Irish Life health

Terms & Conditions Changes
- for policies renewing from 1st September 2023

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
Everyday Care Plans Membership Handbook	Change to the definition of a Psychologist	**Psychologist** A member of the Irish Association for Counselling & Psychotherapy (IACP) or a member of the Psychological Society of Ireland.	**Psychologist** A member of the Psychological Society of Ireland.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Genetic Testing: Initial consultation rule	**Genetic Testing: Initial consultation** Under this benefit we will contribute towards the cost of an initial consultation with an Irish Life Health approved oncology consultant with a specialist medical genetics qualification at Blackrock Clinic or the Mater Private Hospital, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact us on 01 562 5100 for details of our approved consultant(s).	**Genetic Testing: Initial consultation** Under this benefit we will contribute towards the cost of an initial consultation with an Irish Life Health approved oncology consultant with a specialist medical genetics qualification at the Blackrock Clinic, Hermitage Clinic or the Mater Private Hospital, Dublin. Please note that a referral for this consultation is required from a GP or consultant. Please contact us on 01 562 5100 for details of our approved consultant(s).
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Genetic Testing: Test for specified genetic mutations rule	**Genetic Testing: Test for specified genetic mutations** Under this benefit we will cover the cost of a test for genetic mutations associated with hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome) at Blackrock Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish Life Health approved oncology consultant.	**Genetic Testing: Test for specified genetic mutations** Under this benefit we will cover the cost of a test for genetic mutations associated with hereditary breast and ovarian cancer syndrome (BRCA1 and BRCA2) or hereditary non-polyposis colorectal cancer (HNPCC, Lynch Syndrome) at the Blackrock Clinic, Hermitage Clinic or the Mater Private Hospital, Dublin where it is recommended by an Irish Life Health approved oncology consultant.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to benefit name and benefit rules	**Infertility benefit** Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members. If this benefit is available under yourplan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. The benefit is limited to a maximum of two claims per member's lifetime. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s).	**Fertility benefit** Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members. If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s). The benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Back-up benefit rule	**Member Benefits** **Back-up** Our physiotherapy case management programme provides Irish Life Health members with advice on prevention and treatment for back, neck and spine pain. Please contact our approved provider on 01 562 5150 and provide them with some initial details of your injury. To support your recovery, you will have a dedicated case manager and a programme of care that is personalised to you. You will be asked questions to assess your signs and symptoms to support you in improving your condition. Treatment programmes and duration will vary depending on how your condition presents but will include face-to-face physiotherapy either online or in-person with one of our associated physiotherapists. You must attend the physiotherapist recommended by the Back-Up team. If one of our approved physiotherapists is not available in your area, the Back-Up team will try to offer an alternative. Once the programme has commenced, the Back-Up team are unable to facilitate requests for transfer to another approved practitioner. You'll be entitled to two Back-Up treatment programmes in your policy year for a nominal fee of €50 per in-person face-to-face treatment programme.This fee should be paid to your physiotherapist at the first session of your treatment programme. Each treatment programme must be completed within three months from the date it is begun. A second treatment programme can only be started 6 months after the preceding one finishes. If you wish to amend your appointment time, you will need to follow your physiotherapist's policy on appointment changes. If you miss your appointment without informing your physiotherapist, a new appointment can be scheduled at a charge to you. Clinical responsibility for treatment lies with your physiotherapist and not Irish Life Health. Irish Life Health cannot guarantee the availability of specific treatment modalities. The following patient groups are not eligible to avail of the Back-Up service: > 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. While we aim for nationwide coverage with our Back-Up panel, a physiotherapist may not be available in your locality. The Back-Up team and programme are managed by Spectrum Health Limited* and our network of ISCP physiotherapists. Further information on Back-Up is available on our website at www.irishlifehealth.ie/members/memberbenefits/back-up/.	**Member Benefits** **Back-up** 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 inperson 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.

Irish Life health

Handbook name	What's changing?	Previous wording	Updated wording
Everyday Care Plans Membership Handbook	Update to Consequences of cancellation wording	**Section 4 Your Policy** **Consequences of cancellation** If a fully paid policy or plan is cancelled before the end of the policy year and no claims have been made before the policy or plan is cancelled, we will reimburse the policyholder for the cover the members have not received – i.e. from the Cancellation Date until the next renewal date. Please note we will apply a midterm cancellation charge (you can find more information about this charge in the paragraph below). We will not return the amount of premium for any cover received before the date of cancellation. If we cancel a fully paid policy or plan before the end of the policy year due to the provision of incorrect information or fraud, we will not refund any of the premium that has already been paid.	**Section 4 Your Policy** **Consequences of cancellation** If a fully paid policy or plan is cancelled before the end of the policy year, we will reimburse the policyholder for the cover the member(s) have not received – i.e. from the Cancellation Date until the next renewal date. Please note we will apply a midterm cancellation charge (you can find more information about this charge in the paragraph below). We will not return the amount of premium for any cover received before the date of cancellation. If we cancel a fully paid policy or plan before the end of the policy year due to the submission of a fraudulent or dishonest claim, we will not refund any of the premium that has already been paid.
Everyday Care Plans Membership Handbook	Update to Mid-term cancellation charge wording	**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 mid-term cancellation charge.	**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 mid-term cancellation charge. A mid-term cancellation charge also applies to policies paid by direct debit.

