

Credit Union Suite

Rules booklet



laya  
healthcare 

looking after you always



## Welcome to Laya Healthcare

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

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

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

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

Visit our website on [www.layahealthcare.ie](http://www.layahealthcare.ie) or email us at [info@layahealthcare.ie](mailto:info@layahealthcare.ie)

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

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## Serving you online [www.layahealthcare.ie](http://www.layahealthcare.ie)

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

- find information on all our schemes as well as frequently asked questions (FAQs) and answers
- update your address details
- change your level of cover
- check consultants and hospitals covered by your scheme
- email us with any questions
- download the most up-to-date information (rules and other literature may be updated from time to time)

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

## How to make a claim

### While in hospital

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

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

### Day-to-day expenses

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

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

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

## Reading your rules booklet

This booklet is broken into your:

1. Scheme rules which outlines definitions and the rules of your policy (pg 3-16), and
2. Table of benefits which outlines in detail the benefits received by you (pg 17-32)

# Scheme rules for the Essential Suite

Effective from 1st May 2014

## 1. Introduction

You need to read these rules in conjunction with the current Table of Benefits for the Credit Union Suite schemes (see pages 27 to 29), including the notes (see page 29 to 31), your membership certificate and **your** application form. These documents and the rules make up the agreement between us, **laya healthcare**, and you, the member.

## 2. Definitions

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

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

### Benefits

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

### Consultant

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

- they hold a current full registration with the Irish Medical Council
- they are engaged in hospital practice by reason of their training, skill and experience in a designated specialty, they are consulted by other registered medical practitioners and undertake full clinical responsibility for patients in their care, or that aspect of care on which they have been consulted, without supervision in professional matters by any other person

- they hold a public consultant post or are eligible to hold a public consultant post
- they are recognised by us as a **laya healthcare** consultant for the purpose of our insurance schemes in **Ireland** (**you** can phone or write to us if **you** would like to know whether or not a particular registered medical practitioner is recognised by us or **you** can check our website).

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

### Cosmetic treatment

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

### Day-case treatment

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

### Dental Practitioner

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

### Dependants

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

### Emergency dental treatment

Restorative **dental treatment** urgently required in order to alleviate pain, inability to eat or any

acute dental condition caused by an accidental external impact to the mouth and which presents an immediate and serious threat to a person's general health.

### Full cover scheme

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

### General medical practitioner/GP

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

### Health insurance contract

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

### Hospital

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

### In-patient treatment

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

### Ireland

**Ireland** excluding Northern Ireland.

### Membership start date

The date on which a person begins his or her current continuous period of membership of their **scheme**. The **membership start date** for

**you** and **your dependants** is shown for each of **you** individually on **your** current membership certificate. We will treat a person's cover under the **scheme** as continuous if there is no break in membership of more than 13 weeks.

### Midwife

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

### Minimum benefit regulations

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

### Northern Ireland participating hospital

Any hospital in **Northern Ireland** listed in note 1(ii) on page 29 of the Table of Benefits.

### Nurse

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

### Out-patient treatment

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

### Participating therapist

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

- (a) a chartered or State registered physiotherapist and the Irish Society of Chartered Physiotherapists
- (b) a member of the Irish Association of Speech and Language Therapists and/or the Royal College of Speech and Language Therapists

- (c) a member of the Society of Chiropractors/ Podiatrists, the Institute of Chiropractors and Podiatrists, the Irish Chiropractors/Podiatrists Organisation Ltd, and/or the British Chiroprody 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
- (e) a person who is on the professional register of the Irish Society of Homeopaths or the Association or the Alliance of Registered Homeopaths
- (f) a member of the Chiropractic Association of Ireland (CAI) and McTimoney Chiropractic Association of Ireland
- (g) a member of the Irish Osteopathic Association and The Association of Osteopaths in Ireland
- (h) a full member of the Irish Association of Counsellors and Therapists or The Irish Council for Psychotherapy or the Psychological Society of Ireland (child counselling only)
- (i) a full member as a clinical Psychologist in the clinical division of the Psychological Society of Ireland (adult counselling)
- (j) a member of the Association of Occupational Therapists of Ireland
- (k) a member of the Irish Nutrition and Dietetic Institute
- (l) a member of the International Association of Infant Massage
- (m) a member of MLD (Manual Lymph Drainage) Ireland
- (n) a member of the Irish Reflexologists Institute, the Federation of Holistic Therapists Ireland 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

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

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

### Private hospitals Tier (Level) 1

- Aut Even Hospital, Kilkenny
- Barringtons Hospital, Limerick
- Cahercalla Hospital, Clare
- Clane Hospital, Kildare
- Cork Clinic\*
- National MS Centre, Rathgar
- Park West Clinic, Dublin 12
- St Francis, Mullingar
- St Joseph's Garden Hill, Sligo

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

## Tier (Level) 2

- Bon Secours Hospital (Cork, Tralee, Galway and Dublin)
- Galway Clinic
- Hermitage Medical Clinic, Dublin
- Mater Private Cork
- Mount Carmel, Dublin
- North West Independent Hospital, Derry
- St Vincent's Private Hospital, Dublin
- Ulster Independent Clinic, Belfast
- Whitfield Clinic, Waterford
- Sports Surgery Clinic, Dublin

## Tier (Level) 3 - Hi Tech Hospitals

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

## Public hospital

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

## Laya healthcare participating hospital

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

## Registered medical practitioner

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

## Registered nursing home

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

## Renewal date

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

## Routine dental treatment

We refer to **routine dental** as being a general check-up, scale or polish, routine filling or extraction (excludes wisdom teeth) carried out by a registered dentist.

## Schedule of benefits

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

## Scheme

**Scheme** means whichever **laya healthcare** health insurance scheme **you** are a member of, such as Credit Union Starter or Credit Union Family.

## 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 across:



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

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

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

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

### Treatment

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

### Year

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

### You/your

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

## 3. Joining the scheme

- Your** membership of **your scheme** begins on **your** start date as shown on **your** membership certificate.
- The membership of each of **your dependants** of their **scheme** begins on their start date as shown on **your** membership certificate.
- 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.
- 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.
- The **scheme** of which **you** are a member is shown on **your** membership certificate.

