You learn something new every day...

Teach Choice and Teach Plus Schemes

Rules booklet







looking after you always



Welcome to Laya Healthcare

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

This rules booklet contains very detailed legal information about your chosen scheme and can act as a reference to your Teach Choice and Teach Plus scheme brochure.

Due to the detail in this booklet we understand you may have questions, so please feel free to contact our Customer Care team. Call 1890 700 890 between 8am and 7pm Monday to Friday and 10am and 3.30pm on Saturdays. 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.

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healthcare

Serving you online www.layahealthcare.ie

It's never been easier for you to get in touch with us when it suits you. By visiting our website you can:

- find information on all our schemes as well as frequently asked questions (FAQs) and answers
- update your address details

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- change your level of cover
- check consultants and hospitals covered by your scheme
- · email us with any questions
- download the most up-to-date information (rules and other literature may be updated from time to time)

To look at the details of your own scheme, all you need is your **laya healthcare** membership number to register online.

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.

Day-to-day expenses

If you have other health expenses, like physiotherapy, GP or casualty visits, just keep your receipts throughout the year. Then, at renewal time, fill out an out-patient claim form which can be posted to you if requested or downloaded online and include all your receipts and send to:

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

Read on for a full explanation of our rules and benefits.

Reading your rules booklet

This booklet is broken into your:

1. Scheme rules which outlines definitions and the rules of your policy (pg 3-17), and

2. Table of benefits which outlines in detail the benefits received by you (pg 18-31)

Scheme rules for the Teach Choice and Teach Plus schemes

Effective from 1st May 2014

1. Introduction

You need to read these rules in conjunction with the current Table of Benefits for the Teach Choice and Teach Plus Suite schemes (see pages 18 to 31), including the notes (see page 29 to 31), 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:

Benefits

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

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).

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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

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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.

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 29 of the Table of Benefits.

Nurse

A **nurse** who is registered with An Bord Altranais 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 Chiropodists/ Podiatrists, the Institute of Chiropodists and Podiatrists, the Irish Chiropodists/Podiatrists Organisation Ltd, and/or the British Chiropody 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) a full member of the Irish Association of Counsellors and Therapists or The Irish Council for Psychotherapy or the Psychological Society of Ireland (child counselling only)
- a full member as a Clinical Psychologist in the clinical division of the Psychological Society of Ireland (adult counselling)
- (j) a member of the Association of Occupational Therapists of Ireland
- (k) a member of the Irish Nutrition and Dietetic Institute
- (I) 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 and/or the National Register of Reflexologists.

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- 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, The Register of Physical Therapists of Ireland or the Irish Institute of Physical Therapists
- (q) a member of the Irish Society of Hearing Aid Audiologists
- (r) a registered midwife who is a member of the Association of Lactation Consultants in Ireland and 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).

(s) a member of the Irish Voice Association.

Pre-existing condition

Any disease, illness or injury that a person has which began, or the symptoms of which began, before that person started his or her current continuous period of membership of the scheme.

Note that an illness or injury may be present for some time before giving rise to symptoms or being diagnosed. So, when deciding if a disease, illness or injury began before membership started, it is the date when it began that counts - not the date when a person became aware of having the disease, illness or injury, or of its symptoms.

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

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- St Francis, Mullingar
- St Joseph's Garden Hill, 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
- Mount Carmel, Dublin
- 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** Teach Choice and Teach Plus schemes, 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.

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.

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 the Teach Choice and Teach Plus schemes.

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.

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.

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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. Renewing your membership

(a) Your scheme membership needs to be renewed by you at the end of each year in order for it to continue. You can renew your membership at the end of each year (subject to Rule 10 on page 13) a further year unless we write to notify you at least 30 days before the end of the year 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 at your renewal date.

5. 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 10 on page 13).

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 Teach Choice and Teach Plus scheme brochure and we will send you updated details if you ask us to. A credit charge will apply if paying by instalments.

6. 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 nonpayment 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 midyear, 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 more than 6 months per calendar year or your membership is not renewed.
- (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) 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.
- (i) 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.

