

Your GloHealth Insurance Cover

Even our Ts&Cs have TLC.

The Net Range



GloHealth
My cover. My way.

What GloHealth Offers



Cover For Me



Cover For Us



Cover For All Of Us



Hospital Network



Hospital



Out-Patient



Maternity



GloDoc



International Health & Travel



Sports Cover



Family Protection



Dental & Optical

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01 Hello And Welcome To GloHealth

We are delighted that you have chosen GloHealth to look after your insurance needs. With us you can tailor your cover to what you actually need and it is this personalised approach that makes us clearly different. We put our customers' needs first and build each *policy* to suit you. We fit in with you, not the other way around.

We believe there's more to providing health insurance than only being there when you need us. So that's why GloHealth focuses just as much energy on keeping you healthy and improving your wellbeing.

The *terms and conditions* that apply to your cover are very important and we have written this as a guide to your cover and to show you how you can get the most from your *benefits*. It explains what your insurance *policy* covers you for and *lists* all of the different types of cover we provide.

This handbook will help you when you need to have a test or undergo *treatment*, when you need to make any type of *claim* or if you would like to understand more about your *policy*.

01 Hello And Welcome To GloHealth (Continued)

Making Your GloHealth Policy Clear And Easy To Understand

At GloHealth we aim to make understanding your health insurance as easy as possible.

To make your health cover easier to understand we have highlighted the medical and legal terms in bold italics. We have included a glossary on page 39 of this handbook so that you can clarify what these terms mean.

Remember, if there's anything whatsoever you are unsure about, we're here to help. Just give us a call and our dedicated health insurance advisors will be more than happy to talk you through anything you'd like explained in more detail. You can contact us online via web chat at GloHealth.ie or call **1890 744 744**.

Understanding Your Contract

This **Membership Handbook** is the main document which outlines the contract between you and us and it includes important information about your membership, your **benefits** and the **terms and conditions** of your **policy**. In short, everything you need to know to get the most from your health insurance **policy**.

Your Contract With Us Is Made Up Of The Following:

- This **Membership Handbook**.
- Your **Membership Schedule** that you received when you joined GloHealth.
- The **Table of Benefits** outlining your level of cover.
- The **Schedule of Benefits for Professional Fees**. This document is available on request.

The information provided to us when you joined GloHealth.

It is important that you read these documents so that you fully understand your cover. GloHealth's **Schedule of Benefits for Professional Fees** can be requested from us directly by calling **1890 744 744**. The schedule provides details of the various surgical and diagnostic **procedures** that you are covered for under your **plan**. It also explains the amount that we will pay for **treatment** provided by a **consultant** and for **surgical out-patient treatment** provided by a **general practitioner**.

A full *list* of GloHealth's hospital networks, scan and *treatment* centres are available for you to view on the documents page of our website. This *list* may change during the year with immediate effect, so please check with us before going into hospital to confirm that the hospital is still included in your network.



Your Membership Card

Your **membership card** includes your **membership number** and the date on which you joined GloHealth. It is a good idea to carry this with you so you have it in case of **emergency** or to give the information on it to a medical practitioner. A **membership card** will be issued to all adult **members** when they first join.

Joining GloHealth - Important Information

To join GloHealth all **members** must permanently reside in the Republic of Ireland. Your GloHealth contract will last until your **renewal date**; you will find this on your **Membership Schedule**. As soon as we receive your first payment, you will be covered from your **plan** start date; this is subject to the **terms and conditions** of your **plan**.

Material Facts - Please Read Carefully

It is your responsibility to make sure that your membership details are complete and accurate and that you have let us know about all of the **material facts** which might have affected the terms under which we have offered you this **policy**.

A material fact is information which is communicated to us either verbally or in writing by you or a person appointed to speak or act on your behalf. The communication of a **material fact** is one which is so important, its disclosure would change the decision which we might make with respect to writing coverage, the **premium** level, and/or settling a **claim**. Misrepresentation of a **material fact** may void your health insurance **policy**.

Details on your previous health cover, employment status and/or when you entered or returned to **Ireland** will be deemed material facts for the purposes of determining your **premium** for Lifetime Community Rating. The **terms and conditions** within this handbook are provided in English and all of our communications to you will also be in English.

Make Sure To Check Your Cover With Us Before Treatment

We recommend that you contact us as soon as you know that you need **in-patient** or **day case treatment** and we will be happy to check if your **treatment** is covered under your **plan**. We will also advise you whether all **hospital costs** will be met by your **plan** and give you details of any shortfalls or **excesses** that you may need to cover.

When checking your cover with us you will need to give details of the **procedure code** for the **treatment** you are having. All medical **procedures** carried out in Ireland are assigned an individual **procedure code** and any **in-patient** or **day case treatment** that you are receiving will have one of these. Your **consultant** or his/her secretary will be able to give this code to you. Just contact us with the name of your **consultant** and the code for the medical **procedure** and the name of the hospital in which the **procedure** is due to be carried out. We will then confirm if the costs are covered under your **plan**.

If you have not served all of your **waiting periods**, or are serving an upgrade **waiting period** as detailed on pages 33 & 34, please ensure you tell us this when you contact us.

If you do not have cover to attend a particular hospital as an **in-patient** or **day case** patient, we will not be able to cover the costs of your accommodation or **treatment** in that hospital.

What is Lifetime Community Rating (LCR)?

Lifetime Community Rating (LCR) is a change to how health insurance **plans** are priced. It came into effect on 1st May 2015 and means that anyone who joins the health insurance market for the first time aged 35 or older, may pay a loading on their health insurance costs.

What is a loading?

A '**loading**' is an additional charge you will have to pay for your health insurance. Under LCR the **loading** will be based on the age at which you take out health insurance. You will pay an extra 2% a year on the cost of your health insurance for every year you are over 34 when you join.

For example, if you are 38 and don't currently have health cover, you will have to pay an extra 8% on the cost of your health cover each year, for the rest of your life.

What is a credit?

A '**credit**' is given if you previously had health insurance but have had a break in cover. For example, if in the above scenario you had health insurance for 2 years in your 30's, you will receive 2 years' worth of **credits** or 4%. This credit of 4% is subtracted from your 8% **loading** to give you a 4% **loading** each year, for the rest of your life.

People in certain circumstances can also get up to three years' credit if they previously had health

02 A Guide To Your Core Cover

insurance but cancelled this due to unemployment between 1st January 2008 and 30th April 2015.

How will this affect me?

If you are under or over the age of 34 and currently have health insurance, LCR will not impact you in any way. You will not be subject to any '*loadings*' or '*credits*' as long as you continue your health insurance cover. If you don't currently have health insurance then you should take out cover before you turn 35.

Your *core cover* is based on the level of cover you have chosen with GloHealth and is made up of hospital, *out-patient* and maternity *benefits*. In addition to your *core cover*, you may choose a number of *Personalised Packages* based on your preferences and requirements to create the *plan* that best suits your needs, budget and lifestyle.



Hospital



Out-patient



Maternity

02 A Guide To Your Core Cover (Continued)



Hospital Cover

Core Cover: Hospital Benefits

What Is Hospital Cover?

Hospital cover is the amount we pay for the bed that you are in while in hospital and includes cover for *in-patient treatments* and a wide range of *day case* services.

What Is A Hospital Network?

A hospital network is a *list* of selected hospitals where you may avail of *treatment*.

What Is In-Patient Cover?

In-patient cover is the cover you receive for any *treatment* which requires you to stay overnight in hospital after being admitted, or for a *day case/side room procedure*.

What Is Day Case Cover?

Day case cover is the cover you receive for any *treatment* which requires you to be admitted as a day patient but does not require an overnight stay.

In-Patient & Day Case Benefits

Please see the *Table of Benefits* which you received with this handbook for more details on your level of *in-patient* and *day case* cover. You will find a full *list of scan centres and hospitals* covered in your chosen network on the documents page of our website.

In-Patient Stress & Psychiatric Benefits

We offer access to *in-patient* psychiatric *treatment* in a psychiatric hospital or *treatment centre* listed on your chosen *plan*. This level of cover is detailed in the *in-patient* section of your *Table of Benefits*; up to the maximum number of days specified in the Stress & Psychiatric section of your *Table of Benefits* in any calendar year, less any days *treatment* which have been paid by another Health Insurer. For substance abuse *treatment*, cover is limited to a maximum of 91 days in any five year period (less any days paid by another Health Insurer). The five year period is calculated as the immediate five years prior to the discharge date of any such claim.

Maximum Number Of Hospital Days Covered

The maximum number of hospital days for which *benefits* are payable within a calendar year (i.e. for the combined total of *in-patient treatment* stays and *day case treatments*) is 180 days, which also includes any days you used with another insurer. You should ask your hospital in advance what their charges are and whether you will have a shortfall based on the level of cover in your *plan*.

In-Patient & Day Case Scans

PET-CT, MRI and CT scans are covered if they are carried out while you are receiving *in-patient* or *day-case treatment* which is covered under your *plan*. For information about scan cover when you are not an *in-patient*, please refer to page 8.

Benefit For Convalescence Cover

To aid you in your recovery we cover a wide range of *convalescent homes* around the country, all of which are registered with the Health Information and Quality Authority. Your stay must be considered *medically necessary* by your *consultant* and GloHealth and be in a convalescent home on our *list of approved homes* and must be immediately after a *medically necessary in-patient* stay in a hospital that is covered under your *plan*. You will find a full *list of convalescent homes* on the documents page of our website.

Consultant Fees

GloHealth provides cover for the fees of consultants who practice in the hospitals covered in your network, which have to be paid on your behalf when a *procedure* or *treatment* listed on the *Schedule of Benefits for Professional Fees* has been performed.

Note About Participating Consultants

Participating consultants are those who accept GloHealth payments in full settlement of their charges. If your *consultant* is not a *participating consultant* (also referred to as *non-participating* or *part-participating consultants*), we will pay the standard amount shown in your *Schedule of Benefits*.

02 A Guide To Your Core Cover (Continued)

for **Professional Fees** and you may have to pay an additional amount directly to the **consultant**. Your **consultant** or **consultant's** secretary will tell you how much this is.

Ambulance Costs

We will cover the cost of an ambulance provided that an ambulance transfer is deemed to be **medically necessary**. You must be staying in a **multiple occupancy, semi-private or private room** in one of GloHealth's **approved hospitals** and be going to one of GloHealth's **approved hospitals** or **convalescent homes** to avail of this **benefit**.

Cancer Support Benefit

We offer cover for accommodation costs when travelling to receive **in-patient** or **day case** chemotherapy or radiotherapy. If you have to travel over 50 kilometres each way from your home for **treatment** you qualify for this **benefit**. You will need to keep dated receipts to **claim** for this **benefit**. Your **Table of Benefits** will detail if your **plan** includes this cover.

Companion Expenses

If any adult **member** on your **policy** is required to have an overnight **in-patient** stay, you may want to have a companion as close by as possible. This **benefit** will give a contribution towards your companion's accommodation and transport costs while you are in hospital. To qualify for this **benefit**, both companion and **member** must be on the same **policy** and have had an overnight **in-patient** stay. You will need to send us in proof of these stays and valid receipts to

claim this **benefit**. Your **Table of Benefits** will detail if your **plan** includes this cover and the level of cover provided. No pooling applies to this **benefit**.

In-Patient & Day Case Claims

To make life easier for you, we have a direct payment arrangement with a large number of hospitals and scan centres, which means that you do not have to pay for **in-patient, day case, maternity and scan treatments** for which you are covered. You simply have to fill out a **claim** form at the end of your stay and we'll take care of the rest. You will find details of what is covered on your **Table of Benefits**.

For the most up to date **list of approved hospitals** and **treatment** centres we have a direct payment arrangement with, please **visit** the documents page of our website, or give us a call on **1890 744 744**, we'll be happy to check a specific hospital for you and confirm whether it is on your chosen network too.

Depending on your level of cover outlined in your **Table of Benefits**, you may have to pay an **in-patient excess** or shortfall. An **excess** or shortfall is the amount that you will need to pay directly to the hospital towards your **treatment** and GloHealth will pay the rest. Please remember to check your level of cover contained in your **Table of Benefits** before having any **treatment** so that you are aware of any shortfalls or **excesses** that you will need to pay.

Some hospitals may not offer direct payment arrangements. If this is the case for the hospital that you are being treated in, you will need to get

one of GloHealth's **claim** forms completed and pay the bill directly with the hospital. **Claim** forms can be downloaded from the documents page of our website.

In this case, you will have to settle the **claim** directly with the hospital and get the treating hospital, doctor or **consultant** (as appropriate) to complete the form. Please make sure to send your completed **claim** form and all receipts to us when you are discharged from hospital. In all cases the hospital must be covered under your **plan**.

Co-Payment For Certain Procedures

On some **plans** you will need to make a **co-payment** for certain **procedures** carried out in a private or high-tech hospital. This payment is made directly to the hospital. You can find out if this is the case by checking your **Table of Benefits** which you received with this handbook.

Waiting Periods

Don't forget to read pages 33 & 34 to understand if a **waiting period** applies.

02 A Guide To Your Core Cover (Continued)



Core Cover: Out-Patient Benefits

What Is Out-Patient Cover?

