Total Health No Excess, Total Health Choice,
Total Health Complete, Total Health Complete 175,
Total Health Plus, Total Health Select

Rules booklet



## Welcome to Laya Healthcare

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

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

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

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

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

This rules booklet contains very detailed legal information about our 'Total Health' schemes and is a reference guide to your Total Health Scheme Detail Summaries.

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 3.3opm 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, T45 E181.

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## Serving you online with Member Area

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

- Manage your policy
- Review your hospital and scan centres cover
- Access your policy documentation, including claim forms
- · Check your claims history

Just visit www.layahealthcare.ie/memberarea

## 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, PO Box 12679, Dublin 15.

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 3-18), and
- 2. Table of benefits which outlines in detail the benefits received by you (pg 19-33)

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## Scheme rules for the Total Health Suite

Effective from 1st March 2016.

## 1. Introduction

You need to read these rules in conjunction with the current Table of Benefits for the Total Health Suite schemes (see pages 19 to 33), including the notes (see pages 33 to 35), 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 are written in bold throughout the remainder of the booklet.

The following words and phrases in **bold** have the meanings shown below.

## Age of Entry

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

#### **Benefits**

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

#### **Clinical Psychologist**

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

#### Consultant

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

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

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

#### Cosmetic treatment

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

### Day-case treatment

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

#### **Dental Practitioner**

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

## Dependants

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

#### **Emergency dental treatment**

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

#### Female recipient

The **female recipient** of the specified infertility treatment available on one of the schemes and who is named on a **laya healthcare** membership certificate.

#### Full cover scheme

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

#### General medical practitioner/GP

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

#### Health insurance contract

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

#### Hospital

This means a laya healthcare participating hospital.

#### In-patient treatment

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

#### Ireland

Ireland excluding Northern Ireland.

## Laya healthcare's list of approved appliances

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

#### Lifetime Community Rating Health Insurance Contract

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

## Lifetime Community Rating Regulations

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

#### Membership start date

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

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#### Midwife

A **midwife** registered on the midwife register with An Bord Altranis.

#### 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(ii) on page 33 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) the British Medical Acupuncture Society, the Acupuncture Foundation Professional Association and/or is accredited to the British Acupuncture Council and/or the Academy of Chinese Culture and Medicine
- a person who is on the professional register of the Irish Society of Homeopaths or the Irish Medical Homeopathic Association
- a member of the Chiropractic Association of Ireland (CAI) and McTimoney Chiropractic Association of Ireland
- (g) a member of the Osteopathic Council of Ireland and the Association of Osteopaths in Ireland
- (h) for the purpose of child counselling a full member of the Irish Association of Counsellors and Therapists or The Irish Council for Psychotherapy or the Psychological Society of Ireland
- (i) for the purpose of adult counselling a full member as a Clinical Psychologist in the clinical division of the Psychological Society of Ireland
- (j) a member of the Association of Occupational Therapists of Ireland
- (k) a member of the Irish Nutrition and Dietetic Institute
- (I) a member of the International Association of Infant Massage
- (m) a member of MLD (Manual Lymph Drainage) Ireland
- a member of the Irish Reflexologists Institute, the Federation of Holistic Therapists Ireland and/or the National Register of Reflexologists.
- (o) a member of the British and Irish Orthoptic Society and/or Fellow of the Association of Optometrists 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.)

#### **Pre-existing condition**

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

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

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

## Private hospitals Tier (Level) 1

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

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

## Tier (Level) 2

· Bon Secours Hospital (Cork, Tralee, Galway

- and Dublin)
- · Galway Clinic
- Hermitage Medical Clinic, Dublin
- Mater Private Cork
- North West Independent Hospital, Derry
- St Vincent's Private Hospital, Dublin
- Ulster Independent Clinic, Belfast
- Whitfield Clinic, Waterford
- · Sports Surgery Clinic, Dublin

#### Tier (Level) 3 - Hi Tech Hospitals

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

#### **Public hospital**

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

#### Laya healthcare participating hospital

Any hospital listed in the laya healthcare participating hospital list at the time you receive your treatment. For members of the laya healthcare Total Health 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.

## **Qualifying Period of Unemployment**

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

#### Registered medical practitioner

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

#### Registered nursing home

A **nursing home registered** pursuant to the Health Act 2007.

#### Renewal date

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

#### Routine dental treatment

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

#### Schedule of benefits

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

#### Scheme

Scheme means whichever laya healthcare health insurance scheme you are a member of, such as Total Health No Excess, Total Health Choice, Total Health Complete, Total Health Complete 175, Total Health Plus and Total Health Select.

#### 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

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

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

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

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

#### **Treatment**

Any health services a person needs solely for the medical investigation, **treatment**, cure or alleviation of the symptoms of illness or injury. the **treatments** which are covered and/o

The **treatments** which are covered and/or level of cover for those **treatments** may change during the **Year** (for example where a procedure is re-designated or is no longer covered by **laya healthcare** in a participating hospital), so please check with us before booking in for those **treatments** that **you** are properly covered for the relevant **treatment**. We will send **you** a copy of the most up to date **treatment** list if you ask us to.

#### Year

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

#### You/your

This means you the main member and your dependants.

## 3. Joining the scheme

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

# 4. Your membership certificate

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

#### LCR Credit Months:

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

#### PMI:

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

#### UE:

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

#### LCR Amount:

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

#### LCR Waivers:

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

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

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

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

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

# 5. Renewing your membership

- (a) Your membership of the scheme will automatically renew on your renewal date, each year (subject to Rule 11 on page 14) for a further year unless we write to notify you that we have decided to end the scheme. In that case, your scheme membership will end at the end of the year in which we notify you of our decision.
- (b) You renew your membership of the schemes by continuing to pay your subscriptions after your renewal date.

## 6. Your subscriptions

You must pay the subscriptions you have agreed with us for your membership of the scheme when it falls due. We may increase the subscriptions you have to pay each year (see Rule 11 on page 14).

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 brochure and we will send you updated details if you ask us to. A credit charge will apply if paying by installments.

