details). A GP/consultant report will be required if **laya healthcare** have no details of **in-patient treatment**.

	Benefit	Essential Assist	Essential
32	Hairpiece	Full refund for one hairpiece per year following cancer treatment	Full refund for one hairpiece per year following cancer treatment
33	Charges by a participating therapist for manual lymph drainage	Up to €500 each year following cancer treatment	Up to €500 each year following cancer treatment
34	Accommodation assistance grant for cancer patients to a laya healthcare participating hospital or treatment centre for out-patient radiotherapy or chemotherapy treatment	Up to €100 for each day of treatment travelling a minimum of 40 miles to the treatment centre (no limit on the number of nights)	Up to €100 for each day of treatment travelling a minimum of 40 miles to the treatment centre (no limit on the number of nights)
35	Charges for DEXA services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre, that has been approved by laya healthcare for direct payment for DEXA services. These may change from time to time. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full cover in direct payment public hospitals and direct payment scanning centres. 66% cover in direct payment private hospitals.	Full refund
36	Charges for Mammogram services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre, that has been approved by laya healthcare for direct payment for Mammogram services. These may change from time to time. For a full list of our scan centres please visit www.layahealthcare.ie/scans	Full cover in direct payment public hospitals and direct payment scanning centres. 66% cover in direct payment private hospitals.	Full refund
37	Charges for a laya healthcare approved HeartBeat cardiac screen by a laya healthcare approved provider. Subject to availability.	100% cover for each screen up to a maximum of one visit every two years effective on new policies or policies that renew on or after the 14th May 2012.	100% cover for each screen up to a maximum of one visit every two years effective on new policies or policies that renew on or after the 14th May 2012.

Essential Connect Health/Essential Connect Family

Essential Complete /
Essential Plus

Health Smart

Essential Gold

Full refund for one hairpiece per year following cancer **treatment**

Up to €500 each year following cancer **treatment**

Up to €100 for each day of **treatment** travelling a minimum of 40 miles to the treatment centre (no limit on the number of nights)

Full refund

Full refund

100% cover for each screen up to a maximum of one visit every two years effective on new policies or policies that renew on or after the 14th May 2012.

Excess and overall annual limits

We will pay valid claims for fees and charges covered under Benefit 4 for **treatment** that **you** and **your dependants** receive each **year** up to **your** overall annual limit with the exception of **your** excess referred to below. (Please note that **your** overall annual limit and excess, which applies to both **you** and **your dependants** together, depends on the **scheme** that **you** hold and not the **scheme** of **your dependants** with the exception of Essential Assist, Essential Connect Health and Essential Health).

Essential Assist scheme members

If **you** are a member of the Essential Assist scheme **your** overall annual limit shall be €6,500 a year in aggregate (per individual member). **Your** excess shall be the first €250 of valid claims in aggregate for **treatment** that **you** and **your dependants** receive each year or the first €150 of valid claims for **treatment** that **you** receive each **year** if **you** have no **dependants**.

Essential scheme members

If **you** are a member of the Essential scheme, **your** overall annual limit shall be €6,400 a **year** in aggregate (per individual member). **Your** excess shall be the first €470 of valid claims in aggregate for **treatment** that **you** and **your dependants** receive each **year** or the first €250 of valid claims for **treatment** that **you** receive each **year** if **you** have no **dependants**.

Essential Connect Health and Essential Health scheme members

If **you** are a member of the Essential Connect Health and Essential Health schemes, **your** overall annual limit shall be €6,400 a **year** in aggregate (per individual member). **Your** excess shall be the first €250 of valid claims in aggregate for **treatment** that **you** and **your dependants** receive each **year** or the first €150 of valid claims for **treatment** that **you** receive each **year** if **you** have no **dependants**.

Essential Complete, Health Smart and Essential Plus scheme members

If **you** are a member of the Essential Complete and Essential Plus schemes, **your** overall annual limit shall be €6,400 a **year** in aggregate (per individual member). **Your** excess shall be the first €440 of valid claims in aggregate for **treatment** that **you** and **your dependants** receive each **year** or the first €220 of valid claims for **treatment** that **you** receive each **year** if **you** have no **dependants**.

Essential Gold scheme members

If **you** are a member of the Essential Gold scheme, **your** overall annual limit shall be €6,400 a year in aggregate (per individual member). **Your** excess shall be the first €380 of valid claims in aggregate for **treatment** that **you** and **your dependants** receive each year or the first €220 of valid claims for **treatment** that **you** receive each year if **you** have no **dependants**.