## 4. Renewing your membership

- Your** membership of the scheme will automatically renew on **your** renewal date, each year (subject to Rule 10 on page 13) for a further year unless we write to notify **you** at least 30 days before the end of the year that we have decided to end the scheme. In that case, **your** scheme membership will end at the end of the year in which we notify **you** of our decision.
- You** renew **your** membership of the **schemes** by continuing to pay **your** subscriptions after **your renewal date**.

## 5. Your subscriptions

**You** must pay the subscriptions **you** have agreed with us for **your** membership of the scheme when it falls due. We may increase the subscriptions **you** have to pay each year (see Rule 10 on page 13).

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

## 6. Ending your membership

- (a) **You** have the right to cancel **your** membership of the **scheme** by writing to us within 14 days of **you** receiving **your** first membership certificate. We will give **you** a full refund of any money **you** have paid us as long as **you** have not made any claims.
  - (b) **Your** contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel mid-year, **you** will not receive any refund on **your** premium. In the event of non-payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.
  - (c) **You** may also cancel the membership of any of **your dependants** of their **scheme** by writing to us within 14 days of **you** receiving **your** first membership certificate which lists them as a member. We will give **you** a full refund of any money **you** have paid for those **dependants**, whose membership **you** have cancelled within 14 days, as long as no claims have been made in respect of them.
  - (d) **Your** dependants contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel **your** dependants contract mid-
- year, **you** will not receive any refund on **your** premium. In the event of non-payment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** non-payment.
- (e) We can end or refuse to renew someone's membership of the **scheme** if they have at any time made a fraudulent misrepresentation which relates to their contract with **laya healthcare** or any other **health insurance contract**, and which has, or could have, resulted in us, or any other registered health insurer, suffering financial loss. This includes information which could have affected our decision to allow anyone to join the **scheme** or what subscriptions they have to pay, or whether or not we have to pay any claim for **benefits**.
  - (f) **Your** membership of the **scheme** will end immediately if **you** stop living in **Ireland** for more than six months per calendar year or **your** membership is not renewed.
  - (g) We may end **your** membership of the **scheme** by writing to **you** if **you** do not pay any of **your** subscriptions on the date they are due. If **your** membership ends because **you** do not pay **your** subscriptions, we may allow **you** to continue **your** membership, as long as **you** pay the subscriptions **you** owe within 30 days.
  - (h) If a person's membership of the **scheme** ends because we end their membership (eg. for fraudulent misrepresentation), we will give a refund of subscriptions paid for them for the period after their membership ends.
  - (i) If **you** cease to be a member of **your scheme** for any reason at any time, the membership of each of **your dependants** on the **scheme** will also end at the same time unless we 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.

## 7. What is covered under the scheme

- (a) We will pay **benefits** for **treatment** a person receives while they are a member of their **scheme**. We will pay **benefits** under the **scheme** of which they were a member at the time they received the **treatment** and according to the rules and Table of **Benefits** of the **scheme** that applied to them at that time. We will not pay **benefits** for **treatment** which a person receives while he or she is not a member of the **schemes**.
- (b) We will only pay fees and charges for **treatment**, services and facilities that are reasonable and customary and in any event only up to the limits shown in the Table of **Benefits**. By reasonable and customary we mean that what **you** are charged for and how much **you** are charged is not more than what the majority of our other members of the **schemes** are charged in Ireland for similar **treatment** services or facilities.
- (c) We may pay **benefits** direct to the person who provided the **treatment** or to **you** or **your dependants**. We will pay benefits after deducting any withholding tax or other deductions that we are required to make by law.
- (d) We will only pay **benefits** for costs and expenses that **you** have to pay. We will only pay **benefits** for **treatment** that **you** need and have received.
- (e) Any **benefits** we pay for **treatment** to which **you** are not entitled, will still count towards the maximum amount we will pay under the **scheme**. We may decide to make these payments, but it does not mean we will have to pay them in the future.
- (f) We will pay **benefits** for **in-patient treatment** for psychiatric or addictive conditions or problems up to the following limits:
- (i) The maximum number of days of **in-patient treatment** for psychiatric conditions (other than those referred to in 'ii') for which we shall pay **benefits** for any person in any calendar year shall be 100 less the number of days of such **treatment** that the person has received during the same calendar year, in respect of which a payment has been made by us or any other **health insurance contract**.
  - (ii) The maximum number of days of **in-patient treatment** for alcoholism, drugs or substance abuse for which we shall pay **benefits** for any person in any continuous period of five years shall be 91 less the number of days of such **treatment** received by that person during the same five-year contract period in respect of which a payment has been made by us or any other **health insurance contract**.
- (g) The maximum number of days of **in-patient treatment** and **day-case treatment** combined for which we shall pay **benefits** for any person in any calendar year shall be 180 less the number of days of such **treatment** received by that person during the same calendar year for which any payment has been made or is payable under any **health insurance**. In the case of anyone who joins or cancels during the year, their number of eligible days for **in-patient** or **day-case treatment** will be calculated on a pro rata basis.
- (h) We will only pay **benefits** in relation to the diagnosis or treatment of illness or injury of a person which would be accepted generally by the medical profession in **Ireland** as appropriate and necessary, having regard to the standards of medical practice and to the nature and cost of any other recognised forms of treatment as well as to all the circumstances relevant to the person.
- (i) We do not have to pay **benefits** for **in-patient treatment** provided by a **hospital** if we are of the reasonable opinion, based on appropriate medical advice, that the **treatment** could have been received as **day-case treatment** or **out-patient treatment**. We also do not have to pay benefits for day-case treatment if we are of the reasonable opinion, based on appropriate medical advice, that the **treatment** could have been received as **out-patient treatment**. However, we will pay benefits for such **treatment** as follows:
- if **you** receive **in-patient treatment**

and we determine that the **treatment** could have been received as **day-case treatment**, we may treat such **treatment** as **day-case treatment** for the purpose of paying **benefits**

- if **you** receive **in-patient treatment** or **day-case treatment** and we determine that the **treatment** could have been received as **out-patient treatment**, we may treat such **treatment** as **out-patient treatment** for the purpose of paying **benefits**.
- (j) Despite anything to the contrary in these rules and the Table of **Benefits**, **you** may claim any **benefits** we are required to pay under the **minimum benefit regulations**.
- (k) 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**.
- (l) In the case of a person who was covered under a **health insurance contract** within 13 weeks before their **membership start date**, we will only pay **benefits** for **treatment** received during their additional cover waiting period if **benefits** for the **treatment** would have been payable under that **health insurance contract**. And we will only pay **benefits** for such **treatment** during the additional cover waiting period up to the amount that would have been payable under that **health insurance contract** if the amount is less than would otherwise be payable by us under the **scheme**.