Handbook name	What's changing?	Previous wording	Updated wording
Everyday Care Plans Membership Handbook	Update to Cooling off wording	**Section 4 Your Policy** **Cooling off** You can cancel your policy free of charge within 14 days from the date the policy was entered into or from the date you are given the policy documentation, whichever is the later. This is known as the cooling off period. We'll give you a full refund of premium unless you or any member has made a claim during this period. Should you wish to cancel your policy with effect from a date later than the start date, we will charge you for providing health insurance cover up to the date of cancellation and we will apply a mid-term cancellation charge in this case.	**Section 4 Your Policy** **Cooling off** You can cancel your policy free of charge within 14 days from the date the policy was entered into or from the date you are given the policy documentation, whichever is the later. This is known as the cooling off period. We'll give you a full refund of premium unless you or any member has made a claim during this period. If a claim has been made and you wish to cancel your policy from the start date, the cost of any out-patient claim will be deducted from the refund due and you will be liable for any charge relating to in-patient care. Should you wish to cancel your policy with effect from a date later than the start date, we will charge you for providing health insurance cover up to the date of cancellation and we will apply a mid-term cancellation charge in this case.
Everyday Care Plans Membership Handbook	Update to the notes referencing our provider partners	**Previous notes** - The provider partners named under these benefits may change from time to time. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in your locality. Please also note that we are not responsible for the content of the websites of these provider partners. - The provider partners named under these benefits may change from time to time. Access to these benefits is subject to availability and the provider partners' terms and conditions of use. These benefits may not be available in conjunction with other promotions offered by the provider partner. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in your locality. - The provider partners named under these benefits may change from time to time. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. We are not responsible for the content of the websites of these provider partners.	**New aligned wording** - The provider partners named under these benefits may change from time to time. Access to these benefits is subject to availability and the provider partners' terms and conditions of use. Our provider partners operate independently from Irish Life Health and we accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner benefits may change or cease during the policy year and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in your locality. Please also note that we are not responsible for the content of the websites of these provider partners.

Handbook name	What's changing?	Previous wording	Updated wording
Everyday Care Plans Membership Handbook	Update to Cancelling your policy wording	**Section 4 Your Policy** **Cancelling your policy** Your policy or any of the plans listed on your policy may be cancelled before the end of your policy year for one of three reasons: 1) You no longer want health insurance with Irish Life Health The policyholder can choose to cancel the policy or any of the plans listed on the policy at any time. To do this, they just need to call our customer services team or let us know in writing. If we're asked to remove a member from the policy, we reserve the right to tell them that they are no longer covered, however, please note that it is not our policy to do so. It is the policyholder's responsibility to inform the members on their policy of any changes that affect their cover.	**Section 4 Your Policy** **Cancelling your policy** Your policy or any of the plans listed on your policy may be cancelled before the end of your policy year for one of three reasons: 1) You no longer want health insurance with Irish Life Health The policyholder can choose to cancel the policy or any of the plans listed on the policy at any time. To do this, they just need to call our customer services team or let us know in writing. We will refund any amount due on the cancellation of a policy to the policyholder. In the case of a policyholder who has passed away, we will issue a refund by cheque to the deceased's estate. If we're asked to remove a member from the policy, we reserve the right to tell them that they are no longer covered, however, please note that it is not our policy to do so. It is the policyholder's responsibility to inform the members on their policy of any changes that affect their cover.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to benefit name	Infertility Benefit	Fertility Benefit

