

Terms & Conditions Changes

- for policies renewing from 1st May 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 |
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| 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 |
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| Tailored Health Plans Membership Handbook | Update to the Child orthodontics benefit wording. | Section 2.1 Out-patient and Day to Day benefits Child orthodontics This benefit allows a child member to claim a contribution towards the costs of an orthodontist*. This benefit is only available to members who are under 18 years of age. | Section 2.1 Out-patient and Day to Day benefits Child orthodontics This benefit allows a child member to claim a contribution towards the costs of orthodontic treatment provided by an orthodontist*. This benefit is only available to members who are under 18 years of age. |
| Tailored Health Plans Membership Handbook | Update to the Orthodontic benefit wording. | Section 2.5 Personalised Packages Dental & Optical Package Orthodontic benefit This benefit allows a member to a contribution towards the costs of an orthodontist*. Pay and claim | Section 2.5 Personalised Packages Dental & Optical Package Orthodontic benefit This benefit allows a member to a contribution towards the costs of orthodontic treatment provided by an orthodontist*. Pay and claim |
| Tailored Health Plans Membership Handbook | Update to the Child/Teen orthodontics benefit wording. | Section 2.5 Personalised Packages Children Extra Child/Teen orthodontics This benefit allows a child member to a contribution towards the costs of an orthodontist*. Pay and claim | Section 2.5 Personalised Packages Children Extra Child/Teen orthodontics This benefit allows a child member to a contribution towards the costs of orthodontic treatment provided by an orthodontist*. Pay and claim |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| Tailored Health Plans Membership Handbook | Update to the Elective Overseas Referral wording (Continued) | <p>Our medical advisors will base their assessment of the amount that will be covered on the information you provide in your Overseas Pre-Approval Form. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself. We will confirm the amount that we will cover when we pre-authorise your procedure. This decision is final. We will not re-evaluate our decision or the amount that will be covered by us unless we have requested further information.</p> <p>If there are any unforeseen medical costs arising in relation to additional medically necessary treatment from the same episode of care, we will cover you for an amount up to the same amount of the costs that would have arisen and for which you would be covered for in Ireland. Please check your Table of Cover to see what level of cover is provided.</p> <p>Irish Life Health will not contribute to the cost of getting a written medical opinion from your consultant or to any costs incurred in travelling abroad for treatment or travelling home following the treatment.</p> <p>Please note that the following conditions apply to this benefit:</p> <ul style="list-style-type: none"> > The surgical procedure must be performed within 31 days from when you leave Ireland; > You must have been referred for the surgical procedure abroad by a participating consultant in Ireland or through the International Second Opinion Service benefit, if applicable; > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end either 6 months from when it is granted, or at the end of the policy year whichever is sooner; > The surgical procedure must be medically necessary and our medical advisers must agree that the surgical procedure will result in a reasonable medical prognosis; > The proposed surgical procedure you require abroad must be related to and have the same objective as a procedure or treatment that you are covered for in Ireland; and > The surgical procedure or, where the surgical procedure is not available in Ireland, the most similar surgical procedure available in Ireland, must not be controlled by a national register of waiting lists for transplants or other complex procedures. | <p>Our medical advisors will base their assessment of the amount that will be covered on the information you provide in your Overseas Pre-Approval Form. In some cases your benefit may not cover all your medical costs and you will need to pay such costs yourself. We will confirm the amount that we will cover when we pre-authorise your procedure. This decision is final. We will not re-evaluate our decision or the amount that will be covered by us unless we have requested further information.</p> <p>If there are any unforeseen medical costs arising in relation to additional medically necessary treatment from the same episode of care, we will cover you for an amount up to the same amount of the costs that would have arisen and for which you would be covered for in Ireland. Please check your Table of Cover to see what level of cover is provided.</p> <p>Irish Life Health will not contribute to the cost of getting a written medical opinion from your consultant or to any costs incurred in travelling abroad for treatment or travelling home following the treatment.</p> <p>Please note that the following conditions apply to this benefit:</p> <ul style="list-style-type: none"> > The surgical procedure must be performed or treatment must commence within 31 days from when you leave Ireland; > You must have been referred for the surgical procedure abroad by a participating consultant in Ireland or through the International Second Opinion Service benefit, if applicable; > The surgical procedure must be performed before your pre-authorisation expires. Your pre-authorisation will end either 6 months from when it is granted, or at the end of the policy year whichever is sooner; > The surgical procedure must be medically necessary and our medical advisers must agree that the surgical procedure will result in a reasonable medical prognosis; > The proposed surgical procedure you require abroad must be related to and have the same objective as a procedure or treatment that you are covered for in Ireland; and > The surgical procedure or, where the surgical procedure is not available in Ireland, the most similar surgical procedure available in Ireland, must not be controlled by a national register of waiting lists for transplants or other complex procedures. |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| Tailored Health Plans Membership Handbook | Update to Hospital bill for in-patient treatment overseas wording | <p>Section 2.6 Overseas Benefits</p> <p>Emergency In-patient 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. 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 In-patient 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> |