Out-patient cover is the cover you receive for any treatment for which you do not need an overnight stay in hospital or admission as a day patient. Your *Table of Benefits* gives you information on the full range of out-patient treatments that you're covered for.

Out-Patient Scans In Approved Centres

At GloHealth we cover all *medically necessary* out-patient MRI, CT and PET-CT scans. If you need to go for an MRI, CT or PET-CT or other scan, it is important to check that the scan centre you have been referred to is covered or is approved by GloHealth. You will find a full list of our *approved scan centres* on the documents page of our website or you can call us on **1890 744 744**.

MRI & CT Scans - Which Ones Are Covered?

GloHealth will cover you for MRI and CT scans that are referred by your *GP* or *consultant*, and that relate to diagnosis or investigation of a listed specified

condition. GloHealth's listed specified conditions can be found on the documents page of the *members'* section of our website. A clinical indicator is a medical reason for performing a particular *procedure* or test, for example the reason for your scan.

PET-CT Scans: Which Ones Are Covered?

GloHealth will cover you for PET-CT scans that are referred by your *consultant*, and that relate to diagnosis or investigation of a listed specified condition. PET-CTs will also require pre-authorisation by GloHealth which will be arranged by your *consultant*. Standard waiting periods apply, please refer to pages 33 & 34.

Out-Patient Consultant Fees

Under your *out-patient benefits*, GloHealth gives you a contribution to non-maternity consultants' fees. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover and *excess*, if any, applies.

A&E Costs

GloHealth will contribute towards the cost of a *visit* to an A&E department in a *public hospital*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide. This *benefit* is subject to your *out-patient excess*.

GloDoc – 1890 100 049

GloHealth's innovative benefit gives you unlimited

consultations with a GP. You can speak to a GP anytime day or night over the phone, or if you would prefer a face to face consultation the online video service is available 08:30 to 18:30, Monday to Friday. If necessary, GloDoc GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be faxed during the working day (08:30 to 18:00), Monday to Friday and until 16:40 on a Saturday; outside these times, the prescription will be faxed the next working day. This service shouldn't be used for emergencies or urgent conditions as this may delay necessary treatment. This service can't be used if you are, or think you may be, pregnant and GloDoc will not provide medical certificates.

Phone 1890 100 049 to schedule an appointment. Remember to have your membership number to hand before you call.

Nurse 24/7 – 1890 767 767

As a GloHealth *member* you have unlimited access to our team of qualified *nurses* for *non-emergency* medical information. This is a telephone-based service that provides general, non-diagnostic information over the phone. You can call our Nurse 24/7 line any time night or day about any health issue causing you concern. You can discuss your symptoms and worries and receive comprehensive information on a range of health-related topics. Remember to have your *membership number* to hand before you call. All calls will remain fully confidential.

02 A Guide To Your Core Cover (Continued)

Out-Patient Claims

Important Information About Out-Patient Claims

If you are making a **claim** for **out-patient benefits**, you will need to settle the bill directly with your healthcare provider first. You will need to keep all of your original receipts and send them to us so that we can reimburse you for all **treatment** covered under your **policy**.

Please check that all original receipts include:

- the full name of the **member** receiving **treatment**,
- the type of **treatment** received,
- the date the **treatment** was received,
- the signature of the treating **consultant** or healthcare provider;
- and the contact details of the hospital or **treatment** centre where you were treated.

How To Make An Out-Patient Claim

Out-patient expenses can be claimed either monthly or annually once all **premiums** due have been paid. You can **claim** your **out-patient** costs each month by sending your receipts to GloHealth at PO Box 12218, Dublin 18.

What Is An Out-Patient Excess?

An **out-patient excess** is the amount deducted from your **claim**. Your **out-patient excess** may vary depending on your **plan**. Your **excess** amount is detailed on your **Table of Benefits**.

Out-patient claims will be payable on a pro-rata basis. Pro-rata means that if you submit a **claim** after 3 months of cover 3/12's of the **benefit** will be paid to you once the **excess** has been met. If you are submitting your receipts at the end of your **policy year** you must do so within 3 months of your **policy renewal/end date**. If your receipts are not received within this 3 month period, your **claim** will not be paid. Unfortunately we are not able to return receipts after assessing your **claim** so we recommend that you keep copies of all your original receipts.

How Do I Calculate My Out-Patient Claim?

Your claim is calculated as the sum of the allowable/eligible **benefit** amount, as outlined in your **Table of Benefits**, less the annual **policy excess**. As an example, if your **out-patient excess** is €100, you have a receipt for a **consultant** visit worth €150 and the eligible **benefit** in your **Table of Benefits** for **out-patient consultant** visits is €60, it is this €60 which counts towards your **out-patient excess** and a balance of €90 remains before you will meet the **out-patient excess**. Once you exceed the **out-patient excess**, any further expenses are paid at the eligible **benefit** amount.

Step by step guide

Step 1.

Gather up your receipts for treatment covered under this section of your **policy**

Step 2.

Look at your **Table of Benefits** to see how much you can claim back for each type of receipt: (Eg: consultant = €60)

Step 3.

Add up the total amount you can **claim**

Step 4.

Look at your **Table of Benefits** to see what your outpatient excess is (Eg: €150 individual or €200 family)

Step 5.

Deduct this from the total you arrived at under step 3, this will give you the amount you may claim back from us

Step 6.

Submit all of your receipts to us for payment

Tax Relief

Remember, you are also entitled to tax relief on your medical expenses. Don't forget to complete your MED1 form at revenue.ie to **claim** your additional tax relief.

02 A Guide To Your Core Cover (Continued)



Core Cover: Maternity Benefits

Maternity Cover

At GloHealth, we offer excellent maternity care as well as many additional **benefits** to support you during this special time. Here are the details of the core maternity cover on your **plan**. Your **Table of Benefits** lists the full range of maternity **benefits** you are covered for. Your core maternity cover excludes any extras you may have from the **Personalised Packages** you have chosen.

Hospital Accommodation

You are covered for maternity care in any of our listed public hospitals in your chosen network. This cover is up to the level that is specified in your **Table of Benefits**. A full *list* of GloHealth's hospitals can be viewed on the documents page of our website. Cover for a routine delivery is provided up to the level that is specified in the Maternity section of your **Table of Benefits**. We will also pay a contribution towards your **in-patient consultant's** delivery fees.

In-patient consultant delivery fees include cover for the obstetrician, anaesthetist or paediatrician who attended you or your baby while you are in hospital to give birth.

You will find full details of the cover on your **plan** in your **Table of Benefits**. If you have chosen an Enhanced Maternity Personalised Package we will also provide a contribution towards your **pre/post-natal** care **out-patient consultant** fees when provided by a **consultant** or **GP** or Bord Altranais registered midwife. For **out-patient consultant** visits **benefits** please refer to your Personalised Package **Table of Benefits**.

In the event of significant complications or a non-elective caesarean section delivery, we will cover the first 3 nights' stay in hospital up to the level of cover detailed in the Maternity section of your **Table of Benefits**. We will cover additional nights' stay in hospital up to the level of cover included in the **In-Patient Benefits** section of your **Table of Benefits**. It is important to note that the level of **in-patient** cover under your **In-patient benefits** section and those under your Maternity section may be different. For example, if you have cover for a private room under the Maternity section of your **Table of Benefits**, but a **multi-occupancy room** under the **In-patient benefits** section of your **Table of Benefits**, you will be covered only up to the cost of a **multi-occupancy room** for any additional nights. In this case, you should request to be moved to a **multi-occupancy room** after your third night to ensure you are fully covered.

How To Add Your Newborn Baby To Your Policy

With GloHealth you have the peace of mind of knowing that your baby can be covered at the same level as you from birth right up until your next renewal, once you add your child within 13 weeks of birth. Your baby will not automatically be added to your **policy**. You will need to give us a call to add your baby to your **policy**.

How to Add Your Adopted Child To Your Policy

Domestic adoption

If your child has been adopted within Ireland you can add them to your **policy**, once you add your child within 13 weeks of the date their Adoption Order is made. Your child will not automatically be added to your **policy**. You will need to give us a call to add your child to your **policy**.

Intercountry adoption

If you have adopted a child from outside Ireland you can add them to your **policy**, once you add your child within 13 weeks of the date of the registration of Intercountry Adoption with the Adoption Authority of Ireland. Your child will not automatically be added to your **policy**. You will need to give us a call to add your child to your **policy**.

03 Tailoring Your Cover - Hospital Cover

GloHealth is the only health insurer to allow you to truly tailor your hospital cover to suit your personal needs. Your *Table of Benefits* gives you information on the tailoring options you have chosen as part of your health insurance *plan*, including which hospital network you have selected. The hospitals in your chosen network may change during the year, so please check with us before going into hospital to confirm the level of cover you have and that the hospital is still included in your network.

Tailoring options can be chosen when you buy your GloHealth insurance *plan* and changed when you renew your *plan*.

Changing Your Tailoring Options

If your health insurance needs change you can change your tailoring choices at your *renewal date*.

If you would like more information on your chosen options please contact us on 1890 744 744 and we'll be happy to talk you through them.

Hospital Tailoring Options

It is important that you read the details of each of the *benefits* you have chosen in order to fully understand what you are covered for and make the most of your *benefits*.



Hospital Network



Extra Cardiac

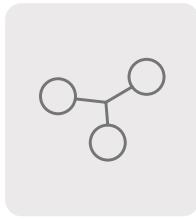


Extra Privacy



Excess Control

03 Tailoring Your Cover - Hospital Cover (Continued)

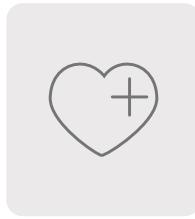


Hospital Networks

GloHealth *plans* are based on hospital networks. A network is a *list* of selected hospitals where you may receive *treatment*.

This means that you get great cover in the hospital network you have selected, but you will not be covered for hospitals that are not listed as being a part of your chosen network. You can view the *list* of hospitals covered in your chosen network on the documents page of our website.

This *list* may change during the year, so please check with us before going into hospital to confirm your level of cover and that that hospital is still listed in your chosen network.



Extra Cardiac

All GloHealth *plans* provide cover for cardiac procedures in *public* and *private hospitals* - depending on your chosen network. In addition, if you have chosen to include Extra Cardiac, you will also have cover for *day case* and *in-patient* cardiac procedures in supplemental hospitals.

The *list* of additional hospitals depends on the network you have chosen. You can view this list of additional hospitals covered in your network in the hospital list on the documents page of our website.

If you have not chosen this module, you can add it within 14 days from the start of your *policy* or at your next *renewal date*.



Extra Privacy

If you have selected Extra Privacy then, as long as there is a *private room* available, it will be provided in hospitals within your chosen network.

If you have not chosen this module, you can add it within 14 days from the start of your *policy* or at your next *renewal date*.

03 Tailoring Your Cover - Hospital Cover (Continued)



Waiting Periods

Please note carefully, if you increase your level of cover, **waiting periods** may apply. Please refer to pages 33 & 34 for full information on **waiting periods**.

Excess Control

The level of **excess** you have chosen is shown on your **Table of Benefits**. An **excess** is the amount that you will need to pay directly to a **private hospital** towards your **treatment**. GloHealth will pay the rest. Please check your **Table of Benefits** to see what level of **excess** you have on your **plan**.

04 Tailoring Your Cover - Personalised Packages (Continued)



Enhanced Maternity Package

You'll have enough sleepless nights as a parent so you can rest easy knowing you're covered for an excellent range of additional maternity **benefits** with our Enhanced Maternity Package. From a grant-in-aid towards a **private hospital** to Baby Sleep Academy, we've thought of everything for new parents and parents-to-be.

Fertility treatment at the Beacon

If you have been considering starting a family with the help of fertility treatment, we can offer a discount on a range of fertility treatment at the Beacon Hospital.

This discount will be applied at the point of purchase. Please check your **Table of Benefits** or contact Beacon CARE Fertility www.beaconcarefertility.ie for full details.

Anti-Mullerian Hormone (AMH) Test

We will contribute towards this simple blood test which gives information about the volume of eggs remaining in a woman's ovaries and which can be helpful when predicting future fertility. You will need **GloHealth**

to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Grant-In-Aid

If you wish to have a **home birth** we will also contribute towards the cost of a planned home delivery where the care is provided by a Bord Altranais registered midwife. In the event of significant complications which result in a transfer to hospital for delivery or post-delivery care, **in-patient benefits** will apply. Any costs incurred up to that point can be claimed under the **pre/post-natal** maternity costs on your Enhanced Maternity Personalised Package. You will need to keep your receipts and send them in to us to **claim** for your **home birth**. You can check the level of cover we provide on your **Table of Benefits**.

Pre/Post Natal Care

As part of your maternity **benefit** we will give you a contribution per pregnancy to cover the cost of your **pre and post natal care**, when provided by a **consultant** or **GP** or Bord Altranais registered midwife. This **pre/post natal care** must occur in the period 9 months before and 3 months after your anticipated delivery date. The level of cover shown is per birth.