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

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

# 7. Ending your membership

- (a) You have the right to cancel your membership of the scheme by writing to us within 14 days of you receiving your first membership certificate. We will give you a full refund of any money you have paid us as long as you have not made any claims.
- (b) Your contract is for a period of one year unless we agree to a different period when commencing your policy. If you do cancel mid-year, you will not receive any refund on your premium. In the event of non-payment in accordance with the payment terms of your contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of your non-payment.
- (c) You may also cancel the membership of any of your dependants of their scheme by writing to us within 14 days of you receiving your first membership certificate which lists them as a member. We will give you a full refund of any money you have paid for those dependants, whose membership you have cancelled within 14 days, as long as no claims have been made in respect of them.
- (d) Your dependants contract is for a period of one year unless we agree to a different period when commencing your policy. If you do cancel your dependents 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 a consecutive six month period.
- (g) We may end your membership of the scheme by writing to you if you do not pay any or part of your subscriptions on the date they are due. If your membership ends because you do not pay your subscriptions, we may allow you to continue your membership, as long as you pay the subscriptions you owe within 30 days.
- (h) Where a change made to your policy increases your subscriptions and we choose to cancel your policy in accordance with 7(g), we may cancel your policy from whatever period your subscriptions provide cover for.
- (i) If a person's membership of the scheme ends because we end their membership (eg. for fraudulent misrepresentation), we will give a refund of subscriptions paid for them for the period after their membership ends.
- (j) If you cease to be a member of your scheme for any reason at any time, the membership of each of your dependants on the scheme will also end at the same time unless we otherwise agree in writing at the time. Your dependants will need to make their own arrangements with us to continue their membership of their schemes. They can do this by telephoning or writing to us. We will explain to them what they will need to do.

# 8. What is covered under the scheme

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

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

- (ii) The maximum number of days of in-patient treatment for alcoholism, drugs or substance abuse for which we shall pay benefits for any person in any continuous period of five years shall be 91 less the number of days of such treatment received by that person during the same five-year contract period in respect of which a payment has been made by us or any other health insurance contract.
- (h) The maximum number of days of in-patient treatment and day-case treatment combined for which we shall pay benefits for any person in any calendar year shall be 180 less the number of days of such treatment received by that person during the same calendar year for which any payment has been made or is payable under any health insurance contract. In the case of anyone who joins or cancels during the year, their number of eligible days for in-patient or day-case treatment will be calculated on a pro rata basis.
- (i) We will only pay benefits in relation to the diagnosis or treatment of illness or injury of a person which would be accepted generally by the medical profession in Ireland as appropriate and necessary, having regard to the standards of medical practice and to the nature and cost of any other recognised forms of treatment as well as to all the circumstances relevant to the person.
- (j) We do not have to pay benefits for in-patient treatment provided by a hospital if we are of the reasonable opinion, based on appropriate medical advice, that the treatment could have been received as day-case treatment or out-patient treatment. We also do not have to pay benefits for day-case treatment if we are of the reasonable opinion, based on appropriate medical advice, that the treatment could have been received as out-patient treatment. However, we will pay benefits for such treatment as follows:
  - if you receive in-patient treatment and we determine that the treatment could have been received as day-case treatment, we may treat such treatment as day-case treatment for the purpose of paying benefits

- if you receive in-patient treatment or day-case treatment and we determine that the treatment could have been received as out-patient treatment, we may treat such treatment as out-patient treatment for the purpose of paying benefits.
- (k) Despite anything to the contrary in these rules and the Table of Benefits, you may claim any benefits we are required to pay under the minimum benefit regulations.
- (I) 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 5A on page 30
- 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 a **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 €100 in claims from the

benefits payable under the **laya healthcare** Total Health Plus scheme, for each claim for hospital treatment in a **private and Hi Tech hospital**.

# 9. What is not covered under the scheme

#### We will not pay benefits for the following

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

## There are three waiting periods that apply under the scheme

- the initial waiting period this applies to any treatment that a person may require
- the pre-existing condition waiting period this only applies to treatment which a person requires for a pre-existing condition
- the maternity waiting period this only applies to treatment that a person requires for pregnancy or childbirth.

## The initial waiting period is

the first 26 weeks of membership

## The pre-existing condition waiting period is

the first five years of membership

## The maternity waiting period applies

 to Benefit 5 on page 30 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 while he or she is not a member of the scheme.

- (b) Treatment directly or indirectly relating from or to do with male or female birth control, infertility or assisted reproduction. This exclusion will not apply to investigations relating to infertility or the approved infertility benefit as outlined in Benefit 5B.
- (c) Any treatment including drug therapy, device and procedure, which is experimental and unproven and not recognised as a standard treatment in Ireland, UK and Europe.
- (d) Cosmetic **treatment**, except the correction of accidental disfigurement or significant congenital disfigurement or significant disfigurement due to disease.
- (e) Treatment where injury or illness is caused by 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 while 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, 9 and 11 of the Table of Benefits (see page 32 and 33). We will not pay benefits if any of the following apply to the person who receives the treatment:
  - if you are receiving treatment at the time of travel and/or you know before you travel that treatment may be required while temporarily overseas

- you travelled abroad despite being given medical advice that you should not travel abroad
- you were told before travelling abroad that you were suffering from a terminal illness
- you travelled abroad to receive treatment
- you knew you would need the treatment before travelling abroad

This exclusion will not apply to treatment that we have agreed **you** may receive in a hospital in the EU and which has been pre-approved by us because the treatment is not available in Ireland.

- conditions arising from deliberately injuring yourself
- conditions arising from alcohol and drug abuse
- conditions arising from a psychiatric condition
- injuries caused during mountaineering, motor competitions and competitive professional sport
- convalescence or rehabilitation services
- injuries you received while breaking the law
- pregnancy-related admissions or giving birth after 34 weeks
- expenses incurred after a member has been discharged from hospital
- injuries caused by air travel unless you are a passenger on a licensed aircraft operated by an airline.
- (h) Treatment provided by a consultant whom the Irish Medical Council does not recognise as having knowledge and expertise in a 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.

We will only pay **benefits** for the following **treatment** if **you** get our permission beforehand:

- periodontal mucoperiosteal flap surgery
- removal of buried teeth (single or multiple)
- removal of buried or impacted tooth/teeth.
   Please note: emergency or routine dental is not covered overseas.
- (k) Preventive treatment such as check-ups or screening, except colon cancer screening provided by a participating hospital. This benefit is paid subject to certain clinical indicators. Please ask us for details. We will also pay for screening to the extent provided for under Benefit 4.
- (I) Treatment relating to eating disorders or weight reduction other than anorexia nervosa or bulimia nervosa.
- (m) Convalescence in a nursing home other than a registered nursing home under Benefit 6 on page 31.
- (n) Medical reports.
- (o) Any penalty charge in lieu of Health Act contributions.
- (p) Nursery fees.
- (q) Hearing aids, spectacles and contact lenses (except as specified in the Table of Benefits), dentures or orthodontic appliances.
- (r) 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
- (s) Charges for drugs or medication unless provided when an in-patient and as agreed with the hospital.
- (t) 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.
- (u) Vaccinations other than those specifically covered by **your** plan.