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| Tailored Health Plans Membership Handbook | Update to Overseas Benefits terms and conditions | <p>Section 2.6 Overseas Benefits</p> <p>General conditions applicable to the Overseas Benefits:</p> <p>Please note the following general conditions apply to our Overseas Benefits:</p> <ul style="list-style-type: none"> > Your medical treatment abroad must be medically necessary > You must begin your medical treatment abroad within 31 days of your departure from Ireland > You must receive the emergency care in an internationally recognised hospital; > You must not have travelled against medical advice; > You must not have been suffering from a terminal illness when you left Ireland; > You must not have suspected when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. <p>Exclusions applicable to the Overseas Benefits</p> <p>Please note that our Overseas Benefits will not apply to the following:</p> <ul style="list-style-type: none"> > medical treatment that is required in connection with: <ul style="list-style-type: none"> - a nervous, mental or psychiatric condition; - conditions and/or injuries arising from excessive alcohol consumption; - conditions and/or injuries arising from substance abuse; - conditions and/or injuries arising from deliberately injuring yourself; - conditions and/or injuries arising from your own negligence; - conditions and/or injuries arising from hazardous sports; - conditions and/or injuries arising from breaking the law; - conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > Treatment that could have been delayed until your return to Ireland; > Giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad; | <p>Section 2.6 Overseas Benefits</p> <p>General conditions applicable to the Overseas Benefits:</p> <p>Please note the following general conditions apply to our Overseas Benefits:</p> <ul style="list-style-type: none"> > Your medical treatment abroad must be medically necessary > You must begin your medical treatment abroad within 31 days of your departure from Ireland, or your emergency care abroad commenced within 31 days of birth and you have been added to an existing policy held by your legal guardian; > You must receive the emergency care in an internationally recognised hospital; > You must not have travelled against medical advice; > You must not have been suffering from a terminal illness when you left Ireland; > You must not have suspected when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. <p>Exclusions applicable to the Overseas Benefits:</p> <p>Please note that our Overseas Benefits will not apply to the following:</p> <ul style="list-style-type: none"> > medical treatment that is required in connection with: <ul style="list-style-type: none"> - a nervous, mental or psychiatric condition; - conditions and/or injuries arising from excessive alcohol consumption; - conditions and/or injuries arising from substance abuse; - conditions and/or injuries arising from deliberately injuring yourself; - conditions and/or injuries arising from your own negligence; - conditions and/or injuries arising from hazardous sports; - conditions and/or injuries arising from breaking the law; - conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > Treatment that could have been delayed until your return to Ireland; > Giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad; > Medical care if you have travelled abroad after 34 weeks following the commencement of your pregnancy. |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| Health Plans Membership Handbook | Update to Hospital bill for in-patient treatment overseas 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; > 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. | <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. |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| Health Plans Membership Handbook | Update to overseas A&E terms and conditions | <p>Section 2.5 Overseas Benefits</p> <p>A&E Abroad</p> <p>Please note that our A&E Abroad benefits will not apply where your emergency care is required:</p> <ul style="list-style-type: none"> > for a nervous, mental or psychiatric condition; > for conditions and/or injuries arising from excessive alcohol consumption; > for conditions and/or injuries arising from substance abuse; > for conditions and/or injuries arising from deliberately injuring yourself; > for conditions and/or injuries arising from your own negligence; > for conditions and/or injuries arising from hazardous sports; > for conditions and/or injuries arising from breaking the law; > for conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad. | <p>Section 2.5 Overseas Benefits</p> <p>A&E Abroad</p> <p>Please note that our A&E Abroad benefits will not apply where your emergency care is required:</p> <ul style="list-style-type: none"> > for a nervous, mental or psychiatric condition; > for conditions and/or injuries arising from excessive alcohol consumption; > for conditions and/or injuries arising from substance abuse; > for conditions and/or injuries arising from deliberately injuring yourself; > for conditions and/or injuries arising from your own negligence; > for conditions and/or injuries arising from hazardous sports; > for conditions and/or injuries arising from breaking the law; > for conditions and/or injuries arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline; > for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad. > if you have travelled abroad after 34 weeks following the commencement of your pregnancy. |