Special note for benefits 4(1), 4(2), 4(3) and 4(4)

We will pay valid claims for fees and charges for **treatment** covered under **Benefits** 4(1), 4(2), 4(3) and 4(4) up to an overall annual limit for all such fees and charges combined for such **treatment** each **year** of €1,650.66 (if **you** have **dependants**) and €825.33 (if **you** have no **dependants**) with the exception of **your** excess for such fees and charges. **Your** excess shall be the first €380.92 of valid claims in aggregate for such **treatment** that **you** and **your dependants** receive each **year**, if **you** have **dependants** or the first €190.46 of valid claims in aggregate for such **treatment** each **year** if **you** have no **dependants**.

The payment of any **benefits** under Benefit 4(1), 4(2), 4(3) and 4(4) will count towards **your** overall annual limit under Benefit 4.

A valid claim means a claim for payment of fees and charges covered by Benefit 4 of not more than the amount shown in the Table of Benefits as payable by laya healthcare for those fees and charges.

Important Note

Please note that out-patient receipts will not be returned following assessment of **your** claim. Please retain copies of **your** receipts prior to submission, if **you** require these. We have confirmed with the Revenue Commissioners that the statement of **your** claims which we will send to **you** once we have assessed **your** out-patient claim may be used to claim tax relief on expenses that are not paid by us. Simply send this statement to the Revenue Commissioners with a Med 1 form, which is available on www.revenue.ie/forms/med1.pdf. There is no longer a need for **you** to send **your** original receipts to the Revenue Commissioners to claim tax relief.

Benefit 5

Maternity benefits

- (a) For each delivery in a **hospital** we will pay the **hospital** charges for up to three nights' accommodation in semi-private or private accommodation up to a maximum value of:
- €400 for a member of the Essential Assist and Essential Connect Health schemes
 - €3,100 for a member of the Essential scheme
 - €3,00 for a member of the Essential Connect Family scheme
 - €3,800 for a member of the Essential Complete scheme
 - €4,000 for a member of the Health Smart and Essential Plus schemes
 - €3,900 for a member of the Essential Gold scheme

We will also pay **consultants'** fees for **consultants'** services provided in respect of a delivery in a **hospital** up to the amounts specified for those services in the **schedule of benefits**, subject to the overall maximum amount payable.

The overall maximum amount payable by **laya healthcare** for services provided by **consultants** in respect of a delivery in **hospital** is €774 in total. This is the total

amount payable overall and not the total amount payable for each **consultant** or service.

These **benefits** are payable in lieu of any **benefits** payable under Benefit 1 and 2.

- (b) For a normal delivery at home with **your** GP's or consultant's approval, we will pay **benefit** up to a maximum of €400 in respect of a person who is a member of the Essential Assist scheme, we will pay **benefit** up to a maximum of €3,100 for a member of the Essential scheme, €3,500 for members on Essential Connect Family scheme €3,800 for members of Essential Complete scheme, €4,000 for a member of the Health Smart and Essential Plus schemes and €3,900 for a member of the Essential Gold scheme. We will make the payment once we receive the claim form and invoices from a midwife registered with An Bord Altranais or **your** GP.

Benefits for a caesarean delivery are payable in accordance with Benefits 1 and 2.

Benefit 6

Convalescence (which is not in-patient treatment in a registered nursing home)

We will pay nursing home fees for up to 14 days' convalescence which is not **in-patient treatment** in a **registered nursing home** following **in-patient treatment** but only if the stay is solely for medical reasons connected with the **in-patient treatment** and a **consultant** confirms this to us in writing. We will pay each day up to €30 for members of the Essential Connect Health and Essential Assist schemes, €32 for members of the Health Smart scheme, €45 for members of the Essential scheme, €50 for members of the Essential Connect Family, €55 for members of the Essential Complete and Essential Plus schemes and €75 for members of the Essential Gold scheme.

We will only pay **benefits** if the convalescence follows **in-patient treatment** for which **benefits** were payable by us under the **scheme**.

Benefit 7

Treatment in the EU

Benefits are also payable for **in-patient treatment** received at a **hospital in the EU** which is certified by **laya healthcare's** Medical Adviser as unavailable in **Ireland** provided that such **treatment** is arranged by **laya healthcare** and the hospital is pre-approved by **laya healthcare**. This benefit needs to go through Consultant Connections.

Benefit 8

Emergency overseas cover

For **treatment** received outside **Ireland** by **you** or **your dependants** in an emergency because of a sudden illness or injury while travelling temporarily outside Ireland, we will pay the following benefits:

- for Essential members, up to an overall amount in total of €70,000 for **in-patient treatment** for each episode of illness or injury
- for Essential Assist, Essential Connect Health, Essential Complete, Essential Connect Family Health Smart, Essential Plus and Essential Gold Scheme members, up to an overall amount in total of €100,000 for **in-patient treatment** for each episode of illness or injury

This limit applies to each episode of illness or injury. An episode means a continuous period of illness or injury. Periods of illness separated by less than 28 days shall be treated as continuous.