7. 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) 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.
- (d) 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.
- (e) 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.
- (f) 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.
- (g) 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.
- (h) 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.
- (i) 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.
- (j) 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.
- (k) 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.
- 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.
- (m) 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 25
- 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, €125 or €200 of the claim, depending on the hospital you choose, from the benefits payable under the laya healthcare Teach Plus scheme, for each claim for hospital treatment in a private hospital.

8. 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 and, except for the maternity waiting period, the length of a waiting period is determined by a person's age on their membership 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

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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 for those aged under 55 on their **membership start date**
- the first 52 weeks of membership for those aged 55 to 64 on their **membership start** date
- the first 104 weeks of membership for those aged 65 or over on their **membership start date**

The pre-existing condition waiting period is:

- the first five years of membership for those aged under 55 on their **membership start** date
- the first seven years of membership for those aged 55 to 59 on their membership start date
- the first 10 years of membership for those aged 60 or over on their membership start date

The maternity waiting period

• applies to Benefit 5 on page 25 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**.

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- (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) Treatment including drug therapy which we reasonably decide, based on established medical opinion in Ireland, is experimental or unproven. We may decide to pay for the type of treatment if it is offered to you, but we do not have to.
- (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 preapproved 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 specialty 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 outpatient treatment for dental injuries to the extent shown under Benefit 4 on page 19.

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: routine dental is not covered
 overseas.
- (k) Treatment relating to eating disorders or weight reduction other than anorexia nervosa or bulimia nervosa.
- Convalescence in a nursing home other than a registered nursing home under Benefit 6 on page 27.
- (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 26.
- (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.

9. 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.

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

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.

10. Changes to the agreement

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- (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 at least 30 days 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 at least 30 days 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.

11. 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.

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

- Expenses which you are entitled to recover from a third-party are excluded from benefit, but please note the following:
- 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 another person, known as a Third Party, and where you propose to pursue a legal claim against that party, laya healthcare will pay benefit in accordance with these rules provided that you (or the subscriber if you are under 18 years):
- (i) Complete in full the third-party section and sign the claim form which includes an undertaking to include all **benefit** paid by laya healthcare relating to any claim made against another party.
- (ii) Submit a fully completed undertaking, which will be relied on by laya healthcare once a copy of the Authorisation Form is received from the Injuries Board (refer to rule 4 on page 7), or from **your** solicitor in the form prescribed by laya healthcare: -"In consideration of laya healthcare discharging the eligible hospital and medical expenses of my/our client, I/we hereby understand to include as part of my/our client's claim the monies so paid by **laya healthcare** (details of which will be supplied by laya healthcare) and subject to any court order to the contrary to repay to laya healthcare, out of proceeds that come into our hands, all such monies paid by laya healthcare."

(iii) Notify laya healthcare in writing prior to the legal closure of the case.

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- (iv) Provide laya healthcare with full written details of any settlement.
- 3) No legal action proceedings Where a claim is not currently being pursued by you (or the subscriber if you are under 18 years), but in the future should you choose to proceed with a third party claim, or in the instance where our legal advisors advise us that expenses are recoverable from a third party, we will require you to:
- (i) Complete in full and sign the claim form which includes an undertaking to include all benefits paid by laya healthcare in any claim which may subsequently be made against a third-party responsible for causing the injury.
- (ii) Immediately notify laya healthcare in writing of the outcome of any such claim and repay the benefit paid by laya healthcare in full, subject to any court order to the contrary.
- 4) Injuries Board Where you submit a claim to the Injuries Board, laya healthcare will pay benefit in accordance with these rules provided that you (or the subscriber if you are under 18 years) complete in full and sign the accident section of the claim form.

This undertaking provided by **you** also authorises **laya healthcare** to provide the Injuries Board with details of all monies paid by **laya healthcare** relating to **your** claim, and requires **you** to provide **laya healthcare** with details of the Injuries Board's assessment.

Where the Injuries Board decides that the case would be more appropriately dealt with by the court, due to some legal dispute, and issues a letter of Authorisation, **laya healthcare** will rely on the undertaking that has been provided by **your** solicitor, in accordance with point 2(ii) above, and a copy of the Authorisation from the Injuries Board to proceed to the courts.