A person's additional cover waiting period for this purpose shall be:

- the first year following their **membership start date** for **benefits** under Benefit 5 on page 27
- 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.

- (m) Subject to **laya healthcare** paying **benefits** up to the amount required by the **minimum benefit regulations**, **laya healthcare** shall deduct the first €50, €125 or €200 of the claim, depending on the hospital **you** choose from the **benefits** payable under the **laya healthcare** Credit Union Starter and Credit Union Family schemes, for each claim for hospital treatment in a **private hospital**. **Laya healthcare** shall deduct €200 from the **benefits** payable under the Credit Union Family for each claim for hospital charges for treatment in the Blackrock Clinic, the Beacon Hospital and the Mater Private Hospital. The excesses apply on a per claim basis.

## 8. What is not covered under the scheme

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

- (a) **Treatment** which a person requires during any waiting period that may apply to the **treatment** under their **scheme**. All waiting periods commence on a person's **membership** and upgrade **start date** and, except for the maternity waiting period, the length of a waiting period is determined by a person's age on their **membership start date**.

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

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

### The initial waiting period is:

- the first 26 weeks of membership for those aged under 55 on their **membership start date**

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

### The pre-existing condition waiting period is

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

### The maternity waiting period applies

- to Benefit 5 on page 27 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.
- (c) **Treatment**, including drug therapy, which we reasonably decide, based on established medical opinion in **Ireland**, is experimental or

unproven. We may decide to pay for the type of treatment if it is offered to **you**, but we do not have to.

- (d) **Cosmetic treatment**, except the correction of accidental disfigurement or significant congenital disfigurement or significant disfigurement due to disease.
- (e) **Treatment** where injury or illness is caused by 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 10 of the Table of **Benefits**. We will not pay **benefits** if any of the following apply to the person who receives the **treatment**:
  - if **you** are receiving treatment at the time of travel and/or **you** know before **you** travel that treatment may be required while temporarily overseas
  - **you** travelled abroad despite being given medical advice that **you** should not travel abroad
  - **you** were told before travelling abroad that **you** were suffering from a terminal illness
  - **you** travelled abroad to receive treatment.
  - **you** knew **you** would need the treatment before travelling abroad (This exclusion will not apply to treatment that we have agreed **you** may receive in a hospital in the EU and which has been pre-approved by us, because the treatment is not available in **Ireland**)
  - conditions arising from deliberately injuring yourself
  - conditions arising from alcohol and drug abuse
  - conditions arising from a psychiatric condition
  - injuries caused during mountaineering, motor competitions and competitive professional sport

- convalescence or rehabilitation services
  - injuries **you** received while breaking the law
  - pregnancy-related admissions or giving birth after 34 weeks
  - expenses incurred after a member has been discharged from hospital
  - injuries caused by air travel unless **you** are a passenger on a licensed aircraft operated by an airline.
- (h) **Treatment** provided by a **consultant** whom the Irish Medical Council does not recognise as having knowledge and expertise in a speciality relevant to that **treatment**.
- (i) **Treatment** in any hospital or by any registered medical practitioner or therapist to whom we have sent a written notice saying that we no longer recognise them as a **laya healthcare participating hospital**, or **consultant** or **participating therapist**, as the case may be.
- (j) Any dental or orosurgical or orthodontic **treatment** or procedure unless it is a surgical or medical procedure listed in the **schedule of benefits**. But we will pay **benefits** for **out-patient treatment** for dental injuries to the extent shown under Benefit 4 on page 18.

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: **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 in the **laya healthcare** scheme's table of benefits.
- (l) **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 28.

- (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 28.
- (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.

## 9. Making a claim

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

of any non-surgical out-patient treatment and six months of the date of any other **treatment** (unless this was not reasonably possible). **You** must make the claim in the way that we reasonably ask **you**. We may change the procedure for making a claim. If we do change the procedure, we will write and let **you** know.

- any proof we reasonably need to help us to decide if **you** are entitled to **benefits**.

This can include:

- any medical reports and other information to do with the **treatment** for which **you** are making a claim
  - the results of an independent medical examination which we may ask **you** to undergo
  - original accounts and invoices for the **benefits you** are claiming
  - written confirmation from **you** as to whether or not **you** think **you** can recover the cost of the **benefits** from another person or insurance company
  - details of any **health insurance contract** under which **you** were covered prior to becoming a member of the **scheme**
  - original flight/travel tickets which will act as proof of **your** stay outside of Ireland up to but not exceeding 180 days in each calendar year.
- (d) Notwithstanding Section 9(c)1, we shall only pay benefits for out-patient treatment after your renewal date. Claims for out-patient treatment submitted to us prior to your renewal date will not be processed and shall be returned to you.
- (e) In order to process a claim we require a fully completed claim form. If information required to process the claim is incomplete or ambiguous on the claim form, our claims department will follow up with the necessary party to obtain this information.

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

## Important Note

### FRAUD POLICY

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

## 10. Changes to the agreement

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

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

- (b) We will write to tell **you** about any of these changes at least 28 days before the **renewal date** on which they are to take effect.
- (c) We can increase or reduce the subscriptions **you** pay at any time if there is an increase or decrease in the rate of tax or any other government or statutory charge or if any new tax or government or statutory charge is introduced which is related to **your** health insurance contract with **laya healthcare**. If we do, we will only increase the subscriptions **you** have to pay to cover the cost to us of the changes in the taxes or charges. We will write to tell **you** at least 28 days before increasing **your** subscription.
- (d) We may make any changes to the terms of **your** membership of the **scheme** and **your** subscriptions at any time if we are required to do so by law. We will write to tell **you** about any such change as soon as is reasonably practical and **you** may **end your** membership of the **scheme** within 14 days of us telling **you** about the change. If, as a consequence, **you** end **your** membership, we will refund any subscriptions that **you** have paid for the period after **your** membership ends.

