Terms & Conditions Changes
- for policies renewing from 1st June 2026

To keep you fully informed of updates that affect your policy at renewal time, the terms and conditions changes that have come into effect since your last renewal are shown below. Some of these changes will only impact you if the benefit is available on your plan. Please see your full membership handbook and Table of Cover for details of what is covered on your plan.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Pre-authorisation wording.	**Section 1 Your Contract** **Pre-authorisation** Certain procedures and treatments are not covered unless they are approved in advance by us. Approval is only given where the procedure or treatment meets specific clinical indicators or we determine that it will result in a reasonably favourable medical prognosis. If your treatment or procedure needs to be preauthorised, this will be specified in the Schedule of Benefits. To apply for pre-authorisation, your health care provider must submit a request in writing to Irish Life Health in order for your claim to be considered. We will assess your request as soon as possible but in any case within 15 working days.	**Section 1 Your Contract** **Pre-authorisation** Certain procedures and treatments are not covered unless they are approved in advance by us. Approval is only given where the procedure or treatment meets specific clinical indicators or we determine that it will result in a reasonably favourable medical prognosis. If your treatment or procedure needs to be preauthorised, this will be specified in the Schedule of Benefits. To apply for pre-authorisation, your health care provider must submit a request in writing to Irish Life Health in order for your claim to be considered. We will assess your request as soon as possible but in any case within 15 working days. The treatment must begin, or surgical procedure must be performed, before your pre-authorisation expires. Your pre-authorisation will end either six months from when it is granted, or if you change your plan and reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner.
Tailored Health Plans Membership Handbook	Update to the Child orthodonics benefit wording.	**Section 2.1 Out-patient and Day to Day benefits** **Child orthodontics** This benefit allows a child member to claim a contribution towards the costs of an orthodontist*. This benefit is only available to members who are under 18 years of age.	**Section 2.1 Out-patient and Day to Day benefits** **Child orthodontics** This benefit allows a child member to claim a contribution towards the costs of orthodontic treatment provided by an orthodontist*. This benefit is only available to members who are under 18 years of age.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Benefit extended to include cover towards the Irish Life Dublin Marathon entry fee	**Section 2.1 Day-to-Day and Out-patient Benefits** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of an annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland for adult or child members; or towards a course of Yoga or Pilates classes led by a yoga/pilates instructor* for adult members; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes for child members. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.	**Section 2.1 Day-to-Day and Out-patient Benefits** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of an annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland for adult or child members; or towards a course of Yoga or Pilates classes led by a yoga/pilates instructor*, or towards the cost of your Irish Life Dublin Marathon entry fee for adult members; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes for child members. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). When claiming for your Marathon entry fee, you must submit the Dublin Marathon - Acknowledgment of Entry email that you received from Dublin Marathon. The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.
Health Plans Membership Handbook	Benefit extended to include cover towards the Irish Life Dublin Marathon entry fee	**Section 2.1 Day-to-Day and Out-patient Benefits** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland; or children's dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.	**Section 2.1 Day-to-Day and Out-patient Benefits** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland, or towards the cost of your Irish Life Dublin Marathon entry fee; or children's dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). When claiming for your Marathon entry fee, you must submit the Dublin Marathon - Acknowledgment of Entry email that you received from Dublin Marathon. The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to scans benefit wording - PET-CT and PSMA scans	**Section 2.1 Day-to-Day and Out-patient Benefits** **PET-CT and PSMA Scans** All PET-CT and PSMA scans must be pre-authorised by us. You must be referred by a consultant.	**Section 2.1 Day-to-Day and Out-patient Benefits** **PET-CT and PSMA Scans** All PET-CT and PSMA scans must be referred by a consultant.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the pre-authorisation process	**Section 2.4 Other Benefits** **Gender Affirmation** Under this benefit, we will contribute towards your medical costs for gender affirmation surgical procedures as set out in the List of Gender Affirmation Surgical Procedures where you have been diagnosed with the condition Gender Dysphoria and where the procedures are carried out in a medical facility worldwide. > The surgical procedure must be performed within 31 days from when you leave Ireland; > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end after six months from when it is granted, or at the end of the policy year, whichever is sooner.	**Section 2.4 Other Benefits** **Gender Affirmation** Under this benefit, we will contribute towards your medical costs for gender affirmation surgical procedures as set out in the List of Gender Affirmation Surgical Procedures where you have been diagnosed with the condition Gender Dysphoria and where the procedures are carried out in a medical facility worldwide. > The surgical procedure must be performed within 31 days from when you leave Ireland; > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end either six months from when it is granted, or if you change your plan and reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook	Update to the Emergency Inpatient Treatment Abroad - Hospital bill for inpatient treatment benefit wording	**Section 2.5 Overseas Benefits** **Emergency Inpatient Treatment Abroad and related benefits** **Hospital bill for inpatient treatment** Under this benefit we will cover your medical costs for emergency care in a medical facility abroad whilst on a prebooked temporary stay abroad not exceeding 31 days in duration where: > The emergency care is medically necessary; > The emergency care is authorised and arranged by Irish Life Health; > You are required to stay overnight or longer in a hospital bed; > You began your emergency care abroad within 31 days of your departure from Ireland, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian; > You receive the emergency care in an internationally recognised hospital; > You have not travelled against medical advice; > You were not suffering from a terminal illness when you left Ireland; and > You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. Your return journey must be booked before you begin your outward journey and your temporary stay abroad must be no longer than 31 days in duration. There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover. We will not cover: > non-medical expenses; > costs incurred where you did not stay overnight in hospital > medical care that has not been authorised and arranged by us; > elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care; > medical care that could be delayed until your return to Ireland. > medical care if you have travelled abroad after 34 weeks following the commencement of your pregnancy.	**Section 2.5 Overseas Benefits** **Emergency Inpatient Treatment Abroad and related benefits** **Hospital bill for inpatient treatment** Under this benefit we will cover your medical costs for emergency care in a medical facility abroad where: > The emergency care is medically necessary; > The emergency care is authorised and arranged by Irish Life Health; > You are required to stay overnight or longer in a hospital bed; > You began your emergency care abroad within 31 days of your departure from Ireland, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian; > You receive the emergency care in an internationally recognised hospital; > You have not travelled against medical advice; > You were not suffering from a terminal illness when you left Ireland; and > You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover. We will not cover: > non-medical expenses; > costs incurred where you did not stay overnight in hospital; > medical care that has not been authorised and arranged by us; > elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care; > medical care that could be delayed until your return to Ireland; > medical care if you have travelled abroad after 34 weeks following the commencement of your pregnancy.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to the Orthodonic benefit wording.	**Section 2.5 Personalised Packages** **Dental & Optical Package** **Orthodontic benefit** This benefit allows a member to a contribution towards the costs of an orthodontist*. Pay and claim	**Section 2.5 Personalised Packages** **Dental & Optical Package** **Orthodontic benefit** This benefit allows a member to a contribution towards the costs of orthodontic treatment provided by an orthodontist*. Pay and claim
Tailored Health Plans Membership Handbook	Update to the Child/ Teen orthodonics benefit wording.	**Section 2.5 Personalised Packages** **Children Extra** **Child/Teen orthodontics** This benefit allows a child member to a contribution towards the costs of an orthodontist*. Pay and claim	**Section 2.5 Personalised Packages** **Children Extra** **Child/Teen orthodontics** This benefit allows a child member to a contribution towards the costs of orthodontic treatment provided by an orthodontist*. Pay and claim
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the pre-authorisation process	**Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit** **Emergency In-patient Treatment Abroad and related benefits** **Elective Overseas Referrals** > You must have been referred for the surgical procedure abroad by a participating consultant in Ireland or through the International Second Opinion Service benefit, if applicable > The surgical procedure must be performed before your preauthorisation expires. Your pre-authorisation will end either six months from when it is granted, or at the end of the policy year;	**Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit** **Emergency In-patient Treatment Abroad and related benefits** **Elective Overseas Referrals** > You must have been referred for the surgical procedure abroad by a participating consultant in Ireland or through the International Second Opinion Service benefit, if applicable > The surgical procedure must be performed before your preauthorisation expires. Your pre-authorisation will end either six months from when it is granted, or if you change your plan and reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner;

