



**HIBERNIAN
HEALTH**

an AVIVA company

Formerly
VIVAS 
HEALTH

membership handbook

your guide to using
your 'i plan'

LOOKING OUT FOR YOU



Hibernian Health Insurance Limited, trading as Hibernian Health, is regulated by the Financial Regulator. Registered in Ireland No.376607.



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*Words in italics are defined terms and have a specific meaning, relevant to your membership. Please ensure that you check their meaning in the 'glossary of terms' to ensure you fully understand your cover. The word 'you' shall refer to the *policyholder or member*, as appropriate. In addition, the words 'we/us/our/Hibernian Health' shall refer to Hibernian Health Insurance Limited, trading as Hibernian Health.

part one

welcome to your 'i plan'

thank you for choosing Hibernian Health

The 'i plan' has been designed to put you firmly in control of your health, from comprehensive *in patient* and *out patient* cover to unique lifestyle *benefits* which allow you to actively improve your health.

As a Hibernian Health *member* you enjoy unrivalled access to more hospitals and *treatment* centres, which include High-tech hospitals; the Blackrock Clinic, Mater Private Hospital and Beacon Hospital. Plus you'll receive cover for unique maternity *benefits* of post natal home help, Doula services, cord blood stem cell preservation, breastfeeding consultancy, 4D scans, partner benefit as well as the best scan cover on the market bar none. Pages 7–18 detail your cover under *in patient benefits*.

We cover an excellent range of *out patient benefits*, which includes cover for *consultant* visits amongst other things. You do have to pay an *excess* on *out patient* expenses, however, the *out patient excess* is low with Hibernian Health. Pages 19–21 detail your cover under *out patient benefits*.

We are delighted to bring you a whole range of exclusive lifestyle *benefits* that have absolutely nothing to do with being sick and everything to do with vibrant health and wellbeing. These range from teeth whitening and health screening to laser eye surgery. Pages 22–25 detail your cover under lifestyle *benefits*.

If you have chosen to add on *day-to-day benefits* to your *plan* you can enjoy a range of cover for *day-to-day* medical expenses such as visits to your *G.P.* and *dentist* or a whole host of alternative and complementary therapies. Pages 26–27 detail your cover under *day-to-day benefits*.

If you are renewing your *policy* we're constantly on the lookout for revolutionary new *benefits* so keep an eye on our website www.hibernian.ie/health for updates throughout the year.

We have designed your handbook to help you get the most from your *plan*. If you spend a little time checking what's covered by your *policy*, you're then in a position to claim all the *benefits* you're entitled to. If you're unsure of anything, please contact us and we will be happy to discuss your cover with you and, if appropriate, to change your cover to a more appropriate Hibernian Health *plan*.

Be sure to keep it somewhere safe so you can check back whenever you need to.

LOOKING OUT FOR YOU

your guide to your healthcare *policy*

This membership handbook will explain in full how your 'i plan' works.

OVERVIEW OF YOUR PLAN

The following is an overview of the *benefits* available under your *plan*. For full details of all your *benefits*, you should refer to all parts of this handbook and also check your membership certificate. The 'i plan' that you have selected may cover *hospital costs*, *day-to-day* costs or both. The level of hospital cover and/or *day-to-day* cover that you have chosen is indicated on your membership certificate.

hospital costs

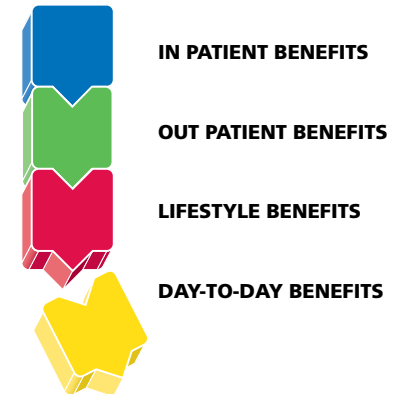
These include *in patient treatments* and a wide range of *day case* services. You have a choice of no less than five levels of hospital accommodation, while you will also have access to a wide range of *out patient benefits*.

day-to-day health costs

These *benefits* have been designed to cover those *day-to-day* medical expenses such as *G.P.*, *dentist*, *physiotherapist* and certain other *day-to-day* practitioners.

YOUR CONTRACT

This handbook is the principal document underpinning the contract between you and us and includes important information regarding your membership, your *benefits* and the terms and conditions of the *policy*. In short, it contains everything you need to know to get the most from your health insurance *policy*.



Hibernian Health Insurance Limited, trading as Hibernian Health, is regulated by the Financial Regulator. Terms and conditions apply.

For full details on all plans
WWW.HIBERNIAN.IE/HEALTH

what's in your contract

Your contract with Hibernian Health comprises of the following documents:

- this membership handbook, including all *lists*
- your completed application form
- your membership certificate
- the *schedule of benefits for professional fees*

It is important that you read these documents so that you understand your cover. The *schedule of benefits for professional fees* includes details of the *procedures* that you are covered for under this *plan* and is available to *members* upon request. These documents form your contract with us and supersede any other previous information. Should there be a conflict between this document and any other this contract shall be deemed to apply.

We may make changes to the *lists* during the year but we will always advise you in advance by publishing it on our website www.hibernian.ie/health. If you want to cancel your contract because of any change that we make, you can do this by contacting us.

You and any dependants on your policy must be *residents of Ireland* to purchase health insurance. Only *members* resident in *Ireland* for at least 180 days per calendar year are eligible for cover.

You must ensure that your application is complete and accurate and that there has been full disclosure of all *material facts* which might have affected the terms under which we have offered you this *policy*. In particular, information supplied in relation to your previous membership of other health insurers' *plans* is important information.

Please make sure you quote your *membership number* whenever you contact us and any time that you require medical attention. Your *membership number* will be detailed on your membership card which is issued after you join a Hibernian Health *plan*.

Your membership certificate will set out your level of cover, your *membership number* and the commencement date on which you joined Hibernian Health.

We have in place policies for our employees in relation to conflicts of interest. These are designed to ensure that potential conflicts of interest between you and us are avoided.

All terms and conditions will be provided in English and all communications to *members* will be in English.

part two what you're covered for

Your membership certificate will confirm if your *plan* includes hospital cover and, if so, the level of cover which you have selected. Remember that you are covered for any costs that fall under the *minimum benefit regulations* regardless of whether this is specified in your contract. Pages 7–25 of this handbook are only relevant if you have purchased *hospital costs*.

HOSPITAL COSTS

Hospital costs are the charges for (a) hospital accommodation and (b) services provided by a hospital or clinic (such as hospital technical charges for the use of the operating theatre, radiology and pathology and any *public hospital* statutory levies) in relation to *in patient* or *day case treatment*.

There are five levels of cover for *hospital costs* on the 'i plan'.

Level 1 provides full cover for *hospital costs* when you are in a *semi-private room* in any *public hospital*.

Level 2 provides full cover for *hospital costs* when you are in a *semi-private room* in any *private hospital*, as well as any accommodation in a *public hospital*.

Level 3 provides cover for *hospital costs* when you are in a *private room* in a *private hospital*, as well as all accommodation listed above.

Level 4 provides cover for *hospital costs* when you are in a *semi-private room* in Blackrock Clinic, Mater Private Hospital and Beacon Hospital, as well as all accommodation listed above.

Level 5 provides cover for *hospital costs* when you are in a *private room* in Blackrock Clinic, Mater Private Hospital and Beacon Hospital, as well as all accommodation listed above.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

The following tables provide full details of the *benefits* of each level of cover:

Please refer to page 44 for all our public, private and High-tech hospitals¹.

HOSPITAL AND ACCOMMODATION TYPE	LEVEL 1
<i>Public hospital – semi-private room</i>	Fully covered for <i>hospital costs</i>
<i>Public hospital – private room</i>	Covered for the <i>hospital costs</i> that would have been incurred if accommodation had been in a <i>semi-private room</i> .
<i>Private hospital – semi-private room</i> <i>Private hospital does not include Blackrock Clinic, Mater Private Hospital and Beacon Hospital or Galway Clinic and Hermitage Medical Clinic.</i>	Covered for 60% of <i>hospital costs</i>
<i>Private hospital – private room</i> <i>Private hospital does not include Blackrock Clinic, Mater Private Hospital and Beacon Hospital or Galway Clinic and Hermitage Medical Clinic.</i>	Covered for 45% of <i>hospital costs</i>
Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Galway Clinic and Hermitage Medical Clinic – for the <i>list of cardiac procedures</i> and the <i>list of special procedures</i> .	Covered for 35% of <i>hospital costs</i>
Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Galway Clinic and Hermitage Medical Clinic – <i>private room</i> – for <i>procedures</i> other than the <i>list of cardiac procedures</i> or the <i>list of special procedures</i> .	Covered for 25% of <i>hospital costs</i>
<i>Day case treatment – public hospital</i>	Fully covered for <i>hospital costs</i>
<i>Day case treatment – private hospital</i> <i>Private hospital does not include Blackrock Clinic, Mater Private Hospital and Beacon Hospital or Galway Clinic and Hermitage Medical Clinic.</i>	Covered for 60% of <i>hospital costs</i>
<i>Day case treatment – Blackrock Clinic, Mater Private Hospital and Beacon Hospital or Galway Clinic and Hermitage Medical Clinic</i>	Covered for 35% of <i>hospital costs</i>

Please note that for Level 1 Galway Clinic and Hermitage Medical Clinic are deemed to be a High-tech hospital.
1 High-tech hospitals are the Blackrock Clinic, Mater Private Hospital and the Beacon Hospital.

Please note that the maximum number of hospital days for which *benefits* are payable within any 12 month period for the combined total of *in patient treatment* stays and *day case treatments* will be 180 days. You should ask your hospital what their charges are and whether a shortfall may arise on the basis of the cover in your *plan*.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

HOSPITAL AND ACCOMMODATION TYPE	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
<i>Public hospital – semi-private room</i>	Full cover*	Full cover*	Full cover*	Full cover*
<i>Public hospital – private room</i>	Full cover*	Full cover*	Full cover*	Full cover*
<i>Private hospital – semi-private room</i>	Full cover*	Full cover*	Full cover*	Full cover*
<i>Private hospital – private room</i>	<i>Semi-private cover</i> Should you wish to upgrade to a <i>private room</i> in a <i>private hospital</i> you pay the first €75 per night and we pay the rest.	Full cover*	Full cover*	Full cover*
Blackrock Clinic, Mater Private Hospital and Beacon Hospital – the <i>list of cardiac procedures</i>	Full cover*	Full cover*	Full cover*	Full cover*
Blackrock Clinic, Mater Private Hospital and Beacon Hospital – the <i>list of special procedures</i>	Covered for 90% of <i>hospital costs</i>	Covered for 90% of <i>hospital costs</i>	Full cover*	Full cover*
Blackrock Clinic, Mater Private Hospital and Beacon Hospital – <i>semi-private room</i> for <i>procedures</i> other than the <i>list of cardiac procedures</i> or the <i>list of special procedures</i>	Covered for 45% of <i>hospital costs</i>	Covered for 55% of <i>hospital costs</i>	Full cover*	Full cover*
Blackrock Clinic, Mater Private Hospital and Beacon Hospital – <i>private room</i> for <i>procedures</i> other than the <i>list of cardiac procedures</i> or the <i>list of special procedures</i>	Covered for 35% of <i>hospital costs</i>	Covered for 40% of <i>hospital costs</i>	Covered for cost of a <i>semi-private room</i>	Full cover*
<i>Day case treatment – public hospital</i>	Full cover*	Full cover*	Full cover*	Full cover*
<i>Day case treatment – private hospital</i>	Full cover*	Full cover*	Full cover*	Full cover*
<i>Day case treatment – Blackrock Clinic, Mater Private Hospital and Beacon Hospital</i>	Full cover*	Full cover*	Full cover*	Full cover*

Please note that for Levels 2–5 Galway Clinic and Hermitage Medical Clinic are deemed to be a *private hospital*.
*Means fully covered for *hospital costs*.

