



StudentCare Scheme

Rules booklet

laya
healthcare

looking after you always

Welcome to Laya Healthcare

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

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

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

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

A reminder of your StudentCare scheme

This booklet contains everything you need to know about your StudentCare scheme.

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

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

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

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

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Serving you online www.layahealthcare.ie

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

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

Day-to-day expenses

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

Laya healthcare, PO Box 12679, Dublin 15.

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

Important note

Please be aware that this StudentCare scheme is not included in Lifetime Community Rating. If you do not hold an inpatient health insurance scheme before 1st May 2015, a loading may be applied when you switch to, or purchase inpatient health insurance cover on or after this date. If you are interested in health insurance schemes that do qualify for continuous cover under the Lifetime Community Rating, please contact us on 1890 700 890 or visit www.layahealthcare.ie.

Laya Healthcare StudentCare scheme rules

Effective from 1st March 2016

1. Introduction

You need to read these rules along with **your** membership certificate and application form. Together these documents make up the agreement between us **laya healthcare** and **you** (the member).

2. Definitions

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

Benefits

The charges, medical fees and other **benefits** shown in the table of **benefits**.

Psychiatric Consultant

A Psychiatric Consultant means a Psychiatric Consultant who is employed by a Health Board or by an approved centre or persons whose name is entered on the Division of Psychiatry or the Division of Child and Adolescent Psychiatry of the Register of Medical Specialists maintained by the Medical Council of Ireland not more than seven years before his/her appointment under this Section.

General Medical Practitioner/GP

A registered medical practitioner who is not a consultant and is currently practising as a primary care physician in the community.

Health insurance contract

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

Medical Centre

This refers to the UCD Medical Centre, First Floor, Student Centre Building, UCD, Dublin 4.

Nurse

A **nurse** who is for the time being 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.

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** is shown for **you** on **your** current membership certificate.

Renewal date

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

Scheme

Means in respect of a person, the **laya healthcare** health insurance **scheme** of which they are a member.

Treatment

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

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

Year

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

You/Your

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

3. Joining the scheme

- (a) A StudentCare contract must have a minimum of one adult as an insured member. Policyholders under the age of 18 are required to have a guardian named on their policy as the main member.
- (b) **your** membership of **your scheme** begins on **your** membership start date as shown on **your** membership certificate.
- (c) 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**.
- (d) the **scheme** which **you** are a member of is shown on **your** membership certificate.

4. Renewing your membership

- (a) **Your** membership of the **scheme** will automatically renew on **your** renewal date,

each year (subject to rule 11 on page 5) for a further year unless we write to notify **you** that we have decided to end **your scheme**. In that case, **your scheme** membership will end at the end of the year in which we notify **you** of our decision.

- (b) **you** renew **your** membership of the **scheme** 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 11 on page 5).

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

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

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

6. Waiting periods

There are no waiting periods on this **scheme**. If **you** decide to change **your** level of cover to a **scheme** with hospital cover, waiting periods may apply.

7. Ending your membership

- a) **You** have the right to cancel **your** membership of the **scheme** by writing to us within 14 days of **you** receiving **your** first membership certificate. We will give **you** a

full refund of any money **you** have paid us as long as **you** have not made any claims.

- (b) **Your** contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel mid-year, **you** will not receive any refund on **your** premium. In the event of nonpayment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** nonpayment.
- (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** dependents contract is for a period of one year unless we agree to a different period when commencing **your** policy. If **you** do cancel **your** dependents contract mid-year, **you** will not receive any refund on **your** premium. In the event of nonpayment in accordance with the payment terms of **your** contract, such non-payment will constitute a breach of contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of **your** nonpayment.
- (e) We can end or refuse to renew someone's membership of the **scheme** if they have at any time made a fraudulent misrepresentation which relates to their contract with **laya healthcare** or any other **health insurance contract**, and which has, or could have, resulted in us, or any other registered health insurer, suffering financial loss. This includes information which could have affected our decision to allow anyone to join the **scheme** or what subscriptions they have to pay, or whether or not we have to pay any claim for benefits.
- (f) **Your** membership of the **scheme** will end immediately if **you** stop living in **Ireland** for a

consecutive six month period.