You will need to keep your receipts and send them in to us to make a **claim** for **pre/post natal care**. You can check the level of cover we provide on your **Table of Benefits**.

Paediatrician consultation

As part of your maternity benefit, we will give you a contribution per pregnancy to cover the cost of a pediatrician consultation.

You will need to keep your receipts and send them in to us to make a **claim** for this consultation. You can check the level of cover provide on your **Table of Benefits**.

In-Home Carer Support

Having a baby and becoming a new parent is an exciting and proud time in your life, nonetheless, it can also be one of the most tiring. We want to provide you with that extra bit of care and support you might need during your first few days at home.

As part of your Enhanced Maternity Package, we will cover up to two sessions of in-home carer support. So while you're caring for and taking time out to spend with your new loved one we can support you.

We will pay this benefit by direct settlement to the preferred provider. If the service is not available through Home Instead in your area, we will provide the same level of cover for a locally available service. You will need to keep your receipt and send them in to us to **claim** this **benefit**. You can check the level of cover we provide on your **Table of Benefits**.

Breastfeeding Consultancy

Many new mums find it really helpful to have someone to turn to for support and advice on breastfeeding. This **benefit** will give you a contribution towards breastfeeding consultancy with a qualified breastfeeding **consultant** who is a **member** of the ALCI (Association of Lactation Consultants in Ireland) and holds IBCLC (International Board Certified Lactation Consultant) membership. You will need to keep your receipts and send them in to us to **claim** this **benefit**.

04 Tailoring Your Cover - Personalised Packages (Continued)

This **benefit** entitles you to one **claim** per birth (only one **claim** may be made if you have twins or multiple births). To avail of this **benefit** the mother of the newborn must be on the **policy** with GloHealth. Please check your **Table of Benefits** to see what level of cover is provided.

Private Antenatal Classes

Under this **benefit** we will also pay a contribution towards an antenatal course that is provided by a qualified midwife who is registered with An Bord Altranais for midwifery, prior to the birth of your baby.

You will need to keep your receipts and send them in to us to **claim** this **benefit**. Please check your **Table of Benefits** to see what level of cover is provided.

Maternity Expenses (Partner Expenses)

We will contribute towards expenses you may have while your partner is in hospital having a baby. These include accommodation and travel on the day the baby is born and for the day before or after the birth. In order to avail of this **benefit** you must both be on a health **policy** with GloHealth.

You will need to keep your receipts and send them in to us to **claim** this **benefit** and the receipts will need to include the date, name of supplier, brief description of services and the total amount you paid. Please check your **Table of Benefits** to see what level of cover we provide. Your partner must also have chosen this Personalised Package in order for you to be eligible to **claim** Partner Expenses.

3 & 4D Scans

3 & 4D scans offer incredibly clear images of your baby and a great opportunity for early bonding. GloHealth **members** receive a point of sale discount and a contribution towards the cost of 3 & 4D maternity scans with Babyscan, Innervision and MD Ultrasound. In order to avail of this **benefit** the mother must be a **member** of GloHealth. You will need to keep your receipts and send them in to us to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Early Pregnancy Scan

Early pregnancy can be an exciting time and many couples want to see their baby as soon as possible. An early pregnancy scan offers parents the opportunity to check that the pregnancy is progressing well, confirm the due date of their baby and receive a 2D print of the scan image to take home with them.

GloHealth **members** receive a point of sale discount and a contribution towards the cost of an early pregnancy scan. In order to avail of this **benefit** the mother must be a **member** of GloHealth. You will need to keep your receipts and send them in to us to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover you are entitled to and which providers are covered under your **plan**.

Post Natal Depression or Miscarriage Counselling

We will provide a contribution towards counselling

by a member of the Irish Association for Counselling and Psychotherapy (IACP) and the Association of Professional Counsellors and Psychotherapists (APCP) for **post natal** depression or after a miscarriage.

You will need to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Pre & Post Natal Yoga & Pilates

GloHealth will give you a contribution towards the cost of pregnancy, baby yoga and pilates classes with a qualified yoga or pilates expert, to help keep you fit and healthy before, during and after pregnancy.

Yoga and pilates instructors must have completed at least 200 accredited training hours.

You will need to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Baby Swim Classes

Swimming is a natural instinct that all babies are born with and is great exercise for both babies and parents. GloHealth **members** will get a point of sale discount and a contribution towards one course of baby swim classes per year.

You will need to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover you are entitled to and which providers are covered under your **plan**.

04 Tailoring Your Cover - Personalised Packages (Continued)

Baby Massage

Baby massage has been shown to be soothing for babies and a great way of bonding between parents and their babies. With this **benefit** we will contribute towards the cost of a baby massage course. Your massage therapist must be a member of the International Association of Infant Massage.

You will need to keep your receipts and send them in to us in order to *claim* for this **benefit**. Please check your *Table of Benefits* to see what level of cover we provide.

Baby Sleep Academy

If you are experiencing difficulty getting your baby or child to sleep, you may consider having a private consultation with Baby Sleep Academy by Skype or telephone. GloHealth **members** will receive a discount for one Baby & Toddler Sleep Consultation with Baby Sleep Academy. Please check your *Table of Benefits* to see what level of cover we provide.

Pooling Of Benefits

Pooling of **benefits** does not apply to the **Enhanced Maternity Package**.

Waiting Periods

Standard *waiting periods* applicable for maternity grant-in-aid, please refer to pages 33 & 34.



Family Protection Package

We all want to protect our family in the best way we can. GloHealth understands this, which is why we created the Family Protection Package. From screening to flu vaccines, we have included a range of ways in which we can help you protect what is most precious – your family.

First Aid Course For Mums & Dads

Every parent can benefit hugely from knowing what to do in an *emergency*, which is why we will cover a first aid course for mums and dads.

If there isn't a preferred provider's course near you we will give you the same **benefit** amount towards a local course. Just keep your receipt and send it into us. Please check your *Table of Benefits* to see what level of cover we provide.

Flu Vaccination

You can help prevent you and your family from getting the flu with an annual flu vaccination. We will pay for your annual flu vaccination in one of the Tropical Medical Bureau's participating clinics.

We have a direct settlement agreement with the Tropical Medical Bureau so we will pay them directly on your behalf. Please check your *Table of Benefits* to see what level of cover we provide.

Meningitis B Vaccination

Meningitis B is the leading cause of meningitis and septicaemia in Ireland. We will contribute towards a vaccine to help protect your child from this bacteria. You will need to keep your receipts and send them in to us in order to claim for this **benefit**. Please check your *Table of Benefits* to see what level of cover we provide.

SADS Screening (Sudden Adult Death Syndrome)

SADS is a tragic occurrence in today's society which is often seen in even the fittest individuals. Screening can help to identify those at risk. We will contribute towards the cost of cardiac screening for sudden adult death syndrome. You will need to keep your receipts and send them in to us in order to *claim* for this **benefit**. Please check your *Table of Benefits* to see what level of cover we provide.

04 Tailoring Your Cover - Personalised Packages (Continued)



Sports Cover Package

If you're involved in sport you'll know that being more active can sometimes carry greater *injury* risks and require extra help with recovery so it's good to know that there's additional cover there for you if you need it. From health screening to sports psychology, our Sports Cover Package goes that extra mile to keep you at your peak.

Physiotherapist or Physical Therapist

We will contribute towards the cost of your visit to a physical therapist or a physiotherapist. The physical therapist must either be a member of the Irish Association of Physical Therapists, a member of the Register of Physical Therapists of Ireland or a member of the Irish Institute of Physical Therapists. The physiotherapist must be a chartered or state registered physiotherapist and a member of Irish Society of Chartered Physiotherapists. You will need to keep your receipts and send them in to us in order to claim for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Health Screening

It is always a good idea to keep an eye on your overall health and wellbeing. GloHealth will give you a contribution towards health screening with a qualified practitioner in a clinical environment. With this *benefit* you will be entitled to *claim* one health screen per *policy year*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Metabolic Testing

Metabolic testing is a revolutionary system for optimising the health of your whole body. By identifying and using diet and nutritional supplements that are tailored to your individual metabolism you can *benefit* from increased energy, weight loss and greater resistance to disease. We will cover the cost of a standard metabolic test with Health Matters. We have a direct settlement agreement with Health Matters so we will pay them directly on your behalf. Please check your *Table of Benefits* to see what level of cover we provide.

VO₂ testing

Professional athletes know that VO₂ testing is the single most effective way to measure your cardiovascular fitness and maximise your training. It provides you with a detailed breakdown of your unique fitness profile and also gives you the information you need to reach the next level in your training. GloHealth will contribute towards the cost of VO₂ testing with Health Matters.

We have a direct settlement agreement with Health Matters so we will pay them directly on your behalf. Please check your *Table of Benefits* to see what level of cover we provide.

Sports Massage

We will contribute towards the cost of a sports massage that is performed by a member of the Irish Massage Therapists' Association. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Sports Psychologist

We will contribute towards the cost of a *visit* to a sports psychologist who is a member of The Sport Psychology Network. To qualify, the sports psychologist must have a degree in psychology/sports science, a postgrad in psychology (min. masters) and be eligible to join a professional organisation. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

A&E Visits

We will also contribute towards the cost of a *visit* to an A&E department in a public or *private hospital*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

04 Tailoring Your Cover - Personalised Packages (Continued)

SADS Screening (Sudden Adult Death Syndrome)

SADS is a tragic occurrence in today's society which is often seen in even the fittest individuals. Screening can help to identify those at risk. We will contribute towards the cost of cardiac screening for sudden adult death syndrome. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Adult Athletic Club Membership

GloHealth will provide a contribution towards annual membership for adult *members* with Athletics Ireland. Please check your *Table of Benefits* to see what level of cover we provide.

Adult Gym Or Sports Club Membership

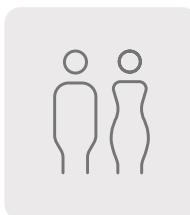
We will provide a contribution towards annual membership for adult *members* to a gym or sports club. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Personal Trainer

We will provide a contribution towards personal training sessions for adult *members*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Foam Roller

Foam rolling can release muscle tightness, aiding in recovery and return to normal function. We will contribute towards the cost of a foam roller. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.



Women's & Men's Health Package

Prevention is better than cure and our unique Women's & Men's Health Package helps you to keep a close eye on your general health. From regular smear tests and prostate/testicular cancer screening to flu vaccinations, food intolerance testing and sexual health screening, we'll do everything in our power to help keep you as healthy as you can be.

Smear Testing

GloHealth will pay a contribution towards an annual cervical screen with your local *GP* or health *nurse*.

You will need to keep your receipts and send them in

to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Sexual Health Screening

Early diagnosis is key to effectively treating a number of STIs. With Let's Get Checked, you can test yourself in the privacy of your home. Please refer to your *Table of Benefits* to see what level of cover we provide.

Flu Vaccination

You can help prevent you and your family from getting the flu with an annual flu vaccination. We will pay for your annual flu vaccination in one of the Tropical Medical Bureau's participating clinics.

We have a direct settlement agreement with the Tropical Medical Bureau so we will pay them directly on your behalf. Please check your *Table of Benefits* to see what level of cover we provide.

Food Intolerance Testing

In order to make the best decision for your nutrition, you need to be aware of what you should and should not be eating. This *benefit* will provide you with access to discounted food intolerance testing through Boots Pharmacies nationwide.

GloHealth *members* will receive a point of sale discount and a contribution towards the cost of the test. You will need to keep your receipts and *claim* back for this contribution. Please check your *Table of Benefits* to see full details of levels of cover available.

04 Tailoring Your Cover - Personalised Packages (Continued)

Nutritionist or Dietician

Being aware of your individual nutritional needs can help you to improve your overall health, which is why we're happy to contribute towards the cost of your visit to a *nutritionist or dietician* who is a member of the Irish Nutrition and Dietetic Institute.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Prostate/Testicular Check

Catching prostate cancer early offers the best chance of survival. It is very important for men to watch out for the signs, which is why we offer a contribution towards an annual prostate/testicular screening with your local *GP*.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Acupuncture

Acupuncture is an alternative medicine methodology that works by manipulating needles which have been inserted into acupuncture points in the skin. We will contribute towards the cost of your acupuncture expenses that are provided by a member of the Irish Institute of Chinese Medicine or an *acupuncturist* who is on the professional register of the Acupuncture Council of Ireland (TCMCI Ltd.), the Acupuncture Foundation Professional Association or holds an equivalent recognised qualification outside *Ireland*.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Health Screening

It is always a good idea to keep an eye on your overall health and wellbeing. GloHealth will give you a contribution towards health screening with a qualified practitioner in a clinical environment. With this *benefit* you will be entitled to *claim* one health screen per *policy year*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Dexa Scan

Your doctor may refer you for a DEXA scan to analyse your bone density. It is most commonly used to diagnose osteoporosis. GloHealth will give you a contribution towards a scan. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Mammograms

Mammograms are an important method to screen for breast cancer. GloHealth will give you a contribution towards the cost of an annual mammogram. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Weight Management Programme

One of the most important things you can do to aid your overall health is to eat well. However, with busy lives it's not always easy to follow a diet and maintain a healthy weight. If you feel like you need a hand to stay in-shape then this *benefit* is for you.