To keep in control throughout their *treatment* many of our *members* contact us as soon as they know they need *in patient* or *day case treatment*. We will be able to advise you whether all *hospital costs* will be met by your *plan* or whether a shortfall will occur for which you will be liable. Please have the *procedure* code and name of your *consultant* available when you call. Both of these can be obtained from your *consultant* or his/her secretary.

ENHANCED COVER FOR GALWAY CLINIC

The Galway Clinic is one of the most advanced private medical facilities in Europe. As well as fully covering you for their MRI scans, we will also pay the €20 registration fee for the clinic's new private A&E facility – 'FastER Care Services.'

Members on Level 2 are also covered for a free upgrade to a *private room* when available at the time of admission.

CONSULTANT FEES

Your Hibernian Health 'i plan' provides cover for *consultant* fees in the hospitals on your *plan*. Participating *consultants* accept Hibernian Health payments in full settlement of their charges.

Your *consultant* will confirm whether he or she is a participating *consultant*. We will settle participating *consultants'* fees in full for all *in patient treatment* and *day case treatments*, including *accident* and *emergency* in patient admissions as long as the *procedure* is listed on our *schedule of benefits for professional fees*.

If your *consultant* is not a participating *consultant*, we will pay the standard *benefit* as set out in the *schedule of benefits for professional fees* and you may have to pay an additional amount directly to the *consultant*. For added peace-of-mind, you can contact us prior to seeing your *consultant* and we will confirm exactly what you qualify for. Please have the *procedure* code and name of your *consultant* available when you call. Both of these can be obtained from your *consultant* or his/her secretary.

POST OPERATIVE HOME HELP

We will supply a post operative home help (POHH) assistant following major surgery for all *members* on Levels 3, 4 & 5.

Hibernian Health will contribute €100 a day towards the cost of this home help for up to three days following selected long stay cardiac or special *procedures* which are on our *list* of POHH *procedures*. For details of the *list*, please call 1850 717 717.

The *benefit* is subject to availability in your area. Where the service cannot be provided, we will give you €120 to help you enjoy this *benefit* from a local provider.

To avail of this *benefit*, the member must be insured with Hibernian Health at the time of receiving the *treatment* and covered for *treatment* for the selected cardiac or special *procedure*. The *member* must also be covered by Hibernian Health at the time of receiving the service. Please obtain a letter from the treating *consultant* confirming the date(s) of *treatment* and the *procedure* code for the *treatment* provided and then contact us on 1850 717 717 within three weeks of release as an *in patient*, to arrange this service for you. We will pay the provider directly.

Please note: Your home must be accessible on a public transport route. Someone must be present in your home at all times when your home help assistant is in attendance.

IN PATIENT SCANS

We provide extensive scan cover – another positive *benefit* you gain from becoming a *member* of Hibernian Health. PET-CT, MRI and CT scans are fully covered if they are carried out while you are receiving *in patient* or *day case treatment*. For information on *out patient* scan cover please see page 20.

MATERNITY COVER

Under your 'i plan' you can now choose from the widest range of innovative maternity *benefits* which put you in control of making the decisions that are right for you and your family.

Your 'i plan' maternity benefits include:

- Full cover for up to 3 nights in a *public hospital*
- Pre/post natal *out patient* care (subject to excess – see page 20 for details)
- A generous grant-in-aid if you decide to go to a *private hospital*
- Or if you choose to have a home birth we will help with the expenses
- Contribution towards *consultant's* fees
- Post natal home help or Doula services
- Newborns free until next renewal
- Cord blood stem cell preservation
- 4D scans
- Breastfeeding consultancy
- Partner benefit
- Member discounts

HOSPITAL ACCOMMODATION

You will be fully covered for up to three days in any *public hospital*. If you choose to go to a *private hospital* we will give you a grant-in-aid as detailed below. Or if you choose to have a home birth we will also contribute towards your expenses. See table below.

We'll also pay a contribution towards your *consultant's* delivery fee as listed in the *schedule of benefits for professional fees*. This includes:

the *consultant* delivery fee for a normal vaginal delivery, anaesthetist's fee for epidural, in patient pathologist's fees and paediatric consultation. In the event of significant complications or Caesarean section delivery, we will cover you for normal *in patient* payments up to the level of cover within your *plan*.

And to celebrate the new arrival, we are delighted to offer your newborn the same level of cover as you yourself enjoy – children under one year are included free on your *policy* until your next renewal. If you apply to include your child on your contract within 13 weeks of his or her birth, we will insure him or her from the date of birth and we will not apply any waiting or exclusionary periods. Call us on 1850 717 717 to include your child as soon as they are born.

POST NATAL HOME HELP

To help you get back on your feet, we will contribute €100 a day for 3 days to cover the cost of domestic help from an approved provider following the birth of your baby. To arrange this service, please call us on 1850 717 717.

To avail of this *benefit*, you must contact Hibernian Health within 18 weeks of giving birth. We will then put you in touch with an approved provider who we will pay directly.

This *benefit* is subject to availability in your area. Where the service cannot be provided, we will give you €120 to enable you to avail of this *benefit*

MATERNITY BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Grant-in-aid for each delivery in a private or semi-private room in any participating private hospital	€2,450	€3,450	€3,450	€3,550	€3,850
If you choose to have a home birth*	€2,450	€3,450	€3,450	€3,550	€3,850

*The birth must be attended by a qualified midwife.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

from an alternative provider.

Please note: *Members* who claim for post natal home help will not be entitled to claim an additional €300 for Doula services. This *benefit* is subject to a 42 week *waiting period*. Your home must be accessible on a public transport route. Someone must be present in your home at all times when your home help assistant is in attendance.

DOULA SERVICES

Hibernian Health *members* are now covered for the HypnoBirth package through Doula Ireland. Doulas are birth assistants who offer additional emotional and physical support before, during and after childbirth. To learn more about Doula Ireland and their services, visit www.doulaireland.com or call 087 057 2500.

The total cost of this package is €900. Hibernian Health *members* who show their membership card will be given a €200 discount and will only have to pay €700 for this service. Should you wish you will be able to claim a refund of a further €300 from Hibernian Health. Note *members* who claim this additional €300 will not be able to claim for post natal home help. To claim this amount the *member* submits the total receipt(s) from Doula Ireland to Hibernian Health. There is no cash alternative if this *benefit* is not available in your area.

Doulas do not make medical judgments, perform clinical procedures or give advice or make recommendations on any decisions you must make. They will only provide the information you need to make decisions. The service must be carried out by a *member of Doula Ireland*. Some services may not be available in all areas.

Please note: *Members* who claim for Doula services will not be entitled to claim an additional €300 for post natal home help. This *benefit* is subject to a 42 week *waiting period*.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

CORD BLOOD STEM CELL PRESERVATION

Cord blood stem cell preservation is where blood from your baby's umbilical cord (which is rich in stem cells) is carefully collected at birth, and under careful conditions, cryopreserved and stored in secure containers. The stem cells from cord blood may be used in the future to treat diseases such as leukemia, non-Hodgkins Lymphoma and a range of other diseases and cancers. The main use today is the reconstitution of the blood and immune system. There are many promising research projects that are being carried out around the world on the use of stem cells.

As part of our commitment to delivering the latest medical advances and putting you firmly in control of your family's health, we will give you a contribution towards the cost of this procedure. Medicare Health & Living Limited (Medicare) provide this service in Ireland and Hibernian Health have an exclusive arrangement to provide Hibernian Health members with this benefit.

CORD BLOOD STEM CELL PRESERVATION	MEDICARE COST	HIBERNIAN HEALTH CONTRIBUTION
Single child & identical twins	€2450*	€600
Non identical twins	€4410*	€900

*In addition, to comply with EU & Irish Legislation, two sets of Maternal Blood tests are required of Mum – the first within 30 days leading up to birth and the second set 6 months after, at a total cost of €330, which is in addition to the above costs.

Arranging this service

If you decide that this is the right option for your family, then the procedure is as follows:

1. Call Medicare Health & Living Ltd on 01-2014900
2. Medicare will advise you of the requirements that need to be in place with your consultant. They will then forward you an information pack

which includes all of the documentation you need to order a cord blood collection kit.

3. You are advised to discuss with your healthcare professional your decision to store baby's cord blood and the process involved.
4. Once you have read through all of the documentation carefully and have made an informed decision to go ahead with cord blood collection, and once the requirements noted below¹ are met, you must call Medicare. Medicare will walk you through the forms you need to complete and return, along with an initial payment of €695.00 (€500 for the collection kit + €195 for the initial set of maternal bloods).
5. On receipt of the required documentation and initial payment Medicare will then send you on a cord blood collection kit with the instructions for your initial set of maternal bloods.
6. The remainder payment will be due after confirmation of a successful sample (usually about 4–6 weeks after birth). Medicare will contact you in advance to inform you when payment is due. Once payment is made, you will be issued with a receipt along with a Hibernian Health claim form stamped and signed by Medicare.

For more information on cord blood stem cell preservation visit www.medicare.ie

Claiming your benefit

Once final payment has been made to Medicare (on successful processing of your sample), you will be sent a certificate of payment and a claim form. Please complete the claim form and submit to Hibernian Health within 60 days of final payment and a copy of your receipt. We will then send you a cheque for the appropriate refund, and your invoice will be returned to you for your records.

Please note: This benefit is subject to a 42 week waiting period. The mother must be a member. This benefit entitles you to claim per birth. Not all people are suitable for this service.

¹ Requirements: Under the EU Tissue & Cell Directives, Medicare will not issue collection kits to members unless the hospital and/or the consultant they are attending has signed a Service Level Agreement with Medicare and has completed appropriate training as directed by Medicare. Procurement of cord blood by untrained personnel may render your sample unsuitable for storage. Please contact Medicare Health & Living for further information.

4D SCANS

4D maternity ultrasound scans are becoming increasingly popular with expectant parents. These advances in ultrasound technology allow you to experience the first images of your baby and get a glimpse of some of their first movements. This is a great way to begin an early bond for both parents. Your scan will last approximately 40 minutes and you will be given photos together with a DVD of your scan so you can share your experience with family and friends until the arrival! Hibernian Health has an exclusive arrangement with Ultrasound Dimensions and InnerVision Ultrasound to bring you this innovative *benefit*.

