

Private Health Insurance

Insurance Product Information Document

Company: Elips Insurance Limited

Product: Transform Plus

Elips Insurance Limited, trading as Iaya Healthcare, is authorised by the Financial Markets Authority in Liechtenstein and is regulated by the Central Bank of Ireland for conduct of business rules.

This document and the cover detailed within it, is a summary and for your guidance only. You must read this document in conjunction with all other policy documents, including your Benefit Table and your Scheme Rules.

What is this type of insurance?

This is a private health insurance contract. Private health insurance is insurance that helps cover all or part of medical costs incurred. Other benefits may also be provided as part of your policy.



What is insured?

Hospital Cover - Public Hospitals

- ✓ Day-case/Out-patient surgical: Full cover
- ✓ Semi-private: Full cover
- ✓ Private: Full cover

Hospital Cover - Private Hospitals

- ✓ Private hospital excess: €50 day-case/ out-patient surgical excess & €100 in-patient excess. Overnight in-patient excess is payable a maximum of 2 per member per contract per year
- ✓ Day-case/Out-patient surgical: Full cover in selected private hospitals including Beacon Hospital
- ✓ Semi-private: Full cover in selected private hospitals including Beacon Hospital

- ✓ Private: €165 shortfall per night (including Beacon hospital)

- ✓ Specified Orthopaedic & Ophthalmic Procedures: 20% shortfall, available in selected private hospitals only

Hospital Cover - Hi-Tech Hospitals, Blackrock Clinic, Mater Private Dublin & Beacon Hospital

- ✓ Day-case/Out-patient surgical: Full cover
- ✓ Semi-private: Full cover in Beacon Hospital & €175 shortfall per night in Blackrock Clinic & Mater Private Dublin
- ✓ Private: €165 shortfall per night in Beacon Hospital & €175 shortfall per night in Blackrock Clinic & Mater Private Dublin
- ✓ Cover for specialist cardiac procedures in Hi-tech hospitals: Full cover - no excess
- ✓ Specified Orthopaedic & Ophthalmic Procedures: 20% shortfall

Hospital Cover - Other Benefits

- ✓ Participating Consultants' fees: Full cover
- ✓ Psychiatric treatment: Full cover up to 100 days per year
- ✓ Drug, Alcohol, Gambling & substance abuse: Full cover up to 91 days every 5 years
- ✓ Convalescence care: Up to €60 per day for 14 days

Cancer Care Benefits - Out-patient Treatment

- ✓ Breast prosthesis or hairpiece (following cancer treatment): Full cover for both
- ✓ Cancer accommodation benefit: Up to €100 per night. No limit
- ✓ Manual lymph drainage: Up to €500 per year
- ✓ Medical tattooing : Up to €300 per year
- ✓ Genetic screening for cancer risk: Full cover in the Mater Private Dublin
- ✓ Genetic testing consultation for cancer (subject to annual out-patient excess): 50% of costs for initial consultation



What is insured?

- ✓ Sleeping caps: Full refund for 1 sleeping cap per membership year

Maternity Benefits

- ✓ Maternity in-patient hospital delivery/homebirth costs: Full cover for 3 nights in a public hospital or up to €3,500 per year towards homebirth costs

- ✓ Maternity out-patient consultations (subject to annual out-patient excess): Up to €400 per pregnancy

- ✓ Foetal screening (subject to annual out-patient excess): Up to €150 per year

- ✓ Post natal home nursing if hospital stay is less than 3 nights: Up to €1,300 for 2 nights home nursing & up to €650 for 1 night home nursing

Child Healthcare Benefits

- ✓ Home nursing for children (following in-patient treatment): 50% of costs up to €2,800 per year

- ✓ Child counselling (subject to annual out-patient excess): 50% of costs - 8 visits & 50% of 1 assessment up to €60

- ✓ Parent travel & accommodation benefit: Up to €105 per day for 14 days

- ✓ Child healthcare support benefit (following in-patient treatment): Full refund up to €250 combined receipts on a range of benefits

- ✓ Vaccinations (subject to annual out-patient excess): 50% of costs up to €60 per year

Treatment Overseas

- ✓ Emergency hospital admission while overseas (+353 21 422 2204): Up to €100,000 per episode of illness or injury

- ✓ Medical Tourism : Full cover for treatment in another country, up to the amount payable in Ireland - subject to prior approval

Healthcoach

- ✓ Healthcoach face to face consultations: Full cover for 1 consultation every 2 years

Minor Injuries & Illnesses

- ✓ QuickCare consultations & treatment: 100% cover for first visit in Iaya Health & Wellbeing centres and up to €200 per visit in Iaya Healthcare approved minor injuries & illness centres

Digital Health

- ✓ GPlive (online GP consultation): Full cover - unlimited consultations

Fertility Benefit

- ✓ First Steps fertility package: 50% of costs up to €2,000 per year. Please refer to rules for the list of eligible fertility tests



What is insured?

and treatments

- ✓ Fertility Preservation: €1,200 per lifetime for egg freezing, €1,200 per lifetime for embryo freezing, €200 per lifetime for sperm freezing, at approved centres

Health Screening

- ✓ HeartBeat cardiac screening: Full cover for 1 screen every 2 years for members over the age of 12
- ✓ Direct payment MRI, CT & PET scans: Full cover in laya healthcare approved centres
- ✓ Direct payment mammogram: Full cover in laya healthcare approved centres
- ✓ Direct payment bone density/dexa scan: Full cover in laya healthcare approved centres

24/7 Mental Wellbeing Support Programme

- ✓ 24/7 Telephone Counselling (1800 911 909): Full cover
- ✓ Face to face/Video/Phone Counselling: Full cover for 6 visits per presenting issue. Please refer to rules for criteria
- ✓ Cover for specific support services: Full cover for 1 session per presenting issue for legal, consumer & health advice, career guidance, life coach & mediation.