## 11. General terms and conditions

- (a) **Your** policy and all communication between **you** and us will be in English.
- (b) These terms will be governed by Irish law and all matters to do with the **schemes** will be dealt with by the courts in **Ireland**.
- (c) We will not return any documents **you** send us, unless **you** ask us to do so at the time **you** send them to us.
- (d) Any changes to these terms will only be valid if they are made according to these rules or the Table of **Benefits**, unless we agree any

changes with **you** in writing. Nobody else can change **your** terms of membership of the **scheme** on our behalf or decide not to enforce any of our rights.

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

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

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

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

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



## Third-party Claims

- 1) **Expenses** Expenses which **you** are entitled to recover from a third-party are excluded from benefit, but please note the following:
- 2) **Legal Action Proceedings** Where a claim is submitted to **laya healthcare** in respect of treatment required as a result of an injury caused through the fault of another person, known as a third party, and where **you** propose to pursue a legal claim against that party, **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years):
  - (i) Complete in full the third-party section and sign the claim form, which includes an undertaking to include all **benefit** paid by **laya healthcare** relating to any claim made against another party.
  - (ii) Submit a fully completed undertaking, which will be relied on by **laya healthcare** once a copy of the Authorisation Form is received from the Injuries Board (refer to 4), or from **your** solicitor in the form prescribed by **laya healthcare**: -“In consideration of **laya healthcare** discharging the eligible hospital and medical expenses of my/our client, I/we hereby understand to include as part of my/our client’s claim the monies so paid by **laya healthcare** (details of which will be supplied by **laya healthcare**) and subject to any court order to the contrary to repay to **laya healthcare**, out of proceeds that come into our hands, all such monies paid by **laya healthcare**.”
  - (iii) Notify **laya healthcare** in writing prior to the legal closure of the case.
  - (iv) Provide **laya healthcare** with full written details of any settlement.
- 3) **No Legal Action Proceedings** Where a claim is not currently being pursued by **you** (or the subscriber if **you** are under 18 years), but in the future should **you** choose to proceed with a third party claim, or in the instance where our legal advisors advise us that expenses are recoverable from a third party, we will require

**you** to:

- (i) Complete in full and sign the claim form which includes an undertaking to include all **benefits** paid by **laya healthcare** in any claim which may subsequently be made against a third-party responsible for causing the injury.
  - (ii) Immediately notify **laya healthcare** in writing of the outcome of any such claim and repay the **benefit** paid by **laya healthcare** in full, subject to any court order to the contrary.
- 4) **Injuries Board** Where **you** submit a claim to the Injuries Assessment Board, **laya healthcare** will pay **benefit** in accordance with these rules provided that **you** (or the subscriber if **you** are under 18 years) complete in full and sign the accident section of the claim form.

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

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

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

The undertaking provided by **you** also authorises **laya healthcare** to seek details of any settlement directly from the

Criminal Injuries Compensation Tribunal and authorises the Criminal Injuries Compensation Tribunal to release this information to us. In circumstances where such a case is unsuccessful, **laya healthcare** will not seek a refund of the **benefit** paid.

- 6) **Unsuccessful/Withdrawn Claims** If a claim against a third-party is not successful or is withdrawn, **laya healthcare** will not seek a refund of the benefit paid provided that **you** arrange for full written details of the case to be supplied by **you** from **your** solicitor, outlining to the satisfaction of **laya healthcare** the reasons why the case was unsuccessful or was discontinued.
- 7) **Disclosure** It is the responsibility of a member to disclose to **laya healthcare** full details of any action to be taken against a third-party in relation to any incident/accident in respect of which **laya healthcare** has paid full **benefit**. Failure to do so will result in the refusal of any subsequent claims relating to the accident/incident.

## Data Protection Statement

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

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

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

- invite you to events we are sponsoring
- invite you to various events we run exclusively for our members

- gauge satisfaction with the service you received from us. We may use your data in such a manner for a period of 18 months after your membership ends
- perform Market research. We may use your data in such a manner for a period of 18 months after your membership ends

Information may also be shared with other insurers, either directly or through people acting for the insurer such as Investigators, where we are entitled to do so under the Data Protection Acts. We may share your personal information with hospitals and/or consultants to aid the efficient processing of claims. We may pass contact details of female members aged between 50 and 64 years of age to the National Breast Screening Programme. If you would prefer us not to do so please let us know. We may contact you with a reminder that your insurance is due to be renewed. In the interest of customer service, calls are recorded and monitored.

We take our security responsibilities seriously, employing the most appropriate physical and technical measures, including staff training and awareness. We review our security measures and procedures regularly.

It may be necessary for us to collect sensitive information (such as medical conditions) about you and others named on the insurance policy.

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

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

In general will also include other relevant and pertinent information which we require to

administer your policy and/or manage, assess or administer any claims thereunder from time to time.

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

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

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

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

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

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

**laya healthcare**, would like to keep you

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

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

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

## 12. Tax relief

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

## 13. Making a complaint

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

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

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

## Table of Benefits for Laya Healthcare Credit Union Suite schemes

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

### Benefit 1

#### Hospital charges for in-patient treatment, day-case treatment and surgical out-patient treatment (see Note 1 on page 29)

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

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

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

If either the **treatment** or the category of the room in which someone stays is not shown to

be fully covered under their **scheme** in the **laya healthcare participating hospital list**, we will only pay the charges shown in Note 1 on page 29.

**Laya healthcare** will only pay benefits for drugs prescribed for use whilst receiving **in-patient treatment, day-case treatment** or **surgical 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 Credit Union Starter and Credit Union Family schemes, for each claim for **hospital charges for treatment** in a **private hospital**. **Laya healthcare** shall deduct €200 from the benefits payable under the Credit Union Family for each claim for hospital charges for treatment in the Blackrock Clinic, the Beacon Hospital and the Mater Private Hospital. The excess apply on a per claim basis. This is in accordance with rule 7(m) on page 10.