| Health Plans Membership Handbook Tailored Health Plans Membership Handbook | Update to the definition of Surgical procedure/surgery | <p>Section 11 Definitions</p> <p>Surgical procedure/surgery</p> <p>The treatment of disease, injury or deformity by instrumental intervention.</p> | <p>Section 11 Definitions</p> <p>Surgical procedure/surgery</p> <p>The treatment of disease, injury or deformity by structurally altering the human body by the incision or destruction of tissues.</p> |
| Health Plans Membership Handbook Tailored Health Plans Membership Handbook | Update to Child Development Benefit wording | <p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Child Development Benefit</p> <p>This benefit allows a child member to claim back some of the costs of a developmental / neurodevelopmental assessment carried out by a developmental specialist*. This assessment must address at least one of the following:</p> <p>Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Developmental Coordination Disorder or Dyspraxia, Intellectual Disability, Learning Disability, Speech Delays or Sensory Processing Disorders.</p> | <p>Section 2.1 Day-to-Day and Out-patient Benefits</p> <p>Child Development Benefit</p> <p>This benefit allows a child member aged under 18 years to claim back some of the costs of a developmental / neurodevelopmental assessment carried out by a developmental specialist(s)*. 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. This assessment must address at least one of the following:</p> <p>Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Developmental Coordination Disorder or Dyspraxia, Intellectual Disability, Learning Disability, Speech Delays or Sensory Processing Disorders.</p> <p>The contribution provided under this benefit is for the overall assessment and not per practitioner visit.</p> |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| Tailored Health Plans Membership Handbook | Update to Child Development Benefit wording | <p>Section 2.5 Personalised Packages - Range of 5</p> <p>Child Development Pack</p> <p>Child Development Benefit</p> <p>This benefit allows a child member to claim back some of the costs of a developmental / neurodevelopmental assessment carried out by a developmental specialist*. This assessment must address at least one of the following:</p> <p>Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Developmental Coordination Disorder or Dyspraxia, Intellectual Disability, Learning Disability, Speech Delays or Sensory Processing Disorders.</p> | <p>Section 2.5 Personalised Packages - Range of 5</p> <p>Child Development Pack</p> <p>Child Development Benefit</p> <p>This benefit allows a child member aged under 18 years to claim back some of the costs of a developmental / neurodevelopmental assessment carried out by a developmental specialist(s)*. 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. This assessment must address at least one of the following:</p> <p>Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Developmental Coordination Disorder or Dyspraxia, Intellectual Disability, Learning Disability, Speech Delays or Sensory Processing Disorders.</p> <p>The contribution provided under this benefit is for the overall assessment and not per practitioner visit.</p> |
| Health Plans Membership Handbook Tailored Health Plans Membership Handbook | Update to Developmental Specialist practitioner definition under section 11.1 | <p>Section 11.1 Allied Health Professionals, Alternative (Complementary) and Other Practitioners</p> <p>Developmental specialist</p> <p>A member of the Psychological Society of Ireland.</p> | <p>Section 11.1 Allied Health Professionals, Alternative (Complementary) and Other Practitioners</p> <p>Developmental specialist</p> <p>A psychologist who is a member of the Psychological Society of Ireland, a consultant psychiatrist, a consultant paediatrician, an occupational therapist registered with CORU and/or a speech and language therapist registered with CORU.</p> |
| Health Plans Membership Handbook Tailored Health Plans Membership Handbook | Update to Cancer support benefit wording | <p>Section 2.4 Other Benefits</p> <p>Cancer support benefit (for accommodation expenses when travelling more than 50km)</p> <p>Under this benefit we will contribute towards the costs of hotel or bed and breakfast accommodation where you have to stay in a hotel or bed and breakfast to enable you to receive chemotherapy or radiotherapy in a public or private hospital.</p> <p>This benefit is only available where you have to travel more than 50 kilometres from your home to receive chemotherapy or radiotherapy in the public or private hospital. This benefit is only available for the costs of a hotel or bed and breakfast on the night before and the night after you receive the chemotherapy or radiotherapy.</p> <p>If this benefit is available under your plan the maximum amount that we will contribute per day and per calendar year is set out in your Table of Cover.</p> | <p>Section 2.4 Other Benefits</p> <p>Cancer support benefit (for accommodation expenses when travelling more than 50km)</p> <p>Under this benefit we will contribute towards the costs of hotel, bed and breakfast or short-term letting accommodation to enable you to receive chemotherapy or radiotherapy in a public or private hospital.</p> <p>This benefit is only available where you have to travel more than 50 kilometres from your home to receive chemotherapy or radiotherapy in the public or private hospital. This benefit is only available for the costs of a hotel, bed and breakfast or short-term letting on the night before and the night after you receive the chemotherapy or radiotherapy.</p> <p>If this benefit is available under your plan the maximum amount that we will contribute per day and per calendar year is set out in your Table of Cover.</p> |

