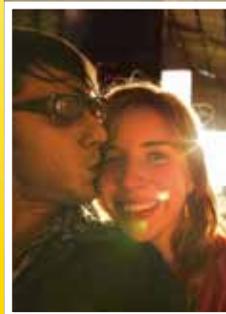


Aviva Health Members
January 2014



Membership Handbook



Welcome to Aviva

Thank you for choosing Aviva for your health insurance.

Health insurance from Aviva is designed to support your health with comprehensive *in-patient* and *out-patient* cover. We create a different health insurance solution delivering real value and the peace of mind that comes from knowing you are insured with the right company.

As a health *member* with Aviva you are automatically entitled to extra *benefits* including *member benefits* and rewards. We provide a whole range of exclusive *member benefits* related to health and wellbeing. Please see our **Member Benefits** section for details.

We have designed your Membership Handbook to help you get the most from your membership with Aviva. If you have any questions in relation to your health insurance contract please contact us on 1890 717 717.

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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/Aviva' shall refer to Aviva Health Insurance Ireland Limited.

Call us on 1890 717 717 to speak to one of our experts

Part 1 What's in your contract

Your membership with Aviva is based on the following documents:

- This Membership Handbook, including the lists of hospitals, scan centres and treatment centres contained in part 6
- your completed application form, whether completed by you or on your behalf
- your membership certificate
- your table of cover
- The *Schedule of Benefits*
- The *Lists*

It is important that you read these documents so that you understand your cover. These documents form the basis of your membership with us and supersede any previous information. Should there be a conflict between these documents and any other, these documents shall be deemed to apply.

Please note that the *benefits* available under the *plans* contained in your *policy* are subject to the terms and conditions in all your contractual documents. This Membership Handbook contains the general terms and conditions of your contract with Aviva together with an explanation of some generic *benefits* which may or may not apply to your *plan*. This Membership Handbook must be read in conjunction with your Table of Cover and all of the other contractual documents listed above. Your Table of Cover sets out the level of *benefits* you are entitled to under your *plan* throughout your policy year and states which of the lists of hospitals, scan centres and treatment centres contained in Part 6 of this Membership Handbook applies to your *plan*. IF YOU CHOOSE TO HAVE A TREATMENT OR PROCEDURE CARRIED OUT IN A HOSPITAL, SCAN

CENTRE OR TREATMENT CENTRE THAT IS NOT COVERED UNDER YOUR *PLAN* YOUR *TREATMENT* OR *PROCEDURE* WILL NOT BE COVERED.

The *benefits* available under the *plans* contained in your *policy* will only apply in respect of *treatments*, *procedures* and medical services received by you and the *members* named in your *policy* during your *policy* year. Any *treatments*, *procedures* and medical services received by you or the *members* named on your *policy* before or after your *policy* year cannot be claimed under the *plans* contained in the *policy* to which that *policy* year relates.

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

Your membership certificate will confirm if your *plan* includes hospital cover and, if so, the level of cover which you have selected. Subject to the terms and conditions set out in your contractual documents and any qualifying criteria set out in the *Schedule of Benefits* and/or the *Lists*, you will be covered for the *hospital costs* incurred where a *procedure* or *treatment* listed in the *Schedule of Benefits* and/or the *Lists* has been performed in a hospital, scan centre or treatment centre covered under your *plan*.

The *Schedule of Benefits* contains technical medical information which explains to *consultants* the *Procedures* and *Treatments* that will be covered by Aviva. It also sets out the medical criteria that must be met before those *Procedures* and *Treatments* will be covered by Aviva and the *Procedures* and *Treatments*

that must be pre-approved by Aviva before they will be covered. Medical science is continually developing which means that *procedures*, *treatments* and medical criteria are continually being improved by the medical profession. To ensure that our *members* always have access to the most up to date *procedures* and *treatments* we review and update the *Schedule of Benefits* four times each year. These changes are automatically applied to all our *plans* as soon as they are introduced. The most current version of the *Schedule of Benefits* can be accessed on Aviva's website at www.avivahealth.ie or a hard copy is available from Aviva on request.

It may be necessary for us to make changes to the lists of the hospitals, scan centres, treatment centres, and convalescence homes from time to time. This may affect the hospitals, scan centres, treatment centres, and convalescence homes which are available under the *plans* listed in your *policy* throughout your *policy* year since such changes must take immediate effect. In addition the lists of special procedures, cardiac procedures, post operative home help procedures and manual lymph drainage conditions are also updated from time to time to reflect medical developments. These changes also take immediate effect and so may also affect the *plans* listed on your *policy* throughout your *policy* year. You and the *members* named on your *policy* are advised to check the most recent *Lists* on Aviva's website at www.avivahealth.ie or call us in advance of undergoing a *procedure* or *treatment* to ensure that you are covered.

You and any *members* on your *policy* must be residents of Ireland to obtain health insurance cover.

Your application or any application completed on your behalf must be complete and accurate and there must be full disclosure therein of all *material facts* which might have affected the terms under which we have offered this *policy*. Failure to disclose material facts may result in your *claims* not being paid and your membership being cancelled. This may also cause difficulty should you wish to purchase insurance elsewhere. In particular, information supplied in relation to your previous membership of other health insurance *plans* is important information.

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.

The *Minimum Benefit Regulations* set out the minimum payments that all health insurers must make in respect of health services that are listed in those regulations. These health services are known as prescribed health services. You are guaranteed to receive cover to the level of the minimum payments that are set out in the *Minimum Benefit Regulations* in respect of prescribed health services. Aviva has made every effort to ensure that all prescribed health services are available through the suite of hospitals, scan centres and treatment centres that are covered in all its *plans*. However in the unlikely event that a prescribed health service cannot be provided in a hospital, scan centre or treatment centre that is covered under your *plan* Aviva will cover that prescribed health service in a hospital, scan centre or treatment centre that is not covered under your *plan* to the same level as the level of *benefits* that are available under your *policy* in respect of hospitals, scan centres or treatment centres that are covered under your plan.

This is subject to pre-authorisation from Aviva.

In circumstances where your membership results from a contract for health insurance between a *group scheme sponsor* and Aviva, we would draw your attention to the specific terms and conditions applying to *group schemes* as set out in Part 4.

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

Please note that by entering into this contract of insurance you are acknowledging the following:

- that all the contractual documents listed above form part of your contract of insurance with Aviva;
- that you are aware that the *Schedule of Benefits* and the *Lists* are available on Aviva's website at www.avivahealth.ie or hard copies are available on request from Aviva;
- that you are aware that the *Schedule of Benefits* contains medical criteria that you must meet before Aviva will cover your *Procedure* or *Treatment*.
- that you are aware that there are *Procedures* and *Treatments* that require pre-authorisation from us before they will be covered and these *Procedures* and *Treatments* are set out in the *Schedule of Benefits*. Where a *Procedure* or *Treatment* requires pre-authorisation from us you must contact us on 1890 717 717 before undergoing this *Procedure* or *Treatment* so that we can pre-approve it for you.

Part 2 What you're covered for

In-patient *benefits*

The following must be read in conjunction with your table of cover and the terms and conditions of your *policy* as set out in this Membership Handbook and your other contractual documents.

Hospital Costs

Cover for *Hospital Costs* includes cover for *in-patient treatments* and a wide range of *day case* services. Please see the table of cover sent with your contractual documents for details of the level of *hospital cover* that you are entitled to under your *plan*. You should consult the lists of hospitals, scan centres and treatment centres that are contained in Part 6 of this Membership Handbook to see what hospitals, scan centres and treatment centres are covered under your *plan*. Your Table of Cover tells you which of the lists of hospitals, scan centres and treatment centres contained in Part 6 of this Membership Handbook applies to your *policy*.

Please note that the maximum number of hospital days for which *benefits* are payable for *in-patient treatments* and *day case treatments* within a calendar year will be 180 days. The *benefits* payable by Aviva for Psychiatric care is determined by level of *benefits* that you are entitled to under your *policy* as set out in your table of cover. You should ask your hospital what their charges are and whether a *shortfall* will arise having regard to the level of *benefits* that you are entitled to under your *policy*.

If the level of *benefits* that you are entitled to under your *policy* does not cover you to attend a particular hospital, scan centre or treatment centre or receive a particular *Procedure* or *Treatment*, we will not cover any of the costs. To avoid disappointment you are advised to contact Aviva before

you undergo a *Procedure* or *Treatment* so that Aviva can confirm whether the *Procedure*, *Treatment* or hospital/scan centre/treatment centre costs will be covered under your *policy* and whether a *shortfall* will occur. You will need to give Aviva your *consultants* name and *Procedure* code and the name of the hospital, scan centre or treatment centre. The *Procedure* code is available from your *consultant*. If qualifying criteria apply to that *Procedure* or *Treatment* Aviva may not be able to assess over the phone whether your costs will be covered and it may be necessary for your *consultant* to contact us directly to confirm whether the qualifying criteria are satisfied. Please remember that all *benefits* are subject to waiting periods and exclusion periods for *pre-existing conditions*. For more information on these conditions please see Part 4 of this Membership Handbook. Please also remember you may only make a *claim* during the term of your *policy*.

Certain *Procedures* and *Treatments* require written pre-authorization from Aviva in advance. In order to obtain pre-authorization, you must provide all information requested by Aviva and allow 15 working days for assessment by Aviva. It will be necessary for certain *procedures* that require pre-authorization to be carried out in an approved Aviva hospital, scan centre or treatment centre which is contained on the lists in Part 6 of this Membership Handbook that applies to your *plan*. The *Procedures* and *Treatments* that require pre-authorization are set out in the *Schedule of Benefits*.

In-patient and day case

In-patient cover is the cover you receive for any *Procedure* or *Treatment* which requires you to be admitted for an overnight stay in hospital, or that is performed on a *day case* basis.

Consultants Fees

The fees charged by *consultants* may be covered as in-patient *benefits*, out-patient *benefits* or day to day *benefits* depending on the nature of the service you or the *members* named on your *policy* have received. For example, consultation fees are covered as either an out-patient *benefit* or a day to day *benefit* whilst the fees charged by *consultants* for the *procedures* or *treatments* performed by them may be covered as an in-patient *benefit* or an out-patient *benefit* depending on whether the *member* was admitted to hospital overnight. Please see above for further details on in-patient *benefits*. The out-patient *benefit* section and day to day *benefits* section of this membership handbook have further details on the nature of those *benefits* and how they can be *claimed*.

Aviva provides cover for the fees that *consultants* charge for performing *procedures* or *treatments* contained in the *Schedule of Benefits* or the *Lists* which are carried out in a hospital, scan centre, or treatment centre covered under the *member's plan* subject to all qualifying criteria and other terms and conditions contained in the *Schedule of Benefits*, the *Lists*, the membership handbook and the claims form. The amount that Aviva will cover depends on whether we have an agreement with the *consultant*. Those *consultants* with whom Aviva has an agreement are referred to as "participating *consultants*". Participating *consultants* accept Aviva's payment in full settlement of their charges for performing the *procedures* and *treatments* listed in the *Schedule of Benefits*. If your *consultant* is not a participating *consultant*, Aviva will pay the minimum payment that is prescribed in the *Minimum Benefit Regulations*

towards that *consultant's* fees. However, *consultants* will almost always charge more than the minimum payment that is prescribed in the *Minimum Benefits Regulations* and so if your *consultant* is not a participating *consultant* it is likely that you will have to pay the difference directly to your *consultant*.