- (v) Long term care in a laya healthcare participating hospital which in the opinion of our medical advisors is in relation to rehabilitation or convalescence.
- (w) Any treatment or provider unless we have specified that we provide full cover.

## 10. Making a claim

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

This can include:

- any medical reports and other information to do with the treatment for which you are making a claim
- the results of an independent medical examination which we may ask you to undergo
- original accounts and invoices for the benefits you are claiming
- written confirmation from you as to whether or not you think you can recover the cost of the benefits from another person or insurance company
- details of any health insurance contract

- under which **you** were covered prior to becoming a member of the **scheme**
- original flight/travel tickets which will act as proof of your stay outside of Ireland up to but not exceeding 180 days in each calendar year.
- (d) Notwithstanding Section 9(c)1, we shall only pay benefits for out-patient treatment after your renewal date. Claims for out-patient treatment submitted to us prior to your renewal date will not be processed and shall be returned to you.
- (e) In order to process a claim we require a fully completed claim form. If information required to process the claim is incomplete or ambiguous on the claim form, our claims department will follow up with the necessary party to obtain this information.

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

#### **Appeals**

If we decline **your** claim, **you** may appeal in writing or phone to the Claims Appeals Department, laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181. Phone: 1890 700 890.

#### **Important Note**

#### FRAUD POLICY:

- Laya healthcare operates a fraud policy in respect of all claims made under our Health Insurance Contract.
- Members should note that regular audits of claims are undertaken by laya healthcare.
- In all instances where fraud is suspected in respect of a particular claim, a full and comprehensive investigation will be carried out by us.
- If, following that investigation, a finding of fraud is made or if a claim be deemed in any respect fraudulent, the claim shall be disallowed in its entirety.
- If, after that investigation, a finding of fraud is made, or if a claim is in any respect fraudulent or dishonest and submitted with

- a view to obtaining any **benefit** under this policy, all **benefit** under this policy shall be forfeited. For example, overstatement of any medical fees incurred.
- Any member found guilty of submitting a fraudulent claim shall have their health insurance contract suspended with immediate effect.
- All claims of whatever nature being considered under that individual member shall be suspended with immediate effect.
- In addition, if any claim is fraudulent in any respect, laya healthcare reserves the right to refer the matter and details of the claim to the appropriate authorities to prosecute the member.

# 11. Changes to the agreement

- (a) We may change any of the terms of your membership of your schemes each year on your renewal date. These changes can include, for example, how much your subscription will be and how often you have to pay it. The changes can also include changes to the benefits. We will not add any restrictions or exclusions to your cover that are personal and specific to you concerning medical conditions that started after you joined the scheme. Changes will only apply to you for the period following the renewal date when the change was made. The changes will not apply to the period before the renewal date.
- (b) We will write to tell you about any of these changes before the renewal date on which they are to take effect.
- (c) We can increase or reduce the subscriptions you pay at any time if there is an increase or decrease in the rate of tax or any other government or statutory charge or if any new tax or government or statutory charge is introduced which is related to your health insurance contract with laya healthcare. If we do, we will only increase the subscriptions you have to pay to cover the cost to us of the changes in the taxes or charges. We will write to tell you before increasing your subscription.

(d) We may make any changes to the terms of your membership of the scheme and your subscriptions at any time if we are required to do so by law. We will write to tell you about any such change as soon as is reasonably practical and you may end your membership of the scheme within 14 days of us telling you about the change. If, as a consequence, you end your membership, we will refund any subscriptions that you have paid for the period after your membership ends.

# 12. General terms and conditions

- (a) Your policy and all communication between you and us will be in English.
- (b) These terms will be governed by Irish law and all matters to do with the schemes will be dealt with by the courts in Ireland.
- (c) We will not return any documents **you** send us, unless **you** ask us to do so at the time **you** send them to us.
- (d) Any changes to these terms will only be valid if they are made according to these rules or the Table of Benefits, unless we agree any changes with you in writing. Nobody else can change your terms of membership of the scheme on our behalf or decide not to enforce any of our rights.
- (e) If we do not use our legal rights it does not mean we have given them up. We may use them in the future.
- (f) If you write to us about anything, you must send your letter by pre-paid post or deliver it personally to: Laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.

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

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

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

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

#### Third-party Claims

- 1) Expenses which you are entitled to recover and do in fact recover from another person/ legal entity (a Third-Party) are, where laya healthcare has already paid out in respect of the treatment concerned, required to be refunded to laya healthcare on the following basis:
- 2) Legal Action Proceedings Where a claim is submitted to laya healthcare in respect of treatment required as a result of an injury caused through the fault of a Third-Party, and where you propose to pursue a legal claim against that Third Party (a Third Party Claim), laya healthcare will pay benefit in accordance with these rules provided that you (or the subscriber if you are under 18 years of age) complete and sign the standard laya healthcare claim form (including the accident section).

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

- to incorporate a claim for all benefits/ medical treatment costs already paid out by laya healthcare in any Third Party Claim;
- (ii) to notify laya healthcare that you intend to commence or have commenced a Third Party Claim;
- (iii) to provide laya healthcare with full details in writing of the outcome of any Third Party Claim and/or settlement; and
- (iv) unless otherwise directed by a Court, to deduct from any amount received on foot of a successful Third Party Claim or settlement and refund (or direct your solicitor to refund) to laya healthcare directly, an amount equivalent to the benefits/medical treatment costs previously paid out by laya healthcare in respect of that Third Party Claim.
- 3) 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 of age) complete in full and sign the standard laya healthcare claim form (including the accident section).

The Authorisation Letter provided by **you** authorises laya healthcare to provide the Injuries Board with details of all **benefit**/ medical expenses 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, the provisions of Section 2) sub-sections (i) and (ii) will apply and should **you** decide to pursue the claim further through the Courts and/or to appeal a decision of the Injuries Board through the Courts system, laya healthcare will continue to rely on the undertakings provided by you in the Authorisation Letter.

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

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

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

## Data Protection Statement

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

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

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

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

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

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

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

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

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

We collect information about **you**, to include all necessary information as **laya healthcare** or

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

- records of physical or mental illness or 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.

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 optout of receiving such messages and information on each occasion we contact you by post, e-mail and sms text message.

**Your** information may also be used for these purposes for a period of 1 year after **your** policy has lapsed. Thereafter we will only contact **you** if **you** expressly request us to do so.