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| Tailored Health Plans Membership Handbook | Update to Parent accompanying child benefit wording | <p>Section 2.5 Personalised Packages: Child Development Package</p> <p>Parent accompanying child</p> <p>Under this benefit we will contribute towards the following costs where your child is an in-patient for more than 3 days and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel or bed and breakfast accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <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>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit child means a child of 14 years of age or under.</p> | <p>Section 2.5 Personalised Packages: Child Development Package</p> <p>Parent accompanying child</p> <p>Under this benefit we will contribute towards the following costs where your child is an in-patient in Ireland for more than 3 days and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel, bed and breakfast or short-term letting accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <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>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit child means a child of 17 years of age or under.</p> |
| Health Plans Membership Handbook | Update to Parent accompanying child benefit wording | <p>Section 2.4 Other Benefits</p> <p>Parent accompanying child</p> <p>Under this benefit we will contribute towards the following costs where your child is an in-patient for more than 3 days and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel or bed and breakfast accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <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>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an inpatient.</p> <p>For the purposes of this benefit child means a child of 14 years of age or under.</p> | <p>Section 2.5 Other Benefits</p> <p>Parent accompanying child</p> <p>Under this benefit we will contribute towards the following costs where your child is an in-patient in Ireland for more than 3 days and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel, bed and breakfast or short-term letting accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <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>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit child means a child of 17 years of age or under.</p> |

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| Tailored Health Plans Membership Handbook | Update to Parent accompanying child (No minimum stay) benefit wording | <p>Section 2.4 Other Benefits</p> <p>Section 2.5 Personalised Packages: Family & Kids Health Package</p> <p>Parent accompanying child (No minimum stay)</p> <p>Under this benefit we will contribute towards the following costs where your child is an in-patient in Ireland and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel or bed and breakfast accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <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>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit child means a child of 14 years of age or under.</p> | <p>Section 2.4 Other Benefits</p> <p>Section 2.5 Personalised Packages: Family & Kids Health Package</p> <p>Parent accompanying child (No minimum stay)</p> <p>Under this benefit we will contribute towards the following costs where your child is an in-patient in Ireland and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel, bed and breakfast or short-term letting accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <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>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit child means a child of 17 years of age or under.</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> |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| 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> |
| 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> |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| Health Plans Membership Handbook Tailored Health Plans Membership Handbook | Update to scans benefit wording - MRI scans, Cardiac CT 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>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>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> |
| 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> |

| Handbook name | What's changing? | Previous wording | Updated wording |
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| 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 |
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| 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 |
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| 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 |
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| 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> |

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.

