

Terms & Conditions Changes

- for policies renewing from 1st August 2025

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	From 1st January 2025, there will be a change in our hospital lists, when 6 clinics will be moved from the Treatment Centres list to the Private Hospital list. This means that any applicable private hospital day case excess listed on your Table of Cover will apply to the 6 clinics, where these clinics are covered under your plan. To allow for this change and transition, Irish Life Health will waive the excess for treatment up to and including 31st December 2025.	Lists of Medical Facilities - 1, 2, 3, A, B, C B. Treatment Centres Dublin Affidea Tallaght Minor Surgery Clinic - Treatment Centre Eccles Clinic, Dublin 7	

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to the Child orthodontics benefit wording.	<p>Section 2.1 Out-patient and Day to Day benefits</p> <p>Child orthodontics</p> <p>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.</p>	<p>Section 2.1 Out-patient and Day to Day benefits</p> <p>Child orthodontics</p> <p>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.</p>
Tailored Health Plans Membership Handbook	Update to the Orthodontic benefit wording.	<p>Section 2.5 Personalised Packages</p> <p>Dental & Optical Package</p> <p>Orthodontic benefit</p> <p>This benefit allows a member to a contribution towards the costs of an orthodontist*. Pay and claim</p>	<p>Section 2.5 Personalised Packages</p> <p>Dental & Optical Package</p> <p>Orthodontic benefit</p> <p>This benefit allows a member to a contribution towards the costs of orthodontic treatment provided by an orthodontist*. Pay and claim</p>
Tailored Health Plans Membership Handbook	Update to the Child/Teen orthodontics benefit wording.	<p>Section 2.5 Personalised Packages</p> <p>Children Extra</p> <p>Child/Teen orthodontics</p> <p>This benefit allows a child member to a contribution towards the costs of an orthodontist*. Pay and claim</p>	<p>Section 2.5 Personalised Packages</p> <p>Children Extra</p> <p>Child/Teen orthodontics</p> <p>This benefit allows a child member to a contribution towards the costs of orthodontic treatment provided by an orthodontist*. Pay and claim</p>
Health Plans Membership Handbook	Rule update to the In-patient support benefit	<p>Section 2.4 Other Benefits</p> <p>In-patient support benefit</p> <p>Under this benefit we will contribute towards the following costs where you have to travel more than 50 kilometres from your home to receive an in-patient treatment or procedure in a public hospital:</p> <ul style="list-style-type: none"> > fuel costs to get to and from the public hospital (petrol or diesel) > public transport costs to get to and from the public hospital <p>The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.</p> <p>This benefit is only available for travel costs to and from a public hospital and only where the hospital in question is the nearest public hospital in which you can receive the treatment or procedure.</p>	<p>Section 2.4 Other Benefits</p> <p>In-patient support benefit</p> <p>Under this benefit we will contribute towards the following costs where you have to travel more than 50 kilometres from your home to receive an in-patient treatment or procedure in a public hospital:</p> <ul style="list-style-type: none"> > fuel costs to get to and from the public hospital (petrol or diesel) incurred on the day before admission, day of admission and/or day of discharge > public transport costs to get to and from the public hospital <p>The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.</p> <p>This benefit is only available for travel costs to and from a public hospital and only where the hospital in question is the nearest public hospital in which you can receive the treatment or procedure.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to Directory for Homeopath bodies covered	<p>Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Homeopath</p> <p>A person who is on the professional register of one of the following Societies:</p> <ul style="list-style-type: none"> > The Irish Society of Homeopaths > The Irish Medical Homeopathic Society 	<p>Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Homeopath</p> <p>A person who is on the professional register of the Irish Society of Homeopaths.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to scans benefit wording - MRI scans, Cardiac CT scans, PET-CT and PSMA scans and general notes	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>MRI Scans</p> <p>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.</p> <p>Cardiac CT Scans</p> <p>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.</p> <p>PET-CT and PSMA Scans</p> <p>All PET-CT and PSMA scans must be pre-authorised by us. You must be referred by a consultant.</p> <p>notes</p> <p>In addition the clinical indicators which relate to your type of scan must be satisfied before it will be covered. The clinical indicators which must be satisfied before you will be covered for a cardiac MRI or cardiac CT scan are set out in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans. Calcium CT scoring is not covered under this benefit but may be claimed under Out-patient Radiology: cost of test where this benefit is available on your plan.