We will also pay up to €2,000,000 towards the cost of medically evacuating a person to the nearest medically appropriate country or back to Ireland (whichever is nearer) to receive treatment for which they are covered under the scheme if whilst travelling abroad they need the treatment in a medical emergency and the treatment is not available in the country in which they are travelling. This limit will apply to each person per year.

In such circumstances we will also pay up to €1,000 towards the reasonable cost of evacuating to the nearest appropriate country or back to Ireland, any one relative or companion who was travelling with them at the time.

We will only pay the costs of evacuation which is arranged by a **laya healthcare** approved overseas provider. This company can be contacted on +353 21 422 2204. Exclusions may apply (see further details on page 13).

If a case is being managed by **laya healthcare's** approved overseas provider the member must indicate at the outset whether they hold separate travel insurance in respect of their trip abroad.

You must notify **laya healthcare** in writing if **you** wish to instigate any action against a third party following an accident abroad. Please refer to the third party section of this booklet.

Your membership of the scheme will end immediately if **you** stop living in Ireland for a consecutive six month period.

Benefit 9

Medical Tourism

Laya healthcare will, subject to pre-authorisation, provide cover for medically necessary **surgical procedures** in the EU. The level of **benefit** will be limited to the maximum of the **benefit** that would have been paid in respect of the same **surgical procedures**, including **consultant fees**, in **Ireland**, and to the maximum level of cover that **your** plan allows or a lesser amount if the overseas cost is less. The **benefit** is subject to **laya healthcare's** normal rules and exclusions. Waiting periods and pre-existing-condition waiting periods will apply. **You** must contact us beforehand so that we can advise **you** on the steps involved in approving **your** treatment.

Benefit 10

Healthcoach

This is a benefit for a tailored health and fitness programme for members aged 18 years or older. This programme is delivered by Spectrum Health, a **laya healthcare** approved service provider. Healthcoach uses an online questionnaire and/or a non-diagnostic face to face consultation with a personal trainer to tailor a health and fitness programme for the member which is delivered through a dedicated smartphone app. Members have continued access to the app and programmes for the duration of their contract only. Eligibility for a face to face consultation is based on the level of cover at the time of booking and must be carried out in one of the **laya healthcare** approved locations. Eligible members may avail of a free face to face consultation at no additional cost once every two years from the date of the last consultation covered by **laya healthcare**. Please refer to your Benefit Description Table for details of the cover on your selected scheme.

Benefit 11

Digital Health

CareOnCall

Nurseline (021 202 2861)

The benefit is available to all **laya healthcare** members. The service is open 24 hours a day, 365 days a year and provides advice and reassurance of a member's health concern. This is not an emergency service nor can it be used for concerns regarding pregnancy. In an emergency you should always contact your own GP or the emergency services so as not to delay any necessary treatment. This is a benefit for charges for a 24 hour confidential Nurseline telephone consultation service provided by a **laya healthcare** approved service provider.

GPline (021 202 2860)

The benefit is available to all members. The service is open 24 hours a day, 365 days a year and provides advice and reassurance of a member's health concern. Calls will be answered by a trained operator who will take some details and arrange for a GP to call you back at a time that suits you. If there are symptoms which require a physical examination or a prescription is needed, then you may still need to visit your GP. This is not an emergency service nor can it be used for concerns regarding pregnancy. In an emergency you should always contact your own GP or the emergency services so as not to delay any necessary treatment. The GP telephone consultation service is not intended to replace the personal care offered by your own doctor and cannot be used to obtain referral for treatment. This service is provided via a LoCall number to UK-based, qualified, experienced, practising general practitioners under the jurisdiction of the Irish Medical Council and the UK Courts. This is a benefit for charges for a 24 hour confidential GP telephone consultation service provided by a **laya healthcare** approved service provider.

Physioline (021 202 2862)

The benefit is available on selected schemes. The service is open from 08:00- 19:00 Monday to Saturday. Calls will be answered by a trained operator who will take some details and arrange for a chartered physiotherapist to call you back at a time that suits you. The physiotherapy telephone consultation service is an advice line and is not intended to replace the personal care offered by your own physiotherapist. This is not an emergency service. This service is provided via a LoCall number to a Republic of Ireland based, qualified, and experienced chartered physiotherapists under the jurisdiction of the Irish Society of Chartered Physiotherapist and Irish Courts. Please refer to your table of benefits for cover details on your selected plan. This is a benefit for charges for a confidential physiotherapist telephone consultation service provided by a **laya healthcare** approved service provider.