5) 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) complete in full and sign the accident section of the laya healthcare claim form and provide laya healthcare with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal.

The undertaking provided by **you** 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 us. In circumstances where such a case is unsuccessful, **laya healthcare** will not seek a refund of the **benefit** paid.

6) Unsuccessful/Withdrawn claims If a claim against a third party is not successful or is withdrawn, laya healthcare will not seek a refund of the benefit paid provided that you arrange for full written details of the case to be supplied by you from your solicitor, outlining to the satisfaction of laya healthcare the reasons why the case was unsuccessful or was discontinued.

7) Disclosure It is the responsibility of a 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 full benefit. Failure to do so will result in the refusal of any subsequent claims relating to the accident/incident.

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 also be shared with other insurers, either directly or through people acting for the insurer such as Investigators, where we are entitled to do so under the Data Protection Acts. 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

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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 illhealth;
- · 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/convalescence 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.

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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. Please review your information and contact us if you wish to make changes.

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12. 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.

13. 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. Phone: **1890 700 890**

If **you** remain dissatisfied **you** may appeal to the Managing Director by writing to him at the same address.

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 Teach Choice and Teach Plus schemes

The following Table of Benefits must be read subject to the notes starting on page 29.

Benefit 1

Hospital charges for in-patient treatment, day-case treatment and surgical outpatient treatment (see note 1 on page 29)

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 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 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 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 29.

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

Please remember that **laya healthcare** shall deduct \in 50, \in 125 or \in 200 of the claim, depending on the hospital **you** choose, from **benefits** payable under the **laya healthcare** Teach Plus scheme for each claim for **hospital** charges for **treatment** in a private hospital in accordance with rule 7(n) on page 10.

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

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on page 31)

We will pay consultants' fees for providing inpatient 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 outpatient treatment (see note 2 on page 31)

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 **inpatient treatment** or **day-case treatment** at that **hospital** under their **scheme**:

Hospital charges

Full refund (see note 1 on page 29)

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 \in 50, \in 125 and \in 200 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 31)

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 25.

Important note

The payment of benefits under benefits 4 (1) to 4 (21) inclusive will be made subject to the outpatient excesses of \in 400 or \in 220 shown on page 25. The payment of benefits under benefits 4 (22) to 4 (26) inclusive will be made subject to the \in 1 excess shown on page 25.

	Benefit	Teach Choice	Teach Plus
1	Fees charged for radiology 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 consultants' fees for such treatment.	
2	Fees charged for pathology by consultants	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 a includes CT scans, MRIs and PE GP/consulta	T scans. MRI scans must be on
4	Hospital charges or charges by a laya healthcare approved diagnostic centre for pathology.	Full refund	
5	Hospital casualty charges	Up to €20 fo	or each visit
6	Consultants' fees, for consultations other than in connection with radiology and pathology	Up to €51 per visit, other than to do with maternity. Full refund up to €250 (not subject to the excess) relating to maternity for each pregnancy.	Up to €51 per visit,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, osteopathy, reflexology (including baby reflexology)	Up to €20 for each visit per 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	Up to €20 for each consultation	
9	Charges for screening for cervical cancer and breast examination at a laya healthcare approved centre	Up to €30 each year	
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	

Charges for physiotherapy by a participating therapist 11

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Up to ${\textcircled{\sc eq}}$ of for each visit for up to 25 visits per year

	Benefit	Teach Choice	Teach Plus
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 31)	Up to €40 for each day and up t yea	
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	Up to €475 for	each accident
14	Charges for blood tests for prostate cancer screening at laya healthcare approved centres	Up to €20 o	each year
15	Charges by a participating therapist for speech and language therapy (on GP or consultant referral)	Up to €20 for each coi maximum of 12 v	
16	Charges by a participating therapist for occupational therapy	Up to $\ensuremath{\in}\xspace_2$ o for each visit for up to 12 visits each year	
17	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 €20 (each year
18	Charges by a participating therapist for physical therapy	Up to €20 for each visit up to a yea	
19	Charges for a laya healthcare approved sports health screen at a laya healthcare approved screening centre	Up to €150 for each visit up to two ye	
20	Charges for a GP health check	€50 each year	
21	Dean Clinics out-patient Mental Health Consultations	Up to \in 50 for each visit up to 12 visits per year	
22	Lois Bridges out-patient Mental Health Consultations	Up to €50 per visit, on receipts up to €288, up to 12 visits per year	
	Members can claim 50% bac	k on the following everyday m	edical costs
23	Charges for routine dental treatment	50% of the charges up to a ma maximum of four	