Consultants are free to choose whether they wish to be a participating *consultant* or not and they may change their status at any time. Such changes are outside our control and must take effect immediately. For this reason the amount that Aviva will cover towards the fees of a particular *consultant* may change throughout the course of your *policy year*. A list of all currently participating *consultants* is available on our website at www.avivahealth.ie. You and the *members* named on your *policy* are advised to check in advance whether the *consultant* you/they wish to perform your/their *procedure* or *treatment* is a participating *consultant*. You and the *members* named on your *policy* can do this by checking our website or calling us on 1890 717 717. If the *consultant* is not a participating *consultant* we can let you know the amount that we will cover towards the fees of that *consultant* over the phone.

Co-payment for certain procedures

On some *plans* certain orthopaedic and/or cardiac *procedures* carried out in a private or high-tech hospital require a €2,000 co-payment by Aviva health members. This will be displayed on your table of cover.

Dental Surgery

Oral/dental surgery must be carried out by a fully registered *Oral Surgeon* or by a *Periodontist*. In addition, we will cover, subject to pre-authorisation the following *procedures*, to be performed by a *Dentist* in their rooms under local anaesthetic:

Procedure Code	Procedure
12973	Removal of one upper impacted or un-erupted tooth
12974	Removal of two upper impacted or un-erupted tooth
12976	Removal of one Lower impacted or un-erupted tooth
12977	Removal of two Lower impacted or un-erupted tooth

In-patient and day case scans

PET-CT, MRI and CT scans are covered if they are carried out while you are receiving in-patient or *day case treatment* where such in-patient or *day case treatment* is covered under your *plan*.

Ambulance costs

Where you require an ambulance to transfer you between hospitals or between a hospital and a *convalescent home* we will cover the cost of the ambulance where that ambulance has been provided by *Medicall Ambulance Limited* and where your *consultant* confirms that a transfer by ambulance is *medically necessary*.

To avail of this benefit:

- i) You must be staying in a semi-private or private bed in a hospital contained on the lists of hospitals, scan centres and treatment centres that applies to your policy or in a *convalescent home* contained on the List of approved convalescent homes.
- ii) You must be transported between a hospital contained on the lists of hospitals, scan centres and treatment centres that applies to your policy and a *convalescent home* contained on the List of approved convalescent homes.

In-patient stress & psychiatric benefits

We offer access to in-patient stress and psychiatric *benefits*. See your table of cover for *benefits* covered on your *plan*.

Oncotype DX

We provide cover for *Oncotype DX* for breast cancer in certain hospitals subject to preauthorisation. Upgrade waiting periods apply. *Oncotype DX* is a genomic test for HER positive node negative breast cancer to indicate the recurrence score for breast cancer returning in a 10 year time period.

Inpatient Hospital Shortfalls

Please note that you may be required to pay a proportion of the cost of your *Procedure* and/or *Treatment* if your *Plan* does not fully cover the cost of the *Procedure* or *Treatment* that you have received. This is known as a *shortfall*.

The amount of the *shortfall* will depend on your level of cover and you should check your table of cover, this Membership Handbook and all your contractual documents very carefully before undergoing a *Procedure* and/or *Treatment*. Please note that any *shortfall* that applies to your *Plan* is applicable to all *Hospital Costs* and is inclusive of, but not limited to, charges for hospital accommodation, prosthesis and drugs.

Public Hospital Statutory In-Patient Charges

If you have your *Procedure* or *Treatment* carried out in a public bed in a *public hospital* you will be treated as a public patient. Public Hospital Statutory In-Patient Charges apply to public patients. If you are treated as a public patient in a *public hospital* that is covered on your *plan* Aviva will pay the *public hospital* Statutory In-Patient Charge directly to the *public hospital*.

If you are treated as a public patient in a *public hospital* that is not covered on your *plan* you will have to pay the Public Hospital Statutory In-Patient Charges directly to the *public hospital*. You will be able to *claim* some or all of this charge back from us depending on the level of *benefits* available under your *policy*. You will only be entitled to *claim* Public

Hospital Statutory In-Patient Charges for a maximum of 10 nights in any one calendar year. To *claim* this charge back you must submit your receipts to Aviva at the end of your *policy year*. This *benefit* is subject to €1 excess, which will be refunded to you.

If you are admitted to a *public hospital* that is not covered on your *plan* through its accident and emergency department Aviva will provide you with cover to the same level as the level of *benefits* that are available under your *policy* in respect of hospitals that are covered under your *plan* whilst you are receiving *Emergency* care. Aviva will not continue to provide you with cover in a hospital that is not covered on your *plan* once your *Emergency* care ends and will not cover *elective Procedures* or *Treatments* in that hospital regardless of whether the *elective Procedure* or *Treatment* is connected to your *Emergency* care. If you require an *elective Procedure* or *Treatment* you must transfer to a hospital that is covered under your *plan*. If you are deemed medically unfit to transfer to a hospital that is covered under your plan to receive an *elective Procedure* or *Treatment* Aviva will cover the costs of such *elective Procedure* or *Treatment* in the hospital that is not covered under your *plan* in accordance with the level of *benefits* that are available under your *policy* but you must have this *procedure* or *treatment* pre-approved by Aviva.

Getting you back on your feet

Post operative home help (POHH)

Aviva will cover the cost of domestic help from an approved provider for up to 3 days following selected long stay cardiac or special *procedures* detailed on our list of Post Operative Home Help (POHH) *procedures*. This *benefit* is subject to availability in your area. If you would prefer, we will give you a total of €120 to enable

you to avail of this *benefit* from an alternative provider.

This *benefit* can be *claimed* up to three weeks post discharge. A letter from the treating *consultant* confirming dates of the *treatment* and *procedure* code may also be requested.

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.

Benefit for convalescence cover

We cover a wide range of convalescent homes around the country, all registered with the Health Information and Quality Authority. To avail of this cover your *consultant* must confirm and we must agree that it is *medically necessary* for you. Your stay must be in a *convalescent home* on our *list* of approved *convalescent homes* and must be immediately after a *medically necessary* in-patient stay in a hospital that is covered under your health *plan*.

Child home nursing care

Should your *consultant* advise that it is *medically necessary* for your child to have home nursing immediately after an in-patient stay in hospital, we will cover this as per your *plan benefits*. Care must be performed by a registered *Nurse*.

Please note: The child must be a *member* of Aviva and must be under 18 at his or her last *renewal date*. This *benefit* is only payable immediately following an in-patient hospital stay of at least 5 days.

Psycho-oncology counselling

Once carried out within a time frame agreed by Aviva this *benefit* is available to *members* after in-patient or *day case chemotherapy* and you must be referred to a *psychologist* by your *consultant*.

Contributing to your travel expenses

Cancer support benefit

Where you are required to travel more than 50 kilometres from your home to a medical facility to receive chemotherapy or radiotherapy and are forced to stay in a hotel or bed and breakfast we will contribute towards the cost of your hotel accommodation. We will contribute up to €100 per night for up to 15 nights per calendar year. To *claim* this *benefit* you must submit your receipts to us at the end of your *policy year* and each receipt must be dated. Only *members* and *policyholders* who receive the chemotherapy or radiotherapy are entitled to this *benefit* and the medical facility in which the *member* or *policyholder* receives the chemotherapy or radiotherapy must be more than 50 Kilometres from his/her home.

Parent or guardian accompanying child

We recognise it is important to be with your child when he or she is ill. The child must be a *member* of Aviva and be under 14 years of age at his or her last renewal. The child must be in hospital for eligible *in-patient treatment* for at least 4 days and the *benefit* of €40 per day will become payable in respect of the 4th day and subsequent days up to a maximum of 14 days per *policy year*. This *benefit* is payable for accommodation, transport and food costs. Eligible receipts will be necessary to avail of this *benefit*.

Inpatient Support Benefit

Where this *benefit* is available under your *policy* Aviva will refund travel costs which are reasonably incurred by you when travelling to receive *in-patient treatment* or *day-case treatment* in a *public hospital* covered under their *plan*. This *benefit* is only available if you are forced to travel more than 50 kilometres from your home to the nearest

public hospital covered on your plan which provides the necessary Procedure or Treatment. This benefit is only available to members who are receiving the procedure or treatment which necessitates the travel and the member must have travelled more than 50 Kilometres, each way, from their home in order to receive the Procedure or Treatment. Members must submit their receipts at the end of the policy year. This benefit is only payable in respect of the following:

- reasonable costs for fuel (petrol or diesel) used to get to and from the member's home to the nearest public hospital covered under their plan; and/or
- the costs of any public transport used to get to the nearest public hospital covered under their plan.
- All claims for this benefit must be vouched for by valid receipts. Please refer to your table of cover to see if you are covered for this benefit.

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 subject to the level of cover set out on your Table of Cover with the hospital if the claim is for eligible in-patient, day case or maternity treatment or for a scan performed in our list of hospitals, scan centres and treatment centres which are covered under your plan.

A hospital that has a direct payment arrangement will provide you with a claim form to sign at the end of your stay in hospital. The hospital will then submit the claim form to us for settlement. Following payment of your eligible claim by Aviva you will receive an explanation of benefit document outlining the payments made on your behalf. On receipt of this, we would encourage you to check the details noted within the document to ensure

the services for which we paid on your behalf were the services you received. If you note any discrepancies between the services received and payments made on your behalf we would encourage you to contact us on 1890 717 717. Aviva may also contact you during the claims process to validate the treatment you received.

If the hospital does not have a direct payment arrangement with Aviva you will need to complete a claim form and pay the bill. You can contact us to request one, or you can download one from our website at www.avivahealth.ie. 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.

Please note: The maximum number of hospital days for which benefits are payable for in-patient treatments and day case treatments within a calendar year will be 180 days. You should ask your hospital what their charges are and whether a shortfall will arise on the basis of the level of cover in your plan.

Colonoscopy screening

We will cover the cost for colorectal cancer screening, for eligible Members, every 5 years beginning when the eligible Member reaches the age of 40 years or reaches an age which is 10 years younger than the youngest effected first degree relative, whichever occurs first. This screening may be repeated every five years thereafter.

To be eligible for this benefit, individuals must satisfy one of the following criteria:

- have had two first degree relatives diagnosed with Colorectal Cancer
- have a family history of polyposis coli
- have a family history of hereditary non polyposis coli or

- have a first degree relative diagnosed with Colorectal cancer before the age of 60 years

Vasectomy

Where this benefit is available under your policy Aviva will pay the cost of this Procedure to the level set out in your table of cover. In order to avail of this benefit you must have the Procedure carried out in Clane Hospital. Aviva will pay Clane Hospital directly for some or all of the cost of this Procedure in accordance with the level of the benefit available under your table of cover. If a shortfall or excess arises you must pay this directly to Clane Hospital on admission.

Out-patient benefits

Out-patient

Out-patient means you are not in hospital overnight but you visit a clinic or hospital for a *Procedure* or *treatment*.

Out-patient scans

Medically necessary out-patient MRI and CT scans are covered by Aviva. MRI scans must relate to diagnosis or investigation of a specified condition contained in the *Schedule of Benefits*.