GloHealth *members* will receive a point of sale discount and a contribution towards the cost of a programme with our preferred provider. Please check your *Table of Benefits* to see what level of cover you are entitled to and which providers are covered under your *plan*.

Lifestyle, Family & Emotional Wellbeing Coaching

We know that sometimes it helps to talk to someone when you're going through a difficult or stressful time. This *benefit* will provide you with access to confidential telephone support and counselling 24 hours a day, 7 days a week. Payment for this *benefit* will be settled directly with the provider. Please see your *Table of Benefits* for full details of the service.

Yoga & Pilates Classes

GloHealth will give you a contribution towards the cost of yoga and pilates classes with a qualified yoga or pilates expert, helping you stay fit and healthy. Yoga and pilates instructors must have completed at least 200 accredited training hours.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

04 Tailoring Your Cover - Personalised Packages (Continued)



International Health & Travel Package

If you travel frequently you'll want to make sure that your health will be looked after just as well when you are abroad as it would be at home. Our International Health & Travel Package does just that. From travel vaccinations to A&E treatment and even travel insurance, we've packed in everything you'll need for a safe trip. Please check your *Table of Benefits* to see what level of cover we provide while you are abroad.

Dealing With Accident & Emergency Abroad

If you fall ill while abroad, we're here to help. If you have an *accident* or need *emergency treatment* while you are on a *temporary stay abroad* please call our International Help Line number right away, or get someone to call us on your behalf, and we will be able to help and advise you on your *treatment*.

It is essential to call us BEFORE receiving any *treatment*, otherwise you will not be able to *claim* for this *treatment*. GloHealth or an agent of GloHealth must arrange all services.

Our International Help Line Number:

+44 20 8666 0628

We Can Help By:

- Providing a 24-hour telephone help line.
- Referring you to a doctor or medical facility/hospital.
- Liaising with the hospital while you are undergoing care.
- Getting you a translator, if required.
- Contacting your GP, family and employer if you wish.

What You Are Covered For While Abroad:

- Your eligible *hospital costs* for *in-patient treatment* in an internationally recognised hospital.
- Where you make a *claim* for *in-patient treatment* that is covered by this *policy* and, as a result of this *treatment*, it is *medically necessary* for you to miss your pre-booked departure date, we will reimburse you for reasonable alternative economy class travel expenses allowing you to return home. Any refund available from your unused ticket should be claimed by you before submitting your *claim* to us and will be deducted from the cost of the alternative travel arrangements. Evidence of the refund claimable and paid to you should be submitted with your claim. Reasonable additional accommodation expenses incurred by you, will also be reimbursed. The maximum combined reimbursement for both your alternative return flight and any additional accommodation is €1,500.

- With the prior authorisation of the Emergency Assistance Service, reasonable additional transport or accommodation expenses for a friend, Travelling Companion or Close Relative to remain with you or travel to you from Ireland or escort you, will be reimbursed up the level shown in your *Table of Benefits*. You must pay these expenses directly to the provider and send your receipts to us for assessment. Where receipts are not in English, please provide a complete translation when submitting your claim.

What You Are Not Covered For While Abroad:

Any claims arising directly or indirectly in respect of:

- a) *Hospital expenses* for *in-patient treatment* in a hospital abroad where GloHealth has not arranged all services.
- b) Any *treatment* that is excluded under the *waiting and exclusion periods* detailed on pages 33 & 34 or that would not be covered if the *accident* or *emergency* occurred in *Ireland*.
- c) Costs of telephone calls made or received.
- d) Costs for which you are unable to provide receipts or other reasonable evidence to show the cost.
- e) The cost of taxi fares or other transport to attend *out-patient* or *in-patient treatment* or appointments or for collection of medication prescribed by the hospital.
- f) The cost of *treatment* or surgery, including exploratory tests, which are not directly related to the injury or illness which necessitated your admittance into hospital.

04 Tailoring Your Cover - Personalised Packages (Continued)

- g) Any expenses which are not usual, reasonable or customary to treat *your injury* or illness.
- h) Expenses incurred in obtaining medication unrelated to the illness or *injury* which necessitated *your* admittance to hospital.
- i) Additional costs arising from *single* or *private room* accommodation.
- j) *Treatment* or services provided by a health spa, *convalescent* or *nursing home* or any rehabilitation centre.
- k) Any expenses incurred in Ireland cannot be *claimed* under the International Health and Travel Package.
- l) Expenses incurred as a result of a tropical disease where *you* have not had the recommended inoculations and/or taken the recommended medication.
- m) Expenses incurred as a result of *your* decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
- n) Giving birth if you travelled overseas in order to give birth, or travelling while in the last trimester of pregnancy.
- o) Follow up non-emergency *treatment* abroad.
- p) Travelling when terminally ill or against medical advice.
- q) Travelling abroad in order to get *treatment* or travelling with prior knowledge that *treatment* might be required.
- r) Alcohol-related conditions and/or injuries
- s) *Drug abuse-related* conditions and/or injuries or injuries sustained whilst under the influence of alcohol
- t) *Treatment* that is required for an injury or condition after deliberately injuring *yourself*.
- u) Any nervous or mental or psychiatric condition.
- v) *Injuries* caused during *hazardous sports* or received while breaking the law.
- w) *Injuries* caused by air travel unless as a passenger on a licensed aircraft operated by a commercial airline.
- x) Convalescence and rehabilitation services.
- y) Any *treatment* that could be delayed until your return to Ireland.
- z) Expenses incurred once you have been discharged from hospital.
- aa) *Injuries* sustained while travelling in a country against the advice of the Irish Department of Foreign Affairs and Trade.

You will only be covered for *in-patient treatment* for illnesses, *accidents* and emergencies while on a temporary stay abroad, which is defined as no more than 31 days at a time. We will make every effort to pay your *in-patient* hospital or professional bills directly but, if we are unable to do so, please keep all eligible, original receipts and contact us on your return. We may at this point require further information, such as the name of the *treatment* centre and the medical professionals who treated you, in order to process your *claim*. You must also

inform us of any other forms of travel or *accident* insurance you might have. If you or another *member* are entitled to *claim* under another insurance contract for any of the costs, charges or fees which you are insured for under this contract, we will only pay our rateable proportion of the costs.

You must have an Irish PPSN for your cover to be valid. If you do not have an Irish PPSN, there is no cover for any medical costs incurred while outside of *Ireland* or the cost of repatriation in the event of death or a *medical emergency* to *Ireland*.

Out-patient costs:

The cover you have chosen for Daily Care *benefits* and Personalised Packages is extended to cover you outside of *Ireland*. Please refer to your *Table of Benefits* for the amounts that apply. If you have International Health and Travel cover, you will also be covered for *emergency out-patient treatment* abroad for 50% of your costs up to €1,000 or as set out in your *Table of Benefits*. Depending on the cover available, any eligible *claims* received will be assessed to determine which is the greater *benefit* and will be paid on that basis.

Eligible *emergency out-patient treatment* expenses include:

- *Emergency* room/department fees
- *G.P. visits*
- *Consultant visits*
- *Prescription drugs*
- Radiology and pathology fees

04 Tailoring Your Cover - Personalised Packages (Continued)

- Cost of one ambulance journey to a hospital or clinic for *treatment*
- *Emergency dental treatment* required as the result of an accident

To avail of the *emergency out-patient benefit*, costs incurred outside of *Ireland* must be on a genuine *emergency* basis and any *treatment* that could be delayed until your return to *Ireland* will not be covered. An *emergency* is any unforeseen *accident* or illness that requires immediate medical *treatment*. You must pay these expenses directly to the provider and send your receipts to us for assessment. Where receipts are not in English, please provide a complete translation when submitting your claim. Your *out-patient excess* does not apply to *emergency out-patient treatment* outside of *Ireland*.

In addition to the above, if, as a result of a medical *out-patient emergency*, you are unable to make your original flight home, we will consider alternative, reasonably incurred, economy class travel and accommodation costs up to a maximum of €500 or as set out in your *Table of Benefits*.

Travelling Abroad For Treatment

In some cases you will be covered for *treatment* overseas but it is essential that you speak to us first. GloHealth will have to pre-approve any *procedures* carried out outside of *Ireland* before you travel abroad for *treatment*. The *treatment* must be carried out when you are on a *temporary stay abroad*, which is no more than 31 days at a time.

Overseas Surgical Procedures Which Are Available In Ireland:

If you are covered for a *medically necessary* surgical *procedure* in *Ireland* we will cover you for the equivalent eligible medical costs abroad. If the *treatment* you require is available in *Ireland* but is not listed on your *Table of Benefits* we will not cover the treatment overseas.

Overseas Surgical Procedures Which Are Not Available In Ireland:

If the surgical *procedure* you require has been deemed *medically necessary* for you but is not currently available in *Ireland*, we also provide cover for new and emerging surgical *procedures* overseas. To qualify for this type of *treatment* you must be covered under your *plan* for surgical *treatment* for the same condition in *Ireland* and your *treatment* must meet the conditions listed here.

The Proposed Overseas Surgical Treatment:

- Must be for a condition for which the *treatment* is normally available in *Ireland* but where the specific surgical *procedure* needed is not.
- Must not be controlled by a national register of waiting *lists* for *transplants* or other complex *procedures*.

GloHealth's Medical Advisors Must Agree:

- That the same clinical *procedure* can't be performed in *Ireland*.

- That the proposed surgical *procedure* is medically proven to be a more effective method of *treatment* than the alternative surgical *procedures* available in *Ireland*.
- That there is a reasonable prognosis if the *procedure* is carried out.

We will cover you for the same *hospital costs* for which you are covered in *Ireland* and for the amount payable for the most similar surgical *procedure* costs of treating the same condition(s) in *Ireland*. 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 Benefits* to see what level of cover is provided.

How To Apply For Treatment Abroad

If you wish to apply to have your *treatment* abroad here are the steps you will need to take and all of the information you need to arrange your *treatment*.

04 Tailoring Your Cover - Personalised Packages (Continued)

Step 1

You must be referred by a participating consultant in Ireland.

Step 2

You will need written approval from GloHealth before the treatment.

Download our pre-approval *treatment* form from our website or call us on **1890 744 744** and we will be happy to discuss your options with you.

Step 3

You may need a report from your treating consultant overseas.

We may ask for a detailed report on your proposed surgical *treatment* from the *consultant* who will be carrying out the *treatment* overseas. This report will need to include a medical opinion from your *consultant* informing us:

- of the type of primary surgical *procedure* you require
- that the surgical *procedure* is *medically necessary*
- of the name and address of the medical facility where you are requesting that this *procedure* be performed
- of your medical prognosis after this surgical *procedure*.

Step 4

We will confirm if you are covered so that you don't have any surprises.

Once we have all the necessary documentation and information we require we will then decide whether to approve your request for *treatment* abroad. This will take at least 20 days from when you provide us with all of the information requested. We may refer to third parties (including GloHealth's *medical advisors*) before making this decision. Once approved, we will let you know the maximum amount that is payable by GloHealth for the *procedure*.

GloHealth 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*. GloHealth reserves the right to arrange the surgical *procedure* for you. This may mean that the surgical *procedure* will be carried out in a different *treatment* centre or in a different country and that it may be carried out by a medical practitioner other than the one requested by the *member* or the *member's consultant*.

When you are overseas you will need to pay the hospital/medical professionals directly. Make sure to keep all original receipts and send them in to us when you get home. You will then be able to *claim* for the amounts paid up to GloHealth's approved maximum contribution.

Travel Vaccinations

Travel vaccines are essential to protect you from diseases when travelling abroad. Under this *benefit* we make a contribution towards travel vaccinations you receive with the Tropical Medical Bureau.

You will receive a discount for your travel vaccinations at point-of-sale. Please check your *Table of Benefits* to see what level of cover we provide.

Nurse 24/7 International -

+44 208 666 0628

As a GloHealth *member* you have access to our team of qualified *nurses* for *non-emergency* medical information. This is a telephone-based service that provides general, non-diagnostic information over the phone. You can call our International Nurse 24/7 line any time night or day for advice on any health issue you are concerned about. You can discuss your symptoms and worries and receive comprehensive information on a range of health-related topics. Remember to have your *membership number* to hand before you call. All calls will remain fully confidential.

Waiting Periods

Standard waiting periods apply, please refer to pages 33 & 34.

04 Tailoring Your Cover - Personalised Packages (Continued)



Family & Kids' Health Package

Family time is precious so we've come up with a unique range of discounts and **benefits** in our Family & Kids' Health Package to help you make the most of the time you spend with yours. From first aid courses for parents to fitness classes for kids, we've thought of everything to bring your family closer.