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	Benefit	Teach Choice	Teach Plus
24	Charges by a participating therapist for chiropractic visits	50% of the charges up to a maximum of €30 per visit for a maximum of six visits per year	
25	Charges by a participating therapist for chiropody/podiatry	50% of the charges up to a ma maximum of six	
26	Travel Vaccinations provided by a GP or consultant	50% refund up to a maximum of four visits	
27	Voice Coaching	Full re	fund
	The following charges will n	ot be subject to the excesses s	shown on page 25
28	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 re	fund
29	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 re	fund
30	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 re	fund

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	Benefit	Teach Choice	Teach Plus
31	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 re	efund
32	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 31).	No cover	Up to €100 for each day up to a maximum of 28 days.
33	Parent travel and accommodation benefit: we will pay up to €40 per night up to 14 nights per admission for the cost of accommodation and travel for a parent/guardian accompanying a child during an in-patient stay	No cover	 we will pay this benefit if the child is under 14 years of age at their last renewal date during the child's hospital admission. no benefit is payable for the first three days of in-patient stay. we will pay this benefit for up to 14 days per child per admission. the benefit is only payable when the child has received medically necessary treatment that is eligible for laya healthcare benefit and has an in-patient stay for more than three days. accommodation costs are limited to a hotel, B&B, hostel or hospital. There is no benefit towards the cost of food. travel costs are limited to public transport, taxi, hackney or car parking costs. only claims accompanied by dated receipts on headed paper are eligible for benefit. benefit will be paid directly to the member of laya healthcare.

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	Benefit	Teach Choice	Teach Plus
34	Counselling for a child under 18 years of age by a participating therapist	No cover	Up to €30 for each visit up to a maximum of eight visits each year
35	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.	
36	Hairpiece	Full refund for one hairpiec treat	
37	Charges by a participating therapist for manual lymph drainage	Up to €500 each year fol	llowing cancer treatment
38	Accommodation assistance grant for cancer patients travelling 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)	
39	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 refund	
40	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 refund	
41	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.	
42	Cover for Teacher Assistance Programme	Full c	cover

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. Your overall annual limit shall be \in 7,650 a year in aggregate. This is the maximum amount of benefits payable to you and your dependants under Benefit 4. Your excess shall be the first \in 440 of valid claims in aggregate for treatment that you and your dependants receive each year or the first \in 220 of valid claims for treatment that you receive each year if you have no dependants for benefits 4 (1) to 4 (20) inclusive. Your excess shall be \in 1 of valid claims for treatment that you receive for benefits 4 (21) to (25) inclusive each year.

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** outpatient 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.

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Benefit 5A

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:
 - €3,500 for a member of the Teach Choice
 - €4,000 for a member of the Teach Plus

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 \in 804 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 €3,500 for a member of the Teach Choice scheme and €4,000 for a member of the Teach Plus 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.

- (c) If Teach Choice and Teach Plus members stay in hospital for only two nights, we will pay the charges for home nursing by a nurse up to €600 (€450 on essentialCare) provided the combined total for hospital accommodation and home nursing does not exceed the amount specified at (a)
- (d) If Teach Choice and Teach Plus members stay in hospital for only one night, we will pay the charges for home nursing by a nurse (incurred within threee months after the delivery) of up to €1,200, provided the combined total for hospital accommodation and home nursing does not exceed the amount specified at (a)
- (e) Teach Plus members only: in addition to the above, we will pay €250, and for people under the CompleteCare scheme we will pay €200 for charges for the following treatments provided they are incurred within three months of the delivery or two months before the birth:
 - GP fees
 - · approved complementary therapists' fees
 - the cost of one dental examination
 - the cost of one optical test carried out by a practitioner with the FAOI qualification
 - charges for physiotherapy by a **participating therapist**
 - charges for chiropody by a participating therapist
 - nutritionist services provided by a member of the Irish Nutrition and Dietetic Institute
 - counselling by a participating therapist for postnatal depression
 - Midwifery services provided by a qualified midwife. Prenatal classes provided by a qualified midwife three months prior to the birth of the baby
 - up to €39 for a maternity bra
 - up to €100 towards infant massage classes carried out by a **participating therapist**
 - up to €30 towards breastfeeding consultancy for up to two visits to a breastfeeding consultant.