MRI and CT scan (excluding cardiac MRI/CT)

Your MRI/CT scan is covered and paid directly by Aviva when:

- it is carried out in a scan centre that appears on the list of hospitals, scan centres and treatment centres which is applicable to your *plan*;
- the *clinical indicators* contained in the *Schedule of Benefits* are satisfied; and
- you are referred by a *consultant* or in limited circumstances a G.P. (Aviva will only cover your MRI/CT where you have been referred by your G.P. where certain criteria applies. These criteria are set out in the List of criteria for G.P. referral for MRI and CT scans which is available on our website at www.avivahealth.ie or on request from Aviva)

Cardiac MRI and CT Scan

Cardiac MRI or cardiac CT scans are also covered on some Aviva *plans* when:

- you have served applicable *waiting periods*
- it is carried out in a scan centre that appears on the list of hospitals, scan centres and treatment centres which is applicable to your *plan*
- the *clinical indicators* contained in the *Schedule of Benefits* are satisfied
- it is pre-approved by our *medical advisors* and
- you have been referred by a *consultant*

PET-CT scans are also covered on some Aviva plans when:

- you have served applicable *waiting periods*
- it is carried out in a scan centre that appears on the list of hospitals, scan

centres and treatment centres which is applicable to your *plan*

- the *clinical indicators* contained in the *Schedule of Benefits* are satisfied
- it is pre-approved by our *medical advisors*
- you have been referred by a *consultant*

Please note: If you choose to use an MRI or CT centre that is not covered under your *plan* we may contribute an amount towards your *treatment* in the non-approved centre. Please see table of cover for details. Note that this amount can be *claimed* at the end of your *policy year*, and will be subject to an *out-patient excess*.

A&E visits – Public Hospital

We contribute towards the cost of a visit to an A&E department in a public hospital. Please refer to your table of cover to see if your *plan* covers this *benefit*.

Consultant visits

We contribute towards the cost of a visit to a *consultant* as an out-patient. This *benefit* may be subject to an outpatient/day-to-day excess. Please refer to your table of cover to see the *benefit* available on your *plan*.

Child A&E Cover – Public Hospital

We contribute towards the cost of a child's visit to an A&E department in a public hospital. The child must be a *member* of Aviva and under 18 years of age at his or her last *renewal date*. Please refer to your table of cover to see if this is covered under your *plan*.

Emergency dental care

Emergency dental care must be *medically necessary* and provided immediately (within 48 hours) after an *accident* or *injury*. The restorative dental *treatment* provided must alleviate pain, inability to eat, or treat any *acute* dental condition which represents a serious threat to the Aviva *member's* general health.

Manual lymph drainage (MLD)

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 conditions for which manual lymph drainage are available are set out in the List of manual lymph drainage conditions and cover will be subject to the *benefits* which apply to your *plan* and to the terms and conditions set out in your contractual documents.

Treatment must be provided by a member of MLD Ireland. The above *benefit* is subject to an *out-patient excess*.

Nurse-on-call

All Aviva *members* 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 over the phone. You can discuss symptoms and worries and receive comprehensive information on a range of health related topics.

Telephone: 1850 946 644

Please have your *membership number* to hand before you call. All calls will remain fully confidential.

Home Nursing

Aviva will pay the *benefits* listed in your table of cover towards home nursing care where:

- i) It is necessary for a *Member* to receive nursing care at home for medical reasons;
- ii) The home nursing care is provided immediately after a *medically necessary* stay in a hospital set out in the List of hospitals, scan centres and treatment centres in in Part 6 of this Membership Handbook; and
- iv) The home nursing care is provided by a *Nurse*.

Health Screening

Where this *benefit* is available under your *policy* Aviva will refund some or all of the costs of the following health screening tests:

- **Female Reproductive Capacity**
This test can be carried out by a

registered G.P. using Anti-Müllerian Hormone (AMH) which to date is widely considered to be the best hormone to identify a females potential reproductive capacity. If this *benefit* is available under your *policy*, you will need to pay your G.P. directly for the test but we will reimburse some or all of the cost to you at the end of your *policy year*. The amount that you will be reimbursed will be subject to the level of the *benefits* available under your *policy*. You must submit a receipt for this test at the end of your *policy year* to *claim* your reimbursement.

• Semen Analysis

This test may be undertaken through a registered G.P. or a medical centre. If this *benefit* is available under your *policy*, you will need to pay your G.P. or medical centre directly for this test but we will reimburse some or all of the cost of this test to you at the end of your *policy year*. The amount that you will be reimbursed will be subject to the level of the *benefits* available under your *policy*. You must submit a receipt for this test at the end of your *policy year* to *claim* your reimbursement.

• VO2 Max Test

This test measures cardiovascular fitness i.e. a person's ability to transport oxygen from the air and deliver it to the working muscles. The test provides persons with a detailed breakdown of their unique fitness profile and also gives the information needed to reach the next level of training. If this *benefit* is available under your *policy*, you will need to pay for this test directly to your provider but we will reimburse some or all of the cost of this test to you at the end of your *policy year*. The amount that you will be reimbursed will be subject to the level of the *benefits* available under your *policy*. You must submit a receipt for this test at the end of your *policy year* to *claim* your reimbursement.

• Sexual Health Screening

Aviva may cover the cost of sexual health screening undertaken with a registered G.P. or Medical centre. If this *benefit* is available under your *policy* you will need to pay your G.P. or medical centre directly for this test but we will reimburse some or all of the cost of this test to you at the end of your *policy year*. The amount that you will be reimbursed will be subject to the level of the *benefits* available under your *policy*. You must submit a receipt for this test at the end of your *policy year* to *claim* your reimbursement.

• Cardiac Screening

This screening may be undertaken through a registered G.P. or registered cardiologist. If this *benefit* is available under your *policy*, you will need to pay your G.P. or cardiologist directly for this screening but we will reimburse some or all of the cost of this screening to you at the end of your *policy year*. The amount that you will be reimbursed will be subject to the level of the *benefits* available under your *policy*. You must submit a receipt for this screening at the end of your *policy year* to *claim* your reimbursement.

Please refer to your table of cover to see if these *benefits* are available under your *policy*.

Out-patient claims

If you are making a *claim* for *out-patient benefits*, you will need to settle the bill directly with your health care provider. At the end of your *policy year* you must send all original receipts to us, in an envelope with your name, address and *policy* number, to ensure that we can reimburse you for all *eligible treatment*. (Photocopies, cash register receipts etc. are not acceptable). Please check that all original receipts state:

- the full name of the *member* receiving *treatment*;
- the type of *treatment* received;
- the date the *treatment* was received; and
- the signature and contact details

for the treating *consultant* and the hospital or treatment centre where you were treated.

Receipts must be received by Aviva Health Insurance Ireland Limited, (PO Box 764, Togher, Cork) within 3 months of the end of your *policy year*. If your receipts are not received within this three month period, your *claim* will not be paid. Receipts submitted must relate to *treatment* which occurred in the previous *policy year* only.

If you have also purchased a day-to-day *plan*, remember that we may treat your *claims* for *out-patient benefits* as *claims* for a day-to-day *benefits* under your day-to-day *plan* rather than as *out-patient benefits*. Please note a *benefit* cannot be *claimed* twice as both an *out-patient benefit* and a day-to-day *benefit*.

Please note: Receipts will not be returned following assessment of your *claim*. The Revenue Commissioners will now accept your statement of *claim* (which we will send to you when your *claim* has been assessed). We recommend you retain copies of your original receipts if required.

Please note that you may be required to pay an *Excess* before your *Claim* for an *Out-Patient Procedure* will be considered by Aviva. The amount of the *Excess* that will be payable will depend on your *Plan*. Please check your table of cover for details. The *Excess* may be in addition to any *shortfall*. **For example** if you seek *emergency* dental care that costs €550 and the maximum *benefit* payable by Aviva is €500 subject to an *excess* of €200 then Aviva will pay €300 towards that dental care. You the *member* must pay the excess of €200 and any amount that is more than the maximum *benefit* payable by Aviva which, in this example is €50. The maximum *benefits* payable by Aviva and whether an *excess* will apply are set out in your table of cover.

Maternity benefits

Under your health *plan* you can choose from a wide range of innovative maternity *benefits* which put you in control of making the decisions that are right for you and your family. The following is a list of the *benefits* that may be available to you subject to the level of *benefits* available under your *policy*.

Hospital accommodation

Where this benefit is available under your policy Aviva will cover:

- Up to 3 nights in a *public hospital* included in the list of hospitals, scan centres and treatment centres which is applicable to your *plan*
- If you choose to have a home birth we may contribute towards the medical costs borne by you which are directly associated with the delivery of your child.

We may also pay a contribution towards your *consultant's* delivery fee. In the event of significant complications or non- elective caesarean section delivery, we may cover you for normal in-patient costs up to the level of the *benefits* available under your *policy*.

Please refer to your table of cover to see if this *benefit* is available under your *policy*.

Antenatal benefit

To help you prepare for your new arrival Aviva may give a €75 contribution towards an antenatal course that is carried out with a registered midwife. Please refer to your table of cover to see if this *benefit* is covered under your *plan*. This *benefit* is subject to a 42 week waiting period.

Early maternity discharge benefit

Aviva may provide a €300 cash *benefit* following a total of one night stay

in a semi-private or private room for delivery. This *benefit* is subject to medical approval for discharge and cannot be *claimed* in conjunction with post natal home help.

To be eligible for this *benefit*, your in-patient hospital stay for delivery must have been no more than one night in a semi-private or private room and the early discharge must be approved by your *consultant*.

To *claim*, please send us your discharge letter from the hospital indicating your length of stay and type of hospital accommodation i.e. private or semi-private room. Once we have received your early discharge letter we will issue you with payment for the cash *benefit* if this *benefit* is available under your *policy*.

Newborns go free

If you have a child while you are an Aviva *member* and have served the relevant waiting periods with Aviva or another insurer you can include that newborn under your *policy*. You will not be charged a premium for your newborn until your first renewal date after that child was born. To avail of this *benefit* you must contact Aviva and request that your newborn is added to your *policy* within 13 weeks of the date of his/her birth. Once your newborn is added to your *policy* within 13 weeks of the date of his/her birth no waiting periods or exclusion periods will apply to him/her.

Cord blood stem cell preservation

Cord blood stem cell preservation is where blood from your baby's umbilical cord 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 various diseases. The main use today is the reconstitution of the blood and immune system.

We will give you a contribution towards the cost of this *procedure* subject to the *benefits* available under your *policy*. Medicare Health & Living Limited (Medicare) provide this service in *Ireland*.

Telephone: 01-2014900

Website: www.medicare.ie

Partner benefit

We have included a *benefit* to give you money back on a range of expenses incurred while your partner is in hospital having your baby. These include accommodation, travel or child care costs 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 up to two days. To avail of this *benefit* both you and your partner must have a health *policy* with Aviva or be a *member*.

This *benefit* entitles you to one *claim* per birth per *policy* and a 42 week *waiting period* applies. All receipts must include details on who provided the service, what the service was and the cost involved. At the end of your *policy year*, 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 issue you with payment if this *benefit* is available under your *policy*.

Pre/post natal care

As part of your maternity *benefit* we may give you up to a combined total of €400 per pregnancy to cover the cost of your pre and post natal care, when provided by a *consultant* or *G.P.* or Bord Altranais registered *midwife*. This covers, for example, *consultant's* fees (obstetrician and gynaecologist), maternity scans and antenatal classes.

Your pre and post natal care allowance may also be used to avail of U Mamma pre and post natal *physiotherapist* services or by a Chartered *Physiotherapist* with a speciality in women's health.