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Out-patient A&E abroad benefit wording	**Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit** **Emergency In-patient Treatment Abroad and related benefits** **Out-patient A&E abroad** Under this benefit you can claim a contribution from us towards the cost of the following emergency care where you receive it as an out-patient whilst you are abroad: Emergency room/ department fees, GP visits, Consultant visits, prescription drugs, pathology fees, radiology fees (i.e. X-Rays, mammograms and non-maternity ultrasounds), cost of one ambulance journey to a hospital or clinic for treatment and emergency dental treatment required as the result of an accident (please refer to section 2.1 for further, terms and conditions of Emergency Dental Care). To avail of this benefit, the costs being claimed must have been incurred outside of Ireland on a prebooked temporary stay abroad of not more than 31 days in duration and must have been incurred as a result of emergency care. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your out-patient excess does not apply to this benefit.	**Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit** **Emergency In-patient Treatment Abroad and related benefits** **Out-patient A&E abroad** Under this benefit you can claim a contribution from us towards the cost of the following emergency care where you receive it as an out-patient whilst you are abroad: Emergency room/ department fees, GP visits, Consultant visits, prescription drugs, pathology fees, radiology fees (i.e. X-Rays, mammograms and non-maternity ultrasounds), cost of one ambulance journey to a hospital or clinic for treatment and emergency dental treatment required as the result of an accident (please refer to section 2.1 for further terms and conditions of Emergency Dental Care). To avail of this benefit, the costs being claimed must have been incurred outside of Ireland, as a result of emergency care, and within 31 days of your departure from Ireland. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your out-patient excess does not apply to this benefit.
Tailored Health Plans Membership Handbook	Update to the Out-patient A&E abroad benefit wording	**Section 2.5 Personalised Packages** **Travel Focus, Travel Extra** **Out-patient A&E abroad** Under this benefit you can claim a contribution from us towards the cost of the following emergency care where you receive it as an out-patient whilst you are abroad: Emergency room/ department fees, GP visits, Consultant visits, prescription drugs, pathology fees, radiology fees (i.e. X-Rays, mammograms and non-maternity ultrasounds), cost of one ambulance journey to a hospital or clinic for treatment and emergency dental treatment required as the result of an accident (please refer to section 2.1 for further, terms and conditions of Emergency Dental Care). To avail of this benefit, the costs being claimed must have been incurred outside of Ireland on a prebooked temporary stay abroad of not more than 31 days in duration and must have been incurred as a result of emergency care. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your out-patient excess does not apply to this benefit.	**Section 2.5 Personalised Packages** **Travel Focus, Travel Extra, Travel Extra - Livewell** **Out-patient A&E abroad** Under this benefit you can claim a contribution from us towards the cost of the following emergency care where you receive it as an out-patient whilst you are abroad: Emergency room/ department fees, GP visits, Consultant visits, prescription drugs, pathology fees, radiology fees (i.e. X-Rays, mammograms and non-maternity ultrasounds), cost of one ambulance journey to a hospital or clinic for treatment and emergency dental treatment required as the result of an accident (please refer to section 2.1 for further terms and conditions of Emergency Dental Care). To avail of this benefit, the costs being claimed must have been incurred outside of Ireland, as a result of emergency care, and within 31 days of your departure from Ireland. The maximum amount that Irish Life Health will contribute under this benefit is set out in your Table of Cover. Non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your out-patient excess does not apply to this benefit.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Benefit extended to include cover towards the Irish Life Dublin Marathon entry fee	**Section 2.5 Personalised Packages** **Sports Cover Package** **Travel & Sports Cover Package** **Adult sports club/gym membership** This benefit provides a contribution towards the cost of your annual subscription to a Gym or the following sports clubs: GAA, AAI, FAI, IRFU. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership. The following items are specifically excluded from this benefit: A course of classes within a gym, a club or at an alternative facility, a subscription to a social/ members club. This benefit can only be claimed once per policy year.	**Section 2.5 Personalised Packages** **Sports Cover Package** **Travel & Sports Cover Package** **Adult sports club/gym membership** This benefit provides a contribution towards the cost of your annual subscription to a Gym or the following sports clubs: GAA, AAI, FAI, IRFU, or towards the cost of your Irish Life Dublin Marathon entry fee. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership. When claiming for your Marathon entry fee, you must submit the Dublin Marathon - Acknowledgment of Entry email that you received from Dublin Marathon. The following items are specifically excluded from this benefit: A course of classes within a gym, a club or at an alternative facility, a subscription to a social/members club. This benefit can only be claimed once per policy year.
Tailored Health Plans Membership Handbook	Benefit extended to include cover towards the Irish Life Dublin Marathon entry fee	**Section 2.5 Personalised Packages** **Student Cover Package** **Fitness Focus** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland; or children's dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.	**Section 2.5 Personalised Packages** **Student Cover Package** **Fitness Focus** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland, or towards the cost of your Irish Life Dublin Marathon entry fee; or children's dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). When claiming for your Marathon entry fee, you must submit the Dublin Marathon - Acknowledgment of Entry email that you received from Dublin Marathon. The following items are specifically excluded from this benefit: a subscription to a social/ members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Benefit extended to include cover towards the Irish Life Dublin Marathon entry fee	**Section 2.5 Personalised Packages - Range of 8 Extras** **Sports Extra** **You Extra** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland; or children's dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim. This benefit can only be claimed once per policy year and the same receipt cannot be claimed under the Sports Club / Gym membership / Classes benefit in the You Extra / Sports Extra.	**Section 2.5 Personalised Packages - Range of 8 Extras** **Sports Extra** **You Extra** **Sports Club / Gym Membership / Classes** This benefit provides a contribution towards the cost of your annual subscription to a Gym or a sports club governed by one of the National Governing Bodies of Sport in Ireland (NGBs) recognised by Sport Ireland for adult or child members; or towards a course of Yoga or Pilates classes led by a yoga/pilates instructor*, or towards the cost of your Irish Life Dublin Marathon entry fee for adult members; or dance, gymnastics, basketball, tennis, karate, taekwon-do, judo or swimming classes for child members. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership (e.g. a receipt from your club). When claiming for your Marathon entry fee, you must submit the Dublin Marathon - Acknowledgment of Entry email that you received from Dublin Marathon. The following items are specifically excluded from this benefit: a subscription to a social/members club, a course or module within a gym or sports club or any classes not listed in this benefit. This benefit can only be claimed once per policy year. The beneficiary named on a receipt must have this benefit under their plan in order to be eligible to claim. This benefit can only be claimed once per policy year and the same receipt cannot be claimed under the Sports Club / Gym membership / Classes benefit in the You Extra / Sports Extra.
Health Plans Membership Handbook	Update to benefit wording	**Section 2.5 Overseas Benefits** **Repatriation expenses** Under this benefit we will arrange and cover your transport back to Ireland when you require assistance to travel for medical reasons. Our medical advisors will determine whether your medical condition requires you to have assistance to travel. The opinion of our medical advisors is final. You must be willing to travel as soon as you are medically fit to do so. If you fail to accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us. The maximum amount that we will cover under this benefit is set out in your Table of Cover. This benefit can only be claimed in conjunction with our 'hospital bill for in-patient treatment' benefit. Under this benefit we will also arrange and cover the return of your remains to Ireland should you die while on a temporary stay abroad not to exceed 31 days.	**Section 2.5 Overseas Benefits** **Repatriation expenses** Under this benefit we will arrange and cover the costs (up to a specified amount) of your transport back to Ireland where you are unable to use your return transport to return to Ireland for medical reasons. Our medical advisors will determine whether your medical condition requires you to have assistance to travel. The opinion of our medical advisors is final. You must be willing to travel as soon as you are medically fit to do so. If you fail to accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us. The maximum amount that we will cover under this benefit is set out in your Table of Cover. This benefit is only available in conjunction with our 'hospital bill for in-patient treatment' benefit. This benefit is not available if you have not required emergency In-patient A&E treatment or if that treatment is not covered by us. Under this benefit we will also arrange and cover the return of your remains to Ireland should you die while abroad within 31 days of your departure from Ireland.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to benefit wording	**Section 2.6 Overseas Benefits** **Repatriation expenses** Under this benefit we will arrange and cover your transport back to Ireland when you require assistance to travel for medical reasons. Our medical advisors will determine whether your medical condition requires you to have assistance to travel. The opinion of our medical advisors is final. You must be willing to travel as soon as you are medically fit to do so. If you fail to accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us. The maximum amount that we will cover under this benefit is set out in your Table of Cover. This benefit can only be claimed in conjunction with our 'hospital bill for in-patient treatment' benefit. This benefit is not available if you have not required emergency In-patient A&E treatment or if that treatment is not covered by us. Under this benefit we will also arrange and cover the return of your remains to Ireland should you die while on a temporary stay abroad not to exceed 31 days.	**Section 2.6 Overseas Benefits** **Repatriation expenses** Under this benefit we will arrange and cover your transport back to Ireland when you require assistance to travel for medical reasons. Our medical advisors will determine whether your medical condition requires you to have assistance to travel. The opinion of our medical advisors is final. You must be willing to travel as soon as you are medically fit to do so. If you fail to accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us. The maximum amount that we will cover under this benefit is set out in your Table of Cover. This benefit can only be claimed in conjunction with our 'hospital bill for in-patient treatment' benefit. This benefit is not available if you have not required emergency In-patient A&E treatment or if that treatment is not covered by us. Under this benefit we will also arrange and cover the return of your remains to Ireland should you die while abroad within 31 days of your departure from Ireland.
Tailored Health Plans Membership Handbook	Clarification of cover	**Section 2.6 Overseas Benefits** **Elective Overseas Referral (introduction text)** In some cases you will be covered for treatment overseas but it is essential that you speak to us first. Irish Life Health will have to pre-approve any procedures carried out outside of Ireland before you travel abroad for treatment. The treatment must be carried out when you are on a temporary stay abroad, which is no more than 31 days at a time.	**Section 2.6 Overseas Benefits** **Elective Overseas Referral (introduction text)** In some cases you will be covered for treatment overseas but it is essential that you speak to us first. Irish Life Health will have to pre-approve any procedures carried out outside of Ireland before you travel abroad for treatment. The treatment must be carried out within 31 days of your departure from Ireland.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to the Emergency Inpatient Treatment Abroad - Hospital bill for in-patient treatment benefit wording	**Section 2.6 Overseas Benefits** **Emergency Inpatient Treatment Abroad and related benefits** **Hospital bill for in-patient treatment** Under this benefit we will cover (up to a specified amount) your medical costs for in-patient emergency care in a medical facility abroad. To avail of this benefit, the costs being claimed must have been incurred outside of Ireland and must have been incurred as a result of emergency care which required you to stay overnight or longer in a hospital bed whilst on a pre-booked temporary stay abroad not exceeding 31 days in duration, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian. All medical treatment claimed under this benefit must be authorised and arranged by us. Hospital costs incurred where you did not stay overnight and non-medical expenses (e.g. phone calls, transport costs, miscellaneous expenses etc.) are not covered under this benefit. Your return journey must be booked before you begin your outward journey and your temporary stay abroad must be no longer than 31 days in duration. The maximum amount that will be covered under this benefit is set out in your Table of Cover.	**Section 2.6 Overseas Benefits** **Emergency Inpatient Treatment Abroad and related benefits** **Hospital bill for in-patient treatment** Under this benefit we will cover your medical costs for emergency care in a medical facility abroad where: > The emergency care is medically necessary; > The emergency care is authorised and arranged by Irish Life Health; > You are required to stay overnight or longer in a hospital bed; > You began your emergency care abroad within 31 days of your departure from Ireland, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian; > You receive the emergency care in an internationally recognised hospital; > You have not travelled against medical advice; > You were not suffering from a terminal illness when you left Ireland; and > You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover. We will not cover: > non-medical expenses; > costs incurred where you did not stay overnight in hospital; > medical care that has not been authorised and arranged by us; > elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care; > medical care that could be delayed until your return to Ireland; > medical care if you have travelled abroad after 34 weeks following the commencement of your pregnancy.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to the terms and conditions wording regarding third party claims	**Section 5 General Terms and Conditions** > Where we cover the cost of goods or services that you have received as a result of an accident or injury for which another person/company/public body may be liable and you make a claim or take legal action against such other person/company/public body, you must include the cost of the goods or services covered by us in the damages you seek to recover from the person/company/public body. If you successfully recover some or all of the costs covered by Irish Life Health, by whatever means, you must reimburse us as soon as possible. We will not contribute towards the costs of pursuing such a claim or legal action;	**Section 5 General Terms and Conditions** > Where we cover the cost of goods or services that you have received as a result of an accident or injury for which another person/company/public body may be liable and you make a claim or take legal action against such other person/ company/public body, you must include the cost of the goods or services covered by us in the damages you seek to recover from the person/company/public body. If you successfully recover some or all of the costs covered by Irish Life Health, by whatever means, you must reimburse us as soon as possible. We will not contribute towards the costs of pursuing such a claim or legal action. If you make a claim or take legal action, a Letter of Undertaking will be provided to you and should be returned completed to us. If an application is made by you or your solicitor to the Injuries Resolution Board (IRB), the claims paid by Irish Life Health in respect of this application must be included and a Letter of Undertaking completed and returned to us. You should inform us as soon as possible with regards to any assessment made by the IRB. You should also inform us of any hearing dates and/or settlement discussions, or if the matter has concluded. If the claims submitted by you form part of legal proceedings, please note that we require advices from Counsel confirming the position with regards to recovery of the claims / outlay. In the event that your claim is successful and you receive a monetary settlement, you will need to send us a refund for any claims already paid by Irish Life Health. In the event that only part of the claims submitted by you are recovered, we will require written confirmation of this from your solicitor (to include any advices from Counsel). If there is only partial recovery of the claims paid by Irish Life Health in the course of legal proceedings, you will need to send us a refund for the partial amount recovered. In the event that your claim is not successful or withdrawn, we will not seek reimbursement from you once we receive written confirmation of this from your solicitor (to include any advices from Counsel);
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the bodies covered under the Life Coach/Life Coaching sessions benefits	**Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners** **Allied Health Professionals, Alternative (Complementary) and other practitioners** **Life Coach** The life coach must be a Master or Professional coach registered with one of the following bodies; International Coach Federation (ICF) Ireland or Life and Business Coaching Association of Ireland (LBCAI) or have a degree in psychology/ sports science and a postgraduate qualification in psychology (min. masters)	**Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners** **Allied Health Professionals, Alternative (Complementary) and other practitioners** **Life Coach** The life coach must be a Master or Professional coach registered with the International Coach Federation (ICF) Ireland or have a degree in psychology/ sports science and a postgraduate qualification in psychology (min. masters).
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the bodies covered under the Medical Herbalist benefits	**Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners** **Allied Health Professionals, Alternative (Complementary) and other practitioners** **Medical herbalist** A member of the Irish Institute of Medical herbalists (IIMH).	**Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners** **Allied Health Professionals, Alternative (Complementary) and other practitioners** **Medical herbalist** A member of the Irish Institute of Medical herbalists (IIMH) or the Irish Association of Master Medical Herbalists (IAMMH).