GPLive and prescription service

Laya healthcare is now offering a benefit for an online GP consultation and prescription service provided by WebDoctor, a **laya healthcare** approved service provider. The benefit is available on all schemes where a number of consultations will be available. This is a confidential service; appointments can be made online through www.careoncall.ie and/or through the CareOnCall app. Webdoctor GPs are working and living in Ireland and are registered with the Irish Medical Council. Through the prescription service, WebDoctor GPs can provide prescriptions for a range of medical conditions. Please refer to your table of benefits for cover details on your selected plan. This is not an emergency service. In an emergency you should always contact your own GP or the emergency services so as not to delay any necessary treatment.

Benefit 12

Consultant Connections

The **laya healthcare** Consultant Connections benefit offers members with certain serious illnesses access to a review of their medical case by an international specialist. A list of serious illnesses considered for referral is available on request.

Any benefit payable under the Consultant Connections benefit is subject to the terms and conditions of **your** scheme rules.

Should **you** wish to avail of this benefit please contact us on 1890 700 890.

Hospital cover for public hospitals

Level of Cover	Essential Assist	Essential
Semi-private room, day-case and out-patient surgical in a public hospital	Full cover	
Private room in a public hospital	Shortfall will apply. Covered up to semi-private rate	€55 shortfall per night

*Please contact us for a list of hospitals or go online to www.layahealthcare.ie

Hospital cover for Tier (level) 1 private hospitals

Level of Cover	Essential Assist	Essential	Essential Connect Health	Essential Connect Family ¹
Out-patient surgical or day-case in a private tier 1 hospital	Covered up to 66% of hospital charges	€255 shortfall	Full cover with €75 in-patient excess	Full cover with €300 in-patient excess
Semi-private room in a private tier 1 hospital	Covered up to 66% of hospital charges	€255 shortfall per night	Full cover with €75 in-patient excess	Full cover with €300 in-patient excess
Private room in a private tier 1 hospital	Covered up to 66% of hospital charges	€255 shortfall per night	€250 shortfall per night plus €75 in-patient excess	€250 shortfall per night plus €300 in-patient excess

Excess applies here to Essential Connect Family, Essential Plus with in-patient excess, Health Smart and Essential Complete.

Essential Complete / Essential Connect Family	Essential Connect Health	Health Smart / Essential Plus (Excess and No Excess)	Essential Gold
Full cover			
€89 or €113 per night depending on hospital	€141 or €187 per night depending on the hospital	Full cover	

Essential Complete	Essential plus (Excess and No Excess)	Health Smart	Essential Gold
Full cover with €50 in-patient excess	Full cover with €50 in-patient excess	Full cover with €125 in-patient excess	Full cover
Full cover with €50 in-patient excess	Full cover with €50 in-patient excess	Full cover with €125 in-patient excess	Full cover
€127 shortfall per night plus €50 in-patient excess	Full cover with €50 in-patient excess.	€127 shortfall per night with €125 in-patient excess	Full Cover

Hospital cover for Tier (level) 2 private hospitals

Level of Cover	Essential Assist	Essential	Essential Connect Health	Essential Connect Family [†]
Out-patient surgical or daycase in a private tier 2 hospital	Covered up to 66% of hospital charges	€255 shortfall	Full cover with €150 in-patient excess	Full cover with €300 in-patient excess
Out-patient surgical or day-case in the Mater Private Cork tier 2 Hospital	Covered up to 66% of hospital charges	€255 shortfall	Full cover with €150 in-patient excess	Full cover with €300 in-patient excess
Semi-private room in a private tier 2 hospital	Covered up to 66% of hospital charges	€255 shortfall per night	Full cover with €150 in-patient excess	Full cover with €300 in-patient excess
Semi-private room in the Mater Private Cork tier 2 hospital	Covered up to 66% of hospital charges	€255 shortfall per night	Full cover with €150 in-patient excess	Full cover with €300 in-patient excess
Private room in a private tier 2 hospital	Covered up to 66% of hospital charges	€255 shortfall per night	€250 shortfall per night plus €150 in-patient excess	€250 shortfall per night with €300 in-patient excess. Full Cover in the Mater Private Cork with €300 in-patient excess
Private room in the Mater Private Cork tier 2 hospital	Covered up to 66% of hospital charges	€255 shortfall per night	Full cover with €150 in-patient excess	Full cover with €300 in-patient excess

Excess applies here to Essential Connect Health, Essential Connect Family, Essential Plus with in-patient excess, Health Smart and Essential Complete schemes

*Excess of €125 applies plus a shortfall of €105 per night for a private room applies to St Vincent Private, Whitfield and Hermitage Clinic and €189 shortfall per night for a private room in the Galway Clinic.