Please note: If you have purchased a **day-to-day plan**, this *benefit* can be *claimed* through either the **day-to-day plan** (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.

Post natal home help

To help you or any of the *members* named in your *policy* get back on your feet after having a baby, Aviva includes the following types of post natal home help *benefit* on a number of *plans*:

- i) €120 towards the costs of domestic home help.
- ii) Up to eight hours of domestic home help from an approved provider, to be provided in two four hour sessions over the course of two days. To avail of this *benefit members* must contact Aviva and we will put them in contact with their nearest approved provider. Aviva will pay the provider directly. Aviva will not provide this *benefit* if the *member* fails to contact us in advance. *Members* may have to wait up to 5 working days to receive the domestic home help from an approved provider as we cannot guarantee their availability. If the *member* wishes to cancel a booking with an approved provider he/she must give 24 hours' notice to the relevant provider. If you fail to do so Aviva will be forced to pay the provider and the *benefit* will be exhausted. This *benefit* is only available to *members* whose home is accessible

by public transport and the *member* must be present in the house at all times when the home help assistant is in attendance. If this service is not available in the *member's* area the *member* will be entitled to *claim* the alternative type of post natal home help *benefit* i.e. up to €120 towards the cost of domestic home help.

Please see the Tables of Cover for the *plans* listed in your *policy* to determine whether this *benefit* is available to you and/or the *members* named on your *policy* and if so which type of cover applies. A 42 week *waiting period* applies to both types of post natal home help *benefit*. Both types of post natal home help *benefit* may only be claimed by one *member* named under a *policy* in any one *policy year* and the *benefit* may only be claimed once per child. This *benefit* may be claimed by either parent where it is available under their *plan*.

To claim the post natal home help *benefit*, *members* must:

- i) contact us and *claim* within 26 weeks of the newborn's birth; and
- ii) provide evidence of the newborn's birth – this may be either the birth certificate or a note confirming the birth from a *G.P.* or *consultant* or district nurse.

Breastfeeding consultancy

Many women choose to breastfeed but it doesn't always come naturally. You can now *claim* up to €25 per session for up to two sessions with a qualified *breastfeeding consultant* subject to the level of the *benefits* available under your *policy*. For more information on *breastfeeding consultants* visit www.avivahealth.ie.

To *claim*, collect your receipts, call our customer service team on 1890 717 717 to register your *claim* and send the receipts with your membership details to us. We will process your *claim* and issue your payment if applicable.

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. To avail of this *benefit* the mother of the new born must be on a health *policy* with Aviva.

Doula

Health *members* with Aviva may now receive a discount for the Birthing package through Doula Ireland. Doulas are birth assistants who offer additional emotional and physical support before, during and after childbirth. Please consult your *table of cover* to see if you are covered for this *benefit*.

Telephone: 087 057 2500.

Website: www.doulaireland.com

Post Natal Counselling

Aviva may cover the costs of post natal counselling received by a *member* during the term of their *policy* provided the counselling is received within 12 months of giving birth and it is carried out by members of;

The Irish Psychological Society (PSI)

The Irish Association of Counsellors and Psychotherapists (IACP)

The British Association of Counsellors and Psychotherapy (BACP)

Family Therapy Association of Ireland (FTAI)

The Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)

Please consult your table of cover to see if you are covered for this *benefit*.

Member benefits

Under your health *plan* you can choose from a wide range of *member benefits*. The following is a list of the *member benefits* that may be available to you subject to the level of *benefits* available under your *policy*.

Health screening

Aviva recognises the importance health screening plays in helping *members* to take greater control of their health. Where this *benefit* is available under your *policy* Aviva will give you a discount on a health screen with two exclusive providers per *policy* year.

If you have also purchased a **day-to-day** *plan* which includes a health screen, this reduction is in addition to the *benefit* claimable under your **day-to-day** *plan*.

Charter Medical Group

Telephone: 01 657 9000

Employment Health Advisors

Telephone: 021 453 6000

Smoking Cessation

Where this *benefit* is available under your *policy* you can *claim* a discount off the cost of Allen Carr's Easyway to Stop Smoking Programme. Allen Carr's Easyway to Stop Smoking Clinics are held in 5-hour group sessions with a fully qualified therapist.

Telephone: 1890 379 929 or
01 4999010

Website: www.easyway.ie or
www.allencarr.ie

Dental Access Package

Don't put off your Dental check up. Where this *benefit* is available under your *policy* you are entitled to a discount on all dental *procedures* including check-ups, x-rays, scale &

polish, fillings, orthodontics and teeth whitening when you show your Aviva membership card. All dental *member benefits* are supplied exclusively through Smiles Town and Dental. Telephone: 1850 323 323
Website: www.smiles.ie

Please note: These *benefits* are only available for the *treatments* specified and through the provider specified.

This *benefit* is not available with other promotions through Smiles Town and Dental facilities. Not all people are suitable for these *treatments*. Where *treatment* is not supplied for the entire mouth, the Aviva discount shall be pro rata. Exclusive Aviva discounts are subject to a maximum of twice per year per *member* and 10% discount off the normal price thereafter.

Asthma care programme

In conjunction with Asthma Care Ireland, learn how to overcome rhinitis, wheezing, coughing and breathlessness naturally learning the Buteyko Clinic method and lifestyle guidelines. Where this *benefit* is available under your *policy* you will receive a discount on the cost of this.

To avail of your discount, you must inform Asthma Care of your Aviva health membership when booking and paying either over the phone in advance of the session or when paying in person on the day of the session. The discount is only available to *members* who present a valid *policy* number or Aviva membership card to Asthma Care. The discount cannot be used in conjunction with any other offer and cannot be redeemed online. Telephone: 1800 931 935 or
091 756229

Email: info@asthmacare.ie

Website: www.asthmacare.ie or
www.buteykochildren.com

The Little Gym

Where this *benefit* is available under your *policy* you can *claim* a discount on tuition at The Little Gym in Liffey Valley. To avail of the discount *members* must present a valid Aviva health card or *policy* number to The Little Gym. Telephone: 01 630 0380, Website: www.thelittlegym.ie
Email: liffeyvalley@thelittlegym.ie

Back-Up

Aviva Back-Up is a unique and innovative primary care programme that provides *members* with fast access to advice and *treatment* for acute back and neck pain. Back-Up has been developed to help *members* get back on their feet quickly through fast access to the appropriate *treatment*. It is fully supported by the Irish Society of Chartered Physiotherapists (ISCP) and is delivered through case management experts HCML.

Terms and conditions:

- Back-Up is only available to *members* where this *benefit* is available under their *policy* and who are over 18 years of age.
- There are no *waiting periods* to avail of this *benefit*.
- Aviva Back-Up is provided by Health & Case Management Limited (HCML).
- If physiotherapy is required it must be provided by a member of Irish Society of Chartered Physiotherapists who is registered with Aviva for delivery of this programme. There is an extensive list of physiotherapists participating in the programme but we cannot guarantee there is a participating physiotherapist in every county.
- The physiotherapist must be registered with Aviva.
- Should the *member* require

physiotherapy treatment, a one-off contribution of €50 towards the cost of physiotherapy for the duration of their entire personalised treatment programme must be paid by the *member* directly to the physiotherapist on completion of their first physiotherapy session. This €50 payment is to ensure *members* commit fully to their Back-Up personalised treatment programme.

- A maximum of 8 physiotherapy sessions are permitted per personalised treatment programme. Any additional physiotherapy will require pre-approval from Aviva.
- Back-Up is limited to two personalised treatment programmes per *policy year*, further personalised treatment programmes within a 12 month period will require preapproval from Aviva.
- A personalised treatment programme is defined as the duration from when an individual *member's* case is opened to when it is closed by HCML.
- A treatment programme must be completed within 6 months.
- There must be a 4 month gap between the last physiotherapy session and the next consultation.
- You must be a *member* to complete this programme.

Laser eye surgery

Laser eye surgery is another great *benefit* that is available under some Aviva *plans*. Optical Express is one of the leading technological innovators in the world offering both LASIK and LASEK *treatments*. Prices can vary depending on your suitability, requirements and preference. Where this *benefit* is available under your *policy* you will receive a discount on the total cost of your *treatment*, just show your membership card. Telephone: 1800 818 543 Website: www.opticalexpress.com/ie

Please note: The *benefit* is only available for the *treatment* specified

through the provider specified. Where *treatment* is not supplied for both eyes the Aviva contribution shall be pro rata. Patients must inform the approved centre at the time of booking the consultation that they are a *member* of Aviva. This offer may not be used in conjunction with any special offer or promotion run by Optical Express.

Fitsquad

Where this *benefit* is available under your *policy* you will enjoy a discount off the cost of Fitsquad sessions. Fitsquad is an outdoor group fitness programme for men and women. Fitsquad aims to motivate you as an individual, helping you to achieve your goals and making every class interactive and fun while increasing your fitness levels. Website: www.fitsquad.ie

Cervical cancer vaccination

At Aviva, we believe prevention is better than cure. Where this *benefit* is available under your *policy* we will give you money back on cervical cancer vaccination with Point of Care Health Services Ltd. Telephone: 1890 304 305 Website: www.pointofcare.ie

U Mamma

U Mamma provides a range of pre/post natal care services including holistic therapies and women's health physiotherapy courses.

Where this *benefit* is available under your *policy* you can avail of a discount on all pre and post natal *treatments* at U Mamma holistic sanctuary, located at Glencormack Business Park, Kilmacanogue, Co. Wicklow (beside Avoca Handweavers). Telephone: 01 2014900 Website: www.umamma.ie

4D Scans

Where this *benefit* is available under your *policy* Aviva will contribute

towards the cost of your 4D scan. 4D maternity ultrasound scans allow you to experience the first images of your baby and get a glimpse of some of their first movements. Your scan will last approximately 40 minutes and you will be given photos together with a DVD. Aviva has an exclusive arrangement with Ultrasound Dimensions, InnerVision Ultrasound and Charter Medical Group to bring you this innovative *benefit*.

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

Booking details

Please inform the service provider that you are a health *member* with Aviva. You will be asked to show your membership card on arrival. A *claim* form will be provided on the day of the scan. Fill out the form and send it on with your receipt to us.

Ultrasound Dimensions

21 Main Street, Blackrock, Co. Dublin
Telephone: 01 210 0232
Email: info@ultrasound.ie

Innervision Ultrasound

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

Charter Medical Group

Smithfield, Dublin 7.
Telephone: 01 657 9000
Email: medical@chartermedical.ie

For Charter Medical Group show your Aviva membership card to receive a discount

EAP

An Employee Assistance Programme ("EAP") *benefit* is available on certain *plans*. Under this *benefit* Aviva will cover the cost of counselling with EAP Consultants Limited. *Members* on *plans* which include this *benefit* will

have access to qualified counsellors who will be able to give them advice on a range of issues including stress, abuse, bullying, and financial information.

The type of counselling that is available from EAP Consultants Limited under this *benefit* will depend on the *plan* under which it is being *claimed*. The following types of cover are available:

1. Access throughout your *policy year* to a confidential telephone counselling service run by EAP Consultants Limited. This service is available 24 hours a day, 365 days a year.
2. Up to six face to face counselling sessions throughout your *policy year* with a counsellor through EAP Consultants Limited.

Please check the table of cover for your *plan* or those of the *members* named on your *policy* to see whether this *benefit* is available to you/them and if so the type of counselling which can be received.