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Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook	Update to A&E Abroad: Emergency Inpatient Treatment Abroad and related benefits - introduction and exclusions	**Section 2.5 Overseas Benefit** **A&E Abroad** Our A&E Abroad benefits cover your medical costs and the costs of repatriation for you and your companion where you require emergency care outside Ireland. The table below explains all our A&E Abroad benefits but you should check your Table of Cover to see which of these benefits apply to you. Our A&E Abroad benefits are not a substitute for travel insurance. We recommend that you purchase travel insurance prior to travelling outside Ireland and obtain a European Health Insurance Card before you travel (see www.ehic.ie). All claims will be assessed and settled in euro. **Emergency Inpatient Treatment Abroad and related benefits** Please note that our A&E Abroad benefits will not apply where your emergency care is required: > for a nervous, mental or psychiatric condition; > for conditions and/or injuries arising from excessive alcohol consumption; > for conditions and/or injuries arising from substance abuse; > for conditions and/or injuries arising from deliberately injuring yourself; > for conditions and/or injuries arising from your own negligence; > for conditions and/or injuries arising from hazardous sports; > for conditions and/or injuries arising from breaking the law; > for conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad; > if you have travelled abroad after 34 weeks following the commencement of your pregnancy; > in a country in which the Irish Department of Foreign Affairs has recommended that you should not travel; > in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel unless your journey is essential. Evidence of why your journey is essential will be required. Details of what we constitute essential travel to be, as well as the evidence you need to provide is detailed below.	**Section 2.5 Overseas Benefit** **A&E Abroad** Our A&E Abroad benefits cover your medical costs and the costs of repatriation for you and your companion where you require emergency care outside Ireland. The table below explains all our A&E Abroad benefits but you should check your Table of Cover to see which of these benefits apply to you. Our A&E Abroad benefits are not a substitute for travel insurance. We recommend that you purchase travel insurance prior to travelling outside Ireland and obtain a European Health Insurance Card before you travel (see www.ehic.ie). When claiming under your A&E Abroad benefits, you must inform us of all other forms of travel or accident insurance you have. If you are entitled to claim under any other insurance contract for any of the costs, charges or fees for which you are insured under your plan with us, we will only pay our rateable proportion of the costs. All claims will be assessed and settled in euro. **Emergency Inpatient Treatment Abroad and related benefits** Please note that our A&E Abroad benefits will not apply where your emergency care is required: > for a nervous, mental or psychiatric condition; > for conditions and/or injuries arising from excessive alcohol consumption; > for conditions and/or injuries arising from substance abuse; > for conditions and/or injuries arising from deliberately injuring yourself; > for conditions and/or injuries arising from your own negligence; > for conditions and/or injuries arising from hazardous sports; > for conditions and/or injuries arising from breaking the law; > for conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad; > if you have travelled abroad after 34 weeks following the commencement of your pregnancy; > a Non-medical expense (e.g. phone calls, taxi fares or other transport costs to attend out-patient or in-patient treatment or appointments or for collection of medication prescribed by the hospital, miscellaneous expenses etc.);

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Handbook name	What's changing?	Previous wording	Updated wording
			> for any treatment that is excluded under the waiting and exclusion periods detailed in Section 6; > for any treatment that would not be covered in Ireland; > for expenses incurred in Ireland; > for treatment or services provided by a health spa, convalescent or nursing home or rehabilitation centre; > for any expenses incurred as a result of a tropical disease where you have not had the recommended inoculations and/or taken the recommended medication; > For any costs that relate in any way to transplants including any subsequent treatments, procedures or medical care; > in a country in which the Irish Department of Foreign Affairs has recommended that you should not travel; > in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel unless your journey is essential. Evidence of why your journey is essential will be required. Details of what we constitute essential travel to be, as well as the evidence you need to provide is detailed below.
Health Plans Membership Handbook	Update to Elective Procedure abroad - benefit and how to claim clarification	**Section 2.5 Overseas Benefit** **Elective Procedure abroad - for procedures that are not available in Ireland** > Consultant's fees: Under this benefit Irish Life Health will cover your consultant's fees to the same level as would have been covered under your plan if you were treated by a participating consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. **How to claim** If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. To obtain pre-authorisation you will need to complete the Irish Life Health Overseas Pre-Approval Form which is available on our website. Part 2 of the Irish Life Health Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you may also be required to provide us with additional information including a detailed medical report from your GP or Consultant in Ireland and/or your treating consultant abroad. We will assess your pre-authorisation request within 15 working days and confirm the amount for which you are covered. You will need to pay your overseas medical facility and health care providers directly for your medical care. You can then claim the amount we have pre- authorised back from us by submitting your original receipts to us in an envelope with your name, address and membership number (see section 10 for details of where to send your receipts). Unfortunately, we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.	**Section 2.5 Overseas Benefit** **Elective Procedure abroad - for procedures that are not available in Ireland** > Consultant's fees: Under this benefit Irish Life Health will cover your consultant's fees to the same level as would have been covered under your plan if you were treated by a participating consultant whilst admitted to a medical facility in Ireland to receive the most similar surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. **How to claim** If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. To obtain pre-authorisation you will need to complete the Irish Life Health Overseas Pre-Approval Form which is available on our website. Part 2 of the Irish Life Health Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you may also be required to provide us with additional information including a detailed medical report from your GP or Consultant in Ireland and/or your treating consultant abroad. Irish Life Health will not contribute to the cost of getting a written medical opinion from your GP or Consultant. We will assess your pre-authorisation request within 15 working days and confirm the amount for which you are covered. You will need to pay your overseas medical facility and health care providers directly for your medical care. You can then claim the amount we have pre- authorised back from us by submitting your original receipts to us in an envelope with your name, address and membership number (see section 10 for details of where to send your receipts). Unfortunately, we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records. All claims will be assessed and settled in euro.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Updates to Overseas Benefits section - introduction, terms and conditions and selected benefit wording	**Section 2.6 Overseas Benefits** Our Overseas Benefits provide you with cover when you receive medical care abroad. The tables below explain all our Overseas Benefits but you should check your Table of Cover to see which of these benefits apply to you. Please note that a number of general conditions and exclusions apply to these benefits. These are listed at the end of this section. Waiting periods may also apply, please see section 6 When you need to receive medical care abroad we can help by: > Providing a 24-hour telephone help line. > Referring you to a doctor or medical facility/hospital. > Liaising with the hospital while you are undergoing care. > Getting you a translator, if required. > Contacting your GP, family and employer if you wish. To receive this assistance or to have your overseas care pre-authorised and arranged by us, you must call our International Emergency Assistance Service on 00353 148 17840 **Emergency In-patient Treatment Abroad and related benefits** **Please note:** **The terms and conditions of cover were previously covered in the "General conditions applicable to the Overseas Benefits" and the "Exclusions applicable to the Overseas Benefits" sections noted on pages 20 - 23 overleaf**	**Section 2.6 Overseas Benefits** Our Overseas Benefits provide you with cover when you receive medical care abroad. The tables below explain all our Overseas Benefits but you should check your Table of Cover to see which of these benefits apply to you. When you need to receive medical care abroad we can help by: > Providing a 24-hour telephone help line. > Referring you to a doctor or medical facility/hospital. > Liaising with the hospital while you are undergoing care. > Getting you a translator, if required. > Contacting your GP, family and employer if you wish. You must call our International Emergency Assistance Service on 00353 148 17840 to access this assistance and to have your overseas care pre-authorised and arranged by us. **Emergency In-patient Treatment Abroad and related benefits** Our Emergency In-patient Treatment Abroad and related benefits cover your medical costs and the costs of repatriation for you and your companion where you require emergency care outside Ireland. The table below explains all our Emergency In-patient Treatment Abroad and related benefits but you should check your Table of Cover to see which of these benefits apply to you. Our Emergency In-patient Treatment Abroad and related benefits are not a substitute for travel insurance. We recommend that you purchase travel insurance prior to travelling outside Ireland and obtain a European Health Insurance Card before you travel (see www.ehic.ie). When claiming under your Emergency In-patient Treatment Abroad and related benefits, you must inform us of all other forms of travel or accident insurance you have. If you are entitled to claim under any other insurance contract for any of the costs, charges or fees for which you are insured under your plan with us, we will only pay our rateable proportion of the costs. All claims will be assessed and settled in euro. Irish Life Health will use the foreign exchange rate which applies at the date of the invoice we receive from the medical facility abroad or at the time of purchase, as appropriate. Waiting periods may also apply, please see section 6. Where you have not been admitted overnight for treatment as an inpatient, some of the costs incurred may be claimed under your out-patient benefits, please refer to the out-patient section of your table of cover to see what benefits you may claim for and whether these are subject to an excess.

