

Your GloHealth Hospital Care Plan

Even our Ts&Cs have TLC.



GloHealth

Clearly different. Clearly better. Clearly great cover.

Contents

01 Hello And Welcome To GloHealth	2	03 Your Plan Explained	7
Making Your Policy Clear And Easy To Understand	3	How Do I Make A Claim?	7
Understanding Your Contract	3	How Do I Make Changes To My Plan?	7
When Does My Cover Begin?	3	How Do I Renew My Plan?	8
		How Do I Cancel My Plan?	8
02 A Guide To Your Hospital Care Plan	4	Making Payments	8
Hospital Grant-In-Aid	4	Waiting Periods	9
Maternity Grant-In-Aid	4	New To Health Insurance	9
Day Case Grant-In-Aid	4	Waiting Periods For In-Patient And Day Case Treatment	9
GP & Hospital Accident & Emergency	4	Exclusion Periods For Pre-Existing Conditions	10
Dental & Optical Cover	5	Supplementary Exclusion Period Following An Upgrade Of Cover	10
Alternative Practitioners	5	Terms And Conditions	11
Prescriptions	5	Complaints, Compliments And Comments	14
Non-Maternity Consultant Visits	5	Changes To This Agreement	14
Scan Cover	5		
Nurse 24/7	5	04 Glossary Of Terms	15
Health Screening & Allergy Testing	6		

01 Hello And Welcome To GloHealth

We are delighted that you have chosen GloHealth to look after your health. With us, you choose your cover to suit your needs, and it is this personalised approach that makes us clearly different. We fit in with you, not the other way around.

The terms and conditions that apply to your health cash plan are really important and we have written this handbook as a guide to your cover, and to show you how you can get the most from your benefits. It explains what your health policy covers you for and includes all of the different types of cover we provide under our health cash plans.

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 simply need to understand more about your health cash plan.

01 Hello And Welcome To GloHealth (Continued)

Making Your 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 15 of this handbook so that you can clarify what these terms mean. Also, for the really technical bits we have added QR codes linked to short videos to help you understand and demystify the detail even more.

We provide individual and family plans. A family is a spouse or **adult dependent** and all children under the age of 18 residing at the same address.

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 www.GloHealth.ie or call **1890 744 744**.



Scan this code to view a short video on health cash plans.

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 cash **plan policy**.

Your contract with us is made up of the following:

- Your Hospital Care plan terms and conditions
- The **Membership Schedule** that you received when you joined GloHealth.
- The **Table of Benefits** outlining your level of cover.
- The information you gave us when you joined GloHealth.

It is important that you read these documents so that you fully understand your cover.

When Does My Cover Begin?

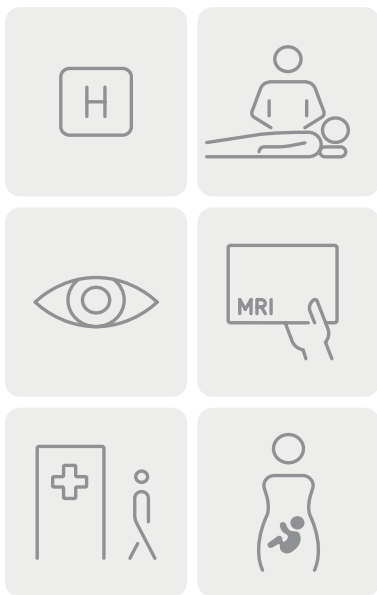
To join GloHealth you and your children and spouse/**adult dependent** must permanently reside in the **Republic of Ireland**. Your GloHealth contract will last until your **renewal date**; you will find this on your **Membership Schedule**. As soon as we receive your first payment, you will be covered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

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**. It is particularly important that you give us accurate information about your previous or existing membership of other health insurers' **plans**.

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 and/or settling a **claim**. Misrepresentation of a **material fact** may void your health cash **plan policy**.

The **terms and conditions** within this handbook are provided in English and that all of our communications to you will also be in English.

02 A Guide To Your Hospital Care Plan



Hospital care **plans** from GloHealth are designed to give you money back on day to day healthcare expenses plus cash back for maternity, hospital and **day case** expenses.

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**.

Grant-in-aid is a cash payment or “Grant” towards the cost of your specified medical treatment.

Hospital Grant-In-Aid

The grant-in-aid that GloHealth will pay for each night spent in hospital and the maximum number of visits per **policy** is detailed in your **Table of Benefits**. The grant-in-aid does not include any direct costs for example, **consultant** fees, room charges, medication/dressings involved with the hospital admission.