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Fertility benefit 'how to claim' wording	**Section 2.3 Maternity Benefits - Out-patient Maternity Benefits** **Infertility benefit** Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members. If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s). This benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles. **How to claim** You must settle the bill directly with the provider of the services. Please send all original receipts to us in an envelope with your name, address and membership number (see 'Your Contacts'). Please ensure that all original receipts state: > The amount paid; > The full name of the female member receiving treatment and their date or birth; > The type of treatment received; > The date the treatment was received; > The signature and contact details for the treating consultant and the hospital or treatment centre where you were treated (if applicable).	**Section 2.3 Maternity Benefits - Out-patient Maternity Benefits** **Fertility benefit** Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI) and In Vitro Fertilisation (IVF) with or without Intra Cytoplasmic Sperm Injection (ICSI) treatment for female members. If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit, the female recipient of the treatment must be a member on an in force policy with Irish Life Health at the time of the procedure(s). This benefit is limited to a maximum of two claims per member's lifetime with a minimum period of 4 weeks between fertility cycles. **How to claim** These benefits are claimed as Out-patient Benefits. You need to pay the practitioner/health care provider yourself and then claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid. You should keep your original receipts for your own records and in case we request them to be resubmitted. Please ensure that all original receipts state: > The amount paid; > The full name of the member receiving treatment/service and their date of birth; > The type of treatment/service received; > The date the treatment/service was received; > The signature and contact details for the treating consultant and the hospital or treatment centre where you were treated (if applicable).

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Change to the Antenatal Class Benefit rule	**Section 2.1 Day-to-day and Out-patient Benefits** Section 2.5 Personalised Packages (Enhanced Maternity Personalised Package, Enhanced Protection & Maternity Personalised Package, Maternity Extra) **Antenatal Class** Under this benefit you can claim a contribution from us towards the cost of an antenatal class provided by a midwife*or a GentleBirth workshop ** prior to the birth of your baby. If you attend a GentleBirth workshop** you will also receive a point of sale discount directly from GentleBirth**. This benefit may only be claimed by one member (either parent) in respect of each birth. If this benefit is available under your plan the contribution is set out in your Table of Cover. Pay and claim and Point of Sale Discount	**Section 2.1 Day-to-day and Out-patient Benefits** Section 2.5 Personalised Packages (Enhanced Maternity Personalised Package, Enhanced Protection & Maternity Personalised Package, Maternity Extra) **Antenatal Class** Under this benefit you can claim a contribution from us towards the cost of an antenatal class provided by a midwife*prior to the birth of your baby. This benefit may only be claimed by one member (either parent) in respect of each birth. If this benefit is available under your plan the contribution is set out in your Table of Cover. Pay and claim
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	New benefit - noting pre-approval and additional claim requirements for this benefit	n/a	**Section 2.4 - Other Benefits** **Care Connect** Under this benefit you can access specified health programmes provided by our provider partner Care-Connect*, as set out in the List of Care Connect health programmes, where you have been diagnosed with certain medical conditions. This benefit includes specialist case management, remote health monitoring and where appropriate, treatment interventions as required. Your GP or consultant must approve your suitability to receive these services at home. You must also meet the specified clinical indicators as set out in the List of Care Connect health programmes available at https://www.irishlifehealth.ie/privacy-and-legal/schedule-of-benefits including any age restrictions that may apply. This benefit is available wherever Care-Connect* can provide the service and where the requirements can be met on hardware and connectivity by the Irish Life Health member. Access and eligibility for the programme must be preauthorised and is subject to Care-Connect's* terms and conditions. **How to claim** To request this benefit, please go to www.care-connect.ie/#register and provide your details through the online form, or access through MyClinic in your member portal at www.irishlifehealth.ie/login. We will pay Care-Connect* directly.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	New benefit - noting additional claim requirements for this benefit	n/a	**Section 2.5 Personalised Packages** **Mind Extra** **Cognitive Behavioural Therapy for ADHD** This benefit allows you to claim back some of the costs of Cognitive Behavioural Therapy carried out by a psychologist*, psychotherapist* or counsellor* when undertaken to treat ADHD. Your receipt must specify the condition and the treatment carried out. The level of cover available is listed on your Table of Cover.
Tailored Health Plans Membership Handbook	Change to the Sports Club/Gym Membership/Classes benefit rule	**Section 2.5 - Personalised Packages** **Sports Extra** **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 for adult or child 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. This benefit can only be claimed once per policy year and cannot be claimed in conjunction with the Sports Club / Gym membership / Classes benefit in the You Extra.	**Section 2.5 - Personalised Packages** **Sports Extra** **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 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. 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.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Change to the Sports Club/Gym Membership/Classes benefit rule	**Section 2.5 - Personalised Packages** **You Extra** **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 for adult or child 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. This benefit can only be claimed once per policy year and cannot be claimed in conjunction with the Sports Club / Gym membership / Classes benefit in the Sports Extra.	**Section 2.5 - Personalised Packages** **You Extra** **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 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. 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 Sports Extra.