PROVIDER	COST	HIBERNIAN HEALTH CONTRIBUTION
Ultrasound Dimensions	€195	€55
InnerVision Ultrasound	€175	€50

Booking Details

When booking your scan please let the service provider know that you are a Hibernian Health *member*. You will be asked to show your membership card on arrival.

Ultrasound Dimensions

21 Main Street, Blackrock, Co. Dublin
 Telephone: 085 747 0464
 Email: info@ultrasounddimensions.ie

InnerVision Ultrasound

Riverside, Newport Road, Castlebar, Co. Mayo
 Telephone: 094 90 60 677
 Email: info@innervision.ie

Claiming your benefit

At the clinic you will be given a claim form to complete which you need to send to us along with a copy of your invoice. We will then send you a cheque for the appropriate refund.

Please note: The mother must be a *member*. This *benefit* entitles you to claim per birth per *policy year*.

BREASTFEEDING CONSULTANCY

Many women choose to breastfeed however as many of our members have told us it doesn't always come naturally. Hibernian Health members can now claim up to €25 per session for up to two sessions with a qualified *breastfeeding consultant*. These sessions can provide you with practical advice and support on how to breastfeed successfully. For more information on *breastfeeding consultants* visit www.hibernian.ie/health. It's all there under 'member info'.

To avail of this *benefit* you must be on a Hibernian Health *policy*. All you have to do is collect your receipts, call our customer service team to register your claim and send the receipts with your membership details to us. We will process your claim and send you a cheque.

Please note: This *benefit* entitles you to one claim per birth (only one claim may be made in instances of twins or multiple births) and a 42 week *waiting period* applies.

PARTNER BENEFIT

Your other half needs help too! To help with all of those expenses that add up over the days while your partner is in hospital having your baby we have included a *benefit* to give you money back on a range of expenses. These include accommodation, travel or child care on the day the baby is born and for the day before or after the birth. We will give you up to €50 per day for the two days. To avail of this *benefit* you must both be on a Hibernian Health *policy*.

This *benefit* entitles you to one claim per birth per *policy* and a 42 week *waiting period* applies. The first step is to collect your receipts. These must include details on who provided the service, what the service was and the cost involved. Next, call our customer service team to register your claim and send the receipts with your membership details to us. We will process your claim and send you a cheque.

MEMBER DISCOUNTS

Discounted pregnancy products at The Pregnancy Store

The Pregnancy store distribute a wide range of pre and post natal products including maternity clothes, maternity essentials and beauty products such as creams and oils. Hibernian Health members can now access a 15% discount on all Pregnancy Store branded products bought in store on Dawson Street, Dublin 2 or at www.hibernian.ie/health. It's all there under 'member info'.

Please note: You will be asked to show your membership card in store or to enter your *membership number* online.

Discounted fertility testing products from MTC Healthcare

With one in six couples in Ireland affected by infertility and trends emerging in women having children later in life, fertility testing can be an important part of your family planning. Hibernian Health has arranged a 25% discount on a range of over the counter fertility testing products which can be purchased online to help control costs at this expensive time. For details of all of the products available visit our 'member info' area at www.hibernian.ie/health.

ASTHMA CARE PROGRAM

Asthma Care is an additional pioneering health *benefit* from Hibernian Health giving you and your family further opportunity to stay in control. Enjoy an active and improved quality of life through our exclusive arrangement with Asthma Care Ireland where our members now have the choice to apply a proven natural solution to dramatically reduce their rhinitis, wheezing, coughing and breathlessness.

This treatment involves an 8 hour course which is spread over three weeks and includes invaluable instruction and advice on correct breathing technique, diet and exercise. Kids can also take control with the special asthmacare4kids.com program.

ASTHMA CARE PROGRAM COST	HIBERNIAN HEALTH CONTRIBUTION
Child €275	€135
Adult €275	€65

You must be on a Hibernian Health *policy* to avail of this *benefit*. Regarding the *benefit* for children, your child must be a *member* of your *plan* and be under 18 at his or her last *renewal date*. Just keep your receipt, fill out the claim form at Asthma Care Ireland and send both of these with your membership details to us at Hibernian Health. We will send you a cheque once the claim has been processed.

Please note: When booking you or your child's programme Asthma Care Ireland will ask you to show your Hibernian Health membership card.

IN PATIENT STRESS & PSYCHIATRIC BENEFITS

We offer extensive access to *in patient* stress and psychiatric *benefits*, covering more *treatment* centres than anyone else.

We will provide full cover for up to 180 days in any 12-month period for *treatment* other than for alcohol or substance abuse (less any days paid for under another *health insurance contract* during this period).

This includes:

- *treatment* relating to eating disorders such as bulimia and anorexia
- *treatment* for gambling addiction
- *consultant* psychiatrist care.

We will cover psychiatric *in patient treatment* for alcohol or substance abuse for 91 days over a 5 year period (less any days paid for by another *health insurance contract* during this period).

NURSE-ON-CALL

To put you even more firmly in control, you have unlimited access to our team of qualified *nurses* for non-emergency medical information. **Nurse-on-call** is a telephone-based service that provides general, non-diagnostic information.

You can discuss symptoms and worries and receive comprehensive information on a range of topics such as travel health, nutrition, diet, sports injuries, smoking and alcohol, sexual health and contraception.

The phone line is staffed by qualified *nurses* 24 hours a day, 365 days a year. To contact **nurse-on-call** please phone 1850 946644. All calls will remain fully confidential.

AMBULANCE COSTS

We will cover ambulance costs if your *consultant* certifies that transfer by ambulance is *medically necessary* because you are seriously ill or disabled, and you are transferred to or between our listed hospitals in a private or semi private bed or to a listed approved *convalescent home* from such a hospital bed.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

BENEFIT FOR CONVALESCENCE COVER

If you need some extra time to recuperate before going home, you're entitled to the *benefits* set out in the table below. We now cover over 400 convalescent homes around the country, all registered with the Health Service Executive.

To avail of this cover your *consultant* must decide and we must agree that it is necessary for medical reasons for you to stay in one of our listed approved convalescent homes. To be eligible for this *benefit*, your stay must be in a room in a convalescent home on our *list* of approved convalescent homes immediately after a *medically necessary in patient* stay in hospital that is covered under your Hibernian Health *plan*.

CONVALESCENCE COVER	
	Maximum benefit
LEVEL 1	€26 a day for up to 16 consecutive days
LEVEL 2	€50 a day for up to 16 consecutive days
LEVEL 3	€50 a day for up to 16 consecutive days
LEVEL 4	€75 a day for up to 16 consecutive days
LEVEL 5	€75 a day for up to 16 consecutive days

ACCIDENT & EMERGENCY ABROAD

To access this *benefit*, you must call the international assistance number 00353 818 200016 (which is also stated on your membership card) in advance of receiving any *treatment*. The international assistance number is also available by contacting Hibernian Health either over the phone or on our website. Hibernian Health or an agent of Hibernian Health must arrange all services.

This *benefit* will only be paid where the *member* is on a *temporary stay abroad*. We will make every effort to pay your *in patient* hospital or

professional bills directly. In the event that we cannot do so, please retain all original receipts and contact us on your return.

If you have other forms of insurance such as travel or *accident* insurance while abroad, you must notify us of this at the time of the claim and, if necessary, provide details of your insurance cover.

We recommend that you obtain a European Health Insurance Card before you travel. You can obtain information on how to apply for this card on www.ehic.ie.

If you have an accident while on a temporary stay abroad, or require treatment due to an emergency we will:

- Arrange to pay your hospital bill up to €55,000 on Level 1 and €100,000 for Levels 2-5 for *in patient treatment* abroad.
- Provide 24 hour telephone assistance service while abroad.
- Refer you to a doctor or an appropriate medical facility/hospital where you can receive appropriate *treatment*.
- Liaise with the hospital while you are undergoing care.
- Ensure you have access to an English speaking person, if required.
- Contact your *G.P.*, family and employer if required.
- Pay up to €1,000 towards the expenses of a companion who is with you and remains with you while you are in hospital and up to a further €1,000 for a companion who is required to travel with you during your repatriation.
- Pay an amount up to €1 million towards your repatriation, organised by us, should we decide that this is appropriate or *medically necessary* (this includes any cost of repatriation of your mortal remains in the case of your death).

An accident or emergency abroad does not include any circumstances arising as a result of:

- Normal pregnancy or giving birth.
- Your travelling against medical advice or if you were travelling when you were suffering from a *terminal illness*.
- Your travelling abroad to get *treatment* or if you knew before travelling that *treatment* might be required.
- Conditions arising from drinking alcohol.
- Conditions arising from *drug abuse*.
- Conditions arising from deliberately injuring yourself.
- Any nervous or mental condition.
- Injuries caused during *hazardous sports*.
- Injuries received while breaking the law.
- Injuries caused by air travel unless as a passenger on a licensed aircraft operated by a commercial airline.
- Injuries sustained while travelling in a country where travel in that country would be against the advice of the Irish Department of Foreign Affairs.

OVERSEAS TREATMENT

Hibernian Health is delighted to offer this unique *benefit* to our *members*. Please remember that all *procedures* carried out outside of *Ireland* must be pre-authorised by Hibernian Health. A copy of our pre-authorisation form must be filled out prior to undergoing *treatment* not available in *Ireland*. For a copy of our pre-authorisation form please contact us on 1850 717 717.

Benefits abroad for procedures that are available in Ireland

If you are covered for a *medically necessary procedure* in *Ireland*, but for whatever reason want to have it carried out abroad, we can help you make it happen.

We will cover you for medical costs up to the amount that we would have paid in respect of the same *procedure* in *Ireland* for your level of cover, subject to the conditions on this page. You can find out how much this would be by writing to or emailing Hibernian Health.

We shall send you an international claim form and will set out the maximum amount payable by Hibernian Health for the *procedure*. In the event of unforeseen medical costs arising for additional *medically necessary treatment* from the same episode of care, we will cover you for an amount up to the amount of the costs that would have arisen in *Ireland*, and for which you would be covered for equivalent additional *treatment*.

Other general conditions related to overseas treatment

In order to request cover for a *surgical procedure* in an overseas facility, you must advise us of the proposed *surgical procedure*. You must forward us a medical opinion from your *consultant* stating:

- the type of primary *surgical procedure* you require
- that the *surgical procedure* is *medically necessary* for you
- the name and address of the medical facility where you are requesting that this *procedure* is to be performed
- that such or a similar *surgical procedure* cannot be performed in *Ireland* (if applicable)
- your medical prognosis after this *surgical procedure*.

We will then decide whether to approve your request for *treatment* outside *Ireland*. We may refer to third parties (including Hibernian Health's *medical advisors*) prior to making this decision. Hibernian Health will not contribute to the costs that you incur in obtaining a written medical opinion from your *consultant*.

In all cases, Hibernian Health will reserve the right at its sole discretion to approve or decline approval for a *procedure* based on the cost of the *procedure* and the advice of our *medical advisors*. The cost of travel for the *treatment* abroad is not covered by Hibernian Health.

You can claim your overseas *benefits* by filling in the international claims form and following the guidelines set out on page 34.