This *benefit* is only available through EAP Consultants Limited. Counselling which is not provided by EAP Consultants Limited will not be covered. This *benefit* is only available to *members* who are 18 years old or more. EAP Consultants Limited is solely responsible for providing the counseling services. Aviva will not have access to your communications with EAP Consultants Limited.

Elvery's Sports Benefit

Where this *benefit* is available under your *policy* Aviva will refund you €20 for a pair of running shoes purchased from Elvery's Sports during the term of your *policy*. Please note that this *benefit* is only available once per *member* per *policy year*. You must

submit a receipt for the purchase of the running shoes to Aviva at the end of your *policy year* to *claim* the *benefit*. In addition Elvery's Sports will give you a 25% discount on their "balance consultation" and "professional balance" insoles upon production of your Aviva membership card. This discount is applied at the point of purchase in Elvery's Sports' stores. Elvery's Sports will also give you a free consultation and basic mouthguard with any purchase over €30 in Elvery's Sports store nationwide. To avail of this *benefit* Aviva *members* must produce a valid membership card to Elvery's Sports when making their purchase.

These *benefits* are only available in connection with Elvery's Sports and where they are listed on your table of cover.

Aviva may have to make changes to the *member's benefits* that it offers from time to time. Please see the *member* area on our website for the most up to date *member benefit* information.

Day-to-day benefits (if applicable to your plan)

Living a healthy life

We have designed the **day-to-day benefits** in your *plan* to help you take control of your health. On your health *plan*, you have access to a wide range of medical practitioners and other **day-to-day** practitioners, both in *Ireland* and abroad.

Please note: **Day-to-day benefits** are additional to your hospital cover. Please consult your membership certificate to see whether you have taken out additional cover for **day-to-day benefits** and if so which *plan* you have chosen. 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.

Pooling of benefits

Pooling of *benefits* means that families can combine their individual allocated day-to-day visits to day-to-day practitioners together. If one *member*

of a family does not use his/her visit then another family *member* on the *policy* can use his/her visit, provided both *members* have **day-to-day** as part of their *plan*.

Pooling of **day-to-day benefits** applies only to the following **day-to-day plans**:

- Day to day A
- Day to day Me
- Day to day 50 (Pooling of *benefits* applies to G.P./Dentist/Physiotherapy *benefits* only)
- Day to day B

In addition, *benefits* specific for children can only be pooled by children. To avail of the child *benefits* the person must be under 18 at the time he or she receives *treatment*. With **day-to-day benefits** no *benefits* can be pooled from a *dependent* added free to the *policy* including newborns or fourth and subsequent children/students.

Day-to-day benefits may only be pooled by *members* not subject to a

waiting or exclusionary period. Pooling of *benefits* for all other *plans* not listed above, including business *plans*, does not apply.

Please note: Minimum *benefits* do not apply to day to day *plans*.

Contraceptive prescriptions

If you wish to make a *claim* for the cost of prescribed oral, injectable and implantable contraceptives you will need to submit a copy of the form marked "prescription" to Aviva with your receipt(s) within 3 months of the end of your *policy year*. The form marked "prescription" is issued to you by your pharmacist. This *benefit* is limited to prescribed oral, injectable and implantable contraception and is subject to the level of the *benefits* available under your *policy*.

Day-to-day claims

Where you or any of the *members* named on your *policy* have received services to which day-to-day *benefits* apply under your *plans*, you may *claim* back some of the cost of those services at the end of your *policy year*. *Members* may only *claim* for day-to-day *benefits* under their *plan* for services they have received and paid for themselves.

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 send all original receipts to us to ensure that we can reimburse you for all *eligible treatment*. (Photocopies, cash register receipts etc. are not acceptable).

Please ensure that all original 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 submit the form marked "prescription *claim* form" issued by your

pharmacist, to Aviva together with your receipts.

All receipts must be sent in an envelope with your name, address and *policy* number to Claims Team, Aviva Health Insurance Ireland Limited, PO Box 764, Togher, Cork, within 3 months of the end of your *policy year*. If your receipts are not received within this three month period, your *claim* will not be paid. Receipts submitted must relate to *treatment* which occurred in the previous *policy year* only.

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

Please note: Receipts will not be returned following assessment of your *claim*. The Revenue Commissioners will now accept your statement of *claim* (which we will send to you when your *claim* has been assessed). We recommend you retain copies of your original receipts if required.

Please note: Certain *waiting periods* apply for day-to-day *benefits*. Refer to Part 4 of this handbook for full details of these applicable *waiting periods*.

Overseas benefits

Accident & emergency abroad

If you or any *member* named on your *policy* require a *treatment* or *procedure* due to an emergency while abroad the accident and emergency abroad *benefit* may be available to you or that *member*. This *benefit* covers *treatments* or *procedures* that are received by a *member* within 31 days of the date of his/her departure from *Ireland*. Please note that *procedures* and *treatments* which are commenced by a *member* on a date which is more than 31 days after he/she departed *Ireland* will not be covered. Please retain all eligible, original receipts and contact us on your return.

To access this *benefit*, you or a third party, if you are unable to do so, must call the international assistance number 00353 148 17840 in advance of receiving any *treatment* or *procedure*. If you do not call the international assistance number this *benefit* will not be available to you or the *member*. Aviva or an agent of Aviva must arrange all *treatments* or *procedures*.

All *claims* will be assessed and settled in Euros. Aviva will use the foreign exchange rate at the time of your discharge. Any difference in exchange rates will be borne by the *member*.

We may request further details on receipt of your *claim* to validate the treatment centre and medical professionals you attended.

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. Please note that this *benefit* may only be *claimed* in respect of *in-patient treatment*.

Please note that overseas *benefit* is not a substitute for travel insurance and Aviva recommends you purchase travel insurance prior to travelling outside *Ireland* and obtain a European Health Insurance Card before you travel. You can obtain information on how to apply for this card on www.ehic.ie.

Where this *benefit* is available and Aviva has arranged the *procedures* and *treatments* received by you or the *member*, we will:

- Arrange to pay for your eligible *hospital* costs where *treatment* is received as an in-patient in an *internationally recognised hospital*.
- Provide 24 hour telephone assistance.
- Refer you to a doctor or medical facility/hospital.
- Liaise with the hospital while you are undergoing care.
- Provide an English speaking person if required.
- Contact your *G.P.*, family and employer if required.
- If a companion remains with you whilst you are in hospital we will reimburse that person up to €1,000 towards the accommodation, transport and food costs which they incur during the time you were in hospital. Original receipts must be submitted to us to claim a reimbursement towards each cost. Only costs incurred in the country in which you received treatment can be claimed under this *benefit*.
- If a companion is required to travel with you during your repatriation we will reimburse that person up to €1,000 towards the costs of traveling with you. Original receipts must be submitted to us to claim a reimbursement under this *benefit*. Where you are accompanied by a medical escort your companion will not be required to travel with you and this *benefit* will not be available.
- Pay an amount up to €1 million towards your repatriation. This *benefit* is only available where all arrangements are made by our International Assistance Provider, and our advisors consider it *medically necessary* and medically safe to do so.

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

- Hospital expenses incurred for in-patient *treatment* in a hospital abroad where Aviva or an agent of Aviva have not arranged all services.
- Follow up non-emergency *treatment* abroad.
- Giving birth where a *member* has

- travelled overseas to give birth, or a *member* travelled overseas in a situation where it could have been reasonably expected that childbirth would occur while abroad.
- You're travelling against medical advice or if you are suffering from a *terminal illness*.
- You're travelling abroad to get *treatment* or if you knew before travelling that *treatment* might be required.
- *Procedures* and *treatments* which are commenced by a *member* on a date which is more than 31 days after he/she departed *Ireland*.
- Conditions and/or injuries arising from drinking alcohol.
- Conditions and/or injuries arising from *drug abuse*.
- Conditions and/or injuries arising from deliberately injuring yourself.
- Any nervous or mental or psychiatric 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.
- Convalescence and rehabilitation services.
- Any *treatment* that could be delayed until your return to *Ireland*.
- Delayed, cancelled, rescheduled or missed flights, or return transport by any other means unless arranged by Aviva or an agent of Aviva.
- Expenses incurred once a *member* has been discharged from hospital.
- Injuries sustained while travelling in a country against the advice of the Irish Department of Foreign Affairs.

Overseas treatment

Aviva is delighted to offer this *benefit* to our *members*.

Please remember that all *procedures* carried out outside of *Ireland* must be pre-authorised by Aviva in advance of travelling abroad.

Benefits abroad for surgical procedures which are available in Ireland

If you are covered for a *medically necessary surgical procedure* in *Ireland* we

will cover you for eligible medical costs up to the amount that we would have paid in respect of the same *procedure* in *Ireland*. In order to *claim* for this *benefit* you must fulfil the following conditions:

- The *procedure* or *treatment* must be performed on the *member* within 31 days of his/her departure from *Ireland*.
- You must have obtained written pre-authorisation from Aviva in advance of having the *procedure* or *treatment* performed outside *Ireland*. In order to obtain pre-authorisation, you must provide all relevant information requested and allow at least 15 working days for assessment by Aviva, and
- A national waiting list for *transplants* or other complex *procedures* must not govern access to the *surgical procedure*.

We may request a detailed report regarding proposed surgical *treatment* from your treating *Consultant* overseas. 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.
- the name and address of the medical facility where you are requesting that this *procedure* be performed, and
- 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 Aviva's *medical advisors*) prior to making this decision. Aviva will not contribute to the costs that you incur in obtaining a written medical opinion from your *consultant*.

The cost of travel for the *treatment* abroad and subsequent return from that country is not covered by Aviva.

Please download our pre approval *treatment* form from our website.

- You must be referred by a participating *consultant* in *Ireland*.
- If you require *treatment* that is available in *Ireland* but not in the *Schedule of Benefits* we will not cover the *treatment* overseas.
- Once approved, we will set out the maximum amount payable by Aviva for the *procedure*.

- Once you are overseas you will need to pay the hospital/ medical professionals directly, making sure you keep all original receipts. When you get home, you can then *claim* for the amounts paid up to the Aviva approved maximum contribution.

Please note: Remember to send us original medical professional invoices and hospital invoices supporting the *procedure(s)* carried out. Aviva 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*.

Benefits abroad for surgical procedures which 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 covered for surgical *treatment* for the relevant condition here in *Ireland*. Subject to the conditions listed on this page and the other conditions contained in this Membership Handbook, Aviva will provide cover for *surgical procedures* that are not available 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 *surgical procedure* to treat the same conditions that is available in *Ireland*.

In order to *claim* for this *benefit* you must fulfil the following conditions:

- The *procedure* or *treatment* must be performed on the *member* within 31 days of his/her departure from *Ireland*.
- You must have obtained written pre-authorisation from Aviva in advance of having the *procedure* or *treatment* performed outside *Ireland*. In order to obtain pre-authorisation, you must provide all relevant information requested and allow at least 15 working days for assessment by Aviva, and
- that such or a similar *surgical procedure* cannot be performed in *Ireland* (if applicable).