</p>	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>MRI Scans</p> <p>You must be referred by a consultant, GP or a Physiotherapist*. Acceptance of Physiotherapist* referrals for direct settlement 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.</p> <p>Cardiac CT Scans</p> <p>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). In some facilities, diagnostic calcium CT scoring may be included, however, cover is limited to our agreements with our providers.</p> <p>PET-CT and PSMA Scans</p> <p>All PET-CT and PSMA scans must be referred by a consultant.</p> <p>notes</p> <p>In addition the clinical indicators which relate to your type of scan must be satisfied before it will be covered. The clinical indicators which must be satisfied before you will be covered for a cardiac MRI or cardiac CT scan are set out in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans. Independent Calcium CT scoring scans are not covered under this benefit but may be claimed under Out-patient Radiology: cost of test where this benefit is available on your plan. Please note certain scan centres will only accept Consultant referrals for all scan types. Please contact your scan centre to confirm cover before you attend.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Message A Doctor service	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Digital Doctor: Message A Doctor</p> <p>You can message a Doctor about a non-emergency medical query anytime via MyClinic in your online account. This service is advice only and is not designed to provide a diagnosis, treatment, or prescriptions. This service is provided by Abi Global**.</p>	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Digital Doctor: Message A Doctor</p> <p>You can message a Doctor about a non-emergency medical query anytime via MyClinic in your online account. This messaging service is advice only and is not designed to provide a diagnosis, treatment, or prescriptions. In certain clinical circumstances where the doctor deems it appropriate, you may be presented with the option of speaking to a doctor via video call following a messaging interaction. This service is provided by Abi Global**.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to benefit wording	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Minor Injury Clinic Cover</p> <p>Under this benefit we will cover some of the cost of attending one of our approved minor injury clinics. We will pay the minor injury clinic directly, up to the amount detailed on your Table of Cover for each visit, towards initial consultation and, if deemed necessary the following treatments related to the initial consultation: x-ray, stitching, full cast, temporary cast, splints and crutches. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. We will not cover the charge for the following take home aids; boots and braces, these and any other balance should be paid by you to the minor injury clinic. Please note that any additional amount paid by you to the minor injury clinic cannot be claimed back under out-patient, Day-to-Day or any other benefit on your plan.</p> <p>How to claim</p> <p>You can find the most current lists of facilities on our website www.irishlifehealth.ie/hospital-lists. The medical facilities which will be paid directly by us may change from time to time.</p>	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Minor Injury Clinic Cover</p> <p>Under this benefit we will cover some of the cost of attending one of our approved direct settlement minor injury clinics. We will pay the minor injury clinic directly, up to the amount detailed on your Table of Cover for each visit, towards initial consultation and, if deemed necessary treatments related to the initial consultation such as x-ray, stitching, full cast, temporary cast, splints and crutches. You can find the most current list of clinics and details of applicable charges, which may be subject to change, and a list of what's covered at www.irishlifehealth.ie/expresscare. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. Any balance due should be paid by you to the minor injury clinic at the time of your visit. Please note that any additional amount paid by you to the minor injury clinic cannot be claimed back under out-patient, Day-to-Day or any other benefit on your plan.</p> <p>How to claim</p> <p>You can find the most current lists of facilities on our website www.irishlifehealth.ie/hospital-lists. The medical facilities which will be paid directly by us may change from time to time.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to benefit wording	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Minor Injury Clinic Cover (Pay & Claim)</p> <p>This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor injury clinic. We will contribute up to the amount detailed on your Table of Cover towards initial consultation and, if deemed necessary the following treatments related to the initial consultation: x-ray, stitching, full cast, temporary cast, splints and crutches. We will not cover the charge for the following take home aids: boots and/or braces. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling. You can find the most current list of minor injury clinics covered on our website www.irishlifehealth.ie/hospital-lists</p>	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Minor Injury Clinic Cover (Pay & Claim)</p> <p>This benefit allows you to claim back some of the charge imposed when you attend an approved pay and claim minor injury clinic. We will contribute up to the amount detailed on your Table of Cover towards initial consultation and, if deemed necessary treatments related to the initial consultation such as x-ray, stitching, full cast, temporary cast, splints and crutches. You can find the most current list of clinics and details of applicable charges, which may be subject to change, and a list of what's covered at www.irishlifehealth.ie/expresscare. An age restriction for minors may apply to the clinic's services, please check with the Minor Injury Clinic centre in advance of travelling.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook	Update to benefit wording	Section 2.1 Day-to-Day and Out-patient Benefits Welcome Home Food Hamper This benefit allows you to claim a Welcome Home Food Hamper and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement). This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. 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.	Section 2.1 Day-to-Day and Out-patient Benefits Welcome Home Food Hamper This benefit allows you to claim a Welcome Home Food Hamper delivered to your home and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. Gourmet Fuel** will provide eligible members with a voucher code to spend on their choice of meals at Gourmetfuel.com. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement). This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service.
Tailored Health Plans Membership Handbook	Update to benefit wording	Section 2.5 Personalised Packages: Fertility & Maternity Welcome Home Food Hamper This benefit allows you to claim a Welcome Home Food Hamper and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement). This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. 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.	Section 2.5 Personalised Packages: Fertility & Maternity Welcome Home Food Hamper This benefit allows you to claim a Welcome Home Food Hamper delivered to your home and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. Gourmet Fuel** will provide eligible members with a voucher code to spend on their choice of meals at Gourmetfuel.com. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement). This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service.

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to benefit wording	<p>Section 2.5 Personalised Packages: Maternity Extra</p> <p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. 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.</p>	<p>Section 2.5 Personalised Packages: Maternity Extra</p> <p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper delivered to your home and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. Gourmet Fuel** will provide eligible members with a voucher code to spend on their choice of meals at Gourmetfuel.com. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service.</p>
Tailored Health Plans Membership Handbook	Update to benefit wording	<p>Section 2.5 Personalised Packages: Enhanced Maternity</p> <p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. 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.</p>	<p>Section 2.5 Personalised Packages: Enhanced Maternity</p> <p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper delivered to your home and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. Gourmet Fuel** will provide eligible members with a voucher code to spend on their choice of meals at Gourmetfuel.com. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to benefit wording	<p>Section 2.5 Personalised Packages: Enhanced Protection & Maternity</p> <p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. The hamper includes 5 healthy dinners, lunches and snacks of your choice from the list provided on Gourmetfuel.com which is delivered to your home. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. 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.</p>	<p>Section 2.5 Personalised Packages: Enhanced Protection & Maternity</p> <p>Welcome Home Food Hamper</p> <p>This benefit allows you to claim a Welcome Home Food Hamper delivered to your home and a 30-minute telephone consultation from the nutritionists at Gourmet Fuel**. Gourmet Fuel** will provide eligible members with a voucher code to spend on their choice of meals at Gourmetfuel.com. To redeem this benefit, you will need to go to https://gourmetfuel.com/irishlifehealth/ and order through the online form. We will pay the service provider directly (by direct settlement).</p> <p>This benefit may only be claimed by one member (either parent) in respect of each birth and must be claimed within 12 months from the date on which your baby was born. To be eligible for this benefit, you must be covered under an in force policy with Irish Life Health with this benefit available under your plan both at the time your baby is born and at the time you receive the service.