Everyday Medical Expenses

- ✓ Annual out-patient excess: €1 (PLEASE NOTE for all benefits listed below, the maximum refund is €1,000 per member per contract year)
- ✓ GP/Nurse visits: 50% of costs. 100% cover for 2 HSE GP out of hours visits
- ✓ Consultant visits: 50% of costs
- ✓ Hospital casualty charge: 50% of costs up to €50 per visit
- ✓ Radiologist fees (professional fees): 50% of costs in hospitals & approved diagnostic centres
- ✓ Pathologist fees (professional fees): 50% of costs in hospitals & approved diagnostic centres
- ✓ Radiology diagnostic test (technical fees): 50% of costs in hospitals & approved diagnostic centres



What is insured?

- ✓ Pathology diagnostic test (technical fees): 50% of costs in hospitals & approved diagnostic centres
- ✓ Routine dental: 50% of costs up to €300 per year
- ✓ Emergency dental: 50% of costs up to €500 per accident
- ✓ Optical: 50% of costs up to €175 per year
- ✓ Physiotherapy: 50% of costs
- ✓ Travel vaccinations: 50% of costs
- ✓ Speech & language therapy: 50% of costs
- ✓ Adult Counselling-Psychologists : 50% of costs - 12 visits per year
- ✓ Adult Counselling-Counsellors and Therapists: 50% of costs - 12 visits per year
- ✓ Physical therapy/Athletic Rehabilitation: 50% of costs - 12 visits per year
- ✓ Occupational therapy: 50% of costs
- ✓ Chiropody/Podiatry: 50% of costs
- ✓ Home nursing following in-patient treatment: 50% of costs
- ✓ Hormone Replacement Therapy for Gender Dysphoria: 50% of costs up to €500 per lifetime
- ✓ Dean Clinic out-patient mental health consultations: 50% of costs - 12 visits per year
- ✓ Lois Bridges out-patient mental health consultations: 50% of costs - 12 visits per year
- ✓ Out-patient limit: €7,650



What is not insured?

- ✗ Benefits which are not included under 'What is insured' on this document are not eligible for benefit under your chosen scheme.
- ✗ Normal waiting periods apply to the cover listed, i.e once your waiting periods have passed you can claim the benefits included on your scheme.



Are there any restrictions on cover?

- ! (a) When possible, you should tell us about any treatment you are going to have so we can tell you if you can claim for benefits.
- ! (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 the following:
 - A written claim within 12 months from the end of your policy year for any non-surgical out-patient treatment and six months of the date of any other treatment
 - You must make the claim in the way that we reasonably ask you
 - 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
 - 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) We shall only pay benefits for out-patient treatment after your renewal date.
- ! (e) In order to process a claim we require a fully completed claim form.
- ! (f) All out-patient receipts are assessed in date order received and treatment date.
- ! (g) We may end your membership of the scheme by writing to you if you do not pay any or part of your subscriptions on the date they are due. If your membership ends because you do not pay your subscriptions, we may allow you to continue your membership, as long as you pay the subscriptions you owe within 30 days.
- ! (h) Cover is only available to those resident in the republic of Ireland. Your membership of the scheme will end immediately if you stop living in Ireland for a consecutive six-month period.



Where am I covered?

✓ You are covered in laya healthcare participating hospitals, on the island of Ireland, in accordance with the level of cover on your chosen scheme, notwithstanding any Overseas cover which may be included on your scheme.



What are my obligations?

- You are required to provide laya healthcare with any information or material facts necessary to facilitate your policy.
- You are required to act honestly and within the terms of your contract.
- You are required to make agreed subscription payments within the required timeframe.
- You are obliged to respond fully and truthfully to any questions that have been posed by Laya healthcare.



When and how do I pay?

You must pay your subscriptions in a way which is reasonably acceptable to us. You can pay either by credit or debit card or annually, quarterly or monthly by direct debit. A credit charge will apply if paying by instalments.



When does the cover start and end?

Your contract with laya healthcare is for a period of one year unless we agree to a different period when commencing your policy. Your cover starts from your membership start date or renewal date and ends at midnight on the day before the next renewal date. Your membership of the scheme will automatically renew on your renewal date, each year.



How do I cancel the contract?

You can cancel your policy by emailing info@layahealthcare.ie or by writing to Laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork T45 E181, within 14 days of receiving your welcome or renewal Membership Certificate. The 14 day period starts from the effective date or the renewal date of your policy shown on your Membership Certificate. You can cancel your policy by writing to Laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork T45 E181 or go to the contact us page on our website within 14 days of receiving your welcome or renewal Membership Certificate. The 14 day period starts from the effective date or the renewal date of your policy shown on your Membership Certificate.