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*.
- If the most similar *surgical procedure* to treat the same condition that is available in *Ireland* is not on the *Schedule of Benefits* we will not cover the *treatment* overseas.
- you must be covered under your health *plan* with Aviva 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 Aviva's *medical advisors*, be medically proven to be a more effective method of *treatment* than alternative *surgical procedures* that are available in *Ireland*.
- Our *medical advisors* must agree that there is a reasonable medical prognosis should the *procedure* be carried out.
- the *surgical procedure* must not be controlled by a national register of waiting lists for *transplants* or other complex *procedures*.

Please note: We do not have agreements in place with overseas consultants. Therefore, Aviva will pay these consultant's fees at part participating rates, refer to Part 2 of this Membership Handbook for details of consultants fees. You are advised to contact us on 1890 717 717 before undergoing the *Procedure* or *Treatment* to enquire as to the amount that we will cover.

These *surgical procedures* are in all cases subject to prior approval by Aviva. Aviva 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*.

Part 3 How to use your Aviva policy

Joining Aviva

You must be a *resident of Ireland* to take out a *policy* with Aviva and all *members* named on your *policy* must be residents of Ireland. Your *policy* will last until the *renewal date* specified on your membership certificate. As soon as we receive the first payment relating to your membership, you will be covered from the commencement date under your *policy* subject to the terms and conditions of your *policy*.

Member self service area

As a valued *member* of Aviva, you now have exclusive access to our *member secure area*. You can see all our *member benefits* and rewards and have the ability to:

- Have real time access to your *policy* details online
- Make changes to personal details and cover details
- Receive instantaneous online confirmation of all updates made

Contacting Aviva

We recommend that you should contact us before you undergo a *Procedure* or *Treatment* so that Aviva can confirm whether the costs for the *Procedure*, *Treatment* or hospital/scan centre/treatment centre will be covered under your *policy* and whether a *shortfall* will occur. You will need to give Aviva your *consultants* name and *Procedure* code and the name of the hospital, scan centre or treatment centre. The *Procedure* code is available from your *consultant*. If qualifying criteria apply to that *Procedure* or *Treatment* Aviva may not be able to assess over the phone whether your costs will be covered and it may be necessary for your *consultant* to contact us directly to confirm whether the qualifying criteria are satisfied. Please remember that all *benefits* are subject to *waiting periods*, exclusion periods for *pre-existing conditions* and the requirement for pre-authorisation. For more information on these waiting periods and exclusion periods please see Part 4 of this Membership Handbook Please also remember you may only make a *claim* during your *policy year*.

Making changes to your policy

All health insurance contracts run for a period of one year. You may alter your *policy* or any of the *plans* listed on your *policy* throughout your *policy year*, however such alterations may necessitate a change in the premiums payable under your *policy*. Please be aware that we can only accept instructions to alter a *policy* or any of the *plans* listed on a *policy* from the *policyholder*. This is the person who instructed us to issue the *policy* to provide health insurance for the *members* named under that *policy* and who is responsible for paying the premiums for all the *plans* listed in that *policy*. We cannot accept instructions directly from *members* who are not the *policyholder* to make changes to the *plans* assigned to them.

The *policyholder* may nominate a third party to act on their behalf.

The nominated third party may be a *member* listed on the *policy*. If the *policyholder* wishes to nominate a third party to act on his/her behalf, he/she must notify us in writing that we should accept instructions from such third party in relation to the entire *policy* or one or more of the *plans* listed in the *policy*.

Where a *plan* is altered prior to the end of the *policy year* so that a *member* is covered by a new *plan* for the duration of their *policy year*, the out-patient and day to day *benefits* available under each *plan* will be applied on a pro rata basis. This means that out-patient and day to day *benefits* available under the *plan* which was active at the time the medical services were received will be applied to the *members claim* and that the level of the *benefits* under each *plan* will be reduced so that they are proportionate to the percentage of their *policy year* for which that *plan* applied.

Please note that where you are a *member* of a *group scheme* and your *policy* is sponsored by or paid for by

an employer, professional body or other entity you will have to pay for any additional cover not agreed to by such a *group scheme sponsor*. You can make changes by logging onto our *member self service area* or by contacting us (or your broker) directly. If you do change your *policy*, please be aware that a supplementary exclusion period for upgrade of cover may apply. As soon as we have received all information about the change to your *policy* and you have paid the premium, we will send you a new membership certificate outlining your new *policy* details. It is important to let us know when there are any changes in your personal information.

Please note: If you ask us to remove a *member* from your *policy*, we have the right to tell the *member* that he/she is no longer covered.

Renewing your plan

To renew your membership at the end of your *policy year* all that is required is for the payment of the premium to be continued. Where Aviva continues to receive payments of premiums by direct debit, through salary deduction or by a *group scheme sponsor* we will automatically *renew* your *policy* on the same *plan* and no further action is required by you. Where payment of the premium is effected by direct debit or through salary deduction, we will simply continue to deduct your premiums on a monthly basis.

Cancelling your policy

All health insurance contracts run for a period of one year. Your *policy* or any of the *plans* listed on your *policy* may be terminated before the end of your *policy year* in the following ways:

- a) Request for Cancellation: A *policy* or any of the *plans* listed in a *policy* may be cancelled where the *policyholder* (or, where circumstances permit, by a *group scheme sponsor*) gives us notice in writing or calls us on 1890 717 717.
- b) Non-Payment of Premium: If the *policyholder* does not pay the

premium for any or all of the *plans* listed in their *policy* in accordance with the payment terms of their *policy* we will be forced to cancel the *policy* or one or all of the *plans* listed in the *policy* from the date on which the premium was due but was not received (see Paying your premiums section).

Where a *policy* is cancelled prior to the end of the *policy year* all *members* named under that *policy* will cease to be covered by us. Where an individual *plan* is cancelled prior to the end of the *policy year* the *member* covered under that *plan* will cease to be covered. We will not pay any *claims* made in respect of the period following the date of cancellation. Where Aviva has already paid a *claim* in respect of a service, *procedure* or *treatment* received by the *member* after the date the *policy* or any *plan* listed on the *policy* was cancelled, Aviva will be entitled to recover the amount of that *claim* from the *member*. Where a *plan* is cancelled prior to the end of the *policy year* the out-patient and day to day *benefits* available under that *plan* will be allocated on a pro rata basis. This means that the *member* will only be reimbursed that part of the total value of their *claim* which is proportionate to the percentage of their *policy year* for which their *plan* was valid. Please note that the yearly excess applicable to those *benefits* will not be reduced on a pro rata basis so that the full excess as listed on the *member's* table of cover will still apply.

Where a *policy* or *plan* is cancelled prior to the end of the *policy year* without any *claims* having been made and where the total annual premium has already been paid, we will refund the *policyholder* that part of the premium which is proportionate to the amount of time left to run in the *policy year* less a mid-term cancellation charge (see below for details of the mid-term cancellation charge). Please note that we will be entitled to retain that part of the premium that has already been paid that is proportionate to the amount of time that the *members* covered under that *policy* have been on cover. If the *policyholder* or any *member* named

on your *policy* have made a *claim* for in-patient *benefits* before the date of cancellation the *policyholder* will not be entitled to any refund of premium.

If your *policy* is cancelled and if you or any *members* named on that *policy* do not enter into another contract of health insurance for more than 13 weeks you and/or each *member* will be forced to re-serve the applicable waiting and exclusion periods.

The *policyholder* is the person responsible for paying all premiums due under the *policy* and our contract is with the *policyholder*. Therefore we are obliged to act on the instructions of the *policyholder*. Where the *policyholder* instructs us to cancel the *policy* or any of the *plans* listed in the *policy* or, the *policyholder* fails to pay any of the premiums due under their *policy*, we must cease to insure the *members* who were covered by the *plans* which have been cancelled. We will not be in a position to notify *members* in these circumstances.

Mid-Term Cancellation Charge

If you choose to cancel your *policy* or any of the *plans* listed in your *policy* before the end of your *policy year* or, if we are forced to cancel your *policy* or any of the *plans* listed in your *policy* due to non-payment of premium we will charge you a mid-term cancellation charge.

The Mid-Term Cancellation Charge is made up as follows:

- a) An administration fee of €25
- b) The portion of the Government Levy which has not yet been discharged by you. We are obliged to pay a stamp duty to the revenue for every health insurance plan issued by us. This is known as the Government Levy and is included in the Gross Premium of the plans listed in your policy. The Government Levy is payable by us to the revenue for the plans included in your policy as soon as they are accepted and is not reduced where those plans are cancelled before the end of your policy year. Where your premiums are being paid monthly we disburse the cost of the Government Levy

evenly across your payments. If your policy is being paid by monthly instalments and is cancelled before the end of your policy year you will be obliged to pay us an amount equal to the amount the Government Levy which has not yet been paid by you. Details of the amount of the Government Levy are set out in your membership certificate.

Aviva reserves the right to deduct the amount representing the mid-term cancellation charge against the amount (if any) due to be refunded to you as a result of the cancellation of your policy. In all other circumstances, an invoice will be issued to you in respect of the mid-term cancellation charge.

Cooling Off

You can cancel your *policy* within 14 days from the date the contract was entered into or from the date you are given the *policy* documentation, whichever is the later. This is known as the cooling off period. If during the cooling off period of 14 days you cancel your *policy* with effect from its start date, we will provide a full refund of premium paid. However, if you or any *member* has made an *In-patient treatment* and/or *Day case claim* you will not be entitled to a refund of the premium paid.

During the 14 day cooling off period, should you wish to terminate your *policy* with effect from a date later than the start date, we will impose a charge for providing health insurance cover up to the date of cancellation in accordance with your *plan*, such charge being that part of the premium that is proportionate to the amount of time that Aviva has provided health insurance cover to you. We will also charge you the mid-term cancellation charge.

Paying your premiums

It is the responsibility of the *policyholder* to ensure that the premiums payable under the *policy* are paid when they fall due. In order to ensure that each *member* named on the *policy* is fully covered at all times, premiums must be paid in accordance with the payment method agreed

with us. Payment must be made in accordance with Aviva's conditions or it may not be accepted resulting in the cancellation of the *policy* or any of the plans listed in the *policy*. If the premiums due under a *policy* remain unpaid for 30 days the *policy* will be cancelled effective from the date on which the unpaid premiums were due. We will give the *policyholder* 14 days notice in writing of our intention to cancel a *policy* or any of the *plans* listed in the *policy* for non-payment of premium. Such notice will be sent to the *policyholders* address. Any claims made for treatment received during this 30 day period will not be paid. In this instance Aviva will charge you a Mid-term Cancellation Charge.

All premiums must be paid in euro. Credit card and laser card payments will only be accepted in three circumstances:

- (a) as a deposit on the first premium;
- (b) if the monthly premium is late and we have informed the *policyholder* of such; or/
- (c) to pay the yearly premium in advance.

Where you are paying your premiums by monthly installments you must pay by direct debit or salary deduction.

Direct Debit Payments

If you have chosen to pay by direct debit you must ensure monthly payments are available for collection. The first payment in any *policy* year may be more or less than the subsequent payment because your *policy* start date may be different to your chosen Direct Debit collection date. This may also occur if you decide to change your Direct Debit collection date mid *policy* year.

If Aviva hold your bank account details we will make every effort to collect the premium due in order to maintain your *policy*. Aviva will cancel your *policy* if we are unable to collect the premium. The *policy* shall terminate with effect from the date the first missed payment was due and not received. In this instance Aviva will charge you a mid-term cancellation charge as set out in this section of the membership handbook.