If you have not previously been covered for this **benefit** or if you have upgraded your maternity **benefits** recently you may need to serve a waiting period before you can **claim** for this **benefit**. Please see page 9 for full details on **waiting periods**.

Maternity Grant-In-Aid

GloHealth will give you a grant-in-aid towards the birth of your baby in a hospital or at home. The amount covered per birth is detailed in your **Table of Benefits**. The grant-in-aid will be paid once per birth regardless of the number of children that are born. You will be covered for the grant-in-aid detailed on your **Table of Benefits**. The grant does not include direct costs for example, **consultant** fees, room charges, medication/dressings involved with the hospital admission. If you have not previously been covered for this benefit or if you have upgraded your maternity **benefits** recently you may need to serve a waiting period before you can **claim** for this benefit. Please see page 9 for full details on **waiting periods**.

Day Case Grant-In-Aid

The grant-in-aid GloHealth will pay for each **day case** admission and the maximum number of visits is detailed in your **Table of Benefits**. The grant-in-aid must be in relation to planned admission to a **day case** hospital or clinic to undergo surgery, **treatment** or a procedure. The grant-in-aid does not include any direct costs for example, **consultant** fees, room charges, medication/dressings involved with the hospital admission. If you are admitted over night after a **day case** procedure you will be entitled to **claim** under the hospital and not the **day case** benefit under your **plan**. The following conditions or **treatments** are not covered under this benefit: any minor surgery, **treatment** or procedure that occurs in an **out-patient** or similar department; an unplanned day or period spent within any accident and emergency department; geriatric, psychiatric or rehabilitation day hospitals or units.

GP & Hospital Accident & Emergency

GloHealth gives you money back on visits to your **GP** and hospital accident and emergency department. The amount we will pay for each visit and the maximum number of visits is detailed in your **Table of Benefits**. Your total number of visits is your **GP**, hospital and accident and emergency visits combined.

02 A Guide To Your Hospital Care Plan (Continued)

Dental & Optical Cover

GloHealth members can **claim** money back on their dental and 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 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. Your optical cover can be used for visits to an **Optician** for sight tests, fitting fees or towards the cost of prescribed glasses or contact lenses.

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 all members on the **policy**. Alternative practitioners include; **physiotherapist**, reflexologist, nutritionist, massage therapist, **acupuncturist**, osteopath, **physical therapist**, **chiropractor**, reiki. This **benefit** does not include the cost of any medication or any surgical appliances supplied or prescribed by the alternative practitioner(s).

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**. Your prescriptions can be submitted for all members on the **policy**. 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.

Non-Maternity 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 hospital or clinic as an **out-patient** only and carried out by a **Consultant**.

GloHealth will also cover you for an initial consultation with a **Consultant** Psychiatrist; any subsequent visits will be considered **treatment** and will not be covered under your **plan**. No **claims** will be paid for examinations or investigations carried out while an **in-patient** or as a **day case** for medico-legal reports, possible legal evidence (including paternity testing), or for insurance, employment or occupational fitness testing or immigration/emigration purposes.

Scan Cover

GloHealth members will get a grant-in-aid (cash back) towards the costs of an MRI, CT, PET-CT and ultrasound up to the annual limit detailed in your **Table of Benefits**. The annual limit detailed in your **Table of Benefits** is for all members on your **policy**. Payment of this benefit will be made after any **claim** that you have received for any other health insurance **policy** that you hold. Payment is for scans that are provided on an **out-patient** basis and does not include any scans that you have while in hospital as an **in-patient**.

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** 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.

02 A Guide To Your Hospital Care Plan (Continued)

Health Screening & Allergy Testing

GloHealth members can **claim** money back for health screens and allergy testing. The maximum amount that you can **claim** each 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

03 Your Plan Explained



How Do I Make A Claim?

Claims can be made on a monthly basis, once all outstanding premiums have been paid. **Claims** will then be paid on a pro rata basis throughout your **policy year**. 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. **Claims** will only be paid once the accumulated receipts total €7 or more in every month submitted.

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 members 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

To **claim** for your hospital benefit or **day case** surgery please download our **claim** form to bring to the hospital. The **claim** form must be signed by an official at the hospital and bear the official stamp to verify the information detailed in the form. If this is not possible you can submit other official evidence of your stay in hospital to us detailing date of admission, reason for admission, date of discharge and a stamp from the hospital that you attended. We may contact the hospital to verify any information that you have given to us. To **claim** your maternity grant-in-aid you will need to provide either a copy or receipt of attendance of birth by a midwife, **consultant** or a copy of the birth certificate of the child born.

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.

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 **company plan**, 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 company **plan** 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 10 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.

03 Your Plan Explained (continued)

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** and the premiums you have requested may change from time to time. If this happens, we will contact you at least three weeks 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.