†Excess of €300 applies once per policy per membership year

Essential Complete	Essential Plus (Excess and No Excess)	Health Smart	Essential Gold
Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover
Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover
Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover with €125 in-patient excess (including the Beacon Hospital)	Full cover
Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover
€150 shortfall per night plus €125 in-patient excess	Full Cover with €125 in-patient excess	€127 shortfall per night plus €125 in-patient excess	Full cover
Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover with €125 in-patient excess	Full cover

Hospital cover for Tier (level) 3 private hospitals (hi-tech)

Blackrock Clinic, Mater Private Hospital and the Beacon Hospital

Level of Cover	Essential Assist	Essential	Essential Connect Health	Essential Connect Family†
Out-patient surgical or daycase in a private tier 3 hospital	—	€510 shortfall per day Full cover for certain cardiac procedures in all three hi-tech hospitals	No cover with the exception of certain cardiac procedures in Mater Private and the Blackrock Clinic	Full cover with €300 inpatient excess in the Beacon Hospital only. Cover for certain cardiac procedures in Mater Private and the Blackrock Clinic
Semi-private room in a private tier 3 hospital	—	€510 shortfall per day Full cover for certain cardiac procedures in all three hi-tech hospitals	No cover with the exception of certain cardiac procedures in Mater Private and the Blackrock Clinic	Full cover with €300 inpatient excess in the Beacon Hospital only. Cover for certain cardiac procedures in Mater Private and the Blackrock Clinic
Private room in a private tier 3 hospital	—	€510 shortfall per day Full cover for certain cardiac procedures in all three hi-tech hospitals	No cover with the exception of certain cardiac procedures in Mater Private and the Blackrock Clinic	€250 shortfall per night with €300 in-patient excess in the Beacon Hospital only. Cover for certain cardiac procedures in Mater Private and the Blackrock Clinic

Excess applies here to Essential Plus with an in-patient excess, Health Smart, Essential Connect Family and Essential Complete schemes

†Excess of €300 applies once per policy per membership year

Cover for private Northern Ireland hospitals

The North West Independent Hospital, Derry & The Ulster Independent Clinic, Belfast

Level of Cover	Essential Assist	Essential	Essential Connect Health	Essential Connect Family†
Out-patient surgical or daycase in the above named Northern Ireland hospitals	Covered up to 66% of hospital charges	€255 shortfall per day	Covered with €150 in-patient excess	Covered with a €300 inpatient excess
Semi-private room in the above named Northern Ireland hospitals	Covered up to 66% of hospital charges	€255 shortfall per night	Covered with €150 in-patient excess	Covered with a €300 inpatient excess
Private room in the above named Northern Ireland hospitals	Covered up to 66% of hospital charges	€255 shortfall per night	€250 shortfall per night plus €150 in-patient excess	€250 shortfall per night plus a €300 in-patient excess

Excess applies to Essential Connect Health, Essential Connect Family, Essential Complete, Essential Plus with in-patient excess, and Health Smart

†Excess of €300 applies once per policy per membership year

Essential Complete / Essential Plus / (Excess and No Excess)	Health Smart	Essential Gold
Covered with a €200 in-patient excess Full cover for certain cardiac procedures in all three hi-tech hospitals	Covered with a €125 in-patient excess. Full cover for certain cardiac procedures in all three hi-tech hospitals	Full cover including certain cardiac procedures in all three hi-tech hospitals
€255 shortfall per night with €200 in-patient excess Full cover for certain cardiac procedures in all three hi-tech hospitals	Full cover with €125 in-patient excess in the Beacon Hospital. €500 shortfall per night with €125 in-patient excess in the Mater Private Hospital and Blackrock Clinic.	Full cover including certain cardiac procedures in all three hi-tech hospitals
€255 shortfall per night with €200 in-patient excess Full cover for certain cardiac procedures in all three hi-tech hospitals	€127 shortfall per night with €125 in-patient excess in the Beacon Hospital. €500 shortfall per night with €125 in-patient excess in the Mater Private Hospital and the Blackrock Clinic	Full cover including certain cardiac procedures in all three hi-tech hospitals

Essential Complete	Health Smart	Essential Plus (Excess and No Excess)	Essential Gold
Covered with €125 in-patient excess	Covered with €125 in-patient excess**	Covered with €125 in-patient excess**	Full cover
Covered with €125 in-patient excess	Covered with €125 in-patient excess	Covered with €125 in-patient excess	Full cover
€150 shortfall per night plus €125 in-patient excess	€127 shortfall per night with €125 in-patient excess	Covered with €125 in-patient excess	Full cover

Note 1

(i) Regarding the amounts listed on the above tables that we will deduct for each day of **treatment** that you receive in a **laya healthcare** participating public hospital that is not shown to be fully covered under the member's chosen scheme, we reserve the right to change these amounts by up to 20% on an annual basis.

(ii) Minimum benefit regulations

Despite anything to the contrary in the rules and Table of Benefits of the **scheme**, you may claim any **benefits** we are required to pay under the **minimum benefit regulations**.