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

## 13. Tax relief

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

## 14. Making a complaint

We intend to provide a first-class service to our members at all times. However, if **you** are in any way dissatisfied, please phone or write to: The

Head of Customer Service, laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181. Phone: **1890 700 890** 

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

## Table of benefits for Laya Healthcare Total Health suite schemes

The following Table of Benefits must be read subject to the notes starting on page 33.

## Benefit 1

Hospital charges for in-patient treatment, day-case treatment and surgical outpatient treatment (see Note 1 on page 33)

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

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

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

their scheme.

We will pay these charges in full, subject to any excess applicable, for surgical out-patient treatment if the person receiving the surgical out-patient treatment does so in a laya healthcare participating hospital and that hospital's costs for the surgical out-patient treatment 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 33.

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

Please remember that laya healthcare shall deduct €50 or €125 depending on the hospital you choose, from the benefits payable under the Total Health Choice and Total Health Complete scheme, €50 or €175 on Total Health Complete 175 and €100 on the Total Health Plus scheme, for each claim for hospital charges for treatment in a private hospital. €200 shall be deducted from the benefits payable under the Total Health Choice , Total Health Complete and Total Health Complete 175 schemes and €100 from the benefits payable under the Total Health Plus scheme, for treatment in the Blackrock Clinic, Beacon Hospital or the Mater Private Hospital, in accordance with rule 8(m) on page 11.

## Benefit 2

Consultants' fees for in-patient and day-case treatment and consultants' and general medical practitioners' fees for surgical out-patient treatment (see note 2 on page 35)

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

If a person receives this **treatment** from a **consultant** 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** they receive.

If they receive the **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 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.

For members of the Total Health schemes, 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 35)

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

#### Benefit

- 1 Fees charged for radiology by consultants participating in the full cover scheme
- **2** Fees charged for pathology by **consultants**
- Hospital charges or charges by laya healthcare approved laboratory or diagnostic centres for radiology and pathology other than MRI services
- Charges for MRI services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre, that has not 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 practitioners or Consultant referral. For a full list of our scan centres please visit www.layahealthcare.ie/scans.
- 5 Hospital casualty charges
- 6 Consultants' fees for consultations other than in connection with radiology and pathology
- 7 Charges by a participating therapist for homeopathy, Chinese medicine/acupuncture, chiropractic, osteopathy, reflexology (including baby reflexology)
- **8** Charges by **GPs** other than for routine maternity (See Note 3 (f))
- 9 Charges for screening for cervical cancer and breast examination at a laya healthcare approved centre
- 10 Approved appliances
- 11 Charges for physiotherapy by a participating therapist
- Home nursing by a nurse for a person who is 18 years or over, immediately following in-patient treatment or daycase treatment, if recommended by the consultant providing the treatment (see note 3 (d))
- 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

#### Hospital charges

Full refund (see Note 1 on pages 33)

## 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

Note 1: In the cases of chemotherapy, radiotherapy and hemochromatosis carried out in private hospitals listed as fully participating, the excesses of €100 will apply on a per condition, per membership year basis.

## Benefit 4A

# (For members of Total Health (No Excess) scheme)

Hospital charges and Consultants' fees for non surgical out-patient treatment other than for radiotherapy or chemotherapy (see note 3 on page 35)

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

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

#### Important note

The payment of benefits under benefits 4A (1) to 4A (22) inclusive will be made subject to the excesses shown on page 30.

#### **Total Health (No Excess)**

Full refund in accordance with and up to the amount shown as the full rate in the schedule of benefits for Consultants' fees for such treatment.

Up to €20 for each referral.

Full refund

Full refund.

Up to €20 for each episode.

Up to €51 for each consultation other than to do with maternity, and up to €400 relating to maternity for each pregnancy.

Up to €20 for each visit for 12 visits per therapy each year (other than for reflexology) Up to €20 for each visit to a reflexologist for up to eight visits each year.

Up to €20 for each consultation.

Up to €30 each year.

We will refund up to the amount shown for the appliance on laya healthcare's list of approved appliances, some of which require a specific referral letter. Please contact us for details.

Up to €20 for each visit for 25 visits per year.

Up to €40 for each day and up to a maximum of 40 days each year.

Up to €510 for each accident.

#### Benefit

- 14 Charges for blood tests for prostate cancer screening at laya healthcare approved centres
- 15 Charges for routine dental treatments
- Charges by a participating therapist for chiropody/podiatry and occupational therapy
- Speech and language therapy (on GP or Consultant referral)
- Charges by a participating therapist for dietetic advice

Occupational assessments (hearing and optician visits). An eye test must be carried out by a practitioner (Fellow of the Association of Optometrists of Ireland (FAOI)), and/or the cost of glasses and/or the cost of contact lenses

- 20 Charges by a participating therapist for physical therapy
- 21 Charges for adult counselling by a clinical psychologist (for anybody aged over the age of 18 at their last renewal date)
- 22 Dean Clinics out-patient Mental Health Consultations
- 23 Lois Bridges out-patient Mental Health Consultations

#### The Following charges will not be subject to the excesses shown overleaf

- 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. For a full list of our scan centres please visit www.layahealthcare.ie/scans
- 25 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
- 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
- 27 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))
- 28 Breast prosthesis
- 29 Hairpiece
- 30 Charges by a participating therapist for manual lymph drainage
- Accommodation assistance grant for cancer patients travelling to a laya healthcare participating hospital or treatment centre for out-patient radiotherapy or chemotherapy treatment
- 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
  - 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
- Charges for a laya healthcare approved HeartBeat cardiac screen for all members aged 12 or over by a laya healthcare approved provider.

#### **Total Health (No Excess)**

Up to €20 each year.

Up to €25 each year.

Up to  $\ensuremath{\in} 20$  for each consultation for up to a maximum of five consultations per therapy each year.

Up to €20 for each consultation for up to a maximum of eight consultations each year.

Up to €20 for each consultation for up to a maximum of five consultations each year.

Up to €60 per year.

Up to €20 for each visit up to a maximum of eight visits each year.

Up to €20 for each visit up to a maximum of eight visits each year.

Up to €50 for each visit up to 12 visits per year

Up to €50 for each visit, on receipts up to €288, up to 12 visits per year

Full refund.

Full refund.

Full refund.

Up to €100 for each day up to a maximum of 28 days each year.

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 inpatient treatment.

Full refund for one hairpiece per year following cancer treatment.

Up to €500 each year following cancer treatment

Up to €100 for each day of treatment travelling a minimum of 40 miles to the treatment centre.

Full refund.

Full refund.