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **MRI Scan: non approved centre** Under this benefit we will contribute towards the cost of a MRI scan carried out in a scan facility not included in your List of Medical Facilities. The amount that can be claimed for non-approved centres will be shown on your Table of Cover.
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **CT Scan: non approved centre** Under this benefit we will contribute towards the cost of a CT scan carried out in a scan facility not included in your List of Medical Facilities. The amount that can be claimed for non-approved centres will be shown on your Table of Cover.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **PET-CT Scan: non approved centre** Under this benefit we will contribute towards the cost of a PET-CT scan carried out in a scan facility not included in your List of Medical Facilities. The amount that can be claimed for non-approved centres will be shown on your Table of Cover.
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **SADS screening benefit** Under this benefit a child or adult member can claim a contribution from us towards the cost of cardiac screening for sudden arrhythmic death syndrome. This benefit is only available where the SADS Screening is carried out in a clinical environment by a qualified practitioner. Pay and claim
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **Men's Cancer Screening** Under this benefit you can claim a contribution from us towards the cost of men's cancer screening, i.e. a prostate or testicular check, with a qualified practitioner in a clinical environment. Your receipt must specify the screening carried out.
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **Women's Cancer Screening** Under this benefit you can claim a contribution from us towards the cost of women's cancer screening, i.e. a smear test or breast check, with a qualified practitioner in a clinical environment. Your receipt must specify the screening carried out.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **Lifestyle Genomic Testing - Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through CircleDNA*. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **At Home Health Testing** This benefit allows you to claim a contribution from us towards the cost of an at home health testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked**.
Tailored Health Plans Membership Handbook	Handbook updates to include addition of Screening Extra pack which is available to choose at renewal on: > 4D Health 1, 2, 3, 4, 5; > 4D Future; > 4D Evolution; > Better Select ILH; > Nurses & Teachers Choice 2; > Nurses & Teachers Choice 3.	n/a	**Section 2.5 - Personalised Packages** **Screening Extra** **Fitness Test & Personalised Exercise Programme** Under this benefit we will contribute towards Fitness Testing and a Personalised Exercise Programme carried out in the SSC Fitness Lab, Sports Surgery Clinic, Santry. This benefit is limited to one claim every 2 years.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook	Clarification of the Hospital bill for in-patient treatment wording noting the requirement of an overseas trip to be pre-booked.	**Overseas Benefits** **Hospital bill for in-patient treatment** Under this benefit we will cover your medical costs for emergency care in a medical facility abroad whilst on a 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; > 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.	**Overseas Benefits** **Hospital bill for in-patient treatment** Under this benefit we will cover your medical costs for emergency care in a medical facility abroad whilst on a pre-booked 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; > 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.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Clarification of the Hospital bill for in-patient treatment wording noting the requirement of an overseas trip to be pre-booked.	**Overseas 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 temporary stay abroad not exceeding 31 days in duration. 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. The maximum amount that will be covered under this benefit is set out in your Table of Cover.	**Overseas 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. 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.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to the Fraud Policy wording	**7. Fraud Policy** We operate a fraud policy in respect of all claims made by you or on your behalf. We do regular audits of all claims. In all instances where fraud is suspected, we will carry out a full and comprehensive investigation. If a claim submitted by you or on your behalf is found to be fraudulent or dishonest in any way, the claim will be declined in its entirety, benefits under the policy will be forfeited and the policy and/or any plans listed on the policy may be cancelled. We reserve the right to refer the matter and details of the fraudulent claim to the appropriate authorities for prosecution.	**7. Fraud Policy** We operate a fraud policy in respect of all claims made by you or on your behalf. We do regular audits of all claims. In all instances where fraud is suspected, we will carry out a full and comprehensive investigation. If a claim submitted by you or on your behalf is found to be fraudulent or dishonest in any way, the claim will be declined in its entirety, benefits under the policy will be forfeited and the policy and/or any plans listed on the policy may be cancelled and we may refuse any new policies for you. We reserve the right to refer the matter and details of the fraudulent claim to the appropriate authorities for prosecution.