Part 4 Aviva Terms and Conditions

Waiting Periods applicable for all in-patient treatment, day case treatment and out-patient PET and PET-CT scans only

Waiting periods will apply to any new health member with Aviva:

- 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 Aviva 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 health member with Aviva must wait 26 weeks before he/ she is fully insured under his/her policy.
- b) a person aged between 55 and 64 on the date of becoming a health member with Aviva must wait 52 weeks before he/she is fully insured under his/her policy.
- c) a person aged 65 and over on the date of becoming a health member with Aviva must wait 104 weeks before he/she is fully insured under his/her policy.
- d) maternity or pregnancy benefits are not covered for 52 weeks from the date of becoming a health member with Aviva. 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
- Antenatal benefit
- Early maternity discharge benefit

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

Should you suffer an accident or injury before your waiting period ends you will be insured for medically necessary Procedures and/or treatment resulting from the accident or injury. You will not be insured for any elective Procedure or Treatment before your waiting period ends.

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 new born child on your contract within 13 weeks of their birth no waiting periods will apply to that child.

Exclusion periods for pre-existing conditions

This exclusion applies to all in-patient benefits offered under your plan and cover for out-patient scans. If you have a pre-existing condition 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 health member with Aviva 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 in cover

If you increase the level of cover within your plan by either changing to a more comprehensive health plan with Aviva or switching to Aviva 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 benefits 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 52 weeks. The supplementary 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
- Antenatal benefit
- Early maternity discharge benefit

Waiting periods for day-to-day benefits

These apply to any new health members with Aviva 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 health plan with Aviva, 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. Only eligible members can pool day-to-day benefits together. Maternity or pregnancy benefits are not covered for 42 weeks from the date of becoming a health member with Aviva unless switching from a plan, either with Aviva or another insurer, that has equivalent benefits.

Out-patient

In order to successfully *claim* for *out-patient benefits*, a *member* must submit invoices for *out-patient* expenses occurring within the term of their current *policy*.

The *benefit* payable by Aviva regarding those receipts (i.e. the *out-patient benefit*), without reference to the total value stated on the invoice / receipt concerned, must alone, or in addition to any other submitted invoices / receipts, exceed or equal the *member's out-patient* excess.

The amount payable by Aviva shall be that portion of the relevant single or combined *out-patient benefit(s)* which exceed(s) the *member's out-patient* excess.

Please note, notwithstanding the value of a *member's out-patient* expenses in terms of the amount listed on any invoice/receipt, only the relevant *out-patient benefit* will be paid according to the specific terms of a *member's plan*.

Hospital excess

Where a *plan* has an *in-patient* or *day-case* excess, Aviva health members will be required to pay this excess for each visit to a hospital as stated on your table of cover. This excess will not apply to radiotherapy and maternity *treatment* but a once off excess will apply to the provision of cytotoxic chemotherapy infusion. Please consult your table of cover to see if an excess on *in-patient* or *day-case* applies to your *plan*.

Consultant Fees

Please see the sections of this membership handbook dealing with *in-patient* benefits and *out-patient benefits* for information on how Aviva covers *consultants' fees*.

Applicable rules – general terms and conditions

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

- The level of cover within your *policy* will at all times govern the amounts payable.
- *Benefits* will only be paid for the *medically necessary treatment* and/or *Procedures* 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 an Aviva *member*.
- 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*. By reasonable and customary we mean that what you are charged for and how much you are charged is not more than that charged to the majority of our other *members* who are on the *plan* for similar *treatment* services or facilities carried out in Ireland.
- Where your hospital, *consultant*, ambulance or other provider does not have an agreement on pricing with Aviva, Aviva will only pay these *benefits* to specified amounts which may not cover the entire cost of your *treatment*.
- Where the amount charged is less than the cover within your *policy*, this lesser amount shall be paid.
- The availability of semi-private or private accommodation is determined by the hospitals and is outside the control of Aviva.
- Aviva will not pay any *claims* for *In-patient treatments* where on medical advice, we determine that the *treatment* should have been provided as a *day case* or *out-patient* rather than as *In-patient treatment*. We will only pay the amount that would have been settled had the *treatment* been carried out on a *day case* or *outpatient* basis up to the level of the *benefits* available under your *plan*. This will be determined based on the established medical practice for that condition.
- Aviva 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 as *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 *outpatient* based on the level of the *benefits* available 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 with any other insurer that may cover all or any part of your *claim*.

- Where a *member* makes a *claim* which relates to injuries he/she has sustained through the fault of a third party we will pay the *claim* in accordance with terms of the *member's plan* but the *member* will be obliged to seek recovery of the total amount of such *claim* from the third party on our behalf. The *member* will be required to reimburse us for the cost of such *claim* as soon as he/she receives such monies from the said third party. Please note that any costs, legal or otherwise, incurred by a *member* in pursuing a recovery from a third party are not covered by Aviva.
- 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 you opt for electronic documents we will send any letters and notices, by email, to the email address which you give us. Therefore you must notify us if you change email address.
- If you do not opt for electronic documents we will send any letters and notices, by ordinary post, to the address which you give us. Therefore you must notify us if you change address.

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 Aviva 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.

This policy shall terminate where:

- 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 30 days from when the first default occurred.
- You make a fraudulent *claim* or statement to us or any other health insurer, which may cause or have caused us or the other insurer financial loss.

Costs not covered under your health policy with Aviva:

- Ambulance transfer from your home to hospital or a *convalescence home*. Ambulance transfer from hospital or a *convalescence home* to your home.
- Hospital expenses incurred for in-patient *treatment* or *treatment* in the Accident & Emergency department of a hospital abroad where Aviva or an agent of Aviva have not arranged all services.
- Follow up non-emergency *treatment* abroad.
- *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:
 - (a) any *treatment* or provider unless we have specified that we provide full cover;
 - (b) any hospital that is not listed as a *participating hospital*;
 - (c) a non-participating *consultant*;
 - (d) a provider that is not set out in the List of hospitals, scan centres and treatment centres applicable to your *policy* or on a relevant *List*.
- *Treatment* relating to any *orosurgical procedures* or orthodontic *treatment*

unless it is a surgical or medical *procedure* listed under the *Schedule of Benefits*.

- Fees for non-attendance or late cancellation of an appointment.
 - Gender reassignment *treatment*.
 - *Treatment* relating to *transplants* except for costs covered by the *Minimum Benefit Regulations* and those agreed with *consultants* for *procedures* specified in the *Schedule of Benefits*.
 - Preventative or maintenance *treatment* unless specified in the *Schedule of Benefits*.
 - *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 Membership 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. Unless specifically stated on your Table of cover.
 - *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, chemical, biological or nuclear disasters, civil disobedience or any act of terrorism.
 - Where the *treatment* is given by a practitioner who is a *member* of the insured's *immediate family* unless this is pre-authorised by Aviva 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.
 - *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 shortsightedness, long-sightedness or astigmatism other than *benefit* available under Optical Express.
 - *Treatment* outside *Ireland* that is not needed as a result of an *accident*
- or *emergency*, unless it has been preauthorised by Aviva.
- 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 Membership Handbook.
 - Any penalty charge in lieu of Health Act contributions.
 - Psychology (other than psycho-oncology counselling post *chemotherapy treatment*).
 - Prophylactic Surgery to remove an organ or gland that shows no sign of cancer, in an attempt to prevent development of cancer of the organ or gland.
 - Excessive costs for patients who choose to use high cost drugs or prosthesis for which Aviva has specified it will only cover a lower cost alternative. Or a high cost drug or prosthesis that Aviva have placed a value limit on.
 - Differences in foreign exchange rates, bank charges or other charges applied to foreign exchange
 - Rehabilitation services
 - *Procedures* which are not medically necessary or appropriate
 - Additional costs for robotic surgery over and above the costs that would have been incurred had the *surgical procedure* been performed using traditional methods.

Fraud Policy:

- Aviva operates a fraud *policy* in respect of all *claims* made under our *Health Insurance Contract*. *Members* should note that regular audits of *claims* are undertaken by Aviva.
- If a *claim* submitted by a *member*, or someone acting on behalf of a *member* is found to be in any respect fraudulent or dishonest and submitted with a view to obtaining any *benefits* under this *policy*, all *benefits* under this *policy* shall be forfeited and your *policy* may be cancelled.
- In all instances where fraud is suspected in respect of a particular *claim* a full and comprehensive investigation will be carried out by us.
- If, following that investigation, a finding of fraud or if a *claim* is deemed in any respect fraudulent, the *claim* will be disallowed in its entirety.

- In addition, any *claim* that is submitted, which is in any respect fraudulent, Aviva reserves the right to refer the matter and details of the *claim* to the appropriate authorities to prosecute the *member*.

Group Schemes

- For the avoidance of doubt, where your *plan* is effected as part of a *group scheme* arrangement and where the *group scheme sponsor* is acting on behalf of the relevant *policy* holders within the group scheme the *member* acknowledges and agrees that the *group scheme sponsor* whether through its appointed representatives or otherwise shall have the following powers and responsibilities with respect to the *policy*:
 - The *group scheme sponsor* may effect and terminate the *policy* upon giving us the required notice in writing;
 - The *group scheme sponsor* may add or reduce the number of *members* on the *policy* upon giving the required notice in writing to us;
 - The *group scheme sponsor* may amend the particular class of *policy* to which a relevant *member* subscribes;
 - The *group scheme sponsor* must ensure that all premiums owed in respect of this *policy* are collected and paid to us, no later than the date on which they are due; and
 - The *group scheme sponsor* must ensure that all adequate consents from *members* are obtained prior to this *policy* entering into force, including the processing of personal data of *members*.

Complaints

Should you have any complaint about the service provided by Aviva or wish to appeal a *claim* decision please contact us either by phone on 1890 717 717, in writing to Customer Care Team, Aviva Health Insurance Ireland Limited, PO Box 764, Toghher, Cork, or via email to support@avivahealth.ie.

If you are not satisfied with any explanation or complaint resolution proposed by Aviva in relation to your *health insurance contract* or a *claim appeal* please contact:
The Managing Director, Aviva Health Insurance Ireland Limited, P.O. Box 764, Toghher, Cork.

If you remain dissatisfied with Aviva you may refer your complaint or *claim* appeal 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

Changes to this agreement

Aviva may make changes to this Membership Handbook, the *Schedule of Benefits* and/or the *Lists* from time to time. At no point will we impose any restriction to your cover arising from your personal medical history that started after you joined our *plan*.

It will be necessary for Aviva to make changes to the *Schedule of Benefits* and the *Lists* throughout your *policy year* and these changes will have immediate effect on your *policy*. These changes are necessary to reflect medical developments and changes to the hospitals, scan centres and treatment centres. The *Schedule of Benefits* and the *Lists* are available on Aviva's website at www.avivahelath.ie or on request from Aviva. You should consult the most recent version of these documents in conjunction with your table of cover and this Membership Handbook before undergoing any *Procedure* or *Treatment* to determine whether you will be covered. Please remember that the *Schedule of Benefits*, the *Lists* and this Membership Handbook set out criteria that must be satisfied before you will be covered and these criteria may change from time to time. The *Schedule of Benefits* and certain *Lists* are technical documents containing medical terminology. Please call Aviva on 1890 717 717 or contact your *consultant* if you are having difficulties determining whether you will be covered. This contract is governed at all times by the laws and the Courts of Ireland.