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

# Excess and overall annual limits

# (For members of the Total Health (No Excess))

We will pay valid claims for fees and charges covered under Benefit 4A for treatment that you and your dependants receive each year up to your overall annual limit with the exception of your excess. (Please note that your overall annual limit and excess, which applies to you and your dependants together, depends on which scheme you are a member of and not which scheme your dependants are members of).

#### Total Health (No Excess) members

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

# Special note for Benefits 4A(1), 4A(2), 4A(3) and 4A(4)

We will pay valid claims for fees and charges for treatment covered under Benefits 4A(1), 4A(2), 4A(3) and 4A(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 4A(1), 4A(2), 4A(3) and 4A(4) will count towards your overall annual limit under Benefit 4A.

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

as payable by laya healthcare for those fees and charges.

#### Benefit

- 1 Fees charged for radiology by **consultants** participating in the **full cover scheme**
- 2 Fees charged for pathology by consultants
- Hospital charges or charges by laya healthcare approved laboratory or diagnostic centres for radiology and pathology other than MRI services
- Charges for MRI services provided by a hospital or a laya healthcare approved laboratory or diagnostic centre that has not 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
- 5 Hospital casualty charges
- 6 Consultants' fees for consultations other than in connection with radiology and pathology
- 7 Charges by a participating therapist for homeopathy, Chinese medicine/acupuncture, chiropractic, osteopathy, reflexology (including baby reflexology)
- 8 Charges by GPs other than for routine maternity (See Note 3 (f))
- **Q** Charges for screening for cervical cancer and breast examination at a laya healthcare approved centre

#### **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

## Benefit 4B

(For members of the Total Health Choice, Total Health Complete, Total Health Complete 175, Total Health Plus and Total Health Select schemes)

Hospital charges and consultants' fees for non-surgical out-patient treatment other than for radiotherapy or chemotherapy (see Note 3 on page 35)

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.

## Total Health Choice/Total Health Complete /Total Health Complete 175 Total Health Plus | Total Health Select\*

50% of the charges or the amount shown as the standard rate in the **schedule of benefits** for **consultants**' fees for such **treatment**, whichever is higher.

50% of the charges or €20, whichever is higher.

50% of the charges or the amount prescribed in the minimum benefit regulations (being €7.62 for pathology and €19.05 for radiology plus €76.18 for CT,) whichever is the higher.

50% of the charges or the amount prescribed in the minimum benefit regulations, whichever is higher.

50% of charges up to €50 per visit.

50% of the charges for each consultation other than to do with maternity and 75% for members of the Total Health Select scheme. Up to €400 for Total Health Choice, €400 for Total Health Complete and Total Health Complete 175, €400 for Total Health Plus and €500 for Total Health Select relating to maternity for each pregnancy.

50% of the charges for each visit for up to 12 visits per therapy (other than for reflexology). 50% of the charges for each visit to a reflexologist for up to eight visits each year.

50% of the charges for each consultation and 75% of the charges for each consultation on the Total Health Select scheme.

50% of the charges.

#### Benefit

- 10 Approved appliances
- 11 Charges for physiotherapy by a participating therapist
- Home nursing by a nurse for a person who is 18 years or over, immediately following inpatient treatment or day-case treatment, if recommended by the **consultant** providing the treatment (see note 3(d))
- 13 Charges for physical therapy by a participating therapist
- Child Health Care Support Benefit: we will pay up to €250 for a child aged under 18 years of age, who has been in hospital for treatment for more than three consecutive days for the following treatments, provided they are incurred within three months of discharge (This benefit is not available on the Total Health Choice, Total Health Complete and Total Health Complete 175 schemes)
- 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
- 16 Charges for blood tests for prostate cancer screening at laya healthcare approved centres
- 17 Charges for routine dental treatment
- 18 Charges by a participating therapist for speech and language therapy (on GP or consultant referral).
- 19 Charges by a participating therapist for chiropody/podiatry and dietetic advice
- Fee for an eye test carried out by a practitioner with the FAOI (Fellow of the Association of Optometrists Ireland) qualification and/or the cost of glasses and/or the cost of contact lenses
- 21 Fee for a hearing test
- 22 Charges for a laya healthcare approved executive health check at a laya healthcare approved screening centre.
- 23 Counselling for a child under 18 years of age by a participating therapist
- 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 practitioners or consultant referral. For a full list of our scan centres please visit www. layahealthcare.ie/scans
- 25 Occupational therapy
- 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))

27 Breast prosthesis

## Total Health Choice/Total Health Complete /Total Health Complete 175 Total Health Plus | Total Health Select\*

We will refund up to 50% of the amount shown for the appliance on laya healthcare's list of approved appliances, some of which require a specific referral letter. Please contact us for details.

50% of the charges for 25 visits per year.

50% of the charges up to a maximum of €950, 50% charges up to a maximum of €850 on Total Health Complete and Total Health Complete 175 or €1,400 on the Total Health Select scheme.

50% refund on up to eight visits each year.

- · G.P. and consultant fees
- charges for acupuncture/Chinese medicine, chiropractic, homeopathy and osteopathy by a participating therapist up to a
  maximum of 12 visits.
- · radiology and pathology charges
- · charges for reflexology by a participating therapist up to a maximum of eight visits
- · charges for physiotherapy by a participating therapist up to a maximum of 25 visits.
- · charges for child counselling by a participating therapist up to a maximum of eight visits
- charges for speech therapy by a participating therapist up to a maximum of eight visits
- · dietician charges by a participating therapist up to a maximum of five visits
- occupational therapist charges by a participating therapist up to a maximum of five visits.

50% of charges up to a maximum of €300 on Total Health Choice, Total Health Complete, Total Health Complete 175 and Total Health Plus schemes and up to a maximum of €510 on Total Health Select for each accident.

50% of the charges for such tests.

50% of the charges up to a maximum of €300 for Total Health Plus and up to €500 on Total Health Choice, Total Health Complete, Total Health Complete, Total Health Complete, Total Health Complete 175 and Total Health Select.

50% of the charges for up to a maximum of eight consultations, plus 50% refund on 1 assessment, if billed, up to a maximum of €60 per year.

50% of the charges for each consultation up to a maximum of five consultations by each therapist per year.

50% of the charges for visits up to a maximum of €150.

50% of the charge up to a maximum of €40 each year.

50% of the charge for each screening up to a maximum of one visit every two years. A list of approved centres is available on request.

50% of the charges up to a maximum of eight consultations, plus 50% refund on one assessment, if billed, up to a maximum of €60 per year.