Irish Life health

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Clarification to wording under the 'In-patient Benefits' section	**2.2 In-patient Benefits** **How long are your hospital costs covered for?** You can claim hospital costs under your In-patient Benefits for a total of 180 days in a calendar year (the Maximum Period). This Maximum Period includes the number of days for which you can claim hospital costs as a psychiatric patient. The number of days that you can claim as a psychiatric patient is shown in the psychiatric treatment benefits in your Table of Cover. Please note that the Maximum Period includes any days for which you have already claimed hospital costs (including hospital costs as a psychiatric patient) under another plan with us or with another health insurer in a calendar year. **Psychiatric treatment** Where you are admitted to a psychiatric medical facility or a psychiatric unit in a medical facility, your hospital costs and consultant's fees will be covered under your In-patient Benefits at the level shown in the Hospital Cover section of your Table of Cover. Your plan will also include psychiatric treatment benefits. These benefits specify the maximum number of days for which you can claim your In-patient Benefits whilst you are a psychiatric patient for medically necessary treatment.	**2.2 In-patient Benefits** **How long are your hospital costs covered for?** You can claim hospital costs under your In-patient Benefits for a total of 180 days in a calendar year (the Maximum Period). This Maximum Period includes the number of days for which you can claim hospital costs or approved psychiatric home care programmes as a psychiatric patient. The number of days that you can claim as a psychiatric patient is shown in the psychiatric treatment benefits in your Table of Cover. Please note that the Maximum Period includes any days for which you have already claimed hospital costs (including hospital costs or approved psychiatric home care programmes as a psychiatric patient) under another plan with us or with another health insurer in a calendar year. **Psychiatric treatment** Where you are admitted to a psychiatric medical facility or a psychiatric unit in a medical facility, your hospital costs and consultant's fees will be covered under your In-patient Benefits at the level shown in the Hospital Cover section of your Table of Cover. Your plan will also include psychiatric treatment benefits. These benefits specify the maximum number of days for which you can claim your In-patient Benefits whilst you are a psychiatric patient for medically necessary treatment. If you are admitted to an approved psychiatric home care programme provided by a private psychiatric medical facility, the number of days claimed will be deducted from the maximum covered under your psychiatric treatment benefits.
Tailored Health Plans Membership Handbook	Change to the Sexual Health Screening benefits wording	**Day-to-Day Benefits and Out-patient Benefits and Personalised Packages: Women's & Men's Health Package** Sexual health screening – Simple 2 Test Sexual health screening – HPV Sexual health screening - Standard 6 Test Under this benefit we will cover the cost of a simple 2 testing kit and a HPV testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked**. You can also claim a discount from Let's Get Checked** on the cost of a standard 6 testing kit. To avail of this benefit, you must contact Let's Get Checked at Support@letsgetchecked.com or by calling 00353 1 567 4997 www.letsgetchecked.com Direct settlement (for Simple 2 testing kit and a HPV testing kit) and Point of Sale Discount (for standard 6 testing kit)	**Day-to-Day Benefits and Out-patient Benefits and Personalised Packages: Women's & Men's Health Package** Sexual health screening – Simple 2 Test Sexual health screening – HPV Sexual health screening - Standard 6 Test Under this benefit we will contribute towards the cost of a Simple 2 testing kit, a HPV testing kit and a Standard 6 testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked. The amount that can be claimed under this benefit is set out in your Table of Cover. To avail of this benefit, order online at www.letsgetchecked.ie Pay and claim

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Change to the Sexual Health Screening - Simple 2 test benefit wording	**Personalised Packages: Student Cover Package; You Extra** Sexual health screening – Simple 2 Test Under this benefit we will cover the cost of a Simple 2 testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked**. To avail of this benefit, you must contact Let's Get Checked at Support@letsgetchecked.com or by calling +353 1 567 4997 www.letsgetchecked.com	**Personalised Packages: Student Cover Package; You Extra** Sexual health screening – Simple 2 Test Under this benefit we will contribute towards the cost of a Simple 2 testing kit from PrivaPath Diagnostics Limited trading as Let's Get Checked. The amount that can be claimed under this benefit is set out in your Table of Cover. To avail of this benefit, order online at www.letsgetchecked.ie Pay and claim
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Clarification to the Mental Health Guide benefit wording	**Mental Health Guide** Clinical responsibility for treatment lies with your treatment provider and not Irish Life Health. This benefit/treatment programme is available to members aged 18 years and over. Due to the nature of the assessments, treatment provided and the clinical interventions used within this programme, your Spectrum Mental Health case manager will decide if this programme is suitable for you. The team and programme are managed by Spectrum Mental Health Limited*. Further information is available on our website at www.irishlifehealth.ie.	**Mental Health Guide** Clinical responsibility for treatment lies with your treatment provider and not Irish Life Health. This benefit/treatment programme is available to members aged 18 years and over. Due to the nature of the assessments, treatment provided and the clinical interventions used within this programme, your Spectrum Mental Health case manager will decide if this programme is suitable for you. Members who present with certain symptoms or conditions may not be appropriate for the programme and will be supported to ensure they are referred to the most appropriate health care professional in line with their presenting signs and symptoms. Any other services they may be referred to in this instance are not covered under the Mental Health Guide benefit. The team and programme are managed by Spectrum Mental Health Limited*. Further information is available on our website at www.irishlifehealth.ie.