Benefits abroad for surgical procedures that are not available in Ireland

We offer you further peace-of-mind by providing cover for you overseas for new or emerging *surgical procedures* that are *medically necessary* for you but not available at this time in *Ireland* as long as you are fully covered for *surgical treatment* for the relevant condition here in *Ireland*.

Your cover for *hospital costs* will be equal to the equivalent *hospital costs* (for which you are covered) in *Ireland*. Your cover for the *surgical procedure* will be equal to the amount that would have been payable for the most similar *procedure* to treat the same conditions that is available in *Ireland*.

To benefit from this overseas *treatment*, you must obtain pre-authorisation in accordance with the general conditions on page 17 and the specific conditions set out on page 18.

Subject to the conditions listed below, the general conditions on page 17 and the other conditions contained in this handbook, Hibernian Health will cover *surgical procedures* that are not available in *Ireland*.

This cover is subject to the following additional conditions:

- the *surgical procedure* must relate to a condition for which *treatment* is normally available in *Ireland*, but where the specific *surgical procedure* proposed is not available in *Ireland*.
- you must be covered under your Hibernian Health *plan for treatment in Ireland* that is related to the same condition and has the same objective as the proposed overseas *surgical procedure*.
- the *surgical procedure* must, in the opinion of Hibernian Health's *medical advisors*, be medically proven to be a more effective method of *treatment* than alternative *surgical procedures* that are available in *Ireland*.
- your *consultant* must certify that there is a reasonable medical prognosis should this *procedure* be carried out and our *medical advisors* must agree.
- the *surgical procedure* must not be controlled by a national register of waiting lists for transplants or other complex *procedures*.

These *surgical procedures* are in all cases subject to prior approval by Hibernian Health. Hibernian Health retains discretion in relation to approval of all cases in consideration of all the applicable terms and conditions.

In the event of 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 amount of the costs that would have arisen in *Ireland*, and for which you would be covered, for equivalent additional *treatment*.

Hibernian Health 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*.

OUT PATIENT COVER

Your 'i plan' *out patient benefits* include cover for *consultant visits*, radiology costs and pathology costs, among others. All *benefits* other than *out patient scans* in an *approved treatment centre for scans*, are subject to an excess of €150 per *member per policy year*. The overall maximum amount of *benefits per policy year on out patient costs* is €4,000 per *member*. This includes *out patient scans*.

If you have opted for our **day-to-day 50 benefits** (please consult your member certificate to confirm this), you will normally claim the *benefits* marked below with an asterisk* as part of the **day-to-day 50 plan** rather than as *out patient benefits*.

We will determine which is more beneficial for you and process your claim accordingly. Please note a *benefit* cannot be claimed as both an *out patient benefit* and a **day-to-day benefit**.

For full details of cover under your **day-to-day 50 plan**, please go to page 27.

TYPE OF TREATMENT:	BENEFITS PER POLICY YEAR:
Consultant fees*	Covered up to €55 per visit
Pathology:*	Covered up to €20 per referral Fully covered at all hospitals and centres listed by Hibernian Health
Consultant fees Cost of test	
Radiology:*	The <i>benefit</i> stated within the <i>schedule of benefits for professional fees</i> Fully covered at all hospitals and centres listed by Hibernian Health
Consultant fees Cost of test (excluding <i>out patient scans</i> as listed on page 18)	
Emergency dental care	Covered up to €450
Pre/post natal consultant care*	Covered up to €400
Home nursing	Covered up to €40 per day for up to 20 consecutive days
Public hospital out patient levy	Covered up to €20 per annum
Scans	Please see specific <i>out patient scan benefit</i> on page 18
Medical and surgical appliances	Please contact us to find out whether any particular appliance is eligible for <i>benefit</i>
Psycho-Oncology Counselling*	Covered up to €40 per visit for up to 5 visits per <i>policy year</i>
Manual Lymph Drainage*	Covered up to €40 per visit for up to 5 visits per <i>policy year</i>

For full details on all plans

OUT PATIENT SCANS

Medically necessary out patient MRI and CT scans are covered. MRI scans must relate to diagnosis or investigation of a listed specified condition (see *list* of specified conditions).

If your MRI or CT scan is carried out in a Hibernian Health approved treatment centre for scans, the cost is fully covered and paid directly by Hibernian Health, whatever level of cover you have selected.

For Levels 2–5 members, PET-CT scans are also fully covered when:

- carried out in an approved treatment centre for scans
- carried out for one of the Hibernian Health clinical indicators
- pre-approved by our medical advisors
- referred by a consultant

If you choose to use a centre that is not listed we shall contribute an amount towards your treatment as set out in the table below. Note that this amount can be claimed at the end of the policy year, and will be subject to an out patient excess as described under the heading 'out patient cover' on page 19.

Out patient scans not carried out in an approved treatment centre for scans are subject to the out patient excess of €150 per member per policy year.

EMERGENCY DENTAL CARE

Emergency dental care must be medically necessary and provided immediately after an accident. The restorative dental treatment provided must alleviate pain, alleviate inability to eat, or treat any acute dental condition which represents an immediate and serious threat to the Hibernian Health member's general health.

HOME NURSING

Home nursing must be certified as medically necessary and must be provided by a qualified nurse who is a member of An Bord Altranais.

The nurse will give you a receipt which you should keep to claim this benefit. The home nursing must be carried out immediately following an in patient stay in hospital.

PRE/POST NATAL CARE

As part of your maternity benefit, we will give you up to €400 to cover the cost of your pre and post natal care, which must be provided by a consultant or G.P.

Please note that if you have purchased a day-to-day 50 plan, this benefit can be claimed through either day-to-day 50 (subject to a waiting period) or as an out patient claim subject to the out patient excess. We will process your claim for this based on the more appropriate option for you.

The pre/post natal care must occur in the period 9 months before and 3 months after the anticipated delivery date.

PSYCHO-ONCOLOGY COUNSELLING

This benefit is available to members after in patient or day case chemotherapy and you must be referred to a psychologist by your consultant.

Please note: If you have purchased a day-to-day 50 plan, we will process your claim as a day-to-day 50 benefit.

MANUAL LYMPH DRAINAGE

This is an advanced form of massage that aims to stimulate the lymphatic system, and so remove congestion and stagnation from within the body. The treatment involves a consultation and a massage using gentle rhythmic techniques. This benefit is available to members for certain listed conditions. Please contact us to get our list of MLD conditions on 1850 717 717.

Treatment must be provided by a member of MLD Ireland.

Please note: If you have purchased a day-to-day 50 plan, we will process your claim as a day-to-day 50 benefit.

All of the above benefits are subject to the out patient excess of €150 per member per policy year. Please note that if you have purchased day-to-day 50 with your hospital plan, then all the claims for the benefits indicated above will be processed as day-to-day 50 benefits and not as out patient benefits.

OUT PATIENT SCAN	TYPE OF CENTRE	BENEFIT
PET-CT	Non approved treatment centre for scans	Not covered
MRI	Non approved treatment centre for scans	covered up to €350 for each scan
CT	Non approved treatment centre for scans	covered up to €200 for each scan

Out patient scans not carried out in an approved treatment centre for scans are subject to the out patient excess of €150 per member per policy year.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

CLAIMING YOUR BENEFITS

Your lifestyle benefits are all about putting you in control of taking a proactive approach to your health. For most of the following *benefits*, the service provider will provide you with a claim form, which you need to send to us along with your invoice once your *treatment* is complete. We will then send you a cheque for the appropriate refund for your *treatment*, and your invoice will be returned to you for your records. When booking any of these *treatments*, please let the service provider know that you are a Hibernian Health *member*. You will be asked to show your membership card on arrival for your *treatment*.

TEETH WHITENING

Your *plan* covers you for a variety of treatments at Smiles Clinics so you can choose whichever suits you best and get that beautiful, gleaming white smile you've always wanted. For more information on Smiles visit www.smiles.ie.

Please see the table below for the *treatments* covered.

Booking your treatment

There are no *waiting periods* so you can book in as soon as you join. To access this *benefit*, simply book an appointment with Smiles Cosmetic Dental Clinic on 1850 323 323. They are located on South Anne Street, Dublin 2, O'Connell Street, Dublin 1, Tallaght, Dublin 24, Middle Street, Galway, Oliver Plunkett Street, Cork and Fair Street, Drogheda. You will be given a free consultation which will be provided by a *dentist* before any treatment is undertaken. Remember to bring along your membership card to your appointment.

Please note: This *benefit* is only available for the *treatments* specified and through the provider specified. This *benefit* is not available with other promotions through Smiles facilities. Not all people are suitable for these *treatments*. Where *treatment* is not supplied for the entire mouth the Hibernian Health contribution shall be pro rata.

TEETH WHITENING TREATMENT TYPE	Treatment cost	Hibernian Health contribution
Smiles in Office Treatment	€600	€250
Smiles at Home Matrix Kit	€350	€75
Smiles in Office Treatment and Smiles at Home Matrix Kit	€750	€250
Dental Veneers by Lumineers Treatment	€3,750	€500

LASER EYE SURGERY

Another great *benefit* included in your *plan* is Wavefront laser eye surgery with Optilase Laser Eye Clinic. Wavefront is the latest generation of guided laser technology and has been developed to overcome side effects such as night-time glare.

The current cost of this surgery is €3,190 for two eyes. However, through our exclusive arrangement with Optilase Laser Eye Clinic, we will refund you €1,000 for two eyes once the surgery has been performed. Please note that Hibernian Health *members* will pay the full initial outlay and we will then refund you once we have received your claim.

This treatment package includes:

- Initial consultation
- Procedure
- Patient documentation
- Post procedure review
- 12 months' post procedure review

Booking your treatment

There are no *waiting periods* so you can book in as soon as you join. To access this *benefit*, you need to book an appointment with Optilase Laser Eye Clinic on 01 6030905. Optilase Laser Eye Clinic is located in the Ely Clinic, 19 Ely Place, Dublin 2. For further information on this clinic and the Wavefront *procedure*, please visit www.optilase.com.

Please note: The *benefit* is only available for the *treatment* specified through the provider specified. Not all people are suitable for Wavefront *treatment*. Where *treatment* is not supplied for both eyes the Hibernian Health contribution shall be pro rata.

CERVICAL CANCER VACCINATION

Hibernian Health is the only health insurer in Ireland to offer this pioneering *benefit*. We believe prevention is better than cure and that's why we will give you money back on cervical cancer vaccination with Charter Medical Group.

CHARTER MEDICAL GROUP	Cost	Hibernian Health Contribution
Cervical Cancer Vaccination	€610	€250

Booking your treatment

There are no *waiting periods* so you can book in as soon as you join. To access this *benefit*, you need to book an appointment with Charter Medical Group on 01 6579000 or email vaccination@chartermedical.ie.

Charter Medical Group are located in Smithfield, Dublin 7. For more information on Charter Medical Group visit www.chartermedical.ie

QUITTING SMOKING

Hibernian Health is the only health insurer to offer *members* access to Allen Carr's Easyway to Stop Smoking Clinics. By quitting, you immediately feel the benefits in your daily life and increase your long-term health prospects and life expectancy – putting you back in control.