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

Benefit 5B

Infertility benefits (Available on the Teach Plus scheme only)

We will pay up to €1,000 of benefit per female recipient per lifetime towards intra Uterine insemination (IUI), In Vitro Fertilisation (IVF) and Intracytloplasmic Sperm Injection (ICSI) only in any Fertility Clinic accredited by the Irish Medicines Board and listed as a laya healthcare recognised clinic, at the time you recieve your treatment. These can change from time to time so please call us before having your treatment.

The following waiting periods apply for Infertility:

- the first 52 weeks of membership for those who join on or after August 1st 2009
- the first 52 weeks of membership for existing members that transfer or change between schemes to avail of this benefit on or after September 1st 2009
- the first 52 weeks for existing members on the schemes that have this benefit. The waiting period shall be reduced by a person's continuous period of cover (if any) on that scheme.

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 \in 30 for members of the Teach Choice scheme and \notin 55 per day for members of the Teach Plus scheme.

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

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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 Teach Choice and Teach Plus 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 repatriating 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 $\in 1,000$ towards the reasonable cost of evacuating to the nearest appropriate country or repatriating to Ireland, any one relative or companion who was travelling with them at the time.

We will only pay the costs of repatriation or evacuation which is arranged by a **laya healthcare** approved overseas provider. This company can be contacted on +353 21 422 2204.

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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.

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

GP Line - 1890 907 647 (AVAILABLE ON THE TEACH PLUS SCHEME ONLY)

GP Line is a confidential GP telephone consultation service available to members of the Health Smart scheme only. The service is open 24 hours a day, 365 days a year and provides advice, reassurance and, where appropriate, diagnosis of your 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 British Courts.

Note 1

We will pay **benefits** under benefit 1 and 3 as follows, if the hospital charges for **treatment** are not shown in the **laya healthcare participating hospital list** to be fully covered under the member's chosen scheme.

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

(i) Treatment received by Teach Plus scheme members at the Mater Private Hospital and the Blackrock Clinic.

If a person who is a member of the Teach Plus scheme receives **in-patient treatment** at the Mater Private Hospital or the Blackrock Clinic, we will refund the hospital charges covered under Benefit 1 in full less €255 for each day of **treatment**. We reserve the right to change these amounts by up to 20% on an annual basis.

If the person receives **day-case treatment** or **surgical out-patient treatment** at these hospitals, we will refund the charges covered under Benefit 1 in full for such charges less the deduction referred to below.

Please note that **laya healthcare** shall deduct €200 from the benefits payable for each claim for **treatment** in the Mater Private Hospital, and the Blackrock Clinic. Please note that no cover is provided at these hospitals for **treatment** received by Teach Choice members except as outlined at (iv) and (v).

(ii) Treatment received by the Teach Plus scheme members at a **laya healthcare** participating private hospital, including the Beacon hospital, other than the Mater Private and the Blackrock Clinic

If a person who is a member of the Teach Plus scheme receives private accommodation and the minimum plan required for full cover is the Health Manager Gold scheme, we will refund the charges covered under Benefit 1 in full for such treatment less €150 for each day of treatment .

If a person receives day-case, surgical out-patient treatment or semi-private accommodation at, **laya healthcare** shall deduct \in 50 or \notin 125 from the benefits payable for each claim for treatment depending on the private hospital you choose.

Please note that no cover is provided in private hospitals for treatment received by Teach Choice scheme members except as outlined at (iv) and (v).