Parent Or Guardian Accompanying Child

If your child needs to go to hospital you'll want to be as close by as possible. This **benefit** will give you a contribution towards your accommodation and transport costs while your child (including new born children) is in hospital in Ireland. To qualify for this benefit, your child must have had an *in-patient* stay, be under 14 years at their last *renewal date* and both the parent or guardian and child must be **members** on the same **policy**. You will need to send us in proof of these stays and your valid receipts to **claim** this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Child Nutritionist

If your child needs to *visit* a **nutritionist** we will contribute towards the cost of a **nutritionist** who is a member of the Irish Nutrition and Dietetic Institute. You will need to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Child Sports Club Membership

We know how important sport is for keeping your children fit and healthy so this **benefit** provides a contribution from us towards your child's membership of a sports club i.e. the GAA, AAI, FAI, IRFU or a swimming club. You will need to keep valid receipts and send them in to us in order to make a **claim**. Please check your **Table of Benefits** to see the level of cover we provide for this **benefit**.

Child Speech & Language Therapy

We will also contribute towards the cost of your child's *visit* to a **speech & language therapist** who is a member of the Irish Association of Speech and Language Therapists. You will need to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Child Developmental Tests

We will contribute towards the cost of a developmental check for your child with The Children's Practice. You will need to keep your receipts and send them in to us in order to **claim** for

this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Children's Fitness & Gymnastics Classes

To help keep kids fit and healthy GloHealth **members** will get a point of sale discount and a contribution towards children's fitness & gymnastic classes. You will need to keep your receipts and send them in to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover you are entitled to and which providers are covered under your **plan**.

First Aid Course For Mums & Dads

Every parent can benefit hugely from knowing what to do in an **emergency**, which is why we will cover a first aid course for mums and dads.

If there isn't a preferred provider's course near you we will give you the same **benefit** amount towards a local course. Just keep your receipt and send it into us. Please check your **Table of Benefits** to see what level of cover we provide.

Flu Vaccinations

You can help prevent your family from getting the flu with an annual flu vaccination. We will pay for your family's annual flu vaccination in one of the Tropical Medical Bureau's participating clinics.

We have a direct settlement agreement with the Tropical Medical Bureau so we will pay them directly on your behalf. Please check your **Table of Benefits** to see what level of cover we provide.

04 Tailoring Your Cover - Personalised Packages (Continued)

Adult Athletic Club Membership

GloHealth believe that the health of a family starts with the health of the parents. That's why, as well as the Child Sports Club Membership offered in this Personalised Package GloHealth will also provide a contribution towards annual membership for adults with the Athletics Ireland. Please check your *Table of Benefits* to see what level of cover we provide.



Parenting Course

We will contribute towards the cost of a parenting course or programme which is listed on the Barnardo's national Parenting Course Database. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Baby Swim Classes

Swimming is a natural instinct that all babies are born with and is great exercise for both babies and parents. GloHealth *members* will get a point of sale discount and a contribution towards one course of baby swim classes per year.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover you are entitled to and which providers are covered under your *plan*.

different "zones" and reduces stress and tension in the body by applying pressure at different points on your hands and feet. We will contribute towards the cost of your *visit* to a reflexologist who is a member of The National Register of Reflexologists (*Ireland*), Irish Reflexologists' Institute, Association of Irish Reflexologists, or holds an equivalent qualification recognised outside *Ireland*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Complementary Therapy Package

We recognise the important role that complementary therapies can play in looking after your health, which is why we offer a range of *visits* to a wide variety of practitioners and therapists. From nutritional consultation, massage and physical therapy to acupuncture, osteopathy, reflexology and reiki, our Complementary Therapy Package takes a holistic approach to health.

Massage

Massage can relax you and help you to fight stress. We will contribute towards the cost of a massage that is performed by a member of the Irish Massage Therapist Association of Ireland.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Reflexology

Reflexology is an alternative therapy which soothes

Nutritionist Or Dietician

Being aware of your individual nutritional needs can help you to improve your overall health, which is why we're happy to contribute towards the cost of your *visit* to a *nutritionist* or *dietician* who is a member of the Irish Nutrition and Dietetic Institute. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Acupuncture

Acupuncture is an alternative medicine that works by manipulating needles which have been inserted into acupuncture points in the skin. We will contribute towards the cost of your acupuncture expenses that are provided by a member of the Irish Institute of Chinese Medicine or an *acupuncturist* who is on the professional register of the Acupuncture Council of Ireland (TCMCI Ltd.), the Acupuncture Foundation Professional Association or holds an equivalent recognised qualification outside *Ireland*. You will need

04 Tailoring Your Cover - Personalised Packages (Continued)

to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Physical Therapy Or Physiotherapist

We will contribute towards the cost of your *visit* to a physical therapist or a *physiotherapist*. The physical therapist must either be a member of the Irish Association of Physical Therapists, a member of the Register of Physical Therapists of Ireland or a member of the Irish Institute of Physical Therapists. The *physiotherapist* must be a chartered or state registered *physiotherapist* and a member of Irish Society of Chartered Physiotherapists. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Reiki

Reiki is a spiritual healing technique which involves the "laying of hands" as a form of complementary therapy. We will contribute towards the cost of your Reiki expenses which are provided by the Reiki Association of Ireland and the Irish Reiki Federation. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Chiropractor

We will contribute towards the cost of your *visit* to a *chiropractor* who is a member of the Chiropractic Association of Ireland or a person holding an equivalent recognised qualification outside *Ireland*.

You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Osteopathy

We will also contribute towards the cost of your osteopathic expenses that are provided by a member of the Irish Osteopathic Association or the Association of Irish Osteopaths. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.



Dental & Optical Package

GloHealth considers dental and eye care as a vital part of your overall health. Our Dental & Optical Package offers a range of excellent additional *benefits*. From managing the cost of your eye tests, glasses to *emergency dental* care, we have come up with a comprehensive package to help you manage your dental and optical needs.

Eye Tests

Regular eye examinations are an important part of preventative health care. This *benefit* provides *members* with a choice of eye test *benefits* with our preferred providers. This offer may be unavailable with a provider if the *member* is already entitled to a free PRSI eye test or medical card. Please check your *Table of Benefits* to see which providers we work with and what level of cover we provide. Discount limited to a maximum of two claims in a 2 year period.

Contact Lenses

GloHealth *members* will receive a point of sale discount on contact lenses bought online with our preferred partner. Please check your *Table of Benefits* to see what level of cover we provide.

Laser Eye Treatment

We have teamed up with Optical Express and Optilase, to bring you discounts on laser eye surgery. With this *benefit* you will get a point-of-sale discount on laser eye surgery (both LASIK and LASEK treatments). The cost of your *treatment* will depend on your suitability and what *treatment* options you choose. Please check your *Table of Benefits* to see what level of cover we provide.

You must inform the approved centre at the time of booking the consultation that you are a *member* of GloHealth and you have the Dental & Optical Personalised Package. This offer cannot be used in conjunction with any other marketing promotion.

04 Tailoring Your Cover - Personalised Packages (Continued)

Glasses

GloHealth **members** will receive a point of sale discount on prescription glasses with our preferred partners. This offer cannot be used for online purchases or in conjunction with any other marketing promotion, money-off vouchers, in-store offers or HSE entitlement. Discount limited to a maximum of two claims in a 2 year period. Please check your **Table of Benefits** to see what level of cover you are entitled to and which providers are covered under your **plan**.

Emergency Dental

GloHealth will contribute to the cost of **emergency dental treatment** in cases that have been determined as **emergency** by the treating clinician. You will need to keep your receipts and send them to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Retainers & Fitted Gum Shields

GloHealth will pay a contribution towards the cost of a retainer or fitted gum shield. The retainer or gum shield must be provided by a dentist registered with the Irish Dental Council. You will need to keep your receipts and send them to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Teeth Whitening

A bright, white smile can make you look good and feel great. This **benefit** provides a contribution towards the cost of professional laser teeth whitening with

our preferred provider. You must inform the provider that you are a **member** of GloHealth and have the Dental & Optical Personalised Package at the time of booking through the dedicated online booking portal.

X-ray, Check-up, Scale & Polish

Regular visits to a dentist is a key factor in keeping your teeth and mouth healthy. We will contribute towards the cost of an annual x-ray, check-up, scale and polish which are provided by a member of the Irish Dental Council. You will need to keep your receipts and send them to us in order to **claim** for this **benefit**. Please check your **Table of Benefits** to see what level of cover we provide.

Invisible Cosmetic Braces

GloHealth **members** will receive a point of sale discount on invisible cosmetic braces, designed to align teeth, bought online with YourSmileDirect.ie. Please check your **Table of Benefits** to see what level of cover we provide.

How To Make A Claim For Your Personalised Packages

When it comes to claiming the **benefits** that are contained within your **Personalised Packages**, there are three possible ways to make your **claim**: direct settlement between us and your healthcare provider, pay yourself and **claim** back, where GloHealth will refund you based on your level of cover, and point-

of-sale discounts. Different **benefits** are claimed in different ways so it's a good idea to check the **benefits** that relate to you before you need to use them. The details of how to **claim** each **benefit** are given under each individual **benefit**.

Direct Payment Arrangement

If we have a direct settlement agreement in place we will pay your healthcare provider directly. You will simply be asked to fill out a form at the time of **treatment** and we will do the rest.

Pay & Claim Back

For some **treatments** and **benefits** you will need to settle the bill directly with your healthcare provider and **claim** the amount you are covered for back from us. Simply keep all of your original receipts and send them to us and we will reimburse you for all **eligible treatment**.

Please make sure that all original receipts state:

- the full name of the **member** receiving **treatment**,
- the type of **treatment** received,
- the date the **treatment** was received,
- and contact details for the therapist and the **treatment** centre where you were treated,
- the **treatment** centre's membership of the necessary approved body as listed under each **benefit**.

We will not be able to return any receipts so we recommend that you keep copies of your original receipts for your records.

05 Tailoring Your Cover - Daily Care Plans

Claim Monthly Or Annually

You can choose when suits you best to make a *claim*, either monthly or annually once all *premiums* due have been paid, once you have exceeded your *policy excess*. You can *claim* your health expenses each month by sending your original receipts in to GloHealth at PO Box 12218, Dublin 18.

Monthly *claims* will be paid on a pro-rata basis. For example if you submit a *claim* after 3 months of cover $\frac{3}{12}$ s of the *benefit* limit will be paid to you. If you are submitting your receipts at the end of your *policy year* you must submit them within 3 months of your *policy* renewal/end date. If your receipts are not received within this 3 month period, your *claim* will not be paid.

Discounts

Some of our *benefits* (for example: Laser Eye Surgery) take the form of discounts when you pay so you will get money off at the time of purchase when you quote your *membership number* and there will be no need to make a *claim*.

Daily Care Plans

Daily Care Plans from GloHealth are designed for individuals or families who want to manage the cost of their day to day healthcare expenses such as *GPs*, dentists, alternative practitioners and more. This section applies to those *members* who have chosen to add a Daily Care Plan option to their *policy*.

Please take time to carefully review your *Table of Benefits* to see what you are covered for under your *plan*, as different *plans* will have different *benefits*.



Alternative Practitioners

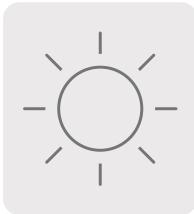


GP



Dental & Optical

05 Tailoring Your Cover - Daily Care Plans (Continued)



Alternative Practitioners

With GloHealth you can *claim* money back on your *visits* to alternative practitioners. The number of times that you can *visit* an alternative practitioner each year is detailed in your *Table of Benefits* and is for each *member* on the *policy*. Alternative practitioners include; reflexologist, *nutritionist*, *dietician*, massage therapist, *acupuncturist*, *osteopath*, physical therapist, *chiropractor*, *reiki*, *chiropodist*, *podiatrist*, *speech & language therapist*, *occupational therapist*, or orthoptist, and *homeopath*. This *benefit* does not include the cost of any medication or any surgical appliances supplied or prescribed by the alternative practitioners. Please consult your *Table of Benefits* to verify which practitioners are covered under your *plan*.

Consultant Visits

GloHealth *members* can *claim* money back on non-maternity *consultant visits*. The amount GloHealth will pay for each *visit* and the maximum number of *visits* is detailed in your *Table of Benefits*. *Claims* must

be for consultations in a clinic or *consultant's private rooms* as an *out-patient* only and carried out by a *consultant*.

Dental Cover

With GloHealth you can *claim* money back on your dental receipts each year. The maximum amount that you can *claim* each year is detailed in your *Table of Benefits* and is for all *members* on your *policy*. Your dental *benefit* covers *visits* to the Dentist for check-ups and *treatment*, including fillings, crowns, bridges and hygienist fees. The cost of purchasing any floss, toothpaste or other items in the Dentist surgery is not included.

Optical Cover

With GloHealth you can claim money back on your optical receipts each year. The maximum amount that you can *claim* each year is detailed in your *Table of Benefits* and is for all *members* on your *policy*. Your optical cover can be used for *visits* to an Optician for sight tests, prescription glasses, contact lenses or fitting fees.

GP

GloHealth gives you money back on *visits* to your *GP*. The amount we will pay for each *visit* and the maximum number of *visits* is detailed in your *Table of Benefits*.

Health Screening & Allergy Testing

GloHealth *members* can *claim* money back for health screens and allergy testing. The maximum amount that you can *claim* each *policy year* is detailed in your *Table of Benefits* and is for all *members* on your *policy*. For allergy testing you will be covered for an initial consultation and diagnosis of any allergy related problems by a qualified practitioner in a clinical environment. Subsequent consultations, *treatment* or therapy is not covered under this *benefit*. If the consultation or diagnosis takes place within a hospital or clinic all consultations must be on an *out-patient* basis to be able to *claim* this *benefit*.