Allen Carr's Easyway to Stop Smoking Clinics are held in 5-hour group sessions with a fully qualified therapist. Most people need just one session, but short booster sessions are available within a three-month period, free of charge, for those who need them.

The cost of attending an Allen Carr's Easyway to Stop Smoking Clinic is €320 and we will refund €110 to you 90 days later.

Booking your treatment

To register for an Easyway session, LoCall 1890 379 929 and book an appointment for a clinic. There are no waiting periods so you can book in as soon as you join. For more information on the Allen Carr method, visit www.easyway.ie.

If you are still a non-smoker after 90 days, please send your claim form to Hibernian Health, along with a copy of your original guarantee form which you will have received on the day of your clinic.

We will process your claim and send you a cheque for €110. If you need to attend an Allen Carr Clinic again after the 90 day period, the *benefit* will be calculated on a pro rata basis. Terms & conditions for Allen Carr's Easyway to Stop Smoking also apply.

HEALTH SCREENING

Hibernian Health recognises the importance health screening plays in helping members to take greater control of their health. Simple tests like cholesterol, blood pressure and body mass index can help you understand and manage your health more effectively as well as assisting in the early detection of illness. Health screens can also assess risk factors based on your family history and lifestyle assessment and will provide you with information and advice on maintaining your health and fitness.

Your Hibernian Health *plan* will give you money back on an annual health screen with two exclusive providers. You can choose from either provider to have your annual health screen. Each *member* is entitled to claim one health screen per *policy year*. There are no *waiting periods* so you can book in as soon as you become a *member*. The booking details are outlined below. We are constantly working to add new *benefits* and providers so keep an eye on www.hibernian.ie/health for updates.

If you have also purchased a **day-to-day plan** which includes a health screen, we will add this amount to the *benefit* and it will be included in the cheque you'll receive from Hibernian Health.

BOOKING DETAILS

Charter Medical Group

Smithfield, Dublin 7

E: hibernianhealthscreening@chartermedical.ie

Ph: 01 657 9000

EHA

Ballybricken, Waterford	051 855 411
Blackrock, Cork	021 453 6000
Charlotte Quay, Limerick	061 212 500
IFSC, Dublin 1	01 670 1820
Moate, Westmeath	090 648 1206
Oranmore, Galway	086 236 1131

CHARTER MEDICAL GROUP	Cost	Hibernian Health contribution
Female screen (*Optional cervical smear add on €50)	€130	€35
Female screen with cervical smear & DEXA	€270	€75
Male screen (*Optional PSA add on €50)	€130	€35
Executive Health Screen	€490	€140
Executive Health Screen & DEXA	€580	€180
EHA		
Standard Health Screen	€85	€35
Executive Health Screen	€300	€100

*We would recommend that you include the additional cervical smear or Prostate Specific Antigen (PSA) test add ons where advised.

For more detailed information visit the health screen section of our website www.hibernian.ie/health or call us on 1850 71 66 66 and quote your Hibernian Health *membership number*.

LIVING A HEALTHY LIFE

We have designed the **day-to-day** benefits in your *plan* to help you take control of your health in a way which is genuinely easy and pain-free. On your ‘i plan’, you have access to a wide range of medical practitioners and other **day-to-day** practitioners, both in *Ireland* and abroad.

DAY-TO-DAY BENEFITS

These *benefits* have been designed to cover your **day-to-day** medical expenses. Please refer to your membership certificate to determine whether your *plan* includes cover for **day-to-day a** or **day-to-day 50**. We will add €1 to the amount of your claim and deduct an excess of €1. This has no effect on the amount that we pay you, and is carried out purely for compliance reasons. Please see across for detailed *benefits* on our **day-to-day plans**.

DAY-TO-DAY A (see below for full list of *benefits*)

DAY-TO-DAY 50 (see next page for full list of *benefits*)

LIST OF OTHER DAY-TO-DAY PRACTITIONERS

- Acupuncturist
- Chiropodist
- Chiropractor
- Dietitian
- Homeopath
- Massage therapist
- Medical Herbalist
- Occupational therapist
- Osteopath
- Physical therapist
- Podiatrist
- Reflexologist

DAY-TO-DAY A BENEFITS	
G.P. visits	€30 – 3 visits per year
Dentist	€30 – 3 visits per year
Physiotherapist	€30 – 3 visits per year
Other day-to-day practitioners	€30 – 3 visits per year
Health screen	€50 per annum
Hearing test	€30 per annum
Eye test	€30 per annum
Glasses/Lenses	€30 – once every two years

DAY-TO-DAY 50 BENEFITS	AMOUNT COVERED	MAX VISITS
G.P. visits	50% of charge up to €30 per visit	15
Prescription	50% of charge up to €25 per annum	No limit
Consultancy fees (excluding maternity)	50% of charge up to €70 per visit	No limit
Pre/Post natal consultant care ¹	50% of charge up to €250 per annum	No limit
Dentist	50% of charge up to €25 per visit	8
Eye test	50% of charge up to €25 per visit	1
Hearing test	50% of charge up to €25 per visit	1
Physiotherapy visits	50% of charge up to €25 per visit	8
Other day-to-day practitioners	50% of charge up to €25 per visit	Max of 8 visits to each of the practitioners listed on page 26.
Psycho-oncology counselling	50% of charge up to €25 per visit	8
Manual lymph drainage	50% of charge up to €25 per visit	8
Health screen	50% of charge up to €100 per annum	No limit
Pathology - cost of test	50% of charge	No limit
Pathology consultant fees	50% of charge as per <i>schedule of benefits for professional fees</i>	No limit
Radiology ² - cost of test	50% of charge	No limit
Radiology ³ consultant fees	50% of charge as per <i>schedule of benefits for professional fees</i>	No limit

¹ Subject to a 42-week waiting period.

² MRI, CT or PET-CT scans are not included under radiology in **day-to-day 50** benefits.

With **day-to-day 50** the overall maximum amount of *benefits* per member per policy year is €8000.

part three

Hibernian Health terms and conditions

Waiting Periods applicable for all in patient treatment and day case treatment only:

Waiting periods will apply to any new Hibernian Health member:

- who has never been insured under a health insurance contract,
- who is subject to a waiting period with another health insurer, or
- whose membership under another health insurance contract ended more than 13 weeks before joining the Hibernian Health plan, or
- who upgrades their level of cover.

If a waiting period applies:

- a) a person under the age of 55 on the date of becoming a Hibernian Health member must wait 26 weeks before he/she is fully insured under his/her plan benefits.
- b) a person over the age of 55 and under 65 on the date of becoming a Hibernian Health member must wait 52 weeks before he/she is fully insured under his/her plan benefits.
- c) a person over the age of 65 on the date of becoming a Hibernian Health member must wait 104 weeks before he/she is fully insured under his/her plan benefits.
- d) maternity or pregnancy benefits are not covered for 52 weeks from the date of becoming a Hibernian Health member. The exclusion period applicable to new members for the following benefits is 42 weeks:
 - Post natal home help
 - Doula services
 - Cord blood stem cell preservation
 - Breastfeeding consultancy
 - Partner benefit

If there is a break of more than 13 weeks between health insurance contracts, the application will be deemed to be a new application for membership.

Should you suffer an accident or injury before

your waiting period ends you will be insured for medically necessary treatment resulting from the accident or injury.

If you have previously been insured then the waiting period shall start from the commencement date of your previous or original health insurance contract as long as there has not been more than a 13 week break in cover.

If you apply to include your child on your contract within 13 weeks of his/her birth waiting periods shall not apply.

Waiting periods for day-to-day benefits

These apply to any new Hibernian Health member over 55:

- who has never been insured under an equivalent health insurance contract, or
- who is subject to a waiting period with another health insurer, or
- whose membership under another health insurance contract ended more than 13 weeks before joining the Hibernian Health plan, or
- who is enhancing his or her benefits.

In such cases a one year waiting period for members over 55 and under 65 and a two year waiting period for members over 65 will apply before you are eligible to claim for any day-to-day benefits. Maternity or pregnancy benefits are not covered for 42 weeks from the date of becoming a Hibernian Health member unless switching from an equivalent plan.

Exclusion periods for pre-existing conditions

This exclusion applies to all in patient benefits offered under your plan.

If you have a pre-existing condition, as determined on medical advice, then the following exclusion periods will apply before any claim will be paid relating to that condition. Please note that these periods begin to run from the date you first become insured under any health insurance

contract and do not start again on becoming a Hibernian Health member unless there has been a lapse in cover of over 13 weeks.

If this exclusion for pre-existing conditions applies, the length of the exclusion period is as follows:

- persons aged under 55 on date of joining – 5 years
- persons aged 55-59 on date of joining – 7 years
- persons aged 60 or over on date of joining – 10 years

Please note that a pre-existing condition is determined from the date the condition commences rather than the date upon which the member becomes aware of the condition. A pre-existing condition may therefore be present before giving rise to any symptoms or being diagnosed by a doctor.

Exclusion period following an upgrade of cover

If you increase the level of cover within your plan by either changing to a more comprehensive Hibernian Health plan or switching to Hibernian Health from another insurer (without 13 weeks having elapsed since being covered under a health insurance contract) a supplementary exclusion period will apply to all increases in cover in relation to any condition that existed prior to the date of upgrade in cover.

Benefits for treatment for such conditions during this supplementary period will be paid up to the amount that would have been payable under your old health insurance contract if the benefit for the treatment would have been payable under your old health insurance contract.

The supplementary exclusion period shall be two years following the change to a higher plan but five years for people aged 65 or over.

The supplementary exclusion period for any maternity or pregnancy related conditions shall be one year. The exclusion period applicable to new members for the following benefits is 42 weeks:

- Post natal home help
- Doula services
- Cord blood stem cell preservation
- Breastfeeding consultancy
- Partner benefit

Applicable rules – general terms and conditions

The following rules will apply in settling any claim under your plan.

- The level of cover within your contract will at all times govern the amounts payable.
- Benefits will be paid for the medically necessary treatment that you receive and are eligible for while you are a member.
- We will pay 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.
- We will not pay benefits for treatment which you receive while you are not a member of a Hibernian Health plan.
- 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.
- Where your hospital, consultant, ambulance or other provider does not have an agreement on pricing with Hibernian Health, Hibernian Health will only pay these benefits to specified amounts which may not cover the entire cost of your treatment. The specified amounts for non participating consultants' fees are set out in the schedule of benefits for professional fees. To confirm what we will pay, please contact us on 1850 717 717.

For full details on all plans

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- Where the amount charged is less than the cover within your *policy*, this lesser amount shall be paid.
- Hibernian Health will not pay 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. We will only pay the amount that would have been settled had the *treatment* been carried out on a *day case* or *out patient* basis up to the level of cover your *plan* would have provided. This will be determined based on the established medical practice for that condition.
- Hibernian Health will not pay any claims for *day case treatment* where on medical advice we determine that the *treatment* should have been provided as an *out patient* rather than *day case treatment*. In such circumstances and if the relevant health services were provided in a *private hospital*, we will pay the rate due as an *out patient* based on the level of cover provided under your *plan*. This will be determined based on the established medical practice for that condition.
- We will not pay any claim should we find you are breaching any of the terms of your membership. In addition, you must notify us of any other cover you may have pursuant to any other insurance contract that may cover all or any part of your claim.
- 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.
- 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.