Full refund

50% of the charges for five consultations a year, plus 50% refund on one assessment, if billed, up to a maximum of €60 per year.

50% of the charges up to a maximum of €2,800 in total each year.

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.

Note: 75% back on GP and Consultant visits on Total Health Select or 75% if you spend over €630 in the year on all other out-patient receipts subject to the minimum and maximum limits.

#### Benefit

- 28 Hairpiece
- 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
- 30 Charges by a participating therapist for manual lymph drainage
- Accommodation assistance grant for cancer patients travelling to a laya healthcare participating hospital or treatment centre for out-patient radiotherapy or chemotherapy treatment
- 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. Please ask us for details
- Charges for DEXA Scan 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 Scan services. These may change from time to time. For a full list of our scan centres please visit www.layahealthcare.ie/scans
- 34 Charges for a laya healthcare approved sports health screen at a laya healthcare approved screening centre
- 35 Travel vaccinations provided by a GP or consultant
- 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
- 37 Charges for orthoptic visits by a participating therapist
- Parent Travel and Accommodation benefit: we will pay up to €105 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
- 39 Charges for adult counselling by a clinical psychologist (for any persons aged over the age of 18 at their last renewal date).
- 40 Charges for a laya healthcare approved HeartBeat cardiac screen for all members aged 12 or over by a laya healthcare approved provider.

- 41 Dean Clinics out-patient Mental Health Consultations
- 42 Lois Bridges out-patient Mental Health Consultations
- \* On the Total Health Select you will get 75% if you spend over €630 in the year on all outpatient receipts subject to the minimum and maximum limits.

## Total Health Choice/Total Health Complete /Total Health Complete 175 Total Health Plus | Total Health Select\*

Full refund for one hairpiece per year following cancer treatment.

Full refund

Up to €500 each year following cancer treatment.

Up to €100 for each day of treatment travelling a minimum of 40 miles to the treatment centre.

Full refund

Full refund

50% of the charges for each screen up to a maximum of one visit every two years

50% of the charge up to a maximum of €60 each year.

Full refund

50% of the charges up to a maximum of eight visits each year.

- 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 in-patient stay.
- · We will pay this benefit for up to 14 days per child per admission.
- The benefit is only payable where 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.

50% of charges up to €40 up to a maximum of eight visits per year.

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.

50% of the charges up to a maximum of 12 visits

50% of the costs, on receipts up to €288, up to 12 visits

# Excess and overall annual limits

## (for members of Total Health Choice, Total Health Complete, Total Health Complete 175, Total Health Plus and Total Health Select)

We will pay valid claims for fees and charges covered under Benefit 4B for treatment that you and your dependants receive each year up to your overall annual limit. Your overall annual limit shall be €7,650 a year in aggregate. This is the maximum amount of benefits payable to you and your dependants under Benefit 4B see page 25. Your excess shall be €1 of valid claims for treatment that you receive 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).

A valid claim means a claim for payment of fees and charges covered by benefit 4B 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.

## Benefit 5(A)

#### Maternity benefit

- (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 in respect of a person who is a member of Total Health (No Excess), Total Health Choice, Total Health Complete, Total Health Complete 175, Total Health Plus and Total Health Select schemes.

We will also pay consultants' fees for consultants' services provided in respect of a delivery in a hospital up to the amounts specified for those services in the schedule of benefits, subject to the overall maximum amount payable. The overall maximum amount payable by laya healthcare for services provided by consultants in respect of a delivery in hospital is €774 in total. This is the total amount payable overall and not the total amount payable for each consultant or service. These benefits are payable in lieu of any benefits payable under Benefit 1 and 2.

- (b) We will pay benefit up to a maximum of €3,500 in respect of a person who is a member of Total Health (No Excess), Total Health Choice, Total Health Complete, Total Health Complete 175, Total Health Plus and Total Health Select schemes on receipt of invoices and a signed claim form from a midwife registered with An Bord Altranis/GP for a normal delivery at home with your GP's or consultant's approval.
- c) If you stay in hospital for only two nights we will pay the charges for home nursing by a nurse (incurred within three months after your delivery) up to the following amounts provided the combined total for hospital accommodation and home nursing does not exceed the amount specified at (a) above:
  - €600 in respect of a person who is a member of the Total Health Choice, Total Health Complete, Total Health Complete 175 and Total Health Plus schemes.
  - €650 in respect of a person who is a

- member of the Total Health Select scheme.
- No cover for this benefit on the Total Health No Excess scheme
- (d) If you stay in hospital for only one night we will pay the charges for home nursing by a nurse (incurred within three months after your delivery) up to the following amounts, provided the combined total for hospital accommodation and home nursing does not exceed the amount specified at (a):
  - £1200 in respect of a person who is a member of the Total Health Choice, Total Health Complete, Total Health Complete 175 and Total Health Plus schemes scheme
  - €1300 in respect of a person who is a member of the Total Health Select scheme
  - No cover for this benefit on the Total Health No Excess Scheme.
- (e) In addition to the above, for people covered under the Total Health (No Excess), Total Health Choice, Total Health Complete, Total Health Complete 175 and Total Health Plus schemes we will pay €275 and €385 for members of the Total Health Select scheme, for charges for the following treatments, provided they are incurred within three months after 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 qualification FAOI
  - 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
- breastfeeding consultancy up to €30 per visit for a maximum of two visits.

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

## Benefit 5B

#### Infertility benefits (Total Health Choice, Total Health Complete, Total Health Complete 175 and Total Health Select Members 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 Intracytioplasmic 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 receive 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 inpatient treatment and a consultant confirms this to us in writing.

For members of the Total Health (No Excess) and Total Health Plus schemes we will pay each day up to €60.

For members of the Total Health Choice scheme we will pay €55 each day and €70 per day on the Total Health Select scheme.

For members of the Total Health Complete and Total Health Complete 175 scheme we will pay €50 each day.

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

## Benefit 7

#### Treatment in the EU

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

## Benefit 8

#### Emergency overseas cover

We will pay benefits for **in-patient treatment** up to an overall amount in total of €100,000 for each episode of illness or injury 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**. 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 €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.

If a case is being managed by **laya healthcare's** approved overseas provider the member must indicate at the outset whether they hold separate travel insurance in respect of their trip abroad. **You** must notify **laya healthcare** in writing if **you** wish to instigate any action against a third party following an accident abroad. Please refer to the third party section of this booklet.