Irish Life health

Handbook name	What's changing?	Previous wording	Updated wording
Better Select ILH Plan Table of Cover (Tailored Health Plans Membership Handbook)	Medical & Surgical Appliances benefit will move from the 'Out-patient - subject to excess' section to the 'Out-patient - not subject to excess' section.	**Table of Cover - benefit** sits under 'Out-patient - subject to excess section'	**Table of Cover - benefit** sits under 'Out-patient - not subject to excess section'

Out-patient Benefits

Out-patient Benefits not subject to excess

Nurse on call	Covered
Digital Doctor	Unlimited. See irishlifehealth.ie for further information.
Minor Injury Clinic Cover	75% up to €200 per visit
MRI Scan: approved centre	Covered
Minor Injury Clinic Cover (Pay & Claim)	75% up to €200 per visit
CT Scan: approved centre	Covered
Menopause Benefit	75% cover for initial consultation and 75% cover for 1 follow up review consultation
PET-CT Scan: approved centre	Covered
Psychotherapy and counselling benefit (including practitioners at the Dean Clinic)	50% up to 12 visits capped at €1,000 per policy year
HPV Vaccine	50% up to €200 per policy year
Mammogram	Covered

Out-patient Benefits subject to excess

Outpatient excess per person	€125
Maximum amount of outpatient benefits per member per policy year	€4000
Dean Clinic Mental Health Services	€60 x 10 visits
Medical and surgical appliances	As per specified list[3]
Manual Lymph Drainage	Up to €300
Pathology: Cost of test	50% Cover
Pathology: Consultant fees	50% per consultant fee
Radiology: Cost of test	50% Cover
MRI Scan: non approved centre	Covered up to €250
Radiology: Consultant fees	50% per consultant fee
CT Scan: non approved centre	Covered up to €250
PET-CT Scan: non approved centre	Covered up to €250

Out-patient Benefits

Out-patient Benefits not subject to excess

Nurse on call	Covered
Digital Doctor	Unlimited. See irishlifehealth.ie for further information.
Minor Injury Clinic Cover	75% up to €200 per visit
MRI Scan: approved centre	Covered
CT Scan: approved centre	Covered
Child Development Benefit	75% up to €500 for a developmental / neurodevelopmental assessment
Adult Neurodiversity Benefit	75% up to €500 for a neurodiversity assessment
PET-CT Scan: approved centre	Covered
Minor Injury Clinic Cover (Pay & Claim)	75% up to €200 per visit
Medical and surgical appliances	As per specified list[3]
Psychotherapy and counselling benefit (including practitioners at the Dean Clinic)	50% up to 12 visits capped at €1,000 per policy year
Menopause Benefit	75% cover for initial consultation and 75% cover for 1 follow up review consultation
HPV Vaccine	50% up to €200 per policy year
Mammogram	Covered

Out-patient Benefits subject to excess

Outpatient excess per person	€125
Maximum amount of outpatient benefits per member per policy year	€4000
Dean Clinic Mental Health Services	€60 x 10 visits
Manual Lymph Drainage	Up to €300
Pathology: Cost of test	50% Cover
Pathology: Consultant fees	50% per consultant fee
Radiology: Cost of test	50% Cover
MRI Scan: non approved centre	Covered up to €250
Radiology: Consultant fees	50% per consultant fee
CT Scan: non approved centre	Covered up to €250
PET-CT Scan: non approved centre	Covered up to €250

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 criteria of MRI referrals	**MRI Scans** You must be referred by a consultant or GP. For MRI scans in St. James's Hospital you must be referred by an oncologist or other clinician working in St. James's Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.	**MRI Scans** You must be referred by a consultant, GP or a Physiotherapist*. Acceptance of Physiotherapist* referrals are at the discretion of the approved scan centre and we advise you to confirm this in advance. For MRI scans in St. James's Hospital you must be referred by an oncologist or other clinician working in St. James's Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Digital Doctor benefit	**Digital Doctor** This benefit gives you unlimited consultations with Irish based GPs. Service provided by Centric Health Ltd**. You can speak to a GP anytime day or night over the phone, or if you would prefer a face to face consultation, the online video service is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). If necessary, through this service GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be sent 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be sent the next working day. This service is not suitable for emergencies or urgent conditions as this may delay your treatment. Where a member is under the age of 18, it is necessary for their legal guardian to be present during the consultation. This service is not intended to replace your usual GP, it is designed for episodic, once-off conditions and not for ongoing care. Centric Health Ltd** may offer additional follow on services after a Digital Doctor consultation but these services are not covered under the Digital Doctor benefit.	**Digital Doctor** This benefit gives you unlimited consultations with Irish based GPs. Service provided by Centric Health Ltd**. You can speak to a GP day or night over the phone, or if you would prefer a face to face consultation, the online video service is available 08:00 to 22:00, 7 days a week (excluding Christmas Day). Digital Doctor operates an appointment-based service. While they endeavour to ensure appointment availability, during peak periods of demand this is not always possible. If necessary, through this service GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be sent 08:00 to 22:00, 7 days a week (excluding Christmas Day). Outside these times, the prescription will be sent the next working day. This service is not suitable for emergencies or urgent conditions as this may delay your treatment. Where a member is under the age of 18, it is necessary for their legal guardian to be present during the consultation. This service is not intended to replace your usual GP, it is designed for episodic, once-off conditions and not for ongoing care. On the Digital Doctor GP's recommendation, Centric Health Ltd** may offer an in-person follow on consultation after a Digital Doctor consultation at selected Centric Health practices. This service is primarily intended for those who do not have an existing GP or can't access their own GP. These consultations are not covered under the Digital Doctor benefit and are subject to availability.