How Do I Cancel My Plan?

Your **health cash plan** is an annual **policy**. You can cancel your **policy** at your renewal or during the initial cooling-off period, 14 days from the date of purchase.

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.

On hospital care plans a premium only applies to individuals or families. We provide individual and family plans. A family is a spouse or **adult dependent** and all children under the age of 18 residing at the same address.

If you choose not to pay annually, your first payment in any **policy year** may be slightly more or less than the subsequent payments as a result of rounding. Premiums may vary from time to time. If there is a change in your premium we will let you know in advance of your next **renewal date**. We will write to you at least 30 days in advance of increasing or decreasing your premium. Late payment of your premium could result in the cancellation of your **policy** from the date your last payment covered you for.

Income Tax Relief

You are entitled to income tax relief on your premium. Our premiums are published both net and gross of the standard rate of tax.

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.

03 Your Plan Explained (continued)



Waiting Periods

If you have any questions on **waiting periods** our dedicated health insurance advisors would be happy to go through any questions 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 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 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**. How long depends on your age when joining. Full details of initial and pre-existing **waiting periods** are detailed later in this paragraph and under the section on **Exclusion Periods** for **Pre-existing Conditions**.

Waiting Periods For In-Patient And 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 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 you are subject to any of the above situations the following **waiting periods** will apply:

- If you are under the age of 55 on the date of joining GloHealth you will need to wait 13 weeks before you are fully covered under your **plan benefits**.
- If you are between the ages of 55-64 on the date of joining GloHealth you will need to wait 52 weeks before you are fully covered under your **plan benefits**.
- If you are aged 65 and over on the date of joining GloHealth you will need to wait 104 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 be covered for **medically necessary** treatment resulting from accidents or injuries that occur during your **waiting periods**.



Scan this code to view a short video explaining **waiting periods**.

03 Your Plan Explained (continued)

Exclusion Periods For Pre-Existing Conditions

There is an **exclusion period** for **pre-existing conditions** which applies to all in-patient **benefits**, out-patient scans 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 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 to any pre-existing condition(s) you may have:

- If you are under 55 on date of joining you will need to wait 5 Years.
- If you are aged 55-59 on date of joining you will need to wait 7 years.
- If you are aged 60 or over on date of joining you will need to wait 10 years.

It is important to remember that a pre-existing condition may be present before giving rise to any symptoms or being diagnosed by a doctor; the applicable date is the date that the condition first started as determined by medical advice rather than when the patient first became aware of it.

Supplementary Exclusion Period Following An Upgrade Of Cover

If you would like to upgrade your cover, either with GloHealth or when switching to us from another insurer, you will be covered right away up to the same level you were covered for 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.

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

- If you are under 65 you will need to wait 2 years.
- If you are aged 65 or over you will need to wait 5 years.
- For Maternity/pregnancy-related **benefits** you will need to wait 1 year.

03 Your Plan Explained (continued)



Terms And 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.
- **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 for **pre-existing conditions** or **supplementary exclusion period**.

What IS NOT covered under your plan:

- Any **treatment** you receive while you are not a **member** of GloHealth.
- Any **benefits** you receive while you are serving any **waiting periods** or during any **exclusion periods** for **pre-existing conditions**.
- **Treatment** for any symptoms which are not due to any underlying disease, illness or injury.
- Any treatments not covered under your **health cash plan contract**.

Any of the following treatments, unless specifically covered under your plan:

- Any form of vaccinations.
- Any prophylactic treatments.
- **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** or maintenance **treatment**.
- Psychologists' fees.
- Nursery fees.
- Cost of a medical certificate.
- 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**.
- **Treatment** by a **consultant** or practitioner who is not recognised by the Irish Medical Council to have 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-authorized by us in exceptional circumstances.
- 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.
- Any **claims** by members before they are eligible as

03 Your Plan Explained (continued)

permanent residents in the **Republic of Ireland** and have been issued with a PPS number.

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.

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 and only for the purpose for which it is required under your **health cash plan contract**.

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:

- In the event that we do not receive premium payments. We reserve the right to cancel your **health cash plan 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**.

If you or any **member** named on the **policy** have made any **in-patient** and/or **day case claim** you will not be entitled to any refund.

If you have made **out-patient claims**, we will refund your premium on a **pro-rata basis** from the date your cancellation becomes effective.

Early cancellation of your **health cash 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 Financial Services Ltd reserves the right to terminate your **health cash plan** 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.

03 Your Plan Explained (continued)

Our Fraud Policy

At GloHealth we operate a fraud **policy** in respect of all **claims** made under our **health cash plan 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 cash plan contract** suspended with immediate effect until as such time a decision is deliberated upon as to the outcome of the case. All **claims** of whatever nature being considered under 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.