(iii) Mater Private Hospital, Blackrock Clinic, Galway Clinic and the Beacon Hospital

We will provide a full refund for **hospital** charges for **treatment** received in the Mater Private Hospital, the Blackrock Clinic, Dublin, and the Beacon Hospital, Dublin for certain types of specialist cardiac surgery under the Essential, Essential Complete, Essential Plus, Health Smart and Essential Gold schemes.

A list of the specialist cardiac surgery for which we will pay **benefits** in full at these hospitals is available on request. Please note: For Essential Connect Health and Essential Connect Family members we will provide certain cardiac cover in the Mater Private Hospital and the Blackrock Clinic.

(There is no cover for this benefit on the Essential Assist scheme).

(iv) Cahercalla Hospital, Ennis; Park West Clinic, Dublin 12 and the Cork Clinic

We will only pay benefits for certain **day-case** and **surgical out-patient treatment** at these hospitals. This applies to the Essential, Essential Connect Health, Essential Connect Family, Essential Complete, Essential Plus, Health Smart and Essential Gold schemes. We will not pay for other types of **treatment** at these hospitals. Essential Assist scheme members are covered up to 66%

for hospital charges for day-case and surgical out-patient treatment at these hospitals.

* Please check your procedure with us prior to treatment.

(v) St. Francis, Mullingar, Kingsbridge Private Hospital, Sligo

We will only pay for surgical admissions at these hospitals. We will not pay for other types of **treatment** at these hospitals.

(vi) White Oaks Treatment Centre, Derryvane, Muff, Donegal

We will only pay **benefits** for up to 28 days of in-patient treatment for alcoholism, drugs or substance abuse at this centre each year. This is subject to the maximum limit of 91 days in any continuous period of five years.

(vii) Stanhope Centre, Grangegorman; Mid-Western Radiation Oncology Centre, Limerick

We will only pay benefits for **out-patient treatment** at these hospitals. We will not pay for other types of **treatment** at these hospitals.

(viii) National MS Centre, Rathgar

We will only pay benefits for up to a maximum of 14 days **in-patient treatment**, in any one calendar year.

(ix) Dean Clinics

Dean Clinics are Community based Mental Health Clinics owned and operated by St. Patrick's University Hospital. Please see Benefit 4 for the amount eligible for benefit on your policy. This is a combined benefit regardless of who the member is treated by. The Dean Clinics are located in Lucan, Donaghmede, Sandyford, St. Patrick's & Capel St., Cork and Galway.

(x) Lois Bridges

Lois Bridges Eating Disorder Treatment Centre offers in-patient residential treatment. In-patient treatment is eligible for up to a maximum of 40

days in a calendar year. Pre-authorisation is required for in-patient treatment. This is subject to the maximum limit of 91 days in any continuous period of five years.

(xi) Specified Orthopaedic Procedures

For members of the Essential Plus, Essential Complete, Essential Connect Health, Essential Connect Family, Essential Gold and Health Smart schemes;

These procedures and the hospitals in which a shortfall will apply may change from time to time so please contact us in advance or refer to the "For Members – Checking Your Cover" section of our website for specific shortfalls. We will send you a copy of the most up to date Specified Orthopaedic list if you ask us to.

Note 2

If **you** receive **treatment** from a **consultant** who is not participating in the **full cover scheme**, we will pay the **consultants'** fees for these services in accordance with and up to the amount shown as the standard rate in the **schedule of benefits** for the **treatment you** receive.

Note 3

(a) Hospital and consultants' charges for radiology and pathology

Laya healthcare will only pay fees and charges for radiology and pathology if and to the extent that the radiology or pathology consists of one or more radiological procedures or pathological investigations listed in the **minimum benefit regulations**.

(b) **laya healthcare approved laboratories, screening centres, diagnostic centres and suppliers**

The list of **laya healthcare** approved laboratory, screening, diagnostic centres and suppliers is available on request. The list of

these **hospitals** and centres that have been approved for MRI is also available on request.

(c) Fees charged for radiology by consultants not participating in the full cover scheme

If **you** receive such **treatment** from a **consultant** who is not participating in the **full cover scheme**, we will pay the consultant's fees for these services in accordance with and up to the amount shown as the standard rate in the **schedule of benefits** for this type of **treatment**.

(d) Home nursing

We will only pay **benefits** for home nursing if the home nursing followed **in-patient treatment** for which **benefits** were also payable.

Laya healthcare will only pay **benefits** for receiving home nursing if the sole purpose of home nursing is to enable **you** to reduce the period of **in-patient treatment**.

(e) Emergency dental injury treatment

Laya healthcare will only pay **benefits** for restorative dental treatment immediately following an accident.

(f) Speech and language therapy, chiropody and occupational therapy

The maximum number of consultations we will pay for is the overall number of consultations for any and all such **treatment** each year and not for each type of **treatment** separately.