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	New Female Health Consultation benefit which is available to all members on hospital plans as at 1st September 2023 :	n/a	**Female Health Consultation** Where this benefit is available on your plan, we will provide a contribution towards a video consultation booked with an Irish based Centric Health* GP who is a specialist in female health. We will pay Centric Health* directly up to the amount detailed for the number of visits listed on your Table of Cover. You will be required to provide payment details for the remaining amount at the time of booking. Centric Health* will take payment 48 hours before your scheduled appointment and once payment is taken it is non-refundable. This amount cannot be claimed against any other benefit on your plan, including your GP visits benefit, as you cannot claim for the same medical expenses twice. The female health specialist GP may recommend additional follow-on services, such as blood tests, scans, or visits to other allied health professionals. These follow-on services are not covered under this benefit, but you may have cover on your plan under another benefit listed on your Table of Cover. This service is not suitable for emergencies or urgent conditions as this may delay your treatment. Where a member is under the age of 18, it is necessary for an adult covered on the policy to book the consultation on their behalf. Depending on the nature of the presenting issue, the GP may request the presence of a parent or guardian for those under the age of 18. **How to claim** To see available appointment times and to book a consultation, please access through MyClinic in your member portal at www.irishlifehealth.ie/login and provide your details through the online booking form.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to exclusions	n/a	**Exclusions from Your Cover** We do not cover the following (subject to compliance with the Minimum Benefit Regulations): > Any costs related to genetic testing except where such costs are listed on your Table of Cover (see Section 3 of your Membership Handbook for all other exclusions)

Handbook name	What's changing?	Previous wording	Updated wording
Everyday Care Plans Membership Handbook	Removal of benefit	**Overseas benefits: Emergency In-patient Treatment Abroad** Our Hospital bill for in-patient treatment benefit provides cover towards your medical costs where you require emergency care outside Ireland. The table below explains more about this benefit. This benefit is 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. Irish Life Health will use the foreign exchange rate which applied at the date of the invoice from the medical facility abroad. Waiting periods may also apply, please see section 6. Where you have not been admitted overnight for treatment as an in-patient, some of the costs incurred may be claimed under your day to day benefits, please refer to your table of cover to see what benefits you may claim for and whether these are subject to an excess.	n/a
Everyday Care Plans Membership Handbook	Change to VIGO claiming process	**How to claim** You need to pay the practitioner/health care provider yourself and then claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. Where your broker offers an online claiming facility, your receipts should be uploaded through their online claiming tool. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid. **Claims submission** For Day to Day claims, submit your receipts through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie or where your broker offers an online claiming facility, your receipts should be uploaded through their online claiming tool. You must submit your receipts within six months of the end of your policy year. We may ask you to submit a receipt for verification. For pay and reclaim In-patient claims, send your receipts to Claims Team, Irish Life Health dac, PO Box 13028, Dublin 1	**How to claim** You need to pay the practitioner/health care provider yourself and then claim the amount that is covered back from us during your policy year by scanning your original receipts and submitting them through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. You must submit your receipts within six months of the end of your policy year. If your receipts are not received within these six months, your claim will not be paid. **Claims submission** For Day to Day claims, submit your receipts through our online claims tool (Irish Life Health Online Claiming) in your member area on www.irishlifehealth.ie. You must submit your receipts within six months of the end of your policy year. We may ask you to submit a receipt for verification.
Everyday Care Plans Membership Handbook	Definition of day case	n/a	**Day case** A patient who is admitted to a medical facility but who does not stay overnight. This includes patients who are admitted to a medical facility to receive side room procedures.
Tailored Health Plans Membership Handbook	Update to Dentist visits (routine treatment) benefit	**Dentist visits (routine treatment)** Under this benefit we will contribute towards the cost of attending a dentist for the following routine dental treatment: check ups, fillings, scale and polish and tooth extraction.	**Dentist visits (routine treatment)** Under this benefit we will contribute towards the cost of attending a dentist for the following routine dental treatment: check ups, fillings, xrays, scale and polish and tooth extraction.