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Handbook name	What's changing?	Previous wording	Updated wording
			Emergency In-patient Treatment Abroad and related benefits Please note that our Emergency In-patient Treatment Abroad and related benefits will not apply where your emergency care is required: > for a nervous, mental or psychiatric condition; > for conditions and/or injuries arising from excessive alcohol consumption; > for conditions and/or injuries arising from substance abuse; > for conditions and/or injuries arising from deliberately injuring yourself; > for conditions and/or injuries arising from your own negligence; > for conditions and/or injuries arising from hazardous sports; > for conditions and/or injuries arising from breaking the law; > for conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad; > if you have travelled abroad after 34 weeks following the commencement of your pregnancy; > a Non-medical expense (e.g. phone calls, taxi fares or other transport costs to attend out-patient or in-patient treatment or appointments or for collection of medication prescribed by the hospital, miscellaneous expenses etc.); > for any treatment that is excluded under the waiting and exclusion periods detailed in Section 6; > for any treatment that would not be covered in Ireland; > for expenses incurred in Ireland; > for treatment or services provided by a health spa, convalescent or nursing home or rehabilitation centre; > for any expenses incurred as a result of a tropical disease where you have not had the recommended inoculations and/or taken the recommended medication; > For any costs that relate in any way to transplants including any subsequent treatments, procedures or medical care; > in a country in which the Irish Department of Foreign Affairs has recommended that you should not travel;

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Handbook name	What's changing?	Previous wording	Updated wording
			> in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel unless your journey is essential. Evidence of why your journey is essential will be required. Details of what we constitute essential travel to be, as well as the evidence you need to provide is detailed below.If you have decided to travel despite the Department of Foreign Affairs advising to avoid non-essential travel to that country, you must call our Customer Care Team on 01 562 5100 in advance of travelling to ascertain whether we consider your travel to be essential. What we consider to be essential reasons for travel are if: i. Your relative is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy; ii. Your relative has died and you need to attend the funeral; iii. Your property abroad has been seriously damaged and you need to arrange and/or oversee professional repairs; iv. You have an urgent work matter that cannot reasonably be cancelled, postponed or delayed; v. You have a full-time but short-term (not exceeding 31 days) placement at a recognised educational establishment where attendance must be in person. Evidence must be provided in advance of travel and must be in a formal written format which clearly sets out all relevant dates, the subject and the source of the evidence. Examples of evidence are as follows: i. Where your relative is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy we will require a letter from your relative's doctor recommending that you needed to be with your relative due to their medical condition (please do not state that medical condition); ii. Where your relative has died and you need to attend the funeral; we will require a notice of your relative's funeral in a recognised publication; iii. Where your property abroad has been seriously damaged and you need to arrange and/or oversee professional repairs we will require a police or property insurer's report confirming damage to your property; iv. Where you have an urgent work matter that cannot reasonably be cancelled, postponed or delayed, we will require, a formal letter/email from your employer stating you are travelling for an urgent work matter that cannot reasonably be cancelled, postponed or delayed; v. Where you have a full-time but short-term placement at a recognised educational establishment where attendance must be in person, we will require a formal letter from a recognised educational establishment confirming that you are travelling for a short-term (not exceeding 31 days) placement that cannot reasonably be cancelled, postponed or delayed. The application of the above rules and acceptance of the evidence provided will be at our discretion and our decision will be final.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Updates to Overseas Benefits section - introduction, terms and conditions and selected benefit wording	**Section 2.6 Overseas Benefits** **Elective Overseas Referral** In some cases you will be covered for treatment overseas but it is essential that you speak to us first. Irish Life Health will have to pre-approve any procedures carried out outside of Ireland before you travel abroad for treatment. The treatment must be carried out within 31 days of your departure from Ireland. **Elective Procedure abroad - for procedures that are available in Ireland** Elective Procedure abroad - for procedures that are available in Ireland. If you are covered for a medically necessary surgical procedure in Ireland we will cover you for the equivalent eligible medical costs abroad. If the treatment you require is available in Ireland but is not listed in the Schedule of Benefits we will not cover the treatment overseas. **Elective Procedure abroad - for procedures that are not available in Ireland** Elective Procedure abroad - for procedures that are not available in Ireland. If the surgical procedure you require has been deemed medically necessary for you but is not currently available in Ireland, we also provide cover for new medically proven and certified surgical procedures overseas. To qualify for this type of treatment you must be covered under your plan for surgical treatment for the same condition in Ireland and your treatment must meet the conditions listed here. The proposed Elective Procedure abroad: > Must be for a condition for which the treatment is normally available in Ireland but where the specific surgical procedure needed is not. > Must not be controlled by a national register of waiting lists for transplants or other complex procedures. Irish Life Health's medical advisors must agree: > That the same clinical procedure can't be performed in Ireland. > That the proposed surgical procedure is medically proven to be a more effective method of treatment than the alternative surgical procedures available in Ireland. > That there is a reasonable prognosis if the procedure is carried out. We will cover you for the same hospital costs for which you would be covered to have your procedure carried out in Ireland. Where your procedure is not available in Ireland we will cover the amount that would have been covered for the most similar surgical procedure to of treat the same condition(s) in Ireland. The hospital costs will be calculated with reference to the medical facility in which it would have been most suitable for you to have your procedure carried out.	**Section 2.6 Overseas Benefits** **Elective Overseas Referral** Our Elective Overseas Referral benefits cover some of the cost of having a surgical procedure performed abroad. We provide two benefits under our Elective Overseas Referral benefits; **(A)** 'Elective Procedure Abroad - for procedures that are available in Ireland' and **(B)** 'Elective Procedure Abroad - for procedures that are not available in Ireland' The table below explains both our 'Elective Overseas Referral' benefits but you should check your Table of Cover to see if these benefits are covered under your plan. All elective medical care received abroad must be pre-authorised by Irish Life Health. See the "How to Claim" section of the table below for details of how to have your elective overseas medical care pre-authorised by us. Please note you will only be covered up to the amount preauthorized by us. Your overseas medical facility and health care providers may charge more than this amount. If they do, you will be responsible for paying the balance. In addition we do not pay overseas medical facilities and health care providers directly. You will need to pay your entire bill to the medical facility and/or health care providers yourself. You can then claim the pre-authorized amount from us by submitting your receipts. When you submit an Irish Life Health Overseas Pre-Approval Form to us, our medical advisers will decide whether the surgical procedure you require abroad is available in Ireland. This can require a complex medical assessment of the treatments and procedures you wish to receive abroad and the treatments and procedures available in Ireland to treat your condition. The decision of our medical advisers is final. In addition, their assessment is based entirely on the information you provide in advance of your undergoing your procedure (in your Irish Life Health Overseas Pre-Approval Form). The amount pre-authorised by us cannot be reassessed following your treatment regardless of whether the treatment you receive differs from that anticipated in your Irish Life Health Overseas Pre-Approval Form or otherwise. If there are any unforeseen medical costs arising in relation to additional medically necessary treatment from the same episode of care, we will cover you for an amount up to the same amount of the costs that would have arisen and for which you would be covered for in Ireland. Please note that the following conditions apply to Elective Overseas Referrals: > The surgical procedure must be performed or treatment must commence within 31 days from when you leave Ireland; > You must have been referred for the surgical procedure abroad by a participating consultant in Ireland or through the International Second Opinion Service benefit, if applicable;

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Handbook name	What's changing?	Previous wording	Updated wording
		Our medical advisers will determine which medical facility in Ireland should be used as a basis to determine your level of cover. Our medical advisors will also determine the consultants' fees that would have been covered in Ireland by reference to the most equivalent or similar procedures in the Schedule of Benefits. We will cover your consultant's fees to the same level as would be covered if you were treated by a participating consultant in Ireland. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. Our medical advisors will base their assessment of the amount that will be covered on the information you provide in your Overseas Pre-Approval Form. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself. We will confirm the amount that we will cover when we pre-authorise your procedure. This decision is final. We will not re-evaluate our decision or the amount that will be covered by us unless we have requested further information. If there are any unforeseen medical costs arising in relation to additional medically necessary treatment from the same episode of care, we will cover you for an amount up to the same amount of the costs that would have arisen and for which you would be covered for in Ireland. Please check your Table of Cover to see what level of cover is provided. Irish Life Health will not contribute to the cost of getting a written medical opinion from your consultant or to any costs incurred in travelling abroad for treatment or travelling home following the treatment. Please note that the following conditions apply to this benefit: > The surgical procedure must be performed or treatment must commence within 31 days from when you leave Ireland; > You must have been referred for the surgical procedure abroad by a participating consultant in Ireland or through the International Second Opinion Service benefit, if applicable; > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end either six months from when it is granted, or if you change your plan and reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner; > The surgical procedure must be medically necessary and our medical advisers must agree that the surgical procedure will result in a reasonable medical prognosis; > The proposed surgical procedure you require abroad must be related to and have the same objective as a procedure or treatment that you are covered for in Ireland;	> The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end either six months from when it is granted, or if you change your plan and reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner; > The surgical procedure must be medically necessary and our medical advisers must agree that the surgical procedure will result in a reasonably favourable medical prognosis; > The proposed surgical procedure you require abroad must be related to and have the same objective as a procedure or treatment that you are covered for in Ireland; > The surgical procedure or, where the surgical procedure is not available in Ireland, the most similar surgical procedure available in Ireland, must not be controlled by a national register of waiting lists for transplants or other complex procedures; and > This benefit is subject to an overall limit per policy year, this amount is listed on your Table of Cover. **Elective Procedure Abroad - for procedures that are available in Ireland** Under this benefit we will cover the following: > Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Cover) if you were to be admitted to a medical facility in Ireland to have the surgical procedure performed. Our medical advisers will base their assessment on the hospital costs that would be covered in the medical facility in Ireland, which, in their opinion, would have been most suitable for you. > Consultant's fees: Under this benefit Irish Life Health will cover your consultant's fees to the same level as would be covered under your plan if you were treated by a participating consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. Our medical advisers will decide the hospital costs and the consultant's fees that would have been covered if you were admitted to a medical facility in Ireland to undergo the surgical procedure you wish to receive abroad. The decision of our medical advisers is final. The costs of travelling to and from the country in which you wish to receive your surgical procedure will not be covered. We will confirm the amount that we will cover under this benefit when we pre-authorise your overseas surgical procedure. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself.