(iii) Northern Ireland

Notwithstanding Rule 8(g) on page 11, **laya healthcare** will pay hospital charges covered under Benefit 1 in full for **in-patient**, **day-case** or **surgical out-patient treatment** received at the following hospitals in Northern Ireland:

- Altnagelvin, Derry
- Daisy Hill, Newry
- · Royal Victoria Hospital, Belfast

We will pay hospital charges less €150 per night if the **treatment** is received in a private room in one of the hospitals listed below. We reserve the right to change these amounts by up to 20% on an annual basis. Please note that **laya healthcare** shall also deduct €125 from the **benefits** payable for each claim for **treatment** in the following hospitals:

The North West Independant Hospital, Derry The Ulster Independant Clinic, Belfast We will pay all claims in euro.

(iv) Treatment received by the Teach Choice and Teach Plus scheme members at a laya healthcare participating public hospital

If a person who is a member of the Teach Choice scheme receives private accommodation in a participating public hospital, we will pay charges for Benefit 1 up to semi-private accommodation.

If a person who is a member of the Teach Plus scheme receives private accommodation in a participating public hospital, we will pay charges for Benefit 1 up to private accommodation.

(v) 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.

(vi) Mater Private Hospital, Beacon Hospital, Blackrock Clinic and Galway Clinic

We will provide a full refund for **hospital** charges for **treatment** received in the Mater Private Hospital, the Blackrock Clinic, the Beacon Hospital and the Galway Clinic for certain types of specialist cardiac surgery under the Teach Plus scheme. We will also provide a full refund for **hospital** charges for **treatment** received in the Mater Private hospital for certain types of specialist cardiac surgery under the Teach Choice scheme (we may change these **hospitals** for this benefit from time to time. Please ask for details). A list of the specialist cardiac surgery for which we will pay **benefits** in full at these hospitals is available on request.

(vii) Cahercalla Hospital, Ennis, and Park West Clinic, Dublin 12, Cork Clinic.

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

Please contact us prior to admission to the Cork Clinic to ensure your treatment is covered.

(viii) St Francis, Mullingar, and St Joseph's, Garden Hill, Sligo

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

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

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

(x) Treatment for which you are entitled to claim benefits under Benefit 1

And none of the **hospitals** is able to provide the **treatment**, we will arrange for **you** to receive such treatment within three months of **you** needing such **treatment** at a hospital elsewhere in Ireland or the EU to be chosen by us. We will also pay for **your** reasonable travel expenses for travelling between **your** home and the hospital to receive the **treatment**.

(xi) 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.

(xii) 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.

(xiii) Lois Bridges

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.

We will only pay benefit for a maximum of 40

days for in-patient treatment in the Lois Bridges Clinic. This benefit is for treatment received in relation to Anorexia and Bulimia. Any in-patient treatment in the Lois Bridges Clinic must be preauthorised by laya healthcare.

(xiv) Specified Orthopaedic Procedures

For members of the Teach Plus scheme;

For Specified Orthopaedic Procedures carried out in the Galway Clinic and the Beacon Hospital the specified shortfall is the cost payable by you directly to the hospital. 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.

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Hospital List, with private hospital excess

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Hospital/County	Teach Plus Private Hospital Excess
CAVAN	
Cavan General hospital	
CLARE	
Cahercalla hospital (this hospital has day-case facilities only)	€50
Mid Western Regional hospital, Ennis	
Bushypark Treatment Centre	
CORK	
Bantry General hospital	
Bon Secours hospital	€125
Cork Clinic	
Cork University hospital	
Cork University Maternity Hospital	
Cuan Mhuire, Farnanes	
Mallow General hospital	
Marymount Hospice	
Mercy University hospital	
Mater Private Cork	€125
South Infirmary/Victoria hospital	
St. Mary's Orthopaedic hospital	
Tabor Lodge	
DONEGAL	
Letterkenny General hospital	
White Oaks Treatment Centre	
DUBLIN	
Adelaide & Meath hospital incorporating The National Children's hospital, Tallaght	
Beacon hospital	€125
Beaumount hospital	
Bon Secours hospital, Glasnevin	€125
Cappagh National Orthopaedic hospital	
Children's University hospital, Temple street	
Coombe Women's hospital	
Highfield hospital, Dublin 9	
Hermitage Clinic, Lucan	€125
Incorporated Orthopaedic hospital, Clontarf	
James Connolly, Blanchardstown	