A health screen includes some or all of the *benefits* listed below:

- Blood pressure, heart rate, weight, height, body mass index measurement
- Urinalysis to check kidney function
- Lung function test particularly for those with asthma recent shortage of breath or chest infections
- Heart assessment (Resting ECG)
- VDU eye assessments to check near and far vision visual acuity and to check for colour blindness
- An extensive blood screening which includes an assessment of cholesterol and glucose levels
- Liver and kidney function, measurement of haemoglobin and iron levels, full blood count and to screen for gout and haemochromatosis
- Lifestyle questionnaire and analysis including a review of current lifestyle, diet and exercise regime.

05 Tailoring Your Cover - Daily Care Plans (Continued)

Physiotherapy

GloHealth gives you money back on *visits* to a *physiotherapist*. The amount we will pay for each *visit* and the maximum number of *visits* is detailed in your *Table of Benefits*.

Prescriptions

GloHealth gives you money back on your prescriptions. The amount we will pay for each prescription and the total number of prescriptions you can *claim* for is detailed in your *Table of Benefits*. GloHealth will pay a grant based on the total amount on each receipt that is submitted as opposed to each of the items listed on the prescription.

Public A&E

GloHealth will contribute towards the cost of a *visit* to an A&E department in a *public hospital*. You will need to keep your receipts and send them in to us in order to *claim* for this *benefit*. Please check your *Table of Benefits* to see what level of cover we provide.

Pooling Of Benefits

Most of our Daily Care and Personalised Package *Benefits* can be pooled/shared between all paying *members* on the *policy*. See Glossary of Terms for exclusions and more details.

How Do I Make A Claim For Daily Care Benefits?

Claims can be made on a monthly basis, once all outstanding *premiums* have been paid. When you are submitting receipts for dental, optical, *GP* and *accident* and *emergency*, alternative practitioners, allergy testing, scan and consultants please make sure that you have included all of the details below:

- The *member's* name
- The type of service and items provided
- The name, address and qualifications of the practitioner
- The date the service was provided
- The original and not a photocopy of your receipt clearly indicating that payment has been made for the service

For prescriptions a copy of the form marked 'Prescription *Claim* Form' issued by the pharmacist

Remember, we're just a phone call away so if you are in any doubt about whether or not you are covered you should always contact us. Please have your *membership number* to hand when you call.

Waiting Periods For Daily Care Benefits

If you have purchased a Daily Care *plan* a *waiting period* will apply to any new health *members* with GloHealth:

- If you have never had a *health insurance contract* before.
- If you are still subject to a *waiting period* with another health insurer (*waiting periods* that have already been served will be transferred).
- If you have had a break in cover for more than 13 weeks, since ending your last *health insurance contract*. If you have had a break of more than 13 weeks between *health insurance contracts*, your application will be thought to be a new application for membership
- If when you joined GloHealth you upgraded your level of cover.

If you are subject to any of the above situations the following *waiting periods* will apply:

- you will need to wait 26 weeks before you are fully covered under your *plan benefits*.

06 Your Plan Explained



How Do I Make A Claim?

You will find details of how to *claim* in each of the relevant *benefit* sections. Remember, we're just a phone call away so if you are in any doubt about whether or not you are covered you should always contact us before having any kind of *treatment*. Please have the name of your treating *consultant* and the *procedure code* (the number of the *procedure* that you are having). We will then be able to confirm your level of cover, which will help you with your *claim*. Please have your *membership number* to hand when you call us.

How Do I Make Changes To My Plan?

The named *policyholder* is the only person who can make changes to the *plan* unless the *policyholder* has given GloHealth the details in advance of another person who they would like to act on their behalf.

If you are part of a *group scheme*, the scheme administrator will have the authority to make changes to your *plan*. If any change occurs to your *plan* you will be notified directly.

If you would like to change your *plan*, you can contact us and we will update your *plan* as necessary. If the *plan* is a *group scheme* paid by your employer you will have to pay for any additional cover not agreed to by your employer. If you do change your *plan*, a supplementary *exclusion period* for upgrade of cover may apply. See page 34 for details.

As soon as we have received all the information we need about the change to your *plan* and you have paid the *premium*, we will send you confirmation of your changes and outline your new *plan* details. It is important to let us know when there are any changes to your personal information, such as a new address, name change or bank details, so that we can make sure we deliver the best possible customer service.

How Do I Renew My Plan?

To renew your membership at the end of your *policy year* all you have to do is continue paying your *premiums* and it will renew automatically.

The cover provided under the *plan* you have requested may change from time to time. If this happens, we will contact you at least one month in advance to let you know. Your *premium* payments will only change after renewal.

If you are paying by direct debit and you would like to continue your cover, you do not need to do anything. We will continue to collect your monthly payment from your bank at the then current rate.

If your *premium* is paid by your employer directly or by deduction from your salary, as long as they

continue to pay your *premium* at the then current rate, your cover will continue.

Cancellation

Your health insurance is an annual contract. You can cancel your *policy* within the 14 day cooling off period at the start of your *policy year*. Your *Membership Schedule* shows the start date of your cover and also the date when your *policy* is due for renewal. If you do not wish to renew your *policy* on this date, please contact us on receipt of your renewal invitation to let us know.

GloHealth may cancel your cover if your payments do not remain up to date or in the event of fraud. In the event of cancellation, GloHealth may charge you the full amount of the annual government health insurance levy which under regulation GloHealth is liable for in respect of your *policy*.

Making Payments

To make sure that you are fully covered at all times you must pay your *premiums* in advance by your agreed payment method. Payments which do not meet with our conditions may not be accepted. If you choose to pay by direct debit, your first payment in any *policy year* may be slightly more or less than the subsequent payments as a result of rounding. If there is a change in your *premium* we will let you know in advance of your next *renewal date*. Late payment of your *premium* could result in the cancellation of your *policy* from the date your last payment covered you for.

06 Your Plan Explained (Continued)

Income Tax Relief

You are entitled to income tax relief on your *premium*. If you are not a **member** of a group scheme, you will get tax relief at source.

Our *premiums* are published both net and gross of tax relief.



Conditions Of Group Scheme Membership

If you are a **member** of a *group scheme* organised by and/or paid for by your employer, your membership will be subject to certain conditions that you should bear in mind. The group has the power to act on your behalf and as such is entitled to effect and terminate the *policy* at any time by giving us the required notice or completing the required process. The group may also add or remove **members** to/from your *policy* or amend your level of cover at any time. It is the responsibility of the group to make sure that all of your *premiums* are up to date and paid on time. If a *claim* is received when payment has not been made to us for the period that *treatment* was provided, GloHealth will place your *claim* on hold until such time as payment has been received from your group.

It is the responsibility of the group to ensure that all necessary consents from **members** are obtained before the *policy* commences, which includes consent for the processing of personal data.

Waiting Periods

If you have any questions on *waiting periods*, our dedicated health insurance advisors would be happy to go through any queries you might have. You can call us on **1890 744 744** or email HappytoHelp@GloHealth.ie.

Switching To GloHealth?

If you already have health insurance and are switching to GloHealth from another insurer that you have already served your *waiting periods* with, you will be covered right away at the same level of cover and absolutely no *waiting periods* will apply, as long as you switch within 13 weeks of the end of your previous *policy*. If you are still serving a *waiting period* with another insurer when switching to GloHealth your *waiting periods* will be carried over and will start from the *commencement date* of your previous *health insurance contract* as long as there has not been more than a 13 week break in cover.

New To Health Insurance?

If you have never had Irish health insurance before you are covered immediately for *accidents* or *injuries* with GloHealth. **Members** who have never had a *health insurance contract* before will need to serve an initial *waiting period* on joining and may also have to serve a *pre-existing waiting period*. Full details of initial and *pre-existing waiting periods* are detailed later in the section below and under the section on *Exclusion Periods* for *Pre-existing Conditions*. Please note that previous foreign health insurance coverage is not taken into account for *waiting periods*. You must have an Irish PPSN for your health insurance to be valid.

Waiting Periods For In-Patient & Day Case Treatment

There are some situations where new GloHealth **members** will need to serve *waiting periods*; these are outlined below:

- If you have never had a *health insurance contract* before.
- If you are still subject to a *waiting period* with another health insurer, (*waiting periods* that you have already served will be transferred).
- If you have had a break in cover for more than 13 weeks, since ending your last *health insurance contract*. If you have had a break of more than 13 weeks between *health insurance contracts*, your application will be thought to be a new application for membership.

06 Your Plan Explained (Continued)

If any of the above situations applies to you the following *waiting periods* will apply:

- You must wait 26 weeks before you are fully covered under your *plan benefits*.
- For maternity or pregnancy benefits you must wait 52 weeks from the date of becoming a *member* before you can access these *benefits*.

Remember, you will automatically be covered for *medically necessary treatment* resulting from *accidents* or *injuries* that occur during your *waiting periods*.

Exclusion Periods For Pre-Existing Conditions

There is an *exclusion period* for *pre-existing conditions* which applies to all *in-patient benefits*, *out-patient PET-CT scans*, tailoring modules and *Personalised Packages* offered under your *plan*.

If you have a *pre-existing condition*, as determined on medical advice, then the following *exclusion periods* will apply before you can make a *claim* which relates to that condition.

These "exclusion" periods begin from the date you first become insured under any *health insurance contract* and do not start again on joining a new insurance contract unless there has been a lapse in cover of more than 13 weeks.

The following *exclusion periods* will apply for any *pre-existing condition(s)* you may have:

- You will need to wait 5 years.

A *pre-existing condition* means an ailment, illness or condition, where, on the basis of medical advice, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months ending on the day on which the person became insured under the contract.

Supplementary Exclusion Period Following An Upgrade Of Cover

If you would like to upgrade your cover or when switching to us from another insurer, you will be covered right away up to the same level of cover that you had on your previous *plan*, as long as you have served your *waiting periods* and do not have a break in cover of more than 13 weeks. An upgrade also includes changes to hospitals in which you are covered.

The following *supplementary exclusion periods* will apply to increases in your cover for new conditions:

- If you are under 55, you will need to wait 26 weeks.
- If you are aged 55-64, you will need to wait 1 year.
- If you are aged 65 or over, you will need to wait 2 years.
- For maternity/pregnancy-related benefits you will need to wait 1 year.

The following supplementary *exclusion periods* will apply only to increases in your cover for *pre-existing conditions*:

- You will need to wait 2 years.
- For maternity/pregnancy-related benefits you will need to wait 1 year.

Age at the time of change	New conditions	Pre-existing conditions	Maternity
Under 55 years	26 weeks	2 years	1 year
55-64 years	1 year	2 years	1 year
65 years or over	2 years	2 years	1 year

Waiting Period Rules For Personalised Packages

Please refer to individual packages for details on whether *waiting periods* apply.

No *waiting periods* will apply to GloHealth *members* changing their *Personalised Packages* at renewal.

Waiting Period Rules For Daily Care Plans

See page 31 for details.

Waiting Period Rules for Out-Patient Benefits

If you have included out-patient benefits as part of your *plan* a waiting period will apply to any new health *members* with GloHealth:

- If you have never had a health insurance contract before.
- If you are still subject to a waiting period with another health insurer (waiting periods that have already been served will be transferred).
- If you have had a break in cover for more than 13 weeks, since ending your last health insurance

06 Your Plan Explained (Continued)

contract. If you have had a break of more than 13 weeks between health insurance contracts, your application will be thought to be a new application for membership

- If when you joined GloHealth you upgraded your level of cover.

If you are subject to any of the above situations the following waiting periods will apply:

- You will need to wait 2 years before you are fully covered under your *plan benefits* for any *pre-existing conditions*.



Ts&Cs

Terms & Conditions

The following *terms and conditions* will apply when settling any *claim* under your *plan*.

The level of cover detailed in your contract will at all times govern the amounts payable under your *plan*.

What Is Covered Under Your Plan:

- Benefits for *medically necessary treatment* that you receive while you are a *member* and in accordance with your level of cover and within your selected hospital network.

- *Benefits* up to the level covered under the *plan* of which you are a *member* at the time you receive *treatment* subject to any applicable *waiting period*, *exclusion periods* for pre-existing conditions or supplementary *exclusion period* and within your selected hospital network.

What Is Not Covered Under Your Plan:

- Any *treatment* you receive while you are not a *member* of GloHealth.
- *Consultant* professional fees for *treatments* received in hospitals outside your chosen network.
- Any *treatment* received in a hospital not covered within the hospital network selected.
- Any *claims for in-patient benefits* where, on medical advice, we determine that the *treatment* should have been provided as a *day case* or *out-patient* rather than as an *in-patient*. In this case, we will only pay the amount that would have been settled if the *treatment* had been carried out on a *day case* or *out-patient* basis up to the level of cover which would have been provided by your *plan*.