### Benefit 2

#### Consultants' fees for in-patient and day-case treatment and consultants' and general medical practitioners' fees for surgical out-patient treatment (see Note 2 on page 31)

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

If a person receives this **treatment** from a **consultant** who is participating in the **full cover scheme**, we will pay the **consultant's** charges in full in accordance with the terms previously agreed with the **consultant**, which is the amount shown as the full rate in the **schedule of benefits** for the **treatment** 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 Credit Union 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 out-patient treatment (see Note 1 on page 29 and Note 2 on page 31)**

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

### Hospital charges

Full refund (see Note 1 on pages 29)

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

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

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

## Benefit 4A

### (For members of the Credit Union Family scheme)

Hospital charges and consultants' fees for non-surgical, out-patient treatment other than for radiotherapy or chemotherapy (see Note 3 on page 31)

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

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

	Benefit	Credit Union Family Scheme
1	Fees charged for radiology by <b>consultants</b> participating in the <b>full cover scheme</b>	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.
2	Fees charged for pathology by <b>consultants</b>	50% of the charges or €20, whichever is higher.
3a	Hospital charges or charges by an approved diagnostic centre for radiology, and	50% of the charges up to a maximum of €500 per member per year. This includes CT scans, MRIs and PET scans. MRI scans must be on GP/consultant referral.
3b	Charges for out-patient MRI services provided by an approved hospital or diagnostic centre. Details of approved out-patient MRI centres are available on our website or you can call us for more information. Please note: These approved hospitals/centres may change from time to time so please ask for details	
4	Hospital charges or charges by a <b>laya healthcare</b> approved diagnostic centre for pathology.	50% of the charges.
5	Hospital casualty charges	50% of charges up to €50 per visit.
6	Consultants' fees for consultations other than in connection with radiology and pathology	50% of the charges for each consultation other than to do with maternity and up to €400 for members of Credit Union Family scheme relating to maternity for each pregnancy.
7	Charges by a <b>participating therapist</b> for homeopathy, Chinese medicine/acupuncture, chiropractic, osteopathy, reflexology. (including baby reflexology)	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.
8	Charges by <b>General Practitioner's</b> other than for routine maternity	50% of the charges for each consultation.
9	Charges for screening for cervical cancer and breast examination at a <b>laya healthcare</b> approved centre	50% of the charges.
10	Approved appliances	We will refund up to 50% of the amount shown for the appliance on <b>laya healthcare's</b> list of approved appliances, some of which require a specific referral letter. Please contact us for details.

	<b>Benefit</b>	<b>Credit Union Family Scheme</b>
<b>11</b>	Charges for physiotherapy by a <b>participating therapist</b>	50% of the charges for 25 visits per year.
<b>12</b>	Home nursing by a <b>nurse</b> for a person who is 18 years or over, immediately following <b>in-patient treatment</b> or <b>day-case treatment</b> , if recommended by the <b>consultant</b> providing the <b>treatment</b> (see note 3 (d) on page 31)	50% of the charges up to a maximum of €1,400 each year.
<b>13</b>	Charges for physical therapy by a <b>participating therapist</b>	50% refund on up to eight visits each year.
<b>14</b>	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:	<ul style="list-style-type: none"> <li>• General Practitioner and consultant fees</li> <li>• charges for acupuncture/chinese medicine, chiropractic, homeopathy and osteopathy by a participating therapist</li> <li>• radiology and pathology charges</li> <li>• charges for reflexology (including baby reflexology) by a participating therapist up to a maximum of eight visits</li> <li>• charges for physiotherapy by a participating therapist</li> <li>• charges for child counselling by a participating therapist up to a maximum of eight visits</li> <li>• charges for speech therapy by a participating therapist up to a maximum of eight visits (on GP or consultant referral)</li> <li>• dietician charges by a participating therapist up to a maximum of five visits</li> <li>• occupational therapist charges by a participating therapist up to a maximum of five visits.</li> </ul>
<b>15</b>	<b>Emergency dental treatment</b> 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	50% of charges up to a maximum of €510 in total for each accident.
<b>16</b>	Charges for blood tests for prostate cancer screening at <b>laya healthcare</b> approved centres	50% of the charges for such tests.
<b>17</b>	Charges for routine dental treatment	50% of the charges up to a maximum of €30 per visit (maximum of 10 visits per year).
<b>18</b>	Charges by a <b>participating therapist</b> for speech and language therapy (on GP or consultant referral).	50% of the charges for up to a maximum of eight consultations, plus 50% refund on one assessment, if billed, up to a maximum of €60 per year.
<b>19</b>	Charges by a <b>participating therapist</b> for chiropody/podiatry and dietetic advice	50% of the charges for each consultation up to a maximum of five consultations by each therapist per year.

	<b>Benefit</b>	<b>Credit Union Family Scheme</b>
20	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	50% of the charges for visits up to a maximum of €50 each year.
21	Fee for a hearing test	50% of the charge up to a maximum of €40 each year.
22	Charges for a <b>laya healthcare</b> approved executive health check at a <b>laya healthcare</b> approved screening centre	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.
23	Counselling for a child under 18 years of age by a participating therapist	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.
24	Charges for MRI services provided by a hospital or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> 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. Please ask us for details.	Full refund.
25	Occupational therapy	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.
26	Charges for Breast MRI services provided by a hospital or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for breast MRI services. These may change from time to time. Breast MRI scans have to be on a general practitioner's or consultant's referral. Please ask for details	Full refund.
27	Home nursing by a <b>nurse</b> 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))	50% of the charges up to a maximum of €2,800 in total each year.
28	Breast prosthesis	Full refund for the first prosthesis following receipt of an in-patient claim. Subsequent prosthesis will be assessed in accordance with our appliance list (please ask for details). A GP/consultant report will be required if <b>laya healthcare</b> have no details of <b>in-patient treatment</b> .
29	Hairpiece	Full refund for one hairpiece per year following cancer <b>treatment</b> .
30	Charges for CT services provided by a hospital or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for CT services. These may change from time to time. Please ask us for details.	Full refund.
31	Charges by a <b>participating therapist</b> for manual lymph drainage	Up to €500 each year following cancer <b>treatment</b> .
32	Accommodation assistance grant for cancer patients travelling for out-patient radiotherapy or chemotherapy <b>treatment</b>	Up to €100 for each day of <b>treatment</b> travelling a minimum of 40 miles to the <b>treatment centre</b> .