- We will pay *benefits* after deducting any withholding tax or other deductions required by law.
- If there is any other insurance or fund covering any of the *benefits* provided under this *policy* you must disclose this to us and we shall not be liable to pay or contribute more than our rateable proportion up to the specified limits.
- 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 it will be necessary to provide some of your membership details to a hospital, approved centre, doctor or *consultant*. Any such disclosure will be limited strictly to the purpose for which it is required under your *health insurance contract* and will at all times be made in strictest confidence.

If the *benefits* do not cover the full cost of your *treatment*, you are responsible for paying the remaining balance. You should request details of all costs from the hospital and *consultant* prior to incurring any *treatment* where full insurance cover may not be provided.

Any documents you forward to us will not be returned unless you specify such, at the time you send them.

It is solely at the discretion of Hibernian Health 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 your premiums. We shall deem your membership to have ended where no premium has been paid. Membership may be resumed and made retroactive once all sums due are paid within 2 weeks from when the first default occurred.

- You make a fraudulent claim or statement to us or any other health insurer, which may have caused us or the other insurer financial loss. We will refund any premiums paid in advance of this date since your last renewal and cancel all cover from the start date of your *policy*.
- You leave *Ireland* for six months or more and do not intend to return permanently to *Ireland* within the following two years. We will refund any premiums paid from the date you permanently left *Ireland*.

Costs not covered under your Hibernian Health *plan*:

- In patient treatment* or *day case treatment* carried out during any *waiting period* that may apply.
- In patient treatment* or *day case treatment* for *pre-existing conditions* during any applicable exclusion period.
- Treatment* that is not *medically necessary* or required.
- Drug therapy which we reasonably decide, based on established medical opinion in *Ireland*, is experimental or unproven and not an *established treatment*.
- Shortfall in cover for:
 - any *treatment* or provider unless we have specified that we provide full cover;
 - any hospital that is not listed as a *participating hospital*;
 - a non-participating *consultant*;
 - a provider that is not listed.
- Treatment* relating to any orosurgical *procedures* or orthodontic *treatment* unless it is a surgical or medical *procedure* listed under the *schedule of benefits for professional fees*.
- Fees for non-attendance or late cancellation of an appointment.
- Gender reassignment *treatment*.

- Treatment* relating to *transplants* unless specified in the *schedule of benefits for professional fees*.
- Preventative or maintenance *treatment* unless specified in the *schedule of benefits for professional fees*.
- Treatments* not covered under your *health insurance contract*.
- Long-term nursing care, or long-term *convalescence*.
- Any form of vaccination other than stated in this handbook.
- Charges for drugs or medication unless provided as an in patient and as agreed with the hospital.
- Family planning or contraceptive measures – this includes any form of infertility *treatment* or reversal thereof and assisted reproduction other than the benefit available from MTC Healthcare.
- Treatment* programmes for weight reduction or eating disorders other than anorexia nervosa and bulimia.
- Participation in clinical studies or trials.
- Where injury or illness is caused by virtue of war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster.
- Where the *treatment* is given by a practitioner who is a member of the insured's immediate family unless this is pre-authorised by Hibernian Health in exceptional circumstances.
- Expenses for which the *member* is not liable.
- Treatment* for any symptoms, which are not due to any underlying disease, illness or injury.
- Nursery fees.
- Cost of a medical certificate, medical records, or the costs associated with obtaining details of medical history.

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- *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 other than *benefit* available under the Optilase Laser Eye Clinic.
- *Treatment* outside *Ireland* that is not needed as a result of an *accident* or *emergency*, unless it has been pre-authorised by Hibernian Health.
- Accommodation charges that are not related to *medically necessary treatment*.
- *Treatment* by a *consultant* 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.
- Health screening unless provided as a **day-to-day benefit** or as specified in this handbook.
- Any penalty charge in lieu of Health Act contributions.
- Renal dialysis except for the *consultants' fees* prescribed within the *schedule of benefits for professional fees*.
- Psychology (other than Psycho-oncology counselling post chemotherapy treatment)

Complaints and Comments

Should you have any complaints or comments about any service provided by Hibernian Health or about your *health insurance contract* please contact us either by phone, in writing or via email to support@hibernianhealthinsurance.ie.

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

The Managing Director
Hibernian Health
P.O. Box 764
Togher
Cork

If you remain dissatisfied with Hibernian Health you may refer your complaint within 28 days to the Financial Services Ombudsman 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

Hibernian Health agrees to be legally bound by any decision made by the Financial Services Ombudsman Bureau.

Changes to this agreement

Changes may be made to this agreement from time to time. *Benefits* may be enhanced during the year, please call Lo Call 1850 717717 or visit www.hibernian.ie/health to stay informed. 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 (or necessitated by a change in agreement with hospitals), 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 *Ireland*.

part four how to use your 'i plan'

Joining Hibernian Health

To join the *plan* you must be a *resident of Ireland*. The contract will last until the *renewal date* specified on your membership certificate.

As soon as we receive your first payment, you will be covered from the commencement date under your Hibernian Health *plan* subject to the terms and conditions of your *plan*.

How to make a claim under your 'i plan'

If you are in any doubt about whether or not you are covered, you should contact us, prior to undergoing *treatment*. We can then confirm your level of cover which will assist you with your claim. Please provide your *membership number* when you contact us. Please forward all claims that you have settled to us within 3 months following the end of your *policy year*.

In patient and day case claims

We have a direct payment arrangement with a number of hospitals. This means we will settle the bill directly with the hospital if the claim is for eligible *in patient*, *day case* or *maternity treatment* or for a scan performed in our listed *approved treatment centres for scans*.

You may call us on 1850 717 717 to find out whether a specific hospital has a direct payment arrangement with us.

A hospital that has a direct payment arrangement will provide you with the claim form to sign at the end of your stay in hospital. The hospital will then submit the claim form to us for settlement.

If the hospital does not have a direct payment arrangement with Hibernian Health you will need to complete the claim form and pay the bill. The hospital will supply you with a claim form or alternatively you can contact us to request one or you can download one from our website at www.hibernian.ie/health. 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 ensure that you send the completed claim form and all receipts to us when you are discharged from hospital. In this manner we can swiftly assess the claim and reimburse you for all *eligible treatment*.

Out patient claims

If you are making a claim for *out patient benefits*, you should settle directly with your health care provider. You must retain your receipts. At the end of your *policy year* you must call us to register your claim.

After this call, you must send all receipts to us to ensure that we can reimburse you for all *eligible treatment*.

Please check that all receipts state:

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

All receipts must be sent to Hibernian Health, PO Box 764, Togher, Cork within 3 months after your *renewal date*. If you have also purchased a **day-to-day 50 plan**, remember that many *out patient benefit* claims will be processed by us from this *plan* rather than as an *out patient benefit*. Please note a *benefit* cannot be claimed twice as both an *out patient benefit* and a **day-to-day benefit**.

Day-to-day claims

If you are making a claim for **day-to-day benefits** you will need to settle directly with your doctor or health care provider. You must retain your receipts.

At the end of your *policy year* you must call us to register your claim. After this call you must send all receipts to us to ensure that we can reimburse you for all *eligible treatment*.

For full details on all plans

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Please ensure that all receipts state:

- the full name of the *member* receiving *treatment*,
- the type of practitioner that you attended,
- the date the *treatment* was received and
- the name, address and qualifications of the practitioner providing the care on the practitioner's headed paper.

In the case of claims for *prescriptions* please provide a copy of the form marked 'prescription claim form' issued by your pharmacist.

All receipts must be sent to Hibernian Health, PO Box 764, Togher, Cork within 3 months after your *renewal date*.

Please note a *benefit* cannot be claimed as both an *out patient benefit* and a **day-to-day benefit**.

Claiming for *accident and emergency cover abroad*

Hibernian Health will only pay for services under this *benefit* where a *member* uses the international assistance number stated on the membership card in advance of receiving any *treatment* and follows the advice given.

We shall make our best endeavours to pay your in patient hospital or professional bills directly. However, in the event we cannot do so, please retain all original receipts and contact us on your return.

Claiming for *overseas treatment*

Claiming for *procedures that are available in Ireland*

If Hibernian Health pre-authorises your *overseas treatment* we will send you an international claim form.

This claim form must be fully completed and signed by both you and your treating *consultant*. You will need to settle the claim directly with the hospital but once we have received the completed international claim form and all corresponding

receipts, we can reimburse you swiftly for all *eligible treatment*.

We will pay for the cost of the *procedure*, associated hospital charges and the reasonable costs of unforeseen, additional and *medically necessary procedures* up to the level of *benefit* that we would have paid for the same *procedure* and related charges for you in *Ireland* in a hospital and accommodation type for which you are covered as set out in the pre-authorisation. Travelling costs are not included.

Payment will only be made if a completed international claim form and a receipt or receipted invoices are received by us, including sufficient information for us to assess your claim. Payment will always be in line with the cover provided under the *plan* you are on at the time *treatment* was received, and as long as your premium payments are up to date and *treatment* has been pre-authorised.

Claiming for *surgical procedures that are not available in Ireland*

When Hibernian Health pre-authorises your *overseas treatment* we will send you an international claim form.

This claim form must be fully completed and signed by both you and your treating *consultant*. You will need to settle the claim directly with the hospital but once we have received the completed international claim form and all corresponding receipts we can reimburse you swiftly for all *eligible treatment*.

We will pay for the cost of the *procedure*, associated hospital charges and the reasonable costs of unforeseen, additional and *medically necessary procedures* up to the level of *benefit* that we would have paid for the most similar *procedure* and related charges for you in *Ireland* in a hospital and accommodation type for which you are covered as set out in the pre-authorisation. Travelling costs are not included.

Making changes to your *plan*

Hibernian Health has a range of *plans* designed to respond to different needs.

Please be aware that as *policyholder* you are the only person who is allowed to make changes to the *plan* unless you have told us that a 3rd party has permission to act on your behalf. If you are part of a company *plan* the scheme administrator will have the authority to make changes. Should any change occur to your *plan* you will be notified directly by Hibernian Health.

If you wish to change your *plan*, add or remove dependants and have the authority to change your *plan*, you may do so by notifying us in advance and we will then amend your *plan* as appropriate. Please note that if this 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* please be aware that a supplementary exclusion period for upgrade of cover may apply (see page 29).

As soon as we have received all information about the change to your *plan* and you have paid the premium, we will send you a new membership certificate outlining your new *plan* details.

It is important to let us know when there are any changes in your personal information, such as a new address, name change or banking details, to ensure we can give you the best possible customer care.

Renewing your *plan*

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

The cover provided under the *plan* and the premiums requested may change from time to time. If this happens, we will let you know in advance. Your premium payments will only change at your *renewal date*.

If you are paying by direct debit or by salary deduction or your premium is paid by the Company, and you wish to continue cover, no action is required. Where you are paying by direct debit we will collect your monthly payment from your bank at the then current premium rate.

Canceling your *plan*

If you wish to cancel your *plan* for whatever reason, you must notify us in writing.