- *Treatment* for any symptoms which are not due to any underlying disease, illness or *injury*.
- Any *treatment* that is not medically required or deemed *medically necessary*.
- Shortfall in cover for:
 - (a) any *treatment* or provider unless we have specified that we provide full cover,

- (b) any hospital that is not listed as a *participating hospital*,
- (c) a non-participating *consultant*,
- (d) a provider that is not specified within the hospital network selected on the date that *treatment* was received.

- Ambulance transfer from your home to hospital or to a convalescent home or from a hospital or convalescent home to your home.
- Any *treatments* not covered under your *health insurance contract*.
- Any *treatment* where the hospital or *consultant* charges for a *procedure* that was not performed or where your *treatment* is misrepresented.

Any of the following items, unless specifically covered under your plan and listed in the Schedule of Benefits for Professional Fees:

- Any orosurgical *procedures* or orthodontic *treatment*.
- *Cosmetic surgery* (unless this is needed after an *accident* to restore a *member's* appearance or due to a genetic disfigurement at birth or due to a significant disfigurement due to disease).
- Ophthalmic *procedures* for correction of short-sightedness, long-sightedness or astigmatism.
- *Preventative treatment*.
- Nursery fees.
- Cost of a medical certificate.

06 Your Plan Explained (Continued)

- Long term nursing care or convalescence.
- Family planning or contraceptive measures, including any form of infertility **treatment** or reversal thereof and assisted reproduction.
- Gender reassignment **treatment**.
- **Treatment** programmes for weight reduction or eating disorders other than for anorexia nervosa and bulimia.
- Drug therapy which we reasonably decide, based on established medical opinion in **Ireland**, is experimental or unproven and not an **established treatment**.
- Charges for drugs or medication, unless provided as an **in-patient** and as agreed with the hospital.
- **Treatment** by a **consultant** or practitioner who is not recognised by the Irish Medical Council as having speciality in relation to the **treatment** received or is not recognised by the Irish Medical Council in any medical field.
- Where the **treatment** is given by a practitioner who is a **member** of the insured's immediate family, unless this is pre-authorised by us in exceptional circumstances.
- **Treatment** outside **Ireland** that is not needed as a result of an **accident** or **emergency**, unless it has been pre-authorised by us.
- Participation in clinical studies or trials.
- **Injuries** or illness caused by virtue of war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster.
- Any penalty charge in lieu of Health Act

- contributions.
- Fees for non-attendance or late cancellation of an appointment.
- Expenses for which the **member** is not liable.
- Any **claim** where we discover that you are breaching any of the terms of your membership.

Agreements On Fees & Charges:

- The amount due to be paid under your contract will be determined by reference to the date on which you receive **treatment** or your first day in hospital.
- Benefits** will be paid after deducting any withholding tax or other deductions required by law.
- We will only pay fees and charges for **medically necessary established treatment**, services and facilities that are reasonable and customary and in any event only up to the limits shown in the **Schedule of Benefits for Professional Fees**. By reasonable and customary we mean that what you are charged for and how much you are charged is not more than what the majority of our other **members** of the **plan** are charged in **Ireland** for similar **treatment** services or facilities.
- If your hospital, **consultant**, ambulance or other provider does not have an agreement on pricing with us, we will only pay these **benefits** to specified amounts which may not cover the entire cost of your **treatment**. You can find the specified amounts for **non-participating consultants' fees** in the **Schedule of Benefits for Professional Fees**. To

confirm what we will pay, please contact us.

- Where the amount charged is less than the cover within your **policy**, this lesser amount shall be paid.

Your Duties To Us:

- You must inform us of any other cover you may have pursuant to any other insurance contract that may cover all or any part of your **claim**. We shall not be liable to pay or contribute more than our rateable proportion up to the specified limits.
- Where we believe that the cost of the **claim** can be recovered from a third party, you must do everything we ask to help us recover funds and you must permit us to commence proceedings in your name to recover any **benefit** paid under this **policy**. We may pay your **claim** subject to your agreeing to refund the monies provided should you subsequently recover monies from said third party.

Protecting Your Right To Privacy:

- To help us protect your and our interests we may record telephone calls to provide an accurate record of discussions.
- In order for a **claim** to be paid we will need to provide some of your membership details to a hospital, approved centre, doctor or **consultant**. This will always be done in the strictest of confidence only for the purpose for which it is required under your **health insurance contract** and in accordance with our data protection statement set out on page 45 of this handbook.

06 Your Plan Explained (Continued)

Further Points To Note:

- We are unable to return any documents you send us so please make sure you keep copies of anything you will need to use later.
- It is solely at our discretion to decide to exercise or not to exercise any legal right. Failure to exercise our rights shall not prevent us from doing so in the future.

We Can End Your Membership At Any Time If:

- We do not receive **premium** payments, we reserve the right to cancel your health insurance **policy** where no **premium** payment has been received by its due date.
- In cases where we receive your **premium** payment by means of direct debit and in the event that a **premium** payment is rejected by your bank, membership may only be resumed if all sums owed in respect of your insurance **policy** are paid within 2 weeks from the date the first non-payment occurred, as long as there have not been any previous defaults on your **policy** in the same **policy year**.

Early cancellation of your health insurance **plan** will result in any eligible **out-patient claims**, made by you, being reimbursed on a pro-rata basis, up to the date of cancellation where a monetary amount greater than €10.00 exists to be refunded.

Terminating The Policy

GloHealth reserves the right to terminate your health insurance cover or **policy** if you have at any time made fraudulent misrepresentations to us or any other

health insurer which has or could have resulted in us or any other health insurer suffering a financial loss.

We may terminate the **policy** serving you with 14 days' notice in writing at your last known address. Should we exercise the right of termination, we will refund any **premiums** you have paid, for the remainder of the current period of insurance, so long as you have not made any **in-patient claims**.

Your **policy** may be terminated if you remain outside of **Ireland** for more than six consecutive months per calendar year.

In the event of us terminating your **policy**, any **premium** paid will be used to cover the cost of the government levy. If you have paid **premium** over and above the cost of the levy, the balance will be pro-rated to determine the date on which your cover expired. If you have paid insufficient funds to cover the cost of the government levy for yourself and each additional person on your **policy** you will be required to pay any outstanding levy amount.

Our Fraud Policy

At GloHealth we operate a fraud policy in respect of all **claims** made under our **health insurance contract**. **Members** should note that we conduct regular audits on all **claims**. In all instances where fraud is suspected in respect of a specific **claim**, a full and comprehensive investigation will be carried out by us.

If, following that investigation, a finding of fraud is made or if a **claim** is deemed in any way fraudulent, the **claim** will be disallowed in its entirety.

If, after that investigation, a finding of fraud is made, or if a **claim** is in any respect fraudulent or dishonest and submitted with a view to obtaining any **benefit** under this **policy**, all **benefit** under this **policy** shall be forfeited. For example, over exaggerating medical expenses incurred.

Any **member** found guilty of submitting a fraudulent **claim** shall have their **health insurance contract** suspended with immediate effect until such time as a decision is deliberated upon as to the outcome of the case. All **claims** of whatever nature being considered regarding that individual **member** shall be suspended with immediate effect.

In addition, if any **claim** is fraudulent in any respect, GloHealth reserves the right to refer the matter and details of that fraudulent **claim** and claimant to the relevant authorities of the State.

Minimum Benefit Regulations

You are entitled to **claim** for any **benefit** for which you are eligible under your **health insurance contract** and that we are legally obliged to pay under the **Minimum Benefits Regulations**.

06 Your Plan Explained (Continued)



Complaints, Compliments & Comments

We're Always Happy To Hear From You

At GloHealth your feedback is essential in helping us to provide the very best service we can, so we are always keen to hear your comments, both positive and negative.

Have We Made Ourselves Clear?

We believe that it is important to be clear about your health insurance so you know exactly what you are covered for at all times and can *claim* all of the *benefits* you are entitled to. We have tried to keep the language in this handbook as clear and easy as possible to understand. If, however, there is anything you find unclear or think we could explain better we would welcome your comments.

Making A Complaint

We take complaints very seriously and have a process in place to make sure they are handled satisfactorily. If you have any complaint about the service provided by GloHealth or wish to appeal a *claim* decision please contact us.

Call: 1890 744 744,

Write: PO Box 12218
Dublin 18

Email: HappyToHelp@GloHealth.ie

If you are not satisfied with any explanation or complaint resolution proposed by GloHealth in relation to your *health insurance contract* or a *claim* appeal please contact:

Write: The Chief Executive,
PO Box 12218
Dublin 18

If you remain dissatisfied with GloHealth you may refer your complaint or *claim* appeal to the Financial Services Ombudsman's Bureau at the following address:

**Financial Services
Ombudsman's Bureau,
3rd Floor,
Lincoln House,
Lincoln Place,
Dublin 2.**

To Call: 1890 88 20 90

Fax: 01 6620890

Email: enquiries@financialombudsman.ie

Website: financialombudsman.ie

Changes To This Agreement

Changes may be made to this agreement from time to time. We will let you know of any changes before they are made. At no point will we impose any restriction to your cover specific only to your personal medical history that started after you joined our *plan*. All changes, except those required by law, will apply with effect from the *renewal date* after the change was made.

This contract is governed at all times by the laws and the Courts of the *Republic of Ireland*.

07 Glossary Of Terms (Continued)

Accident

An accidental physical *injury* to the body.

Acupuncturist

A person who is qualified to practise acupuncture and who is a *member* of the Irish Institute of Chinese Medicine or an *acupuncturist* who is on the professional register of the Acupuncture Council of Ireland (TCMCI Ltd.) or the Acupuncture Foundation Professional Association or holds an equivalent recognised qualification outside *Ireland*.

Additional Personalised Packages

Additional Personalised Packages are any extra packages you choose in addition to your selected *Personalised Packages*. A charge will apply for additional *Personalised Packages*.

Approved Scan Centre

Approved scan centres are those which are approved by us and which can be found on our *List of Approved Treatment Centres for Scans*.

Benefits

Benefits are the *treatments* that are covered under your *policy* and the amounts we pay towards the cost of these *treatments*. You will find a full *list* of the *benefits* covered in this handbook and in our *Schedule of Benefits for Professional Fees*.

Chiropractor

A member of the Chiropractic Association of Ireland or a person holding an equivalent recognised qualification outside *Ireland*.

Chiropodist/Podiatrist

A member of the Society for Chiropodists/Podiatrists, Society of Chiropodists and Podiatrists in Ireland, Institute of Chiropodists and Podiatrists in Ireland, Irish branch of the British Chiropody and Podiatry Association or the Irish Chiropodists/Podiatrists Organisation Ltd. or a person holding an equivalent recognised qualification outside *Ireland*.

Claim

A *claim* is a request by the *policy* holder to us for the payment of money which is due to them for *treatment* which they are covered for by their health insurance *policy*.

Commencement Date

The date on which your *policy* with us started.

Consultant

A *consultant* is a medical specialist employed by a hospital or *treatment* centre who is consulted by other medical professionals for their opinion on diagnosis or *treatment* because of their expertise in a particular area and who has ultimate responsibility for decisions about the care of a particular patient. They must hold current full registration with the Irish Medical Council or the equivalent recognised accreditation outside of *Ireland*.

The *consultant* must be recognised by GloHealth as a *consultant* to an approved post in an approved GloHealth hospital or *treatment* centre.

Convalescent/Nursing Home

A *convalescent/nursing home* is a private institution which provides residential care for people who are recovering from *treatment* or need extra assistance in their daily lives. To qualify for a *claim*, *nursing homes* must be registered in accordance with the Health (Nursing Homes) Act, 1990 and approved by us. You can check which *nursing homes* are included on our *List of Approved Convalescent Homes*.

Co-payment

An additional payment made by you which is needed to cover a shortfall in the cost of a *treatment* or *procedure*.

Core Cover

Your *core cover* is based on the level of cover you have chosen with GloHealth and is made up of *in-patient*, *out-patient* and maternity *benefits*.

Cosmetic Surgery

Treatment that people choose to improve their physical appearance for psychological or personal reasons, but which is not *medically necessary*.

Credit

A 'credit' is given if you previously had health insurance but have had a break in cover. For example, if you are 38 and don't currently have health cover, you will have to pay an extra 8% on the cost of your health cover each year, for the rest of your life. However, if you had health insurance for 2 years in your 30's, you will receive 2 years' worth of *credits* or 4%. This credit of 4% is subtracted from your 8% *loading* to give you a 4% *loading* each year, for the rest of your life. People in certain circumstances can

07 Glossary Of Terms (Continued)

also get up to three years credit if they previously had health insurance but cancelled this due to unemployment between 1 January 2008 to 30 April 2015.

Day Case Treatment

Treatment for which you need to be admitted to hospital as an *in-patient* during the day but do not need to stay overnight.

Dietician

A member of the Irish Nutrition and Dietetic Institute.

Domestic Adoption

Where a couple who are resident in *Ireland* adopt a child who is normally resident in *Ireland*. Domestic adoptions are recognised when an Adoption Order is made by the Adoption Authority of Ireland.

Drug Abuse

A mental or physical condition caused directly or indirectly by taking any drug including prescribed medication, substance or solvent.

Eligible Treatment

Any treatment which your *policy* covers you for, which you will find listed in GloHealth's *Schedule of Benefits for Professional Fees*.