</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update General Terms and Conditions wording	<p>Section 5 General Terms and Conditions</p> <p>> Where you (or any other person for whom you are seeking health insurance) hold any form of health insurance with another company you must let us know at the inception of your policy. Where the costs of the goods or services which are covered under your plan with Irish Life Health are also insured by another insurer, such costs will be allocated between us and your other insurer on a pro-rata basis when you make a claim;</p>	<p>Section 5 General Terms and Conditions</p> <p>> Where you (or any other person for whom you are seeking health insurance) hold any form of health insurance with another company you must let us know at the inception of your policy. Where the costs of the goods or services which are covered under your plan with Irish Life Health are also insured by another insurer, such costs will be allocated between us and your other insurer on a pro-rata basis when you make a claim;</p> <p>> Where you hold more than one Irish Life Health policy, we will check across these policies held with Irish Life Health to ensure benefits have not been claimed for more than once;</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Updated fraud wording	<p>Section 7 Fraud Policy</p> <p>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.</p>	<p>Section 7 Fraud Policy</p> <p>We operate a fraud policy in respect of all claims made by you or on your behalf. We do regular audits of all claims across Irish Life Health policies held by you as you may not gain financially from a contract of insurance. 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.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the bodies covered under the Life Coach/Life Coaching sessions benefits	<p>Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Life Coach</p> <p>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)</p>	<p>Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Life Coach</p> <p>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).</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the bodies covered under the Medical Herbalist benefits	<p>Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Medical herbalist</p> <p>A member of the Irish Institute of Medical herbalists (IIMH).</p>	<p>Section 11.1 Directory of Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Allied Health Professionals, Alternative (Complementary) and other practitioners</p> <p>Medical herbalist</p> <p>A member of the Irish Institute of Medical herbalists (IIMH) or the Irish Association of Master Medical Herbalists (IAMMH).</p>
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the pre-authorisation process	<p>Section 2.4 Other Benefits</p> <p>Gender Affirmation</p> <p>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.</p> <ul style="list-style-type: none"> > 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. 	<p>Section 2.4 Other Benefits</p> <p>Gender Affirmation</p> <p>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.</p> <ul style="list-style-type: none"> > 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	<p>Section 2.5 Overseas Benefits</p> <p>Emergency Inpatient Treatment Abroad and related benefits</p> <p>Hospital bill for inpatient treatment</p> <p>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:</p> <ul style="list-style-type: none"> > 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. <p>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.</p> <p>We will not cover:</p> <ul style="list-style-type: none"> > 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. 	<p>Section 2.5 Overseas Benefits</p> <p>Emergency Inpatient Treatment Abroad and related benefits</p> <p>Hospital bill for inpatient treatment</p> <p>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:</p> <ul style="list-style-type: none"> > 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. <p>There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover.</p> <p>We will not cover:</p> <ul style="list-style-type: none"> > 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	Update to the Emergency Inpatient Treatment Abroad - Hospital bill for inpatient treatment benefit wording (Continued)	<p>How to claim</p> <p>We must authorise and arrange your in-patient emergency care. You must call our international assistance number 00353 148 17840 before you are discharged from the medical facility where you received your emergency medical care. You will also need to provide us with details of your travel insurance and your European Health Insurance Card. If you are unable to contact our international assistance number, a third party may do so on your behalf.</p> <p>In most cases, where we have authorised and arranged your emergency care in advance, we will pay your medical facility and health care providers directly (by direct settlement). However, some medical facilities and health care providers abroad may not accept payment from us by direct settlement. Where this occurs, you must pay the medical facility and health care providers yourself and claim the amount covered under this benefit back from us. You will need to submit your original receipts to us to do so. You should send all receipts to us in an envelope with your name, address and membership number (see section 10 of this Membership Handbook). 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.</p>	<p>How to claim</p> <p>We must authorise and arrange your in-patient emergency care. You must call our international assistance number 00353 148 17840 before you are discharged from the medical facility where you received your emergency medical care. You will also need to provide us with details of your travel insurance and your European Health Insurance Card. If you are unable to contact our international assistance number, a third party may do so on your behalf.