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Handbook name	What's changing?	Previous wording	Updated wording
		> The surgical procedure or, where the surgical procedure is not available in Ireland, the most similar surgical procedure available in Ireland, must not be controlled by a national register of waiting lists for transplants or other complex procedures; and > This benefit is subject to an overall limit per policy year, this amount is listed on your Table of Cover. **How to claim** If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. To obtain pre-authorisation you will need to complete the Overseas Pre-Approval Form which is available on our website. Part 2 of the Irish Life Health Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you may also be required to provide us with additional information including a detailed medical report from your GP or Consultant in Ireland and/or your treating consultant abroad. We will assess your pre-authorisation request within 15 working days and confirm the amount for which you are covered. You will need to pay your overseas medical facility and health care providers directly for your medical care. You can then claim the amount we have pre- authorised back from us by submitting your original receipts to us in an envelope with your name, address and membership number (see section 10 for details of where to send your receipts). Unfortunately, we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.	**Elective Procedure abroad - for procedures that are not available in Ireland** Under this benefit we will cover the following: > Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits (Please refer to the Elective Overseas section on your Table of Cover) if you were to be admitted to a medical facility in Ireland to receive the most similar surgical procedure available in Ireland. Our medical advisers will base their assessment on the hospital costs that would be covered in the medical facility in Ireland, which, in their opinion, would have been most suitable for you. > Consultant's fees: Under this benefit Irish Life Health will cover your consultant's fees to the same level as would have been covered under your plan if you were treated by a participating consultant whilst admitted to a medical facility in Ireland to receive the most similar surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of participating consultants are covered. Our medical advisers will decide the hospital costs and the consultant's fees that would be covered if you were admitted to a medical facility in Ireland to undergo a surgical procedure to treat the medical condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. Our medical advisers must believe that the surgical procedure that you wish to undergo abroad is medically proven to be a more effective method of treatment than the treatments and procedures available in Ireland to treat the condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. The decisions of our medical advisers are final. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself. The costs of travelling to and from the country in which you wish to receive your surgical procedure will not be covered. **How to claim** If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. To obtain pre-authorisation you will need to complete the Overseas Pre-Approval Form which is available on our website. Part 2 of the Irish Life Health Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you may also be required to provide us with additional information including a detailed medical report from your GP or Consultant in Ireland and/or your treating consultant abroad. Irish Life Health will not contribute to the cost of getting a written medical opinion from your GP or Consultant. We will assess your pre-authorisation request within 15 working days and confirm the amount for which you are covered. You will need to pay your overseas medical facility and health care providers directly for your medical care. You can then claim the amount we have pre- authorised back from us by submitting your original receipts to us in an envelope with your name, address and membership number (see section 10 for details of where to send your receipts). Unfortunately, we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records. All claims will be assessed and settled in euro.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Updates to Overseas Benefits section - introduction, terms and conditions and selected benefit wording	**Section 2.6 Overseas Benefits** **General conditions applicable to the Overseas Benefits:** Please note the following general conditions apply to our Overseas Benefits: > Your medical treatment abroad must be medically necessary > You must begin your medical treatment abroad within 31 days of your departure from Ireland, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian; > You must receive the emergency care in an internationally recognised hospital; > You must not have travelled against medical advice; > You must not have been suffering from a terminal illness when you left Ireland; > You must not have suspected when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. **Exclusions applicable to the Overseas Benefits:** Please note that our Overseas Benefits will not apply to the following: > medical treatment that is required in connection with: - a nervous, mental or psychiatric condition; - conditions and/or injuries arising from excessive alcohol consumption; - conditions and/or injuries arising from substance abuse; - conditions and/or injuries arising from deliberately injuring yourself; - conditions and/or injuries arising from your own negligence; - conditions and/or injuries arising from hazardous sports; - conditions and/or injuries arising from breaking the law; - conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > Treatment that could have been delayed until your return to Ireland; > Giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad; > Medical care if you have travelled abroad after 34 weeks following the commencement of your pregnancy;	**Section 2.6 Overseas Benefits** Text now included in above updates

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Handbook name	What's changing?	Previous wording	Updated wording
		> Non-medical expense (e.g. phone calls, taxi fares or other transport costs to attend out-patient or in-patient treatment or appointments or for collection of medication prescribed by the hospital, miscellaneous expenses etc.); > Any elective treatment /procedures/ follow on care (except where such treatment is specifically covered under our "Elective Procedure abroad - for procedures that are not available in Ireland" benefit) regardless of whether such treatment is related to overseas emergency care that is covered by us; > Any treatment that is excluded under the waiting and exclusion periods detailed on page 63-65; > Any treatment that would not be covered in Ireland; > Treatment, surgery (including exploratory tests) or medication which are not directly related to the injury or illness which necessitated your initial treatment or admittance to hospital; > Any expenses which are not usual, reasonable or customary to treat your injury or illness; > Expenses incurred in Ireland; > Treatment or services provided by a health spa, convalescent or nursing home or rehabilitation centre; > Expenses incurred as a result of a tropical disease where you have not had the recommended inoculations and/or taken the recommended medication. > Any costs that relate in any way to transplants including any subsequent treatments, procedures or medical care. > Treatment received in a country in which the Irish Department of Foreign Affairs has recommended that you should not travel; > Treatment received in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel unless your journey is essential. Evidence of why your journey is essential will be required. Details of what we constitute essential travel to be as well as the evidence you need to provide is detailed below. If you have decided to travel despite the Department of Foreign Affairs advising to avoid non- essential travel to that country, you must call our Customer Care Team on 01 562 5100 in advance of travelling to ascertain whether we consider your travel to be essential. What we consider to be essential reasons for travel are if: i. Your relative is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy; ii. Your relative has died and you need to attend the funeral; iii. Your property abroad has been seriously damaged and you need to arrange and/or oversee professional repairs;	

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Handbook name	What's changing?	Previous wording	Updated wording
		iv. You have an urgent work matter that cannot reasonably be cancelled, postponed or delayed; v. You have a full-time but short-term (not exceeding 31 days) placement at a recognised educational establishment where attendance must be in person. vi. Evidence must be provided in advance of travel and must be in a formal written format which clearly sets out all relevant dates, the subject and the source of the evidence. Examples of evidence are as follows: a. Where your relative is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy we will require a letter from your relative's doctor recommending that you needed to be with your relative due to their medical condition (please do not state that medical condition); b. Where your relative has died and you need to attend the funeral; we will require a notice of your relative's funeral in a recognised publication; c. Where your property abroad has been seriously damaged and you need to arrange and/or oversee professional repairs we will require a police or property insurer's report confirming damage to your property; d. Where you have an urgent work matter that cannot reasonably be cancelled, postponed or delayed, we will require, a formal letter/email from your employer stating you are travelling for an urgent work matter that cannot reasonably be cancelled, postponed or delayed; e. Where you have a full-time but short-term placement at a recognised educational establishment where attendance must be in person, we will require a formal letter from a recognised educational establishment confirming that you are travelling for a short-term (not exceeding 31 days) f. placement that cannot reasonably be cancelled, postponed or delayed. The application of the above rules and acceptance of the evidence provided will be at our discretion and our decision will be final. Our Overseas Benefits are not a substitute for travel insurance. We recommend that you purchase travel insurance prior to travelling outside Ireland and obtain a European Health Insurance Card before you travel (see www.ehic.ie). When claiming under your Overseas Benefits you must inform us of all other forms of travel or accident insurance you have. If you are entitled to claim under any other insurance contract for any of the costs, charges or fees for which you are insured under your plan with us, we will only pay our rateable proportion of the costs. All claims will be assessed and settled in euro. Irish Life Health will use the foreign exchange rate which applies at the date of the invoice we receive from the medical facility abroad or at the time of purchase, as appropriate.	