Emergency & Emergency Dental

Any unforeseen *accident* or illness that requires immediate medical or dental treatment. *Emergency dental* care must be *medically necessary* and provided within 48 hours of an *accident* or *injury*. The restorative dental treatment provided must alleviate pain, inability to eat, or treat any acute dental condition which presents an immediate and serious threat to the *member's* general health.

Established Treatment

Any *treatment* which our *medical advisors* agree is established clinical practice, which has been written about in Irish or international peer review journals and which is carried out in more than one Irish hospital.

Excess

An *excess* is the amount of money that you have to pay towards the cost of a particular *treatment* before you can make a *claim*.

Exclusion Period

The amount of time you have to wait before you can make a *claim* for a condition you had before you took out health insurance.

General Practitioner/GP

Your family doctor, who you *visit* for a range of general illnesses. Your *GP* should be fully registered with the Irish Medical Council and hold a primary medical qualification or an equivalent recognised qualification outside *Ireland*.

Group Scheme

A *group scheme* is a health insurance *plan* which covers *members* of a particular group, for example employees of the same company, *members* of a union or association or an employer group.

Hazardous Sport

Hazardous Sport is defined as sport performed in a hazardous environment or involving great physical risk. Types of hazardous and extreme sports include but are not limited to: motor sports, mountaineering, bungee jumping, skydiving, base jumping, parachuting etc.

Health Insurance Contract

The health insurance agreement between you and us, which meets the conditions set out by the Health Insurance Acts 1994 as amended.

Home Birth

A planned home delivery which is attended by a Bord Altranais registered midwife.

Homeopath

A person who is on the professional register of the Irish Society of Homeopaths or the Irish Medical Homeopathic Society or a person holding an equivalent recognised qualification outside *Ireland*.

Hospital Costs

The fees charged by hospitals for the accommodation and services they provide.

Injury

A trauma or wound inflicted on the body by an external force.

In-Patient Treatment

Treatment which requires you to stay in hospital overnight in a *private*, *multiple occupancy* or *semi-private room* after being admitted to hospital.

Intercountry Adoption

Where a resident or residents of *Ireland* adopt a child from a country other than Ireland. Intercountry Adoptions must be registered with the Adoption Authority of Ireland not more than 3 months after the child first arrives in *Ireland*.

Ireland

The *Republic of Ireland*.

07 Glossary Of Terms (Continued)

Lists

The *lists* which we mention in this handbook, which give you the full details of what level of cover is provided under your *plan* for a range of specified *treatments* and *procedures* in a range of listed hospitals or *treatment* centres.

List Of Approved Convalescent Homes

This is a full *list* of all of our *approved convalescent homes*. Please contact us if you would like to see this list.

List Of Approved Treatment Centres For Scans

This is a full *list* of all of our *approved scan centres*, which you will find on the documents page of our website.

List Of Cardiac Procedures

This is a full *list* of all of the cardiac *procedures* we cover, which you will find on the documents page of our website.

List Of Public & Private Hospitals

This is a *list* of all of the public and *private hospitals* that we cover, which you will find on the documents page of our website.

List Of Special Procedures

This is a full *list* of all of the special *procedures* we cover, which you will find on the documents page of our website.

List Of Specified Conditions

This is a full *list* of all of the specified conditions we cover, which you will find on the documents page of our website.

Loading

A '*loading*' is an additional charge you will have to pay for your health insurance. Under LCR the *loading* will be based on the age at which you take out health insurance. You will pay an extra 2% a year on the cost of your health insurance for every year you are over 34 when you join. For example, if you are 38 and don't currently have health cover, you will have to pay an extra 8% on the cost of your health cover each year, for the rest of your life.

Material Fact

Any information given to us about a *member*, either verbally or on an application or *claim* form, that might affect the terms under which we issued the *policy* to them.

Medical Advisors

Our *medical advisors* are medical *consultants* who are registered with the Medical Council and who provide medical advice to us.

Medically Necessary

Any medical *treatment* or hospital stay which our *medical advisors* agree is absolutely necessary for the health of the patient, generally regarded as appropriate and meets accepted standards of medical practice. It must be consistent with the patient's symptoms or diagnosis, necessary for the diagnosis or *treatment*, given at the most appropriate level that can safely and effectively be provided to the patient and must not be provided primarily for the convenience of the patient, doctor or any other healthcare provider.

Member

A person who has health insurance cover with GloHealth and whose name appears on their *health insurance contract*.

Membership Card

The card you get when you take out health insurance with us and become a *member* with GloHealth. Your *membership card* includes your name, *member number* and the date your cover started.

Membership Schedule

The certificate you get when you take out health insurance with us, which gives the details of your level of cover.

Membership Number

Your *membership number* is the number we give you when you join, which identifies you as a *member* and enables you to access *treatment* and make a *claim*. It can be found on both your *Membership Schedule* and your *membership card*.

Membership Handbook

This booklet, which gives the full details of the contract you hold with us and includes important information about your membership, your *benefits* and the *terms and conditions* of your *policy*.

Minimum Benefit Regulations

The minimum *benefit* regulations can be found in The Health Insurance Act, 1994 (Minimum *Benefit*) Regulations, which are in accordance with the Health Insurance Acts, 1994 as amended.

07 Glossary Of Terms (Continued)

Multiple Occupancy Room

A room in a *public hospital* which contains more than one bed which, under S.I. 135/1991 Health Services (In-Patient) Regulations, 1991, are designated as private beds.

New Condition

A new condition means any ailment, illness or condition where, on the basis of medical advice, the onset of signs or symptoms of that ailment, illness or condition started after the date on which the person became insured under the contract.

Non-Participating Hospital

A hospital which we do not have an agreement with about the services it will provide to our *members*. You may be covered for *treatment* in a *non-participating hospital* but you should check with us first to find out what level of *treatment* you are covered for.

Nurse

A *nurse* who is registered with An Bord Altranais for midwifery, health visiting and/or nursing.

Nutritionist

A member of the Irish Nutrition and Dietetic Institute.

Occupational Therapist

An *occupational therapist* is a person who is qualified to practise occupational therapy, which helps to engage people in meaningful activities of daily life in spite of mental or physical disabilities, and who is a member of Occupational Therapists of Ireland or holds an equivalent recognised qualification outside Ireland.

Orthopaedic

Medical *treatment* to prevent or correct *injuries* or disorders of the skeletal system and associated muscles, joints and ligaments.

Orthoptist

An *orthoptist* is an eye care specialist whose role involves the diagnosis, *treatment* and assessing potential problems of the eye. A member of the Irish Association of Orthoptists or the British Orthoptic Society.

Osteopath

An *osteopath* is a person who is qualified to practise osteopathy, which is a type of alternative medicine based on the manipulation of bones and other parts of the body, and who is a member of the Irish Osteopathic Association or the Association of Irish Osteopaths.

Our/Us/We

Words we use to refer to GloHealth Financial Services Ltd trading as GloHealth.

Out-Patient

Treatment for which you do not need to stay in hospital overnight as an *in-patient* or be admitted as a day patient.

Out-Patient Excess

An *out-patient excess* is the amount of money that you will need to pay towards the cost of a particular *out-patient treatment* before you can make a *claim*. This will depend on which *plan* you are on and is listed on your *Table of Benefits*.

Overnight Elective Procedure

Any pre-planned *procedure* which requires an *in-patient* overnight stay.

Participating Consultants

Consultants who accept GloHealth payments in full settlement for the fees they charge for the services they provide to GloHealth *members*.

Participating Hospitals

Hospitals which have an agreement with GloHealth for the fees they charge for the services they provide to GloHealth *members* within specific networks. You can see the full *list of participating hospitals* on the documents page of our website.

Personalised Packages

Personalised packages are *benefits* that you may select in addition to your *core cover* to tailor your *policy* to suit you. You choose them when you first join us and you can change them when you renew your *plan*.

Physical Therapist

A *physical therapist* is a person who is qualified to practise physical therapy and must be either a member of the Irish Association of Physical Therapist or the Association of Neuromuscular Physical Therapists.

Physiotherapist

A *physiotherapist* is a person who is qualified to practise physiotherapy, which is the *treatment* of *injuries* or weaknesses with physical *treatments* or exercises, and who is a chartered or state registered *physiotherapist* and a *member* of Irish Society of Chartered Physiotherapists.

Plan

A GloHealth health insurance *policy*, which covers a *member* for a range of specified health *treatments* and services.

07 Glossary Of Terms (Continued)

Policy

The *health insurance contract* between you and GloHealth, made up of the following documents:

- This *Membership Handbook*.
- The *Membership Schedule* that you received when you joined GloHealth.
- The *Table of Benefits* outlining your level of cover.
- The *Schedule of Benefits for Professional Fees*.
- The information you gave us when you joined.

Policy Year

The period of time for which you are covered by this *policy*, which can be found on your *Membership Schedule*.

Policyholder

The person whose name is on the *policy* documents and who is allowed to make changes to the *plan*.

Pooling Of Benefits

Several of our Daily Care and *Personalised Packages Benefits* can be *pooled/shared* between all paying *members* on the *policy*. For example, if one *member* does not use all of their *visits* as part of their *policy*, another *member* on the *policy* can use that *benefit* as part of their *plan*. Newborns and children under three who are not paying a *premium* do not increase the total *benefits* that can be pooled by all *members* of the *plan*. They may use any unused *benefits* accrued by *members* who are paying a *premium*. Enhanced Maternity, Family Protection and International Health & Travel *Personalised Packages* are excluded from *Pooling* due to the nature of the *benefits*.

Pre-Existing Condition

A pre-existing condition means an ailment, illness or condition, where, on the basis of medical advice, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months ending on the day on which the person became insured under the contract.

Premiums

The amount of money paid by a *member* each year for their health insurance *policy* with GloHealth.

Prescription Drugs

Pharmaceutical drugs that legally require a medical prescription to be dispensed.

Preventative Treatment

Any *treatment* or measures taken while you are well to reduce your chances of having an illness, *injury* or disease in the future.

Pre/Post Natal Care

Care given to women during and after pregnancy. This includes monitoring for and diagnosing early pregnancy problems, routine check ups and *treatment* for any problems which might arise during pregnancy, the birth itself and *postnatal* care.

Private Hospital

A hospital which operates for profit and is not state funded. You can see the full *list* of GloHealth's listed *public* and *private hospitals* on the documents page of our website.

Private Room

A room in a *private* or *public hospital* which contains only one bed and which is a designated *private bed* under the Health Services (*In-patient*) Regulations, 1991.

Procedure

A medical process or course of action to treat an illness, *injury* or condition. All of the *procedures* we cover are listed in our *Schedule of Benefits for Professional Fees* and are included in the terms of your *plan*.

Procedure Code

A number that is assigned to each *procedure* and used to identify any *procedure* you may need to have.

Public Hospital

A hospital that is funded by the state. You can see the full *list* of GloHealth's listed *public* and *private hospitals* on the documents page of our website.

Renewal Date

The date on which your *policy* has to be renewed, which you can find on your most recent *Membership Schedule*.

Resident In Ireland

A person who lives in the *Republic of Ireland* for six months or more in any calendar year.

Routine delivery

A non-emergency vaginal delivery.

Semi-Private Room

A room in a *private hospital* which contains up to five beds.

Schedule Of Benefits For Professional Fees

This tells you how much we will pay a *consultant* for *treatment* you receive and how much we will pay your *GP* for any *surgical out-patient treatment* they may carry out and *lists* the rates we will pay both *participating* and *non-participating consultants* and *GPs*. You can request a copy by calling us on **1890 744 744**.

Side Room Procedures

Side room or *day case treatments* are those which can be carried out as a day patient and which do not require you to stay in hospital overnight. These are listed in your *Schedule of Benefits for Professional Fees*.

Speech & Language Therapist

A member of the Irish Association of Speech and Language Therapists.

Supplementary Exclusion Period

The amount of extra time before you are covered for particular *procedures* if you upgrade your level of cover.

Surgical Out-Patient Treatment

Any surgical *treatment* you receive as an *out-patient*, which is listed in GloHealth's *Schedule of Benefits for Professional Fees*.

Surgical Procedure

The *treatment* of disease or *injury* requiring incision with surgical instruments.

Table Of Benefits

The document which tells you how much you are covered for any *treatment* or *procedure*.

Transplant

An operation which involves moving tissue or organs from a donor to a recipient or from one part of the body to another.

Temporary Stay Abroad

A stay outside *Ireland* that is no longer than 31 days.

Treatment

Any medical service a person needs to diagnose, cure or manage an illness or *injury*. You can find a full *list* of the *treatments* you are covered for in your *Table of Benefits*.

Ts&Cs

Terms and conditions.

Visit

A single consultation with an approved medical provider.

Waiting Period

The amount of time before you are covered for *treatment* for certain illnesses.

You/Your

Words we use to refer to *you* (the *policyholder*) or any of your family *members* who are also covered by your *policy*.



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PO Box 12218, Dublin 18

A fee of €6.35 should be enclosed with your request for your data. Should you discover any errors or omissions in the personal data held by us, or wish to change any of the uses of the data please contact us.

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