(g) For pre-paid GP membership schemes

We require a receipt of payment including a breakdown of dates of treatment. Membership fees paid where no treatment/attendance occurred are not eligible for benefit.

Hospital List, with private hospital excess

(Private hospitals are in **bold** and are not covered under our Essential Assist or Essential schemes).

Please see the Private hospital excess column which shows the excess that applies for Essential Connect Health, Essential Connect Family, Essential Complete, Essential Plus (Excess) and Health Smart members.

Hospital/County	Private Hospital Excess	Health Smart Private Hospital Excess	Essential Connect Health	Essential Connect Family
CAVAN				
Cavan General hospital				
CLARE				
Cahecalla hospital (this hospital has day-case facilities only)	€50	€125	€75	€300
Mid Western Regional hospital, Ennis				
CORK				
Bantry General hospital				
Bon Secours hospital	€125	€125	€150	€300
Cork Clinic				
Cork University hospital				
Cork University Maternity Hospital				
Mallow General hospital				
Marymount Hospice				
Mater Private Cork	€125	€125	€150	€300
Mercy University hospital				
South Infirmary/Victoria hospital				
St. Mary's Orthopaedic hospital				
DONEGAL				
Letterkenny General hospital				
DUBLIN				
Adelaide & Meath hospital incorporating The National Children's hospital, Tallaght				
Beacon hospital	€200	€125	€150	€300
Beaumont hospital				
Bon Secours hospital, Glasnevin	€125	€125	€150	€300
Cappagh National Orthopaedic hospital				
Children's University hospital, Temple street				
Coombe Women's hospital				
Highfield hospital, Dublin 9				
Hermitage Clinic, Lucan	€125	€125	€150	€300
Incorporated Orthopaedic hospital, Clontarf				
James Connolly, Blanchardstown				
Mater Misericordia hospital				

Hospital/County	Private Hospital Excess	Health Smart Private Hospital Excess	Essential Connect Health	Essential Connect Family
National Maternity hospital, Holles Street				
National MS Centre, Rathgar (this hospital has private rooms only)	€50	€125	€75	€300
Our Lady's Hospice Harold's Cross				
Our Lady's hospital for sick children, Crumlin				
Park West Clinic, Dublin 12	€50	€125	€75	€300
Peamount hospital				
Rotunda hospital				
Royal Victoria Eye & Ear hospital				
Sports Surgery Clinic, Santry	€125	€125	€150	€300
St. Columcille's, Loughlinstown				
Stanhope Centre, Grangegorman (Out-patient only)				
St. James' hospital				
St Joseph's hospital Raheny				
St. Joseph's Rehabilitation Centre, Harolds Cross				
St Luke's hospital, Rathgar				
St Michael's, Dun Laoghaire				
St Vincent's hospital Fairview				
St Vincent's Private hospital	€125	€125	€150	€300
St Vincent's University hospital				
GALWAY				
Bon Secours hospital	€125	€125	€150	€300
Galway Clinic	€125	€125	€150	€300
Merlin Park Regional hospital				
Portiuncula hospital, Ballinasloe				
University College hospital				
KERRY				
Bon Secours hospital, Tralee	€125	€125	€150	€300
Kerry General hospital				
KILDARE				
Clane General hospital	€50	€125	€75	€300
General hospital, Naas				
KILKENNY				
Kilcreene hospital				
Aut Even hospital	€50	€125	€75	€300
St Luke's General hospital				
LAOIS				
Midland Regional hospital, Portlaoise				
LEITRIM				
Our Lady's hospital Manorhamilton				

* Please call us for details if you are going into a Northern Ireland hospital as shortfalls may apply.

Hospital/County	Private Hospital Excess	Health Smart Private Hospital Excess	Essential Connect Health	Essential Connect Family
LIMERICK				
Barrington's hospital	€50	€125	€75	€300
Mid Western Orthopaedic hospital, Croom				
Mid Western Regional hospital, Dooradoyle				
Mid Western Regional Maternity hospital				
Mid-Western Radiation Oncology Centre (this hospital is for out-patient treatment only)				
Millford Hospice, Castletroy				
St. John's hospital				
LOUTH				
Louth County hospital, Dundalk				
Our Lady of Lourdes hospital, Drogheda				
MAYO				
Mayo General hospital, Castlebar				
MEATH				
Navan General hospital				
MONAGHAN				
Monaghan General hospital				
OFFALY				
Midland Regional hospital (Tullamore)				
ROSCOMMON				
Roscommon County hospital				
SLIGO				
Sligo General hospital				
Kingsbridge Private Hospital	€50	€125	€75	€300
TIPPERARY				
Nenagh General hospital				
South Tipperary General hospital, Clonmel				
WATERFORD				
Waterford Regional hospital				
Whitfield Clinic	€125	€125	€150	€300
WEST MEATH				
Midland Regional hospital (Mullingar)				
St. Francis, Mullingar	€50	€125	€150	€300
WEXFORD				
Wexford General hospital				
Ely hospital				
NORTHERN IRELAND*				
Altnagelvin, Derry				
The North West Independent hospital, Derry	€125	€125	€150	€300
The Ulster Independent Clinic, Belfast	€125	€125	€150	€300
Daisy Hill, Newry				
Royal Victoria hospital, Belfast				

* Please call us for details if you are going into a Northern Ireland hospital as shortfalls may apply.