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

## Benefit 9

#### Medical tourism - giving you a choice

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 a maximum level of cover your plan allows or 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 CareOnCall

#### Nurseline (1850 923 500)

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

#### GPline (1890 907 647)

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

#### Physioline (1890 904 079)

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

#### **GPlive** and prescription service

Laya healthcare is now offering a benefit for charges for an online GP consultation and prescription service provided by WebDoctor, a laya healthcare approved service provider The benefit is available on selected schemes where a number of consultations will be available.

This is a confidential service; appointments can be made online through a newly developed website www.careoncall.ie and/or through a CareOnCall app. Webdoctor GPs are working and living in Ireland and are registered with the Irish Medical Council. Through the prescription service, WebDoctor GPs can provide prescriptions for a range of medical conditions. Please refer to your table of benefits for cover details on your selected plan. This is not an emergency service. In an emergency you should always contact your own GP or the emergency services so as not to delay any necessary treatment.

## Benefit 11

#### EU treatment guarantee

If you are waiting for more than three months for a surgical procedure covered under your scheme, laya healthcare will arrange the procedure for you. This procedure may be undertaken in Ireland or another country and a different consultant may be used. Laya healthcare will pay for the procedure up to the level of cover available on your scheme. If your procedure is undertaken in a facility that is not covered under your scheme, you may be liable for shortfalls.

## Benefit 12

#### **Consultant Connections**

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

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

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

## Note 1

We will pay benefits under Benefits (i) and (iii) 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 Total Health members at the Mater Private Hospital, Beacon Hospital or the Blackrock Clinic.

If a person who is a member of the Total Health schemes receives **in-patient treatment** at the Mater Private Hospital, Beacon Hospital or the Blackrock Clinic we will refund the Hospital charges covered under Benefit 1 in full less €100 excess for Total Health Plus members per claim plus an additional €175 shortfall per night for Total Health (No Excess) and Total Health Plus members for treatment received in these Hi Tech hospitals.

If a person who is a member of the Total Health Choice, Total Health Complete and Total Health Complete 175 scheme receives in-patient treatment at the Mater Private Hospital, Beacon Hospital or Blackrock Clinic we will refund the Hospital charges covered under Benefit 1 in full less €200 excess per claim and an additional €195 shortfall per night, a shortfall of €175 per night will apply for Total Health Select members.

We reserve the right to change these amounts by up to 20% on an annual basis. The above amounts are effective from September 1st 2009.

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 €100 for each claim for Total Health Plus members.

## (ii) Northern Ireland

Not withstanding Rule 9(g) on page 12, for Total Health scheme members, 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 €50 per night for Total Health (No Excess) and Total Health Plus. Total Health Choice, Total Health Complete and Total Health Complete 175 members will pay hospital charges less €175 per night if the treatment 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. The above amounts are effective from September 1st 2009. Please note that **laya healthcare** shall also deduct €100 from the **benefits** payable for each claim for Total Health Plus, €125 from the benefits payable for each claim for Total Health Complete members and €175 from the benefits payable for each claim for Total Health Complete members and €175 from the benefits payable for each claim for Total Health Complete 175 members for **treatment** in the following Northern Ireland hospitals:

- The North West Independent Hospital, Derry
- The Ulster Independent Hospital, Belfast

### (iii) 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**.

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

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

### (v) Cahercalla Hospital, Ennis; Park West Clinic, Dublin 12 and Cork Clinic, Cork\*

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.

### (vi) St. Francis', Mullingar, and Kingsbridge Private Hospital, Sligo

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

### (vii) 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.

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

If you need treatment for which you are entitled to claim benefits under Benefit 1 and none of the hospitals is able to provide the treatment within three months of you needing such treatment, we will arrange for you to receive 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

### (ix) Treatment received by Total Health scheme members at a laya healthcare participating hospital other then the Mater Private Hospital, the Beacon Hospital or Blackrock Clinic

If the **treatment** the member receives at the hospital is **in-patient treatment** in private accommodation on the Total Health (No Excess) and Total Health Plus schemes, we will refund the charges covered under Benefit 1 in full for such treatment less a €50 shortfall for Total Health (No Excess) and Total Health Plus scheme members for each day of treatment.

### (x) 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.

### (xi) 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.

### (xii) Specified Orthopaedic Procedures

For members of the Total Health Choice, Total Health Complete, Total Health Complete 175, Total Health Select, Total Health No Excess and Total Health Plus schemes:

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

### Note 2

If you receive treatment from a consultant who is not participating in the full cover scheme, we will pay the 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 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 laboratory, screening, diagnostic centres and suppliers

The list of **laya healthcare** approved laboratory, screening, diagnostic centres and suppliers is available on request. The list of those **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 radiology 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) For pre-paid GP membership schemes

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

## Hospital List, including private hospital excess

(Private hospitals are in **bold**).

Hospital	Accomodation	Total Health (No Excess)	Total Health Choice / Total Health Complete / Total Health Complete	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice / Total Health Complete	Total Health Complete 175
CAVAN								
Cavan General Hospital	Private	Yes	Yes	Yes	Yes			
CLARE								
Cahercalla hospital (this hospital has day-case facilities only)	Day-case	Yes	Yes	Yes	Yes	€100	€50	€50
Mid Western Regional hospital, Ennis	Semi-private Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Bushypark Treatment Centre	Semi-private	Yes	Yes	Yes	Yes			
CORK								
Bantry General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Bon Secours hospital	Semi-private/day- case Private	Yes -	Yes -	Yes Yes	Yes -	€100	€125	€175
Cork Clinic	Limited out-patient surgical	Yes	Yes	Yes	Yes			
Cork University hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Cork University Maternity Hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Cuan Mhuire, Farnanes	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Mallow General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Marymount Hospice	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Mater Private Cork	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes	€125	€125	€175
Mercy University hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
South Infirmary/Victoria hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St. Mary's Orthopaedic hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Tabor Lodge	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
DONEGAL								
Letterkenny General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
White Oaks Treatment Centre	Semi-private	Yes	Yes	Yes	Yes			

<sup>\*</sup> Please call us for details if you are going in to a Northern Ireland hospital as shortfalls may apply.