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Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Change to Back-Up Programme manager	**Section 2.6 (Health Plans) / 2.7 (Tailored Plans) Irish Life Health Member Benefits** **Back-Up** **Spectrum Health*** Telephone: 01 562 5150 Back-Up is our physiotherapist-led case management programme unique to Irish Life Health. It provides you with advice on prevention and treatment for back, neck and spine pain. Treatment programmes are tailored to your condition and may include online or in-person treatment with a CORU registered Physiotherapist. Every effort will be made to find a Physiotherapist within your locality from our network but this cannot be guaranteed. Up to two Back-Up treatment programmes are available each policy year subject to eligibility. Where in-person treatment is advised, a charge will apply for the course of treatment payable to your Physiotherapist. Details of applicable charges, which may be subject to change, can be found at www.irishlifehealth.ie/members/memberbenefits/back-up/. Once treatment has commenced, we are unable to facilitate transfers to another clinic. Your physiotherapist's policy on amending/cancelling appointments will apply. Your physiotherapist may charge you if you do not notify them of any amendments or cancellations in line with their policy. Clinical responsibility for treatment is with your physiotherapist. Irish Life Health cannot guarantee the availability of specific treatment modalities. You will not be eligible for our Back-Up service if you fall into one of the following groups: > Patients who are currently pregnant (however if you have written clearance from your GP then an assessment can be done which will determine your individualised treatment programme) > Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back > Patients who are under 18 years of age > Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months. To access: Login to your Irish Life Health member portal and complete an online suitability assessment for the programme or call the MyClinic line on 01 562 5150. Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/ memberbenefits/back-up/. Back-Up is managed by Spectrum Health Limited* and our network of CORU registered physiotherapists	**Section 2.6 (Health Plans) / 2.7 (Tailored Plans) Irish Life Health Member Benefits** **Back-Up** **Health Hero*** Back-Up is our physiotherapist-led case management programme unique to Irish Life Health. It provides you with advice on prevention and treatment for back, neck and spine pain. Treatment programmes are tailored to your condition and may include online or in-person treatment with a CORU registered Physiotherapist. Every effort will be made to find a Physiotherapist within your locality from our network but this cannot be guaranteed. Up to two Back-Up treatment programmes are available each policy year subject to eligibility. Up to six sessions are available in each treatment programme and these sessions must be used within 6 months of commencing the treatment programme. Where in-person treatment is advised, a charge will apply for the course of treatment payable to your Physiotherapist. Details of applicable charges, which may be subject to change, can be found at www.irishlifehealth.ie/members/memberbenefits/back-up/. Once treatment has commenced, we are unable to facilitate transfers to another clinic. Your physiotherapist's policy on amending/cancelling appointments will apply. Your physiotherapist may charge you if you do not notify them of any amendments or cancellations in line with their policy. Clinical responsibility for treatment is with your physiotherapist. Irish Life Health cannot guarantee the availability of specific treatment modalities. You will not be eligible for our Back-Up service if you fall into one of the following groups: > Patients who are currently pregnant (however if you have written clearance from your GP then an assessment can be done which will determine your individualised treatment programme) > Patients who have an issue that is not located in the cervical, thoracic, lumbar or sacral regions of the neck or back > Patients who are under 18 years of age > Patients who are seeking rehabilitation following a spinal surgical procedure undertaken in the last 6 months. To access: Login to your Irish Life Health member portal and complete an online suitability assessment for the programme. Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/ memberbenefits/back-up/. Back-Up is managed by Health Hero Healthcare Ireland Limited* and our network of CORU registered physiotherapists.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Change to International Second Opinion Service provider	**Section 2.6 (Health Plans) / 2.7 (Tailored Plans) Irish Life Health Member Benefits** **International Second Opinion Service** **MediGuide*** Telephone: 1800 902 251 MediGuide International LLC* provide Irish Life Health members with access to a medical second opinion. > MediGuide's* Medical Second Opinion Service can help give you peace of mind if you, whether an adult or a child member, are diagnosed with a medical condition, including paediatric and fertility conditions. This means you can have an independent review of your diagnosis and treatment plan from one of a range of leading medical centres around the world. Irish Life Health members may request a medical second opinion through MediGuide* under most circumstances, with the following exceptions: > Member has not received a diagnosis – a member must have been given an official diagnosis by his or her treating consultant as a prerequisite in order for the medical centre giving the second opinion to review the diagnosis and to provide treatment recommendations where appropriate on a particular medical condition; > Member has not been evaluated by a treating consultant within the last 12 months – recent medical records are required by the medical centre giving the second opinion in order to provide relevant treatment recommendations;+L267 Member has developed an acute or life threatening condition - if a member requires immediate medical attention, they should seek the care of their treating consultant on an urgent basis, and not delay while awaiting the arrival of the medical second opinion; > Physical evaluation of the member is required - certain conditions will always require an in-person study and evaluation (for example, mental health conditions), such cases would not be eligible to receive a medical second opinion. To access this service, please freephone MediGuide* directly on 1800 902 251. Remember to have your Irish Life Health policy number ready when you call. There is no charge for using this service. When you call, the customer care agent will explain the service and take some information from you. Your case will be reviewed by a team of experts in the specific field of medicine involved. You will be assigned a clinical case manager and a comprehensive, confidential report will be provided to you within 10 working days, after MediGuide* has received all the required medical records.	**Section 2.6 (Health Plans) / 2.7 (Tailored Plans) Irish Life Health Member Benefits** **International Second Opinion Service** **Teladoc Health*** Telephone: 01 568 9610 www: Irishlifehealth-teladoc.ie Teladoc Health* provide Irish Life Health members with access to a medical second opinion. Teladoc's Medical Second Opinion service will provide you with access to a remote Second Medical Opinion from leading specialists in case of a complex diagnosis or medical intervention. The service can help give you peace of mind if you, whether an adult or child member are diagnosed with a medical condition. This means that you can have an independent review of your diagnosis and treatment plan from leading specialists internationally. Irish Life Health members may request a Medical Second Opinion through Teladoc under most circumstances with the following exceptions; > As a prerequisite, the member must have a documented diagnosis established by their treating physician (general practitioner or specialist); and a proposed treatment plan provided by their local healthcare professional. The Second Medical Opinion service is designed exclusively to complement, and not replace, the primary medical evaluation conducted locally. It cannot serve as a substitute for the first consultation or diagnostic process by a licensed physician. > Member has developed an acute or life threatening condition – if a member requires immediate medical attention, they should seek the care of their treating consultant on an urgent basis, and not delay while awaiting the arrival of the Medical Second Opinion. > Acute conditions (of short duration), minor chronic illness, psychiatric conditions, dental problems, and patients currently admitted in hospital. In addition, all conditions that have not first been reviewed and reported on by a local, treating specialist, shall not be available for review. > Physical evaluation of the member is required - certain conditions will always require an in-person study and evaluation (for example, mental health conditions), such cases would not be eligible to receive a medical second opinion. To access this service, please phone Teladoc directly on 01 568 9610 or log onto www.Irishlifehealth-teladoc.ie. Remember to have your Irish Life Health Policy Number and Member Number ready when you call or log on to their website. There is no charge for using this service (but call and data charges may apply).

Handbook name	What's changing?	Previous wording	Updated wording
		You will be brought through the report by your clinical case manager to make sure you understand everything. This service offers you the reassurance of knowing if your diagnosis and treatment plan is right for you or give you alternative options and support, where appropriate. If you choose an alternative option, such as treatment in an international facility, an additional unique case management programme called Navigator can be accessed. Navigator can assist you with case management and advice on recommended medical facilities and arrange admission, cost containment and claims settlement from medical providers, provide you with a cost estimate for the treatment package, arrange a translation service and provide travel arrangements assistance, if required. Important information about the International Second Opinion Service Any contact you make with MediGuide* around the International Second Opinion Service will be directly with MediGuide* itself. Irish Life Health does not provide this service and has no involvement in the International Second Opinion or Navigator Service. Irish Life Health has no access to your medical recordsor the medical second opinion nor do we provide MediGuide* with any medical information. Please note there are limits to your health insurance cover. Treatments and procedures proposed as a result of the medical second opinion provided by MediGuide* may not be covered by your health insurance policy. Where cover may be available on your plan under your Elective Treatment Abroad benefits, any proposed treatment or procedures must be pre-authorised by Irish Life Health before you travel abroad for treatment and must meet all the criteria in relation to the Elective Treatment Abroad benefit, the decision of our medical advisers is final. You will be liable for the cost of travel and all other costs such as treatment outside of those covered by your health insurance policy. MediGuide* provides an independent and confidential service. MediGuide* is independent from Irish Life Health and Irish Life Health accepts no liability for this service. Your access to the MediGuide* International Second Opinion Service is subject to MediGuide's* terms and conditions. In the event that the MediGuide* provider is based outside the EEA or Switzerland, you will be required to pay a deposit of no more than €2,000 to the MediGuide* provider. This fee is not covered by Irish Life Health and the terms and conditions around this payment should be discussed in full with MediGuide* in advance of you making the payment.	When you call, the customer care agent will explain the service and will request some information from you. Following this call you will be assigned to a Case Manager who will match you to the relevant clinical expert. A confidential report will be provided to you within 3 weeks of the selected clinical expert receiving all of your relevant medical records which will include a review of the original diagnosis and proposed treatment plan. All recommendations will be presented to you and your attending physician in writing. You will also receive a call from your assigned case manager to review the report. Important information about the International Medical Opinion Service Any contact you make with Teladoc* around the international Medical Second Opinion Service will be directly with Teladoc* itself. Irish Life Health does not provide this service and has no involvement in this service. Irish Life Health has no access to your medical records or the International Medical Second Opinion nor do we provide Teladoc* with any medical information. Please note there are limits to your health insurance cover. Treatments and procedures proposed as a result of the International Medical Second Opinion Service provided by Teladoc* may not be covered by our health insurance policy. Where cover may be available on our plan under your Elective Overseas Referral benefits, any proposed treatment or procedures must be pre-authorised by Irish Life Health before you travel abroad for treatment and must meet all the criteria in relation to the Elective Oversees Referral benefits. The decision of our medical advisors is final. You will be liable for the cost of travel and all other costs such as treatment outside of those covered by your health insurance policy.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to Exclusions section	**Section 3 Exclusions** > The cost of a drug which is over and above the cost of a drug which is, in the opinion of our medical advisers, an alternative, generic or bio similar drug; > The cost of a drug not licensed for use by the European Medicines Agency (EMA) for specific therapeutic indications; > The cost of a non-oncology drug which is not recommended for reimbursement by the National Centre for Pharmacoeconomics (NCPE) or the Health Service Executive (HSE) unless pre-approved by us prior to treatment. Oncology drugs or additional oncology therapeutic indications which are licensed by the EMA but awaiting NCPE or HSE approval may be covered but do require pre-approval by the Irish Life Health Clinical Team prior to treatment. Please contact the Irish Life Health Customer Care team to discuss any pre-approval requests you may have;	**Section 3 Exclusions** > The cost of a drug which is over and above the cost of a drug which is, in the opinion of our medical advisers, an alternative, generic or bio similar drug; > The cost of a drug not licensed for use by the European Medicines Agency (EMA) for specific therapeutic indications; > The cost of any form of gene therapy including but not limited to gene addition/ replacement therapy, gene editing, gene silencing and cell-based gene therapy; > The cost of a non-oncology drug which is not recommended for reimbursement by the National Centre for Pharmacoeconomics (NCPE) or the Health Service Executive (HSE) unless pre-approved by us prior to treatment. Oncology drugs or additional oncology therapeutic indications which are licensed by the EMA but awaiting NCPE or HSE approval may be covered but do require pre-approval by the Irish Life Health Clinical Team prior to treatment. Please contact the Irish Life Health Customer Care team to discuss any pre-approval requests you may have;
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to General Terms and Conditions section	**Section 5 General Terms and Conditions** > You can only take out health insurance in Ireland if you are a resident of Ireland. If you are not a resident of Ireland we will not be able to provide you with health insurance cover and we will decline any claims made by you whilst you are not a resident of Ireland; > You may be required to validate the information contained in your claim form. We may contact you during the claims process for this purpose;	**Section 5 General Terms and Conditions** > You can only take out health insurance in Ireland if you are a resident of Ireland. If you are not a resident of Ireland we will not be able to provide you with health insurance cover and we will decline any claims made by you whilst you are not a resident of Ireland; > We share information on your plan and previous plans with other health insurers to facilitate applying the correct lifetime community rating loading and level of cover including any waiting periods. To do this we use your contact details to verify you with other insurers; > You may be required to validate the information contained in your claim form. We may contact you during the claims process for this purpose;