</p> <p>In most cases, where we have authorised and arranged your emergency care in advance, we will pay your medical facility and health care providers directly (by direct settlement). However, some medical facilities and health care providers abroad may not accept payment from us by direct settlement. Where this occurs, you must pay the medical facility and health care providers yourself and claim the amount covered under this benefit back from us. You will need to submit your original receipts to us to do so. You should send all receipts to us in an envelope with your name, address and membership number (see section 10 of this Membership Handbook). 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.</p>
Tailored Health Plans Membership Handbook	Update to the Emergency Inpatient Treatment Abroad - Hospital bill for in-patient treatment benefit wording	<p>Section 2.6 Overseas Benefits</p> <p>Emergency Inpatient Treatment Abroad and related benefits</p> <p>Hospital bill for in-patient treatment</p> <p>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.</p>	<p>Section 2.6 Overseas Benefits</p> <p>Emergency Inpatient Treatment Abroad and related benefits</p> <p>Hospital bill for in-patient treatment</p> <p>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, 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. The maximum amount that will be covered under this benefit is set out in your Table of Cover.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the pre-authorisation process	<p>Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit</p> <p>Emergency In-patient Treatment Abroad and related benefits</p> <p>Elective Overseas Referrals</p> <ul style="list-style-type: none"> > 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; 	<p>Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit</p> <p>Emergency In-patient Treatment Abroad and related benefits</p> <p>Elective Overseas Referrals</p> <ul style="list-style-type: none"> > 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;
Health Plans Membership Handbook Tailored Health Plans Membership Handbook	Update to the Out-patient A&E abroad benefit wording	<p>Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit</p> <p>Emergency In-patient Treatment Abroad and related benefits</p> <p>Out-patient A&E abroad</p> <p>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).</p> <p>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.</p>	<p>Section 2.5 (Health Plans) / 2.6 (Tailored Health Plans) Overseas Benefit</p> <p>Emergency In-patient Treatment Abroad and related benefits</p> <p>Out-patient A&E abroad</p> <p>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).</p> <p>To avail of this benefit, the costs being claimed must have been incurred outside of Ireland on a 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.</p>

Handbook name	What's changing?	Previous wording	Updated wording
Tailored Health Plans Membership Handbook	Update to the Out-patient A&E abroad benefit wording	<p>Section 2.5 Personalised Packages</p> <p>Travel Focus, Travel Extra</p> <p>Out-patient A&E abroad</p> <p>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).</p> <p>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.</p>	<p>Section 2.5 Personalised Packages</p> <p>Travel Focus, Travel Extra</p> <p>Out-patient A&E abroad</p> <p>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).</p> <p>To avail of this benefit, the costs being claimed must have been incurred outside of Ireland on a 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.</p>
Tailored Health Plans Membership Handbook	Update to the Adult Neurodiversity Benefit wording	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Adult Neurodiversity Benefit</p> <p>Under this benefit you can claim back some of the costs of a neurodiversity / neurodevelopment assessment carried out by a psychologist*.</p> <p>This assessment must address at least one of the following: Attention Deficit, Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Intellectual Disability, Learning Disability, Motor Skills Disorders, Communication Disorders and Tic Disorders.</p>	<p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Adult Neurodiversity Benefit</p> <p>Under this benefit you can claim back some of the costs of a neurodiversity / neurodevelopment assessment carried out by a psychologist*, a consultant psychiatrist or an occupational therapist*.</p> <p>This assessment must address at least one of the following: Attention Deficit, Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Intellectual Disability, Learning Disability, Motor Skills Disorders, Communication Disorders, Tic Disorders, Developmental Coordination Disorders, Dyspraxia or Sensory Processing Disorders.</p> <p>Receipts submitted under this benefit must state they are for the relevant assessment. This benefit provides a contribution towards the assessment only. Follow up treatment is not covered under this benefit. The contribution provided under this benefit is for the overall assessment and not per practitioner visit. This benefit is available to members aged 18 years and older.</p>

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.