If you have made an in patient claim you will not be entitled to any refund of premium.

If you have made only *out patient* or **day-to-day** claims, we shall refund your premium, on a pro rata basis from the date your cancellation becomes effective. In addition, early cancellation will result in your eligible *out patient* and **day-to-day** claims only being reimbursed on a pro rata basis, up to the date of cancellation.

We reserve the right to unilaterally terminate your cover in certain circumstances as outlined in this document. We may cancel this *policy* by giving you at least 14 days notice in writing at your last known address. If we do terminate your *policy* we shall refund the appropriate premiums you have paid. This shall be determined by the type of claim you have made during the current *policy year* as specified above.

Paying your premiums

In order to ensure that you are fully covered at all times, premiums must be paid in advance according to your agreed payment method.

Payments must be made in accordance with Hibernian Health conditions or they may not be accepted. All payments must be paid in euros and must be either by direct debit, Laser card or credit card, cheque, cash or salary deduction. Credit card and Laser card payments will only be accepted in three circumstances:

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- a) as a deposit on your first premium
- b) if your monthly premium is late and we informed you of such or
- c) to pay your yearly premium in advance.

If you do not pay annually, your first payment in any *policy year* may be slightly more or less than the subsequent payments as a result of rounding.

Hibernian Health premiums may vary from time to time. Should there be a change in premium you will be notified in advance of your next *renewal date*.

If you do not pay your premium on time Hibernian Health may cancel your *policy* with effect from the date the first missed payment was due and not received.

Income tax relief is currently available on your premium. We will give you relief at source at the standard rate of income tax. Our premiums are published both net and gross of the standard rate of tax.

part five glossary of terms

Accident

External violent and visible means leading to a bodily injury or harm.

Acupuncturist

A person who is either on the professional register of the Acupuncture Council of Ireland (TCMCI Ltd) or a person holding an equivalent recognised qualification outside *Ireland*.

Approved treatment centre for scans

Any centre listed on our *list of approved treatment centres for scans*.

Benefits

What is covered under your *policy* as set out in this handbook and the *schedule of benefits for professional fees*.

Breastfeeding consultant

A registered midwife who is also a member of the ALCI (Association of Lactation Consultants in Ireland) and who holds International Board Certified Lactation Consultant (IBCLC) membership.

Chemotherapy

The internal use of chemical substances/agent to treat disease.

Chiropractor

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

Consultant

A registered medical practitioner who holds a current full registration with the Irish Medical Council and is engaged in hospital practice and who, by reason of his or her training, skill and experience in a designated speciality, is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and who

is recognised by Hibernian Health as a *Consultant* to an approved post in an approved Hibernian Health hospital or treatment centre. In the context of *treatment* abroad a *consultant* is defined as a surgeon, physician or anaesthetist who is under 70 years of age and legally qualified to provide the *treatment* in that country.

Convalescence / nursing home

A *nursing home* registered pursuant to the Health (Nursing Homes) Act, 1990 which is approved by us and is named on our *list of approved convalescence homes*.

Cosmetic surgery

Treatment which is intended to improve the patient's appearance for psychological or personal reasons and which is not wholly *medically necessary*.

Day case

An *in patient* hospital stay where you need to be medically admitted into hospital and which does not involve an overnight stay. This includes *side room procedures*.

Dentist

A dental practitioner who holds a current full registration with the Irish Dental Council who is community based and provides dental care or a person holding an equivalent recognised qualification outside *Ireland*.

Dietitian

A member of the Irish Nutrition & Dietetic Institute or a person holding an equivalent recognised qualification outside *Ireland*.

Dependant

Your husband, wife, co-habiting same or opposite sex partner and any child under the age of 18, or over the age of 18 who is in full time education and dependent on you (up to the age of 23) and who is named on your membership certificate as one of your *dependants*.

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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

Treatment specified in the *schedule of benefits for professional fees* for a condition that is not excluded in this *policy*.

Emergency

An unforeseen circumstance requiring medical or dental *treatment*.

Established treatment

Treatment that is in the opinion of our *medical advisors* established and supported clinical practice, that is supported by publication in Irish or international peer reviewed journals and that is carried out in more than one hospital in *Ireland*.

Excess

The amount of money to be payable by the insured *member* towards any claim(s) made in the *policy* year.

General practitioner / G.P.

A person who is fully registered with the Irish Medical Council, who is qualified to practice as a primary medical care physician and who holds a primary medical qualification or a person holding an equivalent recognised qualification outside *Ireland*.

Hazardous sports

Any dangerous sporting activity including, but not limited to: mountaineering, rock climbing, motor sports including motor cycle sport, aviation other than as a fare paying passenger, ballooning, bungee jumping, hang gliding, microlighting, parachuting, paragliding or parascending, potholing or caving, power boat racing, white water rafting, competitive yachting or sailing;

bobsleighting, competitive canoeing or kayaking, judo or martial arts, scuba diving or extreme sports such as free diving, base jumping, shin racing and ice climbing.

Health insurance contract

Means a *health insurance contract* to which the Health Insurance Acts 1994 to 2003, and any regulations thereunder, apply.

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

Charges for (i) hospital accommodation, (ii) services provided by a *private hospital* or clinic (such as hospital technical charges for the use of the operating theatre, radiology and pathology and *public hospital* statutory levies.)

In patient treatment

An episode of *treatment* requiring overnight accommodation in a private or *semi-private room* in a hospital.

Ireland

Ireland excluding Northern Ireland

Lists

These are the *lists* specified in part 6 of this handbook relating to the cover that is provided to the limits specified under your *plan* for specific *treatment* or *procedures* in the specific hospitals/ homes listed.

- *List of public and private hospitals*
This is a *list* of hospitals detailed in part 6.
- *List of approved treatment centres for scans*
This is a *list* of *treatment* centres for scans as detailed in part 6.

- *List of approved convalescence homes*
This is a *list* of approved *convalescence homes* detailed in part 6.
- *List of special procedures*
This is a *list* of special *procedures* detailed in part 6.
- *List of cardiac procedures*
This is a *list* of cardiac *procedures* detailed in part 6.
- *List of specified conditions*
This is a *list* of specified conditions detailed in part 6.
- *List of post operative home help (POHH) procedures*
This is a list of (POHH) *procedures* detailed in part 6.
- *List of manual lymph drainage (MLD) conditions*
This is a *list* of manual lymph drainage (MLD) conditions detailed in part 6.

Massage therapist

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

Baby massage therapist

Registered members of Baby Massage Ireland (BMI), the Irish chapter of the International Association of Infant Massage (IAIM) or a person holding an equivalent recognised qualification outside *Ireland*.

Material fact

Any information given verbally or in writing on the application or claim form about any *member* that may have affected the terms by which we issue this *policy*, in particular any reference to a previous health insurance cover.

Medical advisors

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

Medical Herbalist

A member of the Irish Institute of Medical Herbalists (IIMH) or a person holding an equivalent recognised qualification outside *Ireland*.

Medically necessary

Treatment or a hospital stay, which in the opinion of our *medical advisors* is generally accepted as appropriate with regard to good standards of medical practice and is:

- consistent with the symptoms or diagnosis or *treatment*
- necessary for such a diagnosis or *treatment*
- not provided primarily for the convenience of the patient, the doctor or other provider or at the request of the patient and
- furnished at the most appropriate level, which can be safely and effectively provided to the patient.

Member

A person named under a Hibernian Health *health insurance contract*.

Member of Doula Ireland

A person who is a fully qualified member of Doula Ireland.

Member of MLD Ireland

A person who is a full member (not associates) qualified to treat people with lymphoedema. Members have qualified from one of the schools recognised by the British Lymphology Society; Vodder (part 3), LeDuc, Földi, Casley-Smith, Asdonk or a person holding an equivalent recognised qualification outside *Ireland*.

Membership number

The number assigned by us to a *member*. Each person named on the *policy* has a separate *membership number*, as set out in the membership certificate.

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Minimum benefit regulations

The Health Insurance Act, 1994 S.I. 83/1996 (Minimum Benefit) Regulations, 1996 made pursuant to the Health Insurance Acts, 1994 to 2003 or as amended from time to time.

Non-participating hospital

A hospital which does not have an agreement with Hibernian Health regarding the services it will provide to Hibernian Health *members*.

Nurse

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

Occupational therapist

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

Osteopath

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

A cranial Osteopath is a registered member of the Irish Osteopathic Association and the General Osteopathic Council in the UK.

Out patient

A hospital visit for a diagnostic service or test, not requiring accommodation as an in patient or *day case*.

Participating hospital

A hospital which has an agreement with us regarding the fees to be charged for services provided to Hibernian Health *members*. A *list* of these hospitals is set out in part 6.

Physical therapist

A member of the Institute of Physical Therapy and Applied Science or a person holding an equivalent recognised qualification outside *Ireland*.

Physiotherapist

A chartered physiotherapist who is a member of the Irish Society of Chartered Physiotherapists or a member of the Chartered Society of Physiotherapists or a person holding an equivalent recognised qualification outside *Ireland*.

Plan

A Hibernian Health Insurance *policy*.

Podiatrist/Chiropodists

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*.

Policy

The *health insurance contract* between you and us comprising of the following documents:

- your membership handbook including *lists*
- your completed application form
- your membership certificate
- the *schedule of benefits for professional fees*

Policyholder

The person who effected the *policy* as shown on the membership certificate.

Policy year

The period of insurance cover under this *policy* as shown on your membership certificate.

Pre-existing condition

Any disease, illness or injury that began before the person with the disease, illness or injury started his/her membership under any *health insurance contract*.

Prescription

Drugs and medicine can only be claimed where supplied on the prescription of a *General Practitioner, Consultant, Dentist* or Prescribing *Nurse*.

Preventative treatment

Medical *treatment* that is used to identify whether you are likely to suffer from an illness, injury or disease in the future but in a situation where no clinical symptoms are present.

Private hospital

A hospital listed as a *private hospital* within the *list* of public and *private hospitals*. Level 1 excludes Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Galway Clinic and Hermitage Medical Clinic. Levels 2–5 exclude Blackrock Clinic, Mater Private Hospital and Beacon Hospital.

Private room

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

Procedure

A medical process or course of action. We will cover the *procedures* that are listed in our *schedule of benefits for professional fees* and that are included in the terms of your *plan*.

Psychologist

A member of the Irish Association for Counselling & Psychotherapy, a member of the Psychological Society of Ireland or a person holding an equivalent recognised qualification outside *Ireland*.

Public hospital

A publicly funded hospital other than a *nursing home* which provides services to a person pursuant to his or her entitlements under Chapter 11 of Part IV of the Irish Health Act 1970 and listed as a *public hospital* within our *list* of private and *public hospitals*.

Reflexologist

A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute or a person holding an equivalent recognised qualification outside *Ireland*.

Resident of Ireland

A person who does not reside outside *Ireland* for a period of six months or more.

Renewal date

The *renewal date* shown on your most recent membership certificate.

Semi-private room

- A room in a *private hospital* which contains not more than five beds, or
- A room in a *public hospital* which contains not more than five beds which, under S.I. 135/1991 Health Services (In-Patient) Regulations, 1991, are designated as private beds.