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to Group Schemes section	**Section 8 Group Schemes** If your plan was started as part of a group scheme arrangement and the group scheme sponsor is acting on your behalf, you agree that the group scheme sponsor will have the following powers and responsibilities for the policy: > The group scheme sponsor may instruct us to start and cancel the policy; > The group scheme sponsor may instruct us to change your plan or level of cover; > The group scheme sponsor may instruct us to add or reduce the number of members on the policy; > The group scheme sponsor may amend or cancel any or all of the plans listed under the policy; > The group scheme sponsor must ensure that all premiums are paid on time as unpaid premiums may impact whether claims are paid; > The group scheme sponsor must ensure that all adequate consents from members are obtained prior to the policy entering into force, including consents from members for the processing of their personal data. Members who are part of a group scheme arrangement may require the permission of the group scheme sponsor to amend their cover. In such circumstances, the members may be required to pay additional premium for such amended cover. If you join a group scheme after the scheme start or renewal date, your benefit entitlement may be adjusted on a pro-rata basis. If your policy was arranged through a group scheme sponsor, your cover will continue as long as you fulfil the conditions for participation in the group scheme and the group scheme sponsor continues to pay your premium.	**Section 8 Group Schemes** If your plan was started as part of a group scheme arrangement and the group scheme sponsor is acting on your behalf, you agree that the group scheme sponsor will have the following powers and responsibilities for the policy: > The group scheme sponsor may instruct us to start and cancel the policy; > The group scheme sponsor may instruct us to change your plan or level of cover; > The group scheme sponsor may instruct us to add or reduce the number of members on the policy; > The group scheme sponsor may amend or cancel any or all of the plans listed under the policy; > The group scheme sponsor must ensure that all premiums are paid on time as unpaid premiums may impact whether claims are paid; > The group scheme sponsor must ensure that all adequate consents from members are obtained prior to the policy entering into force, including consents from members for the processing of their personal data. Members who are part of a group scheme arrangement may require the permission of the group scheme sponsor to amend their cover. In such circumstances, the members may be required to pay additional premium for such amended cover. If you join a group scheme after the scheme start or renewal date, your benefit entitlement may be adjusted on a pro-rata basis. We will share information with the group scheme sponsor to the extent that is required in order to administer the group scheme. If your employer pays for your plan as part of an employer scheme and your policy is cancelled, we will notify your employer that the policy has been cancelled. We also share aggregate insights with group scheme sponsors (and their financial advisers or brokers) in relation to levels of participation, usage of benefits and claim categories. Aggregate reports are used for insights where individuals are not identifiable. If your policy was arranged through a group scheme sponsor, your cover will continue as long as you fulfil the conditions for participation in the group scheme and the group scheme sponsor continues to pay your premium.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook Dental Plans Membership Handbook	Update to the Third Party Claims wording	**Section 5 General Terms and Conditions** **General Rules** Where we cover the cost of goods or services that you have received as a result of an accident or injury for which another person/company/public body may be liable and you make a claim or take legal action against such other person/company/public body, you must include the cost of the goods or services covered by us in the damages you seek to recover from the person/company/public body. If you successfully recover some or all of the costs covered by Irish Life Health, by whatever means, you must reimburse us as soon as possible. We will not contribute towards the costs of pursuing such a claim or legal action. If you make a claim or take legal action, a Letter of Undertaking will be provided to you and should be returned completed to us. If an application is made by you or your solicitor to the Injuries Resolution Board (IRB), the claims paid by Irish Life Health in respect of this application must be included and a Letter of Undertaking completed and returned to us. You should inform us as soon as possible with regards to any assessment made by the IRB. You should also inform us of any hearing dates and/or settlement discussions, or if the matter has concluded. If the claims submitted by you form part of legal proceedings, please note that we require advices from Counsel confirming the position with regards to recovery of the claims / outlay. In the event that your claim is successful and you receive a monetary settlement, you will need to send us a refund for any claims already paid by Irish Life Health. In the event that only part of the claims submitted by you are recovered, we will require written confirmation of this from your solicitor (to include any advices from Counsel). If there is only partial recovery of the claims paid by Irish Life Health in the course of legal proceedings, you will need to send us a refund for the partial amount recovered. In the event that your claim is not successful or withdrawn, we will not seek reimbursement from you once we receive written confirmation of this from your solicitor (to include any advices from Counsel);	**Section 5 General Terms and Conditions** **Third Party Claims** Where we cover the cost of goods or services that you have received as a result of an accident or injury for which another person/company/public body may be liable and you make a claim or take legal action against such other person/company/ public body, you must include the cost of the goods or services covered by us in the damages you seek to recover from the person/company/public body. If you successfully recover some or all of the costs covered by Irish Life Health, by whatever means, you must reimburse us as soon as possible. We will not contribute towards the costs of pursuing such a claim or legal action. You must let us know within 30 days of initiating proceedings / submitting an application to the Injuries Resolution Board. If you make a claim or take legal action, a Letter of Undertaking will be provided to you and should be returned completed to us. Where you appoint a solicitor, you must keep your solicitor fully appraised in a timely manner of all medical expenses paid by us in respect of the incident in question. You must also provide us with an update on the status of your case, if requested. If an application is made by you or your solicitor to the Injuries Resolution Board (IRB), the claims paid by Irish Life Health in respect of this application must be included and a Letter of Undertaking completed and returned to us. You should inform us as soon as possible with regards to any assessment made by the IRB. You should also inform us of any hearing dates and/or settlement discussions, or if the matter has concluded. If the claims submitted by you form part of legal proceedings, please note that we require advices from Counsel confirming the position with regards to recovery of the claims / outlay. In the event that your claim is successful and you receive a monetary settlement, you will need to send us a refund for any claims already paid by Irish Life Health within 30 days of the date upon which payment of the award / settlement is received by you or your solicitor. In the event that only part of the claims submitted by you are recovered, we will require written confirmation of this from your solicitor (to include any advices from Counsel). If there is only partial recovery of the claims paid by Irish Life Health in the course of legal proceedings, you will need to send us a refund for the partial amount recovered. In the event that your claim is not successful or withdrawn, we will not seek reimbursement from you once we receive written confirmation of this from your solicitor (to include any advices from Counsel); Where you fail to comply with these requirements Irish Life Health shall be entitled to seek repayment of the money due to it by Legal action and you may be liable to pay the administrative and/or Legal costs which we may incur in seeking to recoup our medical expenses.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Dental Plans Membership Handbook	Update to inpatient benefit wording for dentists, oral surgeons and peridontists	**Section 2.2 In-patient Benefits** **Dentists/Oral Surgeons/Peridontists** Your in-patient benefit for consultant's fees also covers a limited number of dental/oral surgical procedures where they are performed by a dentist, oral surgeon or periodontist. (This excludes dental visits and emergency dental care which are covered under our Day-to-day Benefits and Out-patient Benefits). The dental/oral surgical procedures that are covered under our In-patient Benefits are listed in the Periodontal/Oral/DentalSurgery Ground Rules section of the Schedule of Benefits. These procedures will only be covered where they are performed by the specified type of dental practitioner (i.e. a dentist, oral surgeon orperiodontist). Please note many dental/oral surgical procedures require pre-authorisation. Your dentist/ oral surgeon/ periodontist's fees will only be covered where your oral/dental surgery is performed in a medical facility covered under your plan or in your dentist/oral surgeon/ periodontist's room.18 As with your consultant, your dentist, oral surgeon or periodontist must be registered with Irish Life Health. If they are not registered with us, you will not be covered (subject to cover prescribed under the Minimum Benefit Regulations if applicable). The extent to which your oral surgeon/periodontist's professional fees are covered will also depend on whether they have chosen to be a participating or a standard rate oral surgeon/periodontist. See the consultant section above for a full explanation on how your oral health care provider's status as participating or standard rate affects your cover. Please note that all dentists are classed as standard rate so we will only cover a limited portion of your dentist's fees for performing oral/dental surgery.	**Section 2.2 In-patient Benefits** **Dentists/Oral Surgeons/Peridontists** Your in-patient benefit for consultant's fees also covers a limited number of dental/oral surgical procedures where they are performed by a dentist, oral surgeon or periodontist. (This excludes dental visits and emergency dental care which are covered under our Day-to-day Benefits and Out-patient Benefits). The dental/oral surgical procedures that are covered under our In-patient Benefits are listed in the Periodontal/Oral/Dental Surgery Ground Rules section of the Schedule of Benefits. These procedures will only be covered where they are performed by the specified type of dental practitioner (i.e. a dentist, oral surgeon or periodontist). Please note many dental/ oral surgical procedures require pre-authorisation. Your dentist/oral surgeon/ periodontist's fees will only be covered where your oral/dental surgery is performed in a medical facility covered under your plan or in your dentist/oral surgeon/periodontist's room surgery. As with your consultant, your dentist, oral surgeon or periodontist must be registered with Irish Life Health. If they are not registered with us, you will not be covered (subject to cover prescribed under the Minimum Benefit Regulations if applicable). The extent to which your oral surgeon/periodontist's professional fees are covered will also depend on whether they have chosen to be a participating or a standard rate oral surgeon/periodontist. See the consultant section above for a full explanation on how your oral health care provider's status as participating or standard rate affects your cover. Please note that all dentists are classed as standard rate so we will only cover a limited portion of your dentist's fees for performing oral/dental surgery. Please note that general anaesthetic is not covered for members older than 18 when a procedure is carried out in a dentist/dental surgeon/peridontist's room. If it is medically necessary for your child (up to age 18) to undergo routine dental treatment under General Anaesthetic in an Approved Facility, We will: > Cover the hospital stay, subject to prior approval, up to the level of cover outlined in the Table of Benefits on Your Child's Plan. > Provide a contribution towards the Anaesthetist's fees. Please note: We do not cover the dentist's Professional Fees for this treatment.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Altering of postnatal domestic cleaning support benefit terms and conditions wording to reflect changes	**Section 2.3 Maternity Benefits** **Other Maternity Benefits** **Postnatal Domestic Support** Under this benefit we will cover the cost of domestic support provided by Cpl Group Limited trading as Myhomecare.ie** after your baby is born. If this benefit is available under your plan, the amount of domestic support that will be covered is set out in your Table of Cover. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service. You must request the service within six months from the date on which your baby was born. If you have not met these terms and conditions, Myhomecare.ie** will bill you directly. The receipt of domestic support is subject to Myhomecare.ie's** terms and conditions, availability and operating hours and outside the control of Irish Life Health. The service may be unavailable where www.Myhomecare.ie** are fully booked or where your home is not in an area serviced by them. Either you or a family member/friend who is 18 years old or older must be present in your home at all times when If you wish to cancel a booking with Myhomecare.ie**, you must contact them directly to do so. You must give Myhomecare.ie** more than 24 hours' notice of any cancellation. If you fail to do so this benefit will be exhausted. the domestic support assistant is in attendance. This benefit may only be claimed by one member (either parent) in respect of each birth.	**Section 2.3 Maternity Benefits** **Out-patient Maternity Benefits** **Postnatal Domestic Cleaning Support** This benefit allows you to claim back some of the costs towards a domestic cleaning service after your baby is born. If this benefit is available under your plan, the maximum amount which we will cover per session and the maximum number of sessions per year for which it can be claimed is set out in your Table of Cover. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and: > The cleaning support must commence within six months from the date on which your baby was born, unless you reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner. > The cleaning service must be provided by a registered cleaning company or sole trader trading in Ireland. > This benefit may only be claimed by one member (either parent) in respect of each birth.
Tailored Health Plans Membership Handbook	Altering of postnatal domestic cleaning support benefit terms and conditions wording to reflect changes	**Section 2.5 Personalised Packages** **Enhanced Protection and Maternity/Enhanced Maternity/Maternity Extra** **Postnatal Domestic Support** Under this benefit we will cover the cost of domestic support provided by Cpl Group Limited trading as Myhomecare.ie** after your baby is born. If this benefit is available under your plan, the amount of domestic support that will be covered is set out in your Table of Cover. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and at the time you receive the service. You must request the service within six months from the date on which your baby was born. If you have not met these terms and conditions, Myhomecare.ie** will bill you directly. The receipt of domestic support is subject to Myhomecare.ie's** terms and conditions, availability and operating hours and outside the control of Irish Life Health. The service may be unavailable where www.Myhomecare.ie** are fully booked or where your home is not in an area serviced by them. Either you or a family member/friend who is 18 years old or older must be present in your home at all times when If you wish to cancel a booking with Myhomecare.ie**, you must contact them directly to do so. You must give Myhomecare.ie** more than 24 hours' notice of any cancellation. If you fail to do so this benefit will be exhausted. the domestic support assistant is in attendance. This benefit may only be claimed by one member (either parent) in respect of each birth.	**Section 2.5 Personalised Packages** **Enhanced Protection and Maternity/Enhanced Maternity/Maternity Extra** **Postnatal Domestic Cleaning Support** This benefit allows you to claim back some of the costs towards a domestic cleaning service after your baby is born. If this benefit is available under your plan, the maximum amount which we will cover per session and the maximum number of sessions per year for which it can be claimed is set out in your Table of Cover. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health at the time your baby is born and: > The cleaning support must commence within six months from the date on which your baby was born, unless you reduce your level of cover, or if you cease to be a member of Irish Life Health, whichever is sooner. > The cleaning service must be provided by a registered cleaning company or sole trader trading in Ireland. > This benefit may only be claimed by one member (either parent) in respect of each birth.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook Dental Plans Membership Handbook	Altering of terms and conditions wording to reflect changes	**Section 4 Your Policy** **Mid-term Cancellation Charge** We will apply a mid-term cancellation charge if: > you choose to cancel your policy or any of the plans listed in your policy before the end of your policy year; > we are forced to cancel your policy or any of the plans listed in your policy due to non-payment of premium, because you or any of the members on the policy try to claim when you're/they're not entitled to or because you have provided us with incorrect information. The mid-term cancellation charge is made up as follows: > An administration fee of €25; > The portion of the government levy which has not yet been paid by you. The government levy is a stamp duty which is payable on health insurance plans. A full explanation of the government levy is contained in the Definitions section of this Membership Handbook. We reserve the right to deduct the amount for the mid-term cancellation charge against any amount due to be refunded. In all other cases we will send you an invoice in respect of the midterm cancellation charge. A mid-term cancellation charge also applies to policies paid by direct debit.	**Section 4 Your Policy** **Mid-term Cancellation Charge** If you cancel your policy mid-term, you may be subject to a mid-term cancellation fee, which applies to all payment methods. We will apply a mid-term cancellation charge if: > you choose to cancel your policy or any of the plans listed in your policy before the end of your policy year; > we are forced to cancel your policy or any of the plans listed in your policy due to non-payment of premium, because you or any of the members on the policy try to claim when you're/they're not entitled to or because you have provided us with incorrect information. The mid-term cancellation charge is made up as follows: > An administration fee of €25; > The portion of the government levy which has not yet been paid by you. The government levy is a stamp duty which is payable on health insurance plans. A full explanation of the government levy is contained in the Definitions section of this Membership Handbook.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook Dental Plans Membership Handbook	Update of wording regarding complaints	**Section 10 Your Contacts** **Complaints** We aim to give excellent service to all our members; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible. If you arranged your cover through a broker initially then you should direct your complaint to the broker through whom you arranged your cover. Telephone: 01 562 5100 Email: heretohelp@irishlifehealth.ie Post: The Complaints Team, PO Box 13028, Dublin 169 If you remain dissatisfied with the appeal decision, you may refer your appeal to the Financial Services and Pensions Ombudsman (FSPO) at the following address: Post: Financial Services and Pensions Ombudsman Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Telephone: 01 567 7000 Email: info@fspo.ie Website: www.fspo.ie	**Section 10 Your Contacts** **Complaints** We aim to give excellent service to all our members; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible.A copy of our complaints process can be found at www.irishlife.ie/health-insurance/health-contact-us/complaints/. If you arranged your cover through a broker initially then you should direct your complaint to the broker through whom you arranged your cover. Telephone: 01 562 5100 Email: heretohelp@irishlifehealth.ie Post: The Complaints Team, PO Box 13028, Dublin 169 If you remain dissatisfied with the appeal decision, you may refer your appeal to the Financial Services and Pensions Ombudsman (FSPO) at the following address: Post: Financial Services and Pensions Ombudsman Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Telephone: 01 567 7000 Email: info@fspo.ie Website: www.fspo.ie