	<b>Benefit</b>	<b>Credit Union Family Scheme</b>
33	Charges for PET services provided by a hospital or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for PET services. These may change from time to time. Please ask us for details	Full refund.
34	Charges for DEXA Scan services provided by a hospital or a <b>laya healthcare</b> approved laboratory or diagnostic centre, that has been approved by <b>laya healthcare</b> for direct payment for DEXA Scan services. These may change from time to time. Please ask us for details.	Full refund.
35	Charges for a <b>laya healthcare</b> approved sports health screen at a <b>laya healthcare</b> approved screening centre	50% of the charges for each screen up to a maximum of one visit every two years.
36	Charges for mammogram services provided by a hospital or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for mammogram services. These may change from time to time. Please ask us for details.	Full refund.
37	Charges for orthoptic visits by a <b>participating therapist</b>	50% of the charges up to a maximum of eight visits each year.
38	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.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• No benefit is payable for the first three days in-patient stay.</li> <li>• We will pay this benefit for up to 14 days per child per admission.</li> <li>• The benefit is only payable where the child has received medically necessary treatment that is eligible for <b>laya healthcare</b> benefit and has an in-patient stay for more than three days.</li> <li>• Accommodation costs are limited to a hotel, B&amp;B, hostel or hospital. There is no benefit towards the cost of food.</li> <li>• Travel costs are limited to public transport, taxi, hackney or car parking costs.</li> <li>• Only claims accompanied by dated receipts on headed paper are eligible for benefit.</li> <li>• Benefit will be paid directly to the member of <b>laya healthcare</b>.</li> </ul>
39	Charges for a <b>laya healthcare</b> approved HeartBeat cardiac screen by a <b>laya healthcare</b> approved provider. Subject to availability.	100% cover for each screen up to a maximum of one visit every two years effective on new policies or policies that renew on or after the 14th May 2012.
40	Dean Clinics out-patient Mental Health Consultations.	50% of charges for each visit up to 12 visits per year
41	Lois Bridges out-patient mental health consultations.	50% of costs, on receipts up to €288, for up to 12 visits.

## Excess and overall annual limits (For Credit Union Family scheme)

We will pay valid claims for fees and charges covered under Benefit 4 for **treatment** that **you** and **your dependants** receive each **year** up to **your** overall annual limit.

**Your** overall annual limit shall be €7,650 a year in aggregate. This is the maximum amount of **benefits** payable to **you** and **your dependants** under Benefit 4A (see page 18).

**Your** excess shall be €1 of valid claims for **treatment** that **you** receive each **year**.

### 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 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 4 of not more than the amount shown in the Table of **Benefits** as payable by **laya healthcare** for those fees and charges.

### Important Note

Please note that out-patient receipts will not be returned following assessment of **your** claim. Please retain copies of **your** receipts prior to submission, if **you** require these. We have confirmed with the Revenue Commissioners that the statement of **your** claims which we will send to **you** once we have assessed **your** out-patient claim may be used to claim tax relief on expenses that are not paid by us. Simply send this statement to the Revenue Commissioners with a Med 1 form, which is available on [www.revenue.ie/forms/med1.pdf](http://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 Credit Union Starter scheme)

**Hospital charges and consultants' fees for non-surgical, out-patient treatment other than for radiotherapy or chemotherapy (see note 3 on page 31)**

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

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

### Important Note

The payment of benefits under Benefits 4B (1) to 4B (21) inclusive will be made subject to the excesses.

	<b>Benefit</b>	<b>Credit Union Starter Scheme</b>
<b>1</b>	Fees charged for radiology by <b>consultants</b> participating in the <b>full cover scheme</b>	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.
<b>2</b>	Fees charged for pathology by consultants	Up to €20 for each referral.
<b>3a</b> <b>3b</b>	<b>Hospital</b> charges or charges by an approved diagnostic centre for radiology, and Charges for out-patient MRI services provided by an approved hospital or diagnostic centre. Details of approved out-patient MRI centres are available on our website or you can call us for more information. Please note: These approved hospitals/centres may change from time to time so please ask for details	Full refund up to a maximum of €500 per member per year. This includes CT scans, MRIs and PET scans. MRI scans must be on GP/consultant referral.
<b>4</b>	Hospital charges or charges by a <b>laya healthcare</b> approved diagnostic centre for pathology.	Full refund.
<b>5</b>	<b>Hospital</b> casualty charges	Up to €20 for each episode.
<b>6</b>	<b>Consultants'</b> fees for consultations other than in connection with radiology and pathology	Up to €51 for each consultation, other than to do with maternity.
<b>7</b>	Charges by a <b>participating therapist</b> for homeopathy, Chinese medicine/acupuncture, chiropractic, osteopathy, reflexology (including baby reflexology)	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.
<b>8</b>	Charges by <b>GPs</b> other than for routine maternity	Up to €20 for each consultation.
<b>9</b>	Charges for screening for cervical cancer and breast examination at a <b>laya healthcare</b> approved centre	Up to €30 each year.
<b>10</b>	Approved appliances	We will refund up to the amount shown for the appliance on <b>laya healthcare's</b> list of approved appliances, some of which require a specific referral letter. Please contact us for details.
<b>11</b>	Charges for physiotherapy by a <b>participating therapist</b>	Up to €20 for each visit for 25 visits per year.
<b>12</b>	Home nursing by a <b>nurse</b> for a person who is 18 years or over, immediately following in-patient treatment or day-case treatment, if recommended by the consultant providing the treatment (see note 3 (d))	Up to €40 for each day and up to a maximum of 40 days each year.
<b>13</b>	Emergency dental treatment provided by a dentist for restorative treatment and which immediately follows, (i.e. within five days), and is required for, a dental injury caused by an accidental external impact to the mouth	Up to €510 for each accident.
<b>14</b>	Charges for blood tests for prostate cancer screening at <b>laya healthcare</b> approved centres	Up to €20 each year.
<b>15</b>	Charges for routine dental treatment	Up to €25 each year.