Schedule of benefits for professional fees

The schedule which details the amount we shall pay a *consultant* in relation to *treatments* provided to you.

The schedule also specifies the amount we shall pay your *G.P.* for any surgical *out patient treatment* he or she may carry out. The schedule includes the rates which we shall pay both participating and non-participating *consultants* and *G.P.s.*

Side room procedures

Treatment or investigation which is marked as *day case* in the *schedule of benefits for professional fees.*

Surgical out patient treatment

Out patient treatment consisting of a *surgical procedure* listed at the time of *treatment* in the *schedule of benefits for professional fees.*

Surgical procedure

The *treatment* of disease, injury or deformity by physical, manual or instrumental intervention.

Terminal illness

A serious and incurable disease of which a member had or should reasonably have had knowledge and which in the opinion of our medical advisors or an attending consultant results in a life expectancy of less than one year

Transplants

The transfer of tissue or organ(s) from its original position to a new position(s) necessary to treat irreversible end stage failure of the relevant tissue or organ(s) including heart, combined heart and lung, lung (single and bilateral), simultaneous pancreas and kidney, liver, small bowel, kidney, simultaneous small bowel and liver, bone marrow or stem cells.

Temporary stay abroad

A stay outside of *Ireland* for any period up to but not exceeding 180 days per calendar year.

Treatment

Any health service a person needs solely for the medical investigation, cure, or alleviation of the symptoms of illness or injury for which *benefits* are payable.

Waiting period

The period of time during which you cannot claim.

part six lists of providers and procedures

1) *List of public and private hospitals*

Please see page 44.

2) *List of approved treatment centres for scans*

Please see page 45.

3) *List of convalescence homes*

The *list* of convalescence homes is too long to include in this handbook. To get information from our *list*, please call us on 1850 717 717, Monday to Friday from 8am–8pm or alternatively you can visit www.hibernian.ie/health.

4) *List of special procedures*

The *list* of special *procedures* is too long to include in this handbook. To get information from our *list*, please call us on 1850 717 717, Monday to Friday from 8am–8pm or alternatively you can visit www.hibernian.ie/health.

5) *List of cardiac procedures*

The *list* of cardiac *procedures* is too long to include in this handbook. To get information from our *list*, please call us on 1850 717 717, Monday to Friday from 8am–8pm or alternatively you can visit www.hibernian.ie/health.

6) *List of specified conditions*

The *list* of specified conditions is too long to include in this handbook. To get information from our *list*, please call us on 1850 717 717, Monday to Friday from 8am–8pm or alternatively you can visit www.hibernian.ie/health.

7) *List of post operative home help (POHH) procedures*

The *list* of POHH *procedures* is too long to include in this handbook. To get information from our *list*, please call us on 1850 717 717, Monday to Friday from 8am–8pm or alternatively you can visit www.hibernian.ie/health.

8) *List of manual lymph drainage (MLD) conditions*

The *list* of MLD conditions is too long to include in this handbook. To get information from our *list*, please call us on 1850 717 717, Monday to Friday from 8am–8pm or alternatively you can visit www.hibernian.ie/health.

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All information included in this brochure is correct at time of going to print, June 2008. For full details and terms and conditions you can access membership handbooks on www.hibernian.ie/health or call us on 1850 717 717.

For full details on all plans

WWW.HIBERNIAN.IE/HEALTH

Hibernian Health participating hospitals & centres

Cavan	Cavan General Hospital	InnerVision Ultrasound (Blackrock)
Clare	Bushypark Treatment Centre Cahercalla Community Hospital Ennis General Hospital	Optilase Laser Eye Clinic Point of Care at Fitzwilliam Medical Centre Point of Care at Tyrellstown Medical Centre Smiles Cosmetic Dental Clinic (South Anne St.) Smiles Cosmetic Dental Clinic (O'Connell St.) Smiles Cosmetic Dental Clinic (Tallaght)
Cork	Bon Secours Hospital (Cork) Millbrook Hospital, Bandon Shanakiel Hospital Shandon Street Hospital Tabor Lodge Bantry General Hospital Cork University Hospital Cork University Maternity Hospital Mallow General Hospital Mercy University Hospital South Infirmary/Victoria University Hospital St. Finbarr's Hospital (Children) St. Mary's Orthopaedic Hospital St. Patrick's/Marymount Hospice EHA (Blackrock) Smiles Cosmetic Dental Clinic (Oliver Plunkett St.)	Galway Bon Secours Hospital Cuan Mhuire, Coolarne Galway Clinic (Classified as High-tech for Level 1) Merlin Park Regional Hospital Portiuncula Hospital University College Hospital EHA (Oranmore) Smiles Cosmetic Dental Clinic (Middle Street)
Donegal	Letterkenny General Hospital	Kerry Bon Secours Hospital (Tralee) Talbot Grove Centre Kerry General Hospital
Dublin	Beacon Hospital Blackrock Clinic Mater Private Hospital Auralia Hospital Park West Beacon Dermatology Bon Secours Hospital (Glasnevin) Charlemont Clinic (Radiology & Pathology Units) Claymon Laboratories Hampstead Private Hospital Hermitage Medical Clinic, Lucan (Classified as High-tech for Level 1) Highfield Private Hospital JL Clinic Mount Carmel Hospital M.S. Care Centre Northbrook Clinic Northwood Imaging TLC Centre Rutland Centre Rockfield Clinic (Dundrum) Sports Surgery Clinic, Santry St. Patrick's Hospital St. Vincent's Private Hospital St. Edmundsbury Private Hospital St. John of God Hospital Beaumont Hospital Blackrock Hospice (part only) Cappagh National Orthopaedic Hospital Children's University Hospital (Temple St) Connolly Hospital Coombe Women's Hospital Incorporated Orthopaedic Hospital of Ireland (Clontarf) Mater Misericordiae Hospital National Maternity Hospital (Holles St) Our Lady's Hospice (part only) Our Lady's Hospital for Sick Children (Crumlin) Peamount Hospital Rotunda Hospital Royal Victoria Eye and Ear Hospital St. Columcille's Hospital St. James's Hospital St. Joseph's Hospital St. Joseph's Rehabilitation Centre St. Luke's Hospital St. Michael's Hospital St. Vincent's University Hospital St. Vincent's Hospital The Adelaide and Meath Hospital Incorporating The National Children's Hospital (Tallaght) Charter Medical Group (Smithfield) EHA (IFSC)	Kildare Clane General Hospital Cuan Mhuire (Athy) Maynooth Physiotherapy Centre Naas General Hospital
		Kilkenny Aislinn Treatment Centre Aut Even Hospital Lourdes Orthopaedic Hospital (Kilcreene) St. Luke's General Hospital
		Laois Midland General Hospital (Portlaoise)
		Leitrim Our Lady's Hospital (Manorhamilton)
		Limerick Barrington's Hospital Cuan Mhuire (Bruree) Mid-Western Regional Hospital Mid-Western Regional Maternity Hospital Mid Western Radiation Oncology Centre Mid-Western Regional Orthopaedic Hospital St. John's Hospital EHA (Charlotte Quay)
		Louth Drogheda Cottage Hospital Louth County Hospital Our Lady of Lourdes Hospital Smiles Cosmetic Dental Clinic, Fair Street, Drogheda
		Mayo Hope House (Foxford) Mayo General Hospital (Castlebar) Ultrasound Dimensions (Castlebar)
		Meath Our Lady's Hospital (Navan)
		Monaghan Monaghan General Hospital
		Offaly Midland Regional Hospital (Tullamore)
		Roscommon Roscommon County Hospital
		Sligo St. Joseph's Private Hospital (Garden Hill) Sligo General Hospital
		Tipperary Aiséiri Centre (Cahir) Nenagh General Hospital (St. Joseph's) South Tipperary General Hospital (Clonmel)
		Waterford Whitfield Clinic Waterford Regional Hospital EHA (Ballybricken)
		Westmeath St. Francis Private Hospital (Mullingar) Midland Regional Hospital (Mullingar) EHA (Moate)
		Wexford Aiséiri Centre (Roxborough) Ely Hospital Wexford General Hospital
		Antrim Ulster Independent Clinic (Belfast) Royal Victoria Hospital
		Derry North West Independent Hospital (Ballykelly) Altnagelvin Area Hospital
		Down Daisy Hill Hospital (Newry)

HIBERNIAN HEALTH'S PARTICIPATING HOSPITALS & CENTRES INCLUDE

High-tech hospitals – detailed in green on our list

Private hospitals – detailed in blue on our list

Public hospitals – detailed in black on our list

Approved treatment centres

APPROVED TREATMENT CENTRES FOR SCANS

Approved MRI Direct Settlement Centres FULLY COVERED FOR OUT PATIENT SCANS

Aut Even Hospital, Co. Kilkenny
Barrington's Hospital, Limerick
Beacon Hospital, Dublin 18
Blackrock Clinic, Co. Dublin
Bon Secours Hospital, Cork
Bon Secours Hospital, Glasnevin, Dublin 9
Bon Secours Hospital, Galway
Bon Secours Hospital, Tralee, Co. Kerry
Charter Medical Group, Dublin 7
Charlemont Clinic, Dublin 2
Clane General Hospital, Kildare
Galway Clinic, Doughiska, Galway
Hermitage Medical Clinic, Lucan, Dublin 20
Letterkenny General Hospital, Co. Donegal
Mater Private Hospital, Dublin 7
Maynooth Physiotherapy Centre

Mayo General Hospital, Co. Mayo
Mercy University Hospital, Cork (SouthScan)
Midland Regional Hospital, Tullamore
Mid Western Regional Hospital, Dooradoyle, Limerick
Naas General Hospital, Kildare
Northwood Imaging, TLC Centre, Dublin 9
Our Lady of Lourdes Hospital, Drogheda, Co. Louth
Portiuncula Hospital, Co. Galway
Rockfield Clinic, Dundrum, Dublin 14
Sports Surgery Clinic, Santry
Scancor at CUH, Cork
Sligo General Hospital, Sligo
South Infirmary Open MRI, Cork
St Vincent's Private Hospital, Dublin 4
Whitfield Clinic, Waterford

APPROVED CT SCAN CENTRES

Beacon Hospital, Dublin 18
Beaumont Private Clinic, Dublin 9
Charlemont Clinic, Dublin 2
Charter Medical Group, Dublin 7

Hermitage Medical Clinic, Lucan, Dublin 20
Merlin Park Imaging Centre, Galway
Rockfield Clinic, Dundrum, Dublin 14

APPROVED PET-CT SCAN CENTRES

Beacon Hospital, Dublin 18
Blackrock Clinic, Co. Dublin
Galway Clinic, Doughishka, Galway

Hermitage Medical Clinic, Lucan, Dublin 20
Mater Private Hospital, Dublin 7
Whitfield Clinic, Waterford

This list is subject to change and is correct at time of going to print, June 2008.

For the most up-to-date list visit www.hibernian.ie/health.

For more information please call

1850 717 717

ENVIRONMENTAL POLICY STATEMENT

At Hibernian Health we want to look out for the environment as much as we want to look out for you. This handbook is printed on 50% recycled paper and using 50% post consumer waste materials.



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