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

8. What is covered under the scheme

- (a) **Laya healthcare** provides out-patient benefit for GP visits, nurse visits and Psychiatric Consultations at the UCD Medical Centre. The **scheme** also provides access to the Student Assistance Programme. This **scheme** does not cover any additional benefits.
- (b) we will pay **benefit** 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**.

9. What is not covered under the scheme

This **scheme** covers benefits outlined in rule 8 (a) on page 3. It does not cover any additional benefits.

We will not pay benefits for the following on this scheme:

- (a) **treatment** which a person requires for travel vaccinations, sexually transmitted disease, specialist consultations and minor surgery
- (b) **treatment** where injury or illness is caused by virtue of war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster in Ireland or overseas.
- (c) **treatment** for symptoms which are not due to any underlying disease, illness or injury.
- (d) **treatment** you receive outside **Ireland**.
- (e) any penalty charge in lieu of Health Act contributions
- (f) **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.
- (g) Any treatment or provider unless we have specified that we provide full cover.

10. Making a claim

- (a) we will not pay **benefits** while **you** are breaking any of the terms of **your** membership.
- (b) In order to process a claim we require a fully completed claim form. In the event that necessary 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. This follow up will take place over a 6 month period, after which if the required information is not received the claim will be deemed ineligible for benefit.

- (c) 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.

Appeals

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

Important Note

FRAUD POLICY:

- **Laya healthcare** operates a fraud policy in respect of all claims made under our Health Insurance Contract.
- If a claim submitted by a member, or someone acting on behalf of a member is found to be 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.
- 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 or if a claim be deemed in any respect fraudulent, the claim shall be disallowed in its entirety.
- 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, any claim that is submitted which is in any respect fraudulent **Laya healthcare** reserves the right to refer the matter and details of the claim to the appropriate authorities to prosecute the member.

11. Changes to the agreement

- (a) we may change any of the terms of **your** membership of **your schemes** each **year** on **your renewal date**. These changes can include, for example, how much **your** subscription will be and how often **you** have to pay it. The changes can also include changes to the **benefits**. We will not add any restrictions or exclusions to **your** cover that are personal and specific to **you** to do with medical conditions that started after **you** joined the **scheme**. Changes will only apply to **you** for the period following the **renewal date** when the change was made. The changes will not apply to the period before the **renewal date**.
- (b) we will write to tell **you** about any of these changes before the **renewal date** on which they are to take effect.
- (c) we can increase or reduce the subscriptions **you** pay at any time if there is an increase or decrease in the rate of tax or any other government or statutory charge or if any new tax or government or statutory charge is introduced which is related to **your** health insurance contract with **Laya healthcare**. If we do, we will only increase the subscriptions **you** have to pay to cover the cost to us of the changes in the taxes or charges. We will write to tell **you** before increasing **your** subscription.
- (d) we may make any changes to the terms of **your** membership of the **scheme** and **your** subscriptions at any time if we are required to do so by law. We will write to tell **you** about any such change as soon as is reasonably practical and **you** may **end your** membership of the **scheme** within 14 days of us telling **you** about the change. If as a consequence **you** end **your** membership, we will refund any subscriptions that **you** have paid for the period after **your** membership ends.

12. General terms and conditions

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

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

We will send any letters to the address **you** last told us about. **You** and we can assume that the letter is received on the day after it has been delivered, if delivered personally, or three days after posting if it was sent by pre-paid post.
- (g) **you** must write and tell us as soon as possible if **you** have claimed **benefits** for any **treatment** which **you** needed because somebody else was at fault.
- (h) **you** should write to tell us if **you** have any other insurance cover for **benefits** that **you** have claimed from us. If **you** do have insurance cover with someone other than **Laya healthcare**, we will only pay our share of any **benefits**.

- (i) we will pay **benefits** in accordance with the rules for **treatment** which was due to the fault of someone else.