	<b>Benefit</b>	<b>Credit Union Starter Scheme</b>
16	Charges by a participating therapist for speech and language therapy (on GP or consultant referral), chiropody/podiatriy and occupational therapy	Up to €20 for each consultation for up to a maximum of 12 consultations combined each year.
17	Charges by a participating therapist for dietetic advice	Up to €25 for each consultation for up to a maximum of five consultations each year.
18	Fees for a hearing examination carried out by a member of The Irish Society of Hearing Aid Audiologists	Up to €25 per year.
19	Fee for an eye test carried out by a practitioner with the qualification FAOI (Fellow of the Association of Optometrists of Ireland) and/or the cost of glasses and/or the cost of contact lenses	Up to a combined maximum of €20 each year.
20	Charges by a participating therapist for physical therapy	Up to €20 for each visit up to a maximum of eight visits each year.
21	Dean Clinics out-patient Mental Health Consultations	Up to €50 for each visit up to 12 visits per year.
22	Lois Bridges out-patient mental health consultations	Up to €50 per visit, for receipts up to €288, up to 12 visits
The following charges will not be subject to the excesses shown overleaf		
23	Charges for MRI services provided by a <b>hospital</b> or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for MRI services. These may change from time to time. Please ask us for details	Full refund.
24	Charges for Breast MRI services provided by a <b>hospital</b> or a <b>laya healthcare</b> approved laboratory or diagnostic centre, that has been approved by <b>laya healthcare</b> for direct payment for breast MRI services. These may change from time to time. Breast MRI scans have to be on a general practitioners or consultant referral. Please ask for details	Full refund.
25	Charges for CT services provided by a <b>hospital</b> or a <b>laya healthcare</b> approved laboratory or diagnostic centre, that has been approved by <b>laya healthcare</b> for direct payment for CT services. These may change from time to time. Please ask us for details	Full refund.
26	Charges for PET services provided by a <b>hospital</b> or a <b>laya healthcare</b> approved laboratory or diagnostic centre, that has been approved by <b>laya healthcare</b> for direct payment for PET services. These may change from time to time. Please ask us for details.	Full refund.
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))	Up to €100 for each day up to a maximum of 28 days each year.

	Benefit	Credit Union Starter Scheme
28	Breast prosthesis	Full refund for the first prosthesis following receipt of an in-patient claim. Subsequent prosthesis will be assessed in accordance with our appliance list (please ask for details). A GP/consultant report will be required if <b>laya healthcare</b> have no details of in-patient treatment.
29	Hairpiece	Full refund for one hairpiece per year following cancer <b>treatment</b> .
30	Charges by a participating therapist for manual lymph drainage	Up to €500 each year following cancer <b>treatment</b> .
31	Accommodation assistance grant for cancer patients travelling for out-patient radiotherapy or chemotherapy <b>treatment</b>	Up to €100 for each day of <b>treatment</b> travelling a minimum of 40 miles to the treatment centre.
32	Charges for DEXA services provided by a <b>hospital</b> or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for DEXA services. These may change from time to time. Please ask us for details.	Full refund.
33	Charges for mammogram services provided by a <b>hospital</b> or a <b>laya healthcare</b> approved laboratory or diagnostic centre that has been approved by <b>laya healthcare</b> for direct payment for mammogram services. These may change from time to time. Please ask us for details.	Full refund.
34	Charges for a <b>laya healthcare</b> approved HeartBeat cardiac screen by a <b>laya healthcare</b> approved provider. Subject to availability.	100% cover for each screen up to a maximum of one visit every two years effective on new policies or policies that renew on or after the 14th May 2012.

## Excess and overall annual limits (for Credit Union Starter scheme)

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 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).

### Credit union starter members:

If **you** are a member of the Credit Union Starter scheme, **your** overall annual limit shall be €6,400 a **year** in aggregate. **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 4B(1), 4B(2), 4B(3) and 4B(4)

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

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

### Important Note

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

## Benefit 5

### Maternity benefits

(a) For each delivery in a **hospital** we will pay the **hospital** charges for up to three nights accommodation in semi-private or private accommodation up to a maximum value of:

- €3,500 in respect of a person who is a member of the Credit Union Starter scheme
- €3,500 in respect of a person who is a member of the Credit Union Family scheme.

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

amount payable. The overall maximum amount payable by **laya healthcare** for services provided by **consultants** in respect of a delivery in **hospital** is €804 in total. This is the total amount payable overall and not the total amount payable for each **consultant** or service.

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

- (b) If **you** stay in **hospital** for only two nights we will pay charges for home nursing by a **nurse** (incurred within three months after **your** delivery) of up to €600 in respect of a person on the Credit Union Family scheme, provided the combined total for hospital accommodation and home nursing does not exceed the amount specified at (a).
- (c) 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 €1,200 in respect of a person on the Credit Union Family scheme, provided the combined total for hospital accommodation and home nursing does not exceed the amount specified at (a).
- **Please note:** benefits payable under points (b) and (c) are not available under the Credit Union Starter scheme.
- (d) We will pay benefit up to a maximum of €3,500 in respect of a person who is a member of Credit Union Starter scheme and €3,500 in respect of a person who is a member of the Credit Union Family scheme on receipt of invoices and a signed claim form from a midwife registered with An Bord Altranis or from a GP for a normal delivery at home with **your** GP's or consultant's approval.
- (e) In addition to the above, for people covered under the Credit Union Family scheme, we will pay up to €275 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 FAOI qualification

- charges for physiotherapy by a **participating therapist**
- charges for chiropody by a **participating therapist**
- nutritionist services provided by a member of the Irish Nutrition and Dietetic Institute
- counselling by a **participating therapist** for postnatal depression
- midwifery services provided by a qualified midwife. Prenatal classes provided by a qualified midwife three months before the birth of the baby
- up to €39 for a maternity bra
- up to €30 per visit for a maximum of two visits for breastfeeding consultancy
- up to €100 towards infant massage classes carried out by a **participating therapist**.