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

Hospital/County	Teach Plus Private Hospital Excess
Lois Bridges Treatment Centre	
Mater Misericordia hospital	
Mount Carmel hospital	€125
National Maternity hospital, Holles Street	
National MS Centre, Rathgar (this hospital has private rooms only)	€50
Our Lady's Hospice Harold's Cross	
Our Lady's hospital for sick children, Crumlin	
Park West Clinic, Dublin 12	€50
Peamount hospital	
Rotunda hospital	
Royal Victoria Eye & Ear hospital	
Rutland Centre	
Sports Surgery Clinic, Santry	€125
St. Columcille's, Loughlinstown	
St Edmundsbury, Lucan	
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
St Vincent's University hospital	
GALWAY	
Bon Secours hospital	€125
Cuan Mhuire, Coolarne	
Galway Clinic	€125
Merlin Park Regional hospital	
Portiuncula hospital, Ballinasloe	
University College hospital	
KERRY	
Bon Secours hospital, Tralee	€125
Kerry General hospital	
Talbot Grove, Castleisland	

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

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Hospital/County	Teach Plus Private Hospital Excess
KILDARE	
Clane General hospital	€50
Cuan Mhuire, Athy	
General hospital, Naas	
KILKENNY	
Aislinn Treatment Centre	
Kilcreene hospital	
Aut Even hospital	€50
St Luke's General hospital	
LAOIS	
Midland Regional hospital, Portlaoise	
LEITRIM	
Our Lady's hospital Manorhamilton	
LIMERICK	
Barrington's hospital	€50
Cuan Mhuire , Bruree	
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	
Hope House, Foxford	
Mayo General hospital, Castlebar	
MEATH	
Navan General hospital	
MONAGHAN	
Monaghan General hospital	
OFFALY	
Midland Regional hospital (Tullamore)	
ROSCOMMON	
Roscommon County hospital	

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

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Hospital/County	Teach Plus Private Hospital Excess
SLIGO	
Sligo General hospital	
St. Joseph's Garden Hill	€50
TIPPERARY	
Aiseiri Centre, Cahir	
Nenagh General hospital	
South Tipperary General hospital, Clonmel	
WATERFORD	
Waterford Regional hospital	
Whitfield Clinic	€125
WEST MEATH	
Midland Regional hospital (Mullingar)	
St. Francis, Mullingar	€50
WEXFORD	
Aiseiri Centre	
Wexford General hospital	
Ely hospital	
NORTHERN IRELAND*	
Altnagelvin, Derry	
The North West Independent hospital, Derry	€125
The Ulster Independent Clinic, Belfast	€125
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	Teach Plus Private Hospital Excess
DUBLIN	
Hampstead Clinic	
St. Patrick's & St. Edmundsbury Hospital	
St. John of God's	

No excess or shortfalls will apply for these private psychiatric hospitals/facilities

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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	52 weeks	52 weeks	104 weeks	
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	7 years	10 years	10 years	
How long before you can claim benefit for maternity cover?	1 year Not Applicable				
In addition, if you're upgrading your level of cover/benefi will apply regardless of how long you have been insured:	ts the follo	owing wa	iting pe	riods	
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 N		Not App	Not Applicable	
The following waiting periods will apply for infertility tre	atment				
Waiting periods for infertility*	 The first 52 weeks of membership The first 52 weeks of membership for existing members that transfer or change between schemes to avail of this benefit The first 52 weeks for existing members on the schemes that has this benefit. The waiting period shall be reduced by a person's continuous period of cover (if any) on that scheme. 				

*Applies to Teach Plus scheme members

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 9 point F (i) and (ii) and point ${\sf G}$





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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
- · Students and apprentices charged at a child rate
- 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 o1 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 is regulated by the Central Bank of Ireland.

LAYA-TeachRules-004-03/14



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