03 Your Plan Explained (continued)



Complaints, Compliments And 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 cash plan** 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 we 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 cash plan 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.

Lo Call: 1890 88 20 90.

Fax: 01 6620890

Email: enquiries@financialombudsman.ie

Website: www.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**.

04 Glossary

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), the Acupuncture Foundation Professional Association or holds an equivalent recognised qualification outside Ireland.

Adult Dependent

An **Adult Dependent** is any adult residing at the same address as the policyholder whose relationship is akin to that of a spouse but does not include any other adult who may be financially dependent on the policyholder.

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 **chiropractor** is a healthcare professional who treats disorders of the musculoskeletal system and nervous system, including back pain, neck pain, joint pain and headaches, and who is a **member** of the Chiropractic Association of Ireland or holds 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 cash plan policy**.

Commencement Date

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

Company Plan

A **company plan** is a **health cash 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.

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.

Convalescence/Nursing Home

A convalescence/**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 Convalescence Homes**.

Cosmetic Surgery

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

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.

Dentist

A **dentist** is a healthcare professional who is qualified to treat diseases and conditions which affect the teeth and gums and who holds a current full registration with the Irish Dental Council or an equivalent recognised qualification outside Ireland.

Drug Abuse

A mental or physical condition caused directly or indirectly by taking any drug substance or solvent unless a **general practitioner** or **consultant** has prescribed it.

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

Any unforeseen **accident** or illness that requires immediate medical or dental **treatment**.

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.

04 Glossary (continued)

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 cash plan**.

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 cash 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.

Health Cash Plan Contract

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

Hospital Costs

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

In-patient Treatment

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

Ireland

The **Republic of Ireland**.

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 cash plan** cover with GloHealth and whose name appears on their **health cash plan contract**.

Membership Card

The card you get when you take out **health cash plan** 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 cash plan** 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.

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.

04 Glossary (continued)

Orthopedic

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

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 [COMPANY GloHealth] trading as [TRADING 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**.

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 cash plan policy**, which covers a **member** for a range of specified health treatments and services.

Policy

The **health cash plan contract** between you and GloHealth, made up of the following:

- This **Membership Handbook**.
- The **Membership Schedule** that you received when you joined GloHealth.
- The **Table of Benefits** outlining your level of cover.
- 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**.

Pre-existing Condition

Any medical condition that a person had before starting a **health cash plan policy** with GloHealth, which is counted from the date the condition began as opposed to the date on which that person first became aware of it.

Premiums

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

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.

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**.

Supplementary Exclusion Period

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

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.

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**.

Table of Benefits

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

Transplants

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

04 Glossary (continued)

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.

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*.

Data Protection

GloHealth Financial Services Ltd, trading as GloHealth is registered with the Office of the Data Protection Commissioner to act as a data controller in relation to the personal information held about you, and any other **member** on your **policy** under the Data Protection Acts, 1988 and 2003 as amended from time to time.

The personal information you have provided will be used to administer, manage and advise on insurance products and for marketing, claims and the operation of anti-fraud policies on financial services provided by us, our insurance underwriters or other commercial partners in accordance with the Data Protection Acts. We shall share this information with our third party administrators, underwriters and any other commercial entity as required to provide the services set out within this **Member Handbook**.

We may also need in certain instances to collect medical or other sensitive personal information about you and others named on your **policy**. This information will remain strictly confidential and shall only be disclosed in order to provide the services set out in this Member Handbook and for administration of this **policy**.

We may in certain circumstances either directly or indirectly share your personal information with other insurers and participate in industry database like that operated by the Irish Insurance Federation which allows for the sharing of information between insurers in order to check against non-disclosures.

If you would like a copy of the information we hold about you, please write to:

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.

GloHealth would like to use your details to keep you informed of other products or services offered by us or any third party with whom we may arrange such services. If you would rather not receive this information, and have not already informed us of this please let us know. Your details may also be used for these purposes after your **policy** has elapsed.

GloHealth

Clearly different. Clearly better. Clearly great cover.

PO Box 12218,
Dublin 18.
www.GloHealth.ie

GloHealth Financial Services Ltd trading as GloHealth is regulated by the Central Bank of Ireland. GloHealth policies are underwritten by Great Lakes Reinsurance (UK) Plc. Great Lakes Reinsurance (UK) Plc is authorised by the Financial Services Authority in the United Kingdom and is regulated by the Central Bank of Ireland for conduct of business rules. Terms and Conditions apply. This membership handbook is correct as of June 2012.

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