Hospital	Accomodation	Total Health (No Excess)	Total Health Choice / Total Health Complete / Total Health Complete	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice / Total Health Complete	Total Health Complete 175
DUBLIN								
Adelaide & Meath hospital incorporating The National Children's hospital, Tallaght	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Beaumount hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Bon Secours hospital, Glasnevin	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Cappagh National Orthopaedic hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Children's University hospital, Temple street	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Coombe Women's hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Hermitage Clinic, Lucan	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Highfield hospital, Dublin 9	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Incorporated Orthopaedic hospital, Clontarf	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
James Connolly, Blanchardstown	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Lois Bridges	Semi-private/Private	Yes	Yes	Yes	Yes			
Mater Misericordia hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
National Maternity hospital, Holles Street	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
National MS Centre, Rathgar (this hospital has private rooms only)	Private	Yes	Yes	Yes	Yes	€100	€50	€50
Our Lady's Hospice Harold's Cross	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Our Lady's hospital for sick children, Crumlin	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Park West Clinic, Dublin 12	Day-case	Yes	Yes	Yes	Yes	€100	€50	€50
Peamount hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Rotunda hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Royal Victoria Eye & Ear hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Rutland Centre	Semi-private	Yes	Yes	Yes	Yes			
Sports Surgery Clinic, Santry	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Stanhope Centre, Grangegorman (Out-patient only)	Out-patient	Yes	Yes	Yes	Yes			

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Hospital	Accomodation	Total Health (No Excess)	Total Health Choice / Total Health Complete / Total Health Complete 175	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice / Total Health Complete	Total Health Complete 175
St. Columcille's, Loughlinstown	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St. James' hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St Joseph's hospital Raheny	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St. Joseph's Rehabilitation Centre, Harolds Cross	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St Luke's hospital, Rathgar	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St Michael's, Dun Laoghaire	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St Vincent's hospital, Fairview	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St Vincent's Private hospital	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
St Vincent's University hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
GALWAY								
Bon Secours hospital	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Cuan Mhuire, Coolarne	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Galway Clinic	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Merlin Park Regional hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Portiuncula hospital, Ballinasloe	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
University College hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
KERRY								
Bon Secours hospital, Tralee	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Kerry General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Talbot Grove, Castleisland	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
KILDARE								
Cuan Mhuire, Athy	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Clane General hospital	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€50	€50
General hospital, Naas	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			

Hospital	Accomodation	Total Health (No Excess)	Total Health Choice / Total Health Complete / Total Health Complete 175	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice / Total Health Complete	Total Health Complete 175
KILKENNY								
Aislinn Treatment Centre	Semi-private	Yes	Yes	Yes	Yes			
Kilcreene hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Aut Even hospital	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€50	€50
St Luke's General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
LAOIS								
Midland Regional hospital, Portlaoise	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
LEITRIM								
Our Lady's hospital Manorhamilton	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
LIMERICK								
Barrington's hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes	€100	€50	€50
Cuan Mhuire , Bruree	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Mid Western Orthopaedic hospital, Croom	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Mid Western Regional hospital, Dooradoyle	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Mid Western Regional Maternity hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Mid-Western Radiation Oncology Centre (this hospital is for out-patient treatment only)	Out-patient	Yes	Yes	Yes	Yes			
Millford Hospice, Castletroy	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St. John's hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
LOUTH								
Louth County hospital, Dundalk	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Our Lady of Lourdes hospital, Drogheda	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
MAYO								
Hope House, Foxford	Semi-private	Yes	Yes	Yes	Yes			
Mayo General hospital, Castlebar	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
MEATH								
Navan General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			

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Hospital	Accomodation	Total Health (No Excess)	Total Health Choice / Total Health Complete /Total Health Complete 175	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice / Total Health Complete	Total Health Complete 175
MONAGHAN								
Monaghan General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
OFFALY								
Midland Regional hospital (Tullamore)	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
ROSCOMMON								
Roscommon County hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
SLIGO								
Sligo General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Kingsbridge Private Hospital, Sligo	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€50	€50
TIPPERARY								
Aiseiri Centre, Cahir	Semi-private	Yes	Yes	Yes	Yes			
Nenagh General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
South Tipperary General hospital, Clonmel	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
WATERFORD								
Waterford Regional hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Whitfield Clinic	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
WEST MEATH								
Midland Regional hospital (Mullingar)	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
St. Francis, Mullingar	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€50	€50
WEXFORD								
Aiseiri Centre	Semi-private	Yes	Yes	Yes	Yes			
Wexford General hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Ely hospital	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			

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Hospital	Accomodation	Total Health (No Excess)	Total Health Choice / Total Health Complete /Total Health Complete	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice / Total Health Complete	Total Health Complete 175
NORTHERN IRELAND*								
Altnagelvin, Derry	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
The North West Independent hospital, Derry	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
The Ulster Independent Clinic, Belfast	Semi-private/day- case Private	Yes —	Yes —	Yes Yes	Yes —	€100	€125	€175
Daisy Hill, Newry	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			
Royal Victoria hospital, Belfast	Semi-private/day- case Private	Yes Yes	Yes Yes	Yes Yes	Yes Yes			

Private Psychiatric Hospitals/Facilities	Total Health (No Excess)	Total Health Choice /Total Health Complete/ Total Health Complete 175	Total Health Select	Total Health Plus	Excess for Total Health Plus	Excess for Total Health Choice /Total Health Complete/ Total Health Complete 175
DUBLIN						
Hampstead Clinic						
St. Patrick's & St. Edmundsbury Hospital						
St. John of God's						

No excess or shortfalls apply to these private psychiatric hospitals/facilities

## 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?	Imn	nediately fo	r all age gro	ups	
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?					
How long before you can claim for any disease, illness or injury which began or the symptoms of which began before membership started?	5 years for all age groups				
How long before you can claim benefit for maternity cover?	1 year	I	Not Applica	lot Applicable	
In addition, if you're upgrading your level of cover/benefits apply regardless of how long you have been insured:	the followi	ing waitir	ng period	s will	
You have health insurance and want to get a higher level of cover/benefits, how long before you can avail of the better cover/benefits for any disease, illness or injury which began or the symptoms of which began before you upgraded?	2 years for all age groups				
You are already pregnant and you wish to improve your cover/benefits, how long before you can avail of the better cover/benefits?	1 year Not Applica			oplicable	

Out-patient excess		
Yearly out-patient excess on each scheme	Total Health (No Excess)	Total Health Plus, Total Health Select, Total Health Choice, Total Health Complete and Total Health Complete 175
Yearly excess if you are on a policy by yourself	€220	€1
Yearly excess if you have dependants on your policy	€440	€1

#### The following waiting periods will apply for infertility treatment

· The first 52 weeks of membership

Waiting periods for infertility\*

- 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.

### 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

<sup>\*\*</sup>See page 10 point F (i) and (ii) and point G

<sup>\*</sup>Applies to Total Health Select, Total Health Choice, Total Health Complete and Total Health Complete 175 members only

















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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
- Online services
- · Cardiac and cancer cover

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

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

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LAYA-THRules-016-0516