The *Gross Premium* charged by Aviva for *plans* may change from time to time but such changes will not affect you until your next *renewal date*. Where the *Gross Premium* of a *plan* listed under your *policy* changes we will inform you of the change and the new premium before your next *renewal date*. The amount you actually pay to us for the *plans* listed in your *policy* is the *Gross Premium* less *Tax Relief*. This is your *Net Premium*. The level of *Tax Relief* is set by Government and may be changed at any time. If the Government alter the level of the *Tax Relief* the *Net Premium* payable by you for the *plans* listed in your *policy*

will change. Aviva is legally obliged to apply tax changes immediately. Such changes are completely outside our control and do not affect your *Gross Premium* which is the contractual price of the *plans* listed in your *policy*.

We reserve the right to unilaterally terminate your *policy* in certain circumstances as outlined in this Membership Handbook.

Contact

Call us on 1890 717 717 to speak to one of our experts.

Part 5 Glossary of terms

Aviva, Aviva Health Insurance

Aviva Health Insurance Ireland Limited.

Accident

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

Acupuncturist

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

Acute

Of short and sharp onset and which requires immediate medical attention.

Approved centre for scans

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

Benefits

What can be claimed for under an Aviva *plan*. The level of cover available under each *plan* is set out in the table of cover for that *plan*. Additional generic *benefits* are set out in the membership handbook but these may or may not apply to each particular *plan*. Excesses, co-payments and/or shortfalls may apply to all *benefits*.

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 infusion of chemical substances/agent to treat disease.

Chiropractor

A *member* of the Chiropractic Association of Ireland. A *member* of the Mc Timony

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

Claim

Where a *policyholder* or a *member* named on the *policy* seeks payment from Aviva for *benefits* available under the *plan* assigned to them.

Clinical Indicators

The medical rules and qualifying conditions to determine if a medical *treatment* or *procedure* is medically appropriate and should be carried out.

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 specialty, (including appropriate specialist training) 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 Aviva as a *Consultant* to an approved post in an approved Aviva hospital or *treatment* centre. In the context of *treatment* abroad a *consultant* is defined as a surgeon, physician or anaesthetist who is legally qualified and recognised to provide that *treatment* in that country.

Co-payment

A co-payment is a payment paid by the *member* each time a specified medical service which is liable to a co-payment is used. It is a percentage or value payment up to an agreed certain limit as specified in the Membership Handbook and / or table of cover. It must be

paid directly by the *member* to the medical service provider and is not reimbursable under the Aviva members *plan* of insurance, and cannot be counted in the cost of any excess or *outpatient claim*.

Co-payment for certain orthopaedic procedures

The following table highlights the *procedures* and related codes that are subject to a co-payment. Please refer to your table of cover to see if a co-payment is required in respect of the *procedures* listed below:

Procedures subject to €2000 co-payment Full cover for all consultants fees (if full participating)	
Code	Procedure
3300	Arthroplasty
3655	Arthroplasty of hip using prosthesis, bilateral (IP)
3660	Arthroplasty of hip using prosthesis, unilateral (IP)
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (IP)
3666	Metal on metal hip resurfacing arthroplasty (unilateral) (IP)
3667	Metal on metal hip resurfacing arthroplasty (bilateral)(IP)
3909	Prosthetic replacement (total) of knee joints, bilateral (IP)
3910	Prosthetic replacement (total) of knee joint, unilateral (IP)
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (IP)
5875	Shoulder replacement prosthesis(IP)

Convalescence / nursing home

A *nursing home* registered pursuant to the Health (*Nursing Homes*) Act, 1990 which is approved by the Health Information and

Quality Authority and retains a current registration with that body 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* and *negative pressure wound therapy*.

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*.

Dietician

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

Drug abuse

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

Eligible treatment

Treatment specified in the *Schedule of Benefits* for a condition that is not excluded in this *policy*.

Elective Treatment

Planned non-emergency care.

Emergency

A sudden, unexpected, *acute* medical condition that without medical care within 48 hours

of onset would result in death or cause serious impairment of critical bodily functions.

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 (xs)

The amount of money to be payable by the insured *member* towards any *claim(s)* made in the *policy year*. Where a *claim* is successfully made under a *policy*, Aviva will pay each claim up to the level of cover provided under the *policy*, less the *excess* paid by the insured *member*.

First degree relative

A first degree relative is a parent, brother, sister or offspring of a *Member* and is related by blood to that *Member*.

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*.

Government Levy

A stamp duty which health insurers must pay to the revenue on each health insurance *plan* sold. The Government Levy is paid into a central fund and is redistributed by the Government to maintain a health insurance system where a person's age or health does not determine the level of premium they pay.

Gross Premium

The price of a *plan*. This is the premium payable for a *plan* before *Tax Relief* is deducted and which includes an amount which is used to offset the *Government Levy*.

Group

The entity which has arranged the *Group Scheme* through which your *policy* was effected, pays or arranges for payment of the *policy*, and is outlined on your *Membership Certificate*.

Group Scheme

A *group* of more than one *policy* entering into force as a result of their being effected by a *Group*.

Group Scheme Sponsor

A *group scheme sponsor* is any person, legal or natural, whether an employer, association, professional body or otherwise who is recognised by Aviva as a *group scheme sponsor* who arranges or facilitates the operation of or operates a *group scheme* and referred to as a *Group* on the *Membership Certificate* of a *policy* forming part of a *group scheme*.

Hazardous sports

Any dangerous sporting activity including, but not limited to: hunting, shooting, mountaineering, rock climbing, motor sports including motor cycle sport, quad-biking, aviation other than as a fare paying passenger, ballooning, bungee jumping, hang gliding, microlighting, parachuting, paragliding or parasailing, potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighting, off-piste skiing, competitive canoeing or kayaking, boxing, wrestling, karate, judo or martial arts, scuba diving, any professional sporting activity, 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 Act 1994 as amended, 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

Medically necessary 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), but not fees levied by a *Consultant*.

Immediate Family

A member of your immediate family including your Parent, Child, Sibling, Spouse or Partner.

Injury

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

In-patient treatment

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

Internationally recognised hospital

An institution that is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated.

Ireland

The Republic of Ireland excluding Northern Ireland.

Lists

This means the following lists which set out the hospitals, scan centres, treatment centres, convalescence homes, special *procedures*, cardiac *procedures*, post-operative home help *procedures*, manual lymph drainage and conditions that are covered under your *plan*:

- List of hospitals, scan centres and treatment centres
- List of approved convalescence homes
- List of special *procedures*
- List of cardiac *procedures*
- List of post operative home help (POHH) *procedures*
- List of manual lymph drainage (MLD) conditions

The following list is also included which sets out the criteria that must be satisfied before you will be eligible for cover for a MRI or CT scan for which you have been referred by your G.P.

- List of criteria for G.P. referral for MRI and CT scans

Please note that all Lists except the List of hospitals, scan centres and treatment centres, are available at www.avivahealth.ie or on request from Aviva. The Lists of hospitals, scan centres and treatment centres are set out in Part 6 of this Membership Handbook.

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 Advisor

Our *medical advisors* are fully qualified and registered medical *consultants/nurses*, registered with the Irish Medical Council/INB 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*.

Medical Ambulance LTD

Aviva's approved ambulance transfer provider. Company no.

158188, 2 Cambridge Terrace, Leeson Park, Dublin 6.

Medically necessary

Treatment or a hospital stay, which is prescribed by a medical *consultant*, *general practitioner*, oral or dental surgeon, and which in the opinion of our *medical advisors* is generally accepted as appropriate with regard to good standards or medical practice and:

- i) is consistent with the symptoms or diagnosis or *treatment*
- ii) is necessary for such a diagnosis or *treatment*
- iii) is not provided primarily for the convenience of the patient, the doctor or other provider or at the request of the patient and is furnished at the most appropriate level, which can be safely and effectively provided to the patient
- iv) is for *procedures* and investigations that are medically proven and appropriate
- v) does not include extended convalescence or palliative care.

Member

A person named on a *policyholder's policy*. Each *member* will be covered to the level of *benefits* available under the *plan* assigned to him/her by the *policyholder*.

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.

Midwife

A person, having been admitted to a midwifery educational programme duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery as defined International Confederation of Midwives 1990, and is registered to practice as such in *Ireland* by An Bord Altranais.

Minimum benefit regulations

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

Negative pressure wound therapy

Negative Pressure Wound Therapy (NPWT) is a topical *treatment* used to promote healing in *acute* and chronic wounds. It involves the application of negative pressure (suction) to the wound bed. The concept is to turn an open wound into a controlled, closed wound while removing the excess fluid from the wound bed, thus enhancing circulation and disposal of cellular waste from the lymphatic system.

This procedure requires pre-authorisation from Aviva. You must contact us on 1890 717 717 before undergoing this procedure so that we can pre-authorise it for you.

Net Premium

The *Gross Premium* minus *Tax Relief*. This is the amount that a customer actually pays to Aviva for their *plan*.

Non-participating hospital

A hospital which does not have an agreement with Aviva regarding the services it will

provide to health *members* with Aviva.

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*.

Oncotype DX

Genomic testing for HER positive node negative breast cancer to indicate the recurrence score for breast cancer returning in a 10 year time period.

Oral Surgeon

An oral surgeon registered with Aviva Health and must be on the Irish Dental Council specialist register of oral surgeons.

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 *procedure* falling within the meaning of *out-patient* services as laid out in the Health Act, 1970.

Participating hospital

A hospital which has an agreement with us regarding the fees to be charged for services provided to health *members* with Aviva. The lists of the hospitals that are available under each *plan* is set out in part 6 of this Membership Handbook. Please consult your table of cover to determine which list applies to your *plan*.

Periodontist

A Periodontist on the list of *Periodontists* as maintained by Aviva.

Physical therapist

A member of the Irish Association of Physical Therapists 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 health insurance package offered by Aviva. *Policyholders* choose the *plans* which apply to each *member* named on their *policy* when they take out their *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 the *policyholder* and Aviva under which the *policyholder* and *members* (if applicable) are insured by Aviva.

Policyholder

The person who holds a contract of insurance with Aviva for the *benefit* of themselves and the *members* named on their *policy*.

Policy year

The period for which a *policyholder* and *members* are insured under a *policy*. All health insurance contracts run for a period of one year.

Pre-existing condition

Any disease, illness, condition or injury that began before the person with the disease, illness, condition 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 hospitals, scan centres and treatment centres. Your *plan* determines your level of cover for each particular private 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* and/or the *Lists* that are included in the terms of your *plan*. Use of the term *Procedure* will include *surgical procedures*, where appropriate.

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 hospitals, scan centres and treatment centres.

Radiotherapy

The *treatment* of disease with ionizing radiation. Also called radiation therapy.

Reflexologist

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

Renewal date

The day after the final day of a *policy year*. The *policyholder* must enter into another contract of insurance on the renewal date in order to maintain continuity of cover for himself/herself and the members named on his/her *policy*. If the *policyholder* fails to do so cover will cease for both himself/herself and the members named on his/her *policy*. The *policyholder's* next renewal date is shown on the *policyholder's* membership certificate.

Schedule of Benefits

The *Schedule of Benefits* is a technical document containing medical information which explains to *consultants* the *Procedures* and *Treatments* that will be covered by Aviva. It also sets out the medical criteria that must be met before those *Procedures* and *Treatments* will be covered by Aviva and the *Procedures* and *Treatments* that must be pre-approved by Aviva before they will be covered. The *Schedule of Benefits