Private Psychiatric Hospitals/Facilities	Private Hospital Excess
DUBLIN	
Hampstead Clinic	
St. Patrick's & St. Edmundsbury Hospital	
St. John of God's	

No excess or shortfalls apply to these private psychiatric hospitals/facilities.
Essential Assist scheme members are not covered in the above private psychiatric hospitals/facilities.

Private Treatment Centres	Private Hospital Excess
CAVAN	
Bushypark Treatment Centre	
CORK	
Cuan Mhuire, Farnanes	
Tabor Lodge	
DONEGAL	
White Oaks Treatment Centre	
DUBLIN	
Lois Bridges Treatment Centre	
Rutland Centre	
GALWAY	
Cuan Mhuire, Coolarne	
KERRY	
Talbot Grove, Castleisland	
KILDARE	
Cuan Mhuire, Athy	
KILKENNY	
Aislinn Treatment Centre	
LIMERICK	
Cuan Mhuire , Bruree	
MAYO	
Hope House, Foxford	
TIPPERARY	
Aiseiri Centre, Cahir	
WEXFORD	
Aiseiri Centre	

Essential Assist scheme members are not covered in the above private treatment centres.

* Please call us for details if you are going into a Northern Ireland hospital as shortfalls may apply.

Important information to note:

Waiting periods

The following waiting periods will apply if you are aged:	Under 55 years	55–59 years	60–64 years	Over 65 years
How long before you can make a claim for accident or injury?	Immediately for all age groups			
How long before you can make a claim for any new disease, illness or injury which began or the symptoms of which began after membership started?	26 weeks for all age groups			
How long before you can claim for any disease, illness or injury which began or the symptoms of which began before membership started?	5 years for all age groups			
How long before you can claim benefit for maternity cover?	1 year	Not Applicable		
In addition, if you're upgrading your level of cover/benefits the following waiting periods will apply regardless of how long you have been insured:				
You have health insurance and want to get a higher level of cover/benefits, how long before you can avail of the better cover/benefits for any disease, illness or injury which began or the symptoms of which began before you upgraded?	2 years for all age groups			
You are already pregnant and you wish to improve your cover/benefits, how long before you can avail of the better cover/benefits?	1 year	Not Applicable		

Out-patient excess

Yearly out-patient excess on each scheme	Essential Assist	Essential	Essential Connect Health / Essential Connect Family	Essential Complete/ Essential Plus / Health Smart	Essential Gold
Yearly excess if you are on a policy by yourself	€150	€250	€150	€220	€220
Yearly excess if you have dependants on your policy	€250	€470	€250	€440	€380

Number of days*

Treatment	Days
In-patient and day-case treatment	180 days per calendar year
In-patient psychiatric cover	100 days per calendar year
Drug and alcohol treatment	91 days in any continuous period in five years

*See page 10 point F (i) and (ii) and point G

Essential Secure scheme members are not covered in the above private treatment centres.

laya
healthcare

An ECG (heart rate) line graphic that starts as a thin line, rises to a peak, and then falls, ending with three small dots.

proudly part of 

The AIG logo consists of the letters 'AIG' in a bold, sans-serif font, enclosed within a square border.



Eastgate Road,
Eastgate Business Park,
Little Island, Co Cork,
T45 E181.

Tel 1890 700 890
021 202 2000
E-mail info@layahealthcare.ie
Website www.layahealthcare.ie

At **laya healthcare**, we take particular pride in the quality and value of our schemes. Nowhere is this more important than in the benefits we have developed for our members. Our benefits include:

- Excellent maternity cover
- Complementary medicines
- Competitive prices
- Hospital cover
- Online services
- Cardiac and cancer cover

In the interest of customer service, calls are recorded and monitored.

For information on your consumer rights, please contact the Health Insurance Authority at 01 406 0080 or visit www.hia.ie

Your insurance is provided by Elips Insurance Limited trading as **Laya Healthcare**. **Laya Healthcare Limited**, trading as **Laya Healthcare** and **Laya Life** is regulated by the Central Bank of Ireland.

LAYA-ESRULES-023-0817

laya
healthcare
proudly part of 

looking after you always