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

## Benefit 6

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

We will pay nursing home fees for up to 14 days' convalescence which is not **in-patient treatment** in a **registered nursing home** following **in-patient treatment** but only if the stay is solely for medical reasons connected with the **in-patient treatment** and a **consultant** confirms this to us in writing.

For members of the Credit Union Starter we will pay up to €50 each day, and for members of the Credit Union Family scheme, up to €60 each day.

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

## 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 for each episode of illness or injury of €100,000 for Credit Union Family members and €70,000 for Credit Union Starter members 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 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 repatriation company, the member must indicate at the outset whether they hold separate travel insurance in respect of their trip abroad.

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

## Benefit 9

### 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 10

### 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 a lesser amount if the overseas cost is less. The benefit is subject to **laya healthcare's** normal rules and exclusions. Waiting periods and pre-existing condition waiting periods will apply. **You** must contact us beforehand so that we can advise **you** on the steps involved in getting **your** treatment approved.

## Note 1

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

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

Please note that Benefits (i-iii) are not covered under the Credit Union Starter scheme.

### (i) Treatment received by Credit Union Family scheme members at the Mater Private hospital, Beacon Hospital or the Blackrock Clinic (NOT COVERED UNDER THE CREDIT UNION STARTER SCHEME)

If a person who is a member of the Credit Union Family scheme receives **in-patient treatment** at the Mater Private Hospital, the Beacon Hospital and the Blackrock Clinic, we will refund the hospital charges covered under Benefit 1 in full less a €200 excess per claim and we will refund the hospital charges covered less €275 for each day of **treatment**.

We reserve the right to change these amounts by up to 20% on an annual basis.

If the person receives day-case treatment or surgical out-patient treatment at these hospitals, we will refund the charges covered under Benefit 1 in full for such charges less €200 for each claim.

Please note: **laya healthcare** shall deduct €50, €125 or €200 of the claim, depending on the hospital **you** choose, from the benefits payable under the **laya healthcare** Credit Union schemes for each claim for hospital charges for treatment in a private hospital, in accordance with rule 7(n) on page 10.

### (ii) Northern Ireland

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



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

We will pay hospital charges less €165 for members on the Credit Union Starter and Family schemes, per night if the **treatment** is received in a private room in one of the hospitals listed below. We reserve the right to change these amounts by up to 20% on an annual basis. Please note that **laya healthcare** shall also deduct €125 from the benefits payable for each claim for treatment in these / the following Northern Ireland hospitals:

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

We will pay all claims in euro.

### (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, Blackrock Clinic and Galway Clinic

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

**Please note:** Credit Union Starter members are covered for specialist cardiac surgery in the Mater Private, Beacon hospital and the Blackrock Clinic only.

### (v) Cahercalla Hospital, Ennis, Barringtons Hospital, Limerick, Northbrook Clinic, Dublin and Cork Clinic, Cork City

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 St. Joseph's, Garden Hill

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** are 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**.

### (x) Treatment received by Credit Union scheme members at a laya healthcare participating hospital other than 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 and the minimum plan required for full cover for the hospital charges for such treatment as shown in the **laya healthcare** participating hospital list, is the *HealthManager* Gold scheme, we will refund the charges covered under Benefit 1 in full for such treatment less €165 for members of the Credit Union Family scheme for each day of treatment.

**Note: We will refund the charges covered under Benefit 1 in full less an excess in specially selected hospitals for Credit Union Starter members.**

If a member of the Credit Union Starter scheme receive in-patient treatment in a semi-private room or private room in the Mater Private Cork, Tier (Level) 2 Hospital, we will refund the hospital charges covered under benefit 1 in full less €260 shortfall per night. An in-patient excess applies per claim in a private hospital.

Laya healthcare shall deduct an excess of €125 from the benefits payable for each claim for treatment in a private hospital for these schemes.

**(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 Clinic**

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 pre-authorised by **Laya Healthcare**.

**(xii) Specified Orthopaedic Procedures**

For Specified Orthopaedic Procedures carried out in the Galway Clinic and the Beacon Hospital the specified shortfall is the cost payable by you directly to the hospital. These procedures and the hospitals in which a shortfall will apply may change from time to time so please contact us in advance or refer to the "For Members – Checking Your Cover" section of our website for specific

shortfalls. We will send you a copy of the most up to date Specified Orthopaedic list if you ask us to.

**Note 2**

If **you** receive **treatment** from a **consultant** who is not participating in the **full cover scheme**, we will pay the **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 consultants' 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.

## Important information to note:

### Waiting periods

The following waiting periods will apply if you are aged:	Under 55 years	55–59 years	60–64 years	Over 65 years
How long before you can make a claim for accident or injury?	Immediately for all age groups			
How long before you can make a claim for any new disease, illness or injury which began or the symptoms of which began after membership started?	26 weeks	52 weeks	52 weeks	104 weeks
How long before you can claim for any disease, illness or injury which began or the symptoms of which began before membership started?	5 years	7 years	10 years	10 years
How long before you can claim benefit for maternity cover?	1 year	Not Applicable		
<b>In addition, if you're upgrading your level of cover/benefits the following waiting periods will apply regardless of how long you have been insured:</b>				
You have health insurance and want to get a higher level of cover/benefits, how long before you can avail of the better cover/benefits for any disease, illness or injury which began or the symptoms of which began before you upgraded?	2 years for all age groups			
You are already pregnant and you wish to improve your cover/benefits, how long before you can avail of the better cover/benefits?	1 year	Not Applicable		

### Number of days\*

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

\*See page 9 point F (i) and (ii) and point G



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

- Excellent maternity cover
- Complementary medicines
- Competitive prices
- Hospital cover
- Students and apprentices charged at a child rate
- Online services
- Cardiac and cancer cover

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

For information on your consumer rights, please contact the Health Insurance Authority at 01 406 0080 or visit [www.hia.ie](http://www.hia.ie)

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