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

Third Party Claims

- 1) **Expenses** which **you** are entitled to recover and do in fact recover from another person/ legal entity (a Third-Party) are, where **laya healthcare** has already paid out in respect of the **treatment** concerned, required to be refunded to **laya healthcare** on the following basis:
 - 2) **Legal Action Proceedings** Where a claim is submitted to **laya healthcare** in respect of **treatment** required as a result of an injury caused through the fault of a Third-Party, and where **you** propose to pursue a legal claim against that Third Party (a Third Party Claim), **laya healthcare** will pay benefit in accordance with these rules provided that **you** (or the subscriber if you are under 18 years of age) complete and sign the standard **laya healthcare** claim form (including the accident section).
- Laya healthcare** will also require **you** to complete and sign the standard **laya healthcare** authorisation letter (the Authorisation Letter) which includes an undertaking
- (i) to incorporate a claim for all **benefits**/ medical **treatment** costs already paid out by **laya healthcare** in any Third Party Claim;
 - (ii) to notify **laya healthcare** that **you** intend to commence or have commenced a Third Party Claim;

- (iii) to provide **laya healthcare** with full details in writing of the outcome of any Third Party Claim and/or settlement; and
 - (iv) unless otherwise directed by a Court, to deduct from any amount received on foot of a successful Third Party Claim or settlement and refund (or direct your solicitor to refund) to **laya healthcare** directly, an amount equivalent to the **benefits**/medical **treatment** costs previously paid out by **laya healthcare** in respect of that Third Party Claim.
- 3) **Injuries Board** Where **you** submit a claim to the Injuries Board, **laya healthcare** will pay benefit in accordance with these rules provided that **you** (or the subscriber if you are under 18 years of age) complete in full and sign the standard **laya healthcare** claim form (including the accident section).

The Authorisation Letter provided by **you** authorises **laya healthcare** to provide the Injuries Board with details of all **benefit**/ medical expenses paid by **laya healthcare** relating to **your** claim, and requires **you** to provide **laya healthcare** with details of the Injuries Board's assessment. Where the Injuries Board decides that the case would be more appropriately dealt with by the Court, the provisions of Section 2) sub-sections (i) and (ii) will apply and should **you** decide to pursue the claim further through the Courts and/or to appeal a decision of the Injuries Board through the Courts system, **laya healthcare** will continue to rely on the undertakings provided by **you** in the Authorisation Letter.

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

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

settlement directly from the Criminal Injuries Compensation Tribunal and authorises the Criminal Injuries Compensation Tribunal to release this information to **laya healthcare**.

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

Data Protection Statement

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

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

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

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

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

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

We may share your personal information with hospitals and/or consultants to aid the efficient processing of claims..

We may pass contact details of female members aged between 50 and 64 years 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/convalescence options applied/utilised by medical service providers
- to audit medical service providers generally
- to examine the handling of claims by a medical service provider.

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

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

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

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

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

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

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

13. Tax relief

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

14. Making a complaint

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

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

Laya Healthcare StudentCare scheme table of benefits

Benefit 1

General practitioner, psychiatric consultant and registered nurse charges for out-patient treatment at the UCD medical centre

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

1	Charges by General Practitioners
	StudentCare Up to €25 for four visits per year.
2	Charges by a registered nurse
	StudentCare Up to €10 for two visits per year.
3	Fees charged by a Psychiatric Consultant
	StudentCare Up to €40 for two visits per year.

Excess and overall annual limits for members of StudentCare

We will pay valid claims for fees and charges covered under Benefit 1 for **treatment** that **you** receive each year up to **your** overall annual limit.

Your overall annual limit shall be €200 a year in aggregate. This is the maximum amount of **benefits** payable to **you** under Benefit 1.

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

A valid claim means a claim for payment of fees and charges covered by Benefit 1 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 may be used to claim tax relief on expenses that are not paid by us. Simply send this statement to the Revenue Commissioners with a Med 1 form, which is available on www.revenue.ie/forms/med1.pdf. There is no longer a need for **you** to send **your** original receipts to the Revenue Commissioners to claim tax relief.

Approved out-patient medical centre

UCD Medical Centre

First Floor, Student Centre Building, UCD
Dublin 4. Contact 01 716 3133 / 01 716 3143

Student Assistance Programme

As a StudentCare member, **you** have access to **laya healthcare**'s Student Assistance Programme. This is a confidential and impartial telephone counselling and advice service.

The programme includes counsellor assistance available 24 hours and day, 365 days a year, including legal, consumer and financial advice. To access this service, please call 1800 650 138.



**BEST
2015**

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

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

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

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

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

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

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