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 Changing your policy wording	**Section 5 Changing your policy** We cannot take instructions to make changes to the policy or any of the plans listed on the policy from a member. However, the policyholder can nominate a person to act on their behalf to make changes to the policy or any of the plans. If you wish to nominate someone, please call or write to us and let us know if they have authority to act on the entire policy or just specific plans.	**Section 5 Changing your policy** We cannot take instructions to make changes to the policy or any of the plans listed on the policy from a member or individual who is not the policyholder. However, the policyholder can nominate a person to act on their behalf to discuss the policy, administer the policy and / or discuss claims. If you wish to nominate someone, please log on to your membership portal where you can capture policy permissions. Alternatively you can call or write to us and let us know if you want to nominate a person to act on your behalf for some or all of the above permissions.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook Everyday Care Plans Membership Handbook	Update to requirements for Cardiac CT scans to include CT TAVI	**Cardiac CT Scans** You must be referred by a consultant. All cardiac CT scans must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities in section 12 of this Membership Handbook). Calcium CT scoring is not covered under this benefit.	**Cardiac CT Scans** You must be referred by a consultant. All cardiac CT scans (including CT TAVI scans where available) must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities in section 12 of this Membership Handbook). Calcium CT scoring is not covered under this benefit.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Public Hospital Levy no longer charged	**Section 2.2 Hospital costs** The fees charged by your hospital or treatment centre for your medical care whilst you are admitted are known as hospital costs. They include the public hospital levy, hospital accommodation costs, charges for the use of the operating theatres, charges for radiology and pathology, nursing charges, costs of prosthesis and charges for drugs administered for consumption whilst you are admitted.	**Section 2.2 Hospital costs** The fees charged by your hospital or treatment centre for your medical care whilst you are admitted are known as hospital costs. They include hospital accommodation costs, charges for the use of the operating theatres, charges for radiology and pathology, nursing charges, costs of prosthesis and charges for drugs administered for consumption whilst you are admitted.
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Public Hospital Levy no longer charged	**Section 11 Definitions** Public hospital levy: The public hospital levy is a daily charge imposed by public hospitals on in-patients and day case patients. The public hospital levy will be charged for a maximum of 10 days in any period of 12 consecutive months.	**Section 11 Definitions** n/a

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook	Public Hospital Levy no longer charged	**Section 2.4 Other Benefits Benefit Description / Criteria** **Public hospital levy (also known as the Public Statutory In-patient Charge)** Public hospitals charge in-patients a daily charge for a maximum of 10 days in any period of 12 consecutive months. This is known as the public hospital levy. Under this benefit we will cover the public hospital levy for a maximum of 10 days in any period of 12 consecutive months. **How to claim** Where the public hospital in question is covered under your plan, we will pay this charge directly to the public hospital. See section 2.2 of this Membership Handbook for information on how direct settlement operates. If the public hospital in question is not covered under your plan, you will have to pay your public hospital levy to the public hospital and claim this back from us. This benefit is subject to €1 excess which will be refunded to you.	n/a
Health Plans Membership Handbook	Public Hospital Levy no longer charged	**Section 6 Waiting Periods** **Initial Waiting Periods** Public Hospital Levy- 26 week waiting period **Pre-Existing Condition Waiting Periods** Public Hospital Levy- no waiting period **Upgrade Waiting Periods** Public Hospital Levy- no waiting period	n/a
Tailored Health Plans Membership Handbook	Change of provider name for Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress benefit- Screening Extra Personalised Package	**Section 2.5 - Personalised Packages** **Screening Extra** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through DNAFit**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.	**Section 2.5 - Personalised Packages** **Screening Extra** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through CircleDNA**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Change of provider name for Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress benefit- Mind & Body Personalised Package	**Section 2.5 - Personalised Packages** **Mind & Body** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through DNAFit**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.	**Section 2.5 - Personalised Packages** **Mind & Body** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through CircleDNA**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.
Tailored Health Plans Membership Handbook	Change of provider name for Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress benefit- You Extra Personalised Package	**Section 2.5 - Personalised Packages** **You Extra** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through DNAFit**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.	**Section 2.5 - Personalised Packages** **You Extra** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through CircleDNA**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime."
Health Plans Membership Handbook	Change of provider name for Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress benefit- Day-to-Day and Out-patient Benefits	**Section 2.1 Day-to-Day and Out-patient Benefits** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through DNAFit**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.	**Section 2.1 Day-to-Day and Out-patient Benefits** **Lifestyle Genomic Testing – Nutrition, Fitness, Sleep and Stress** Under this benefit, you can claim a contribution towards the cost of a lifestyle genomic test through CircleDNA**. The level of cover available is set out on your Table of Cover. This benefit is limited to one claim per lifetime.

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.