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook Dental Plans Membership Handbook	Update of wording regarding claims appeals	**Section 10 Your Contacts** **Appeals** Should you wish to appeal a claim decision, you can contact the Customer Care Team: Telephone: 01 562 5100 Email: heretohelp@irishlifehealth.ie Post: Claims Support Team, PO Box 13028, Dublin 169 If you remain dissatisfied with the appeal decision, you may refer your appeal to the Financial Services and Pensions Ombudsman (FSPO) at the following address: Post: Financial Services and Pensions Ombudsman Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Telephone: 01 567 7000 Email: info@fspo.ie Website: www.fspo.ie	**Section 10 Your Contacts** **Appeals** A copy of our claims appeal process can be found at www.irishlife.ie/health-insurance/health-contact-us/appeals/. Should you wish to appeal a claim decision, you can contact the Customer Care Team: Telephone: 01 562 5100 Email: heretohelp@irishlifehealth.ie Post: Claims Support Team, PO Box 13028, Dublin 169 If you remain dissatisfied with the appeal decision, you may refer your appeal to the Financial Services and Pensions Ombudsman (FSPO) at the following address: Post: Financial Services and Pensions Ombudsman Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Telephone: 01 567 7000 Email: info@fspo.ie Website: www.fspo.ie
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook Dental Plans Membership Handbook	Inclusion of new wording for Trusted Contacts		**Section 4 Your Policy** **Additional contacts who may deal with us on your behalf.** If you would like to nominate a Trusted Contact Person, confirm an Assisted Decision-Making Arrangement, Power of Attorney, or any other relevant arrangement permissible under law, please reach out to our customer service team, who will bring you through the relevant requirements.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Inclusion of additional wording to Cardiac Screening Benefit	**Section 2.1 Day-to-Day and Out-patient Benefits** **Cardiac Screening** This benefit allows you to claim back some of the costs of cardiac screening carried out by a GP or a Consultant where the cardiac screening involves all of the following tests: > An ECG > Blood Pressure > Fasting lipids > Cardiac risk factor assessment > Random glucose	**Section 2.1 Day-to-Day and Out-patient Benefits** **Cardiac Screening** This benefit allows you to claim back some of the costs of cardiac screening carried out in-clinic by a GP or Consultant. The cardiac screening must include some or all of the following tests: > An ECG > Blood Pressure > Fasting lipids > Cardiac risk factor assessment > Random glucose

If you are unsure which membership handbook applies to your plan or policy, you can check your current handbook on your online account at www.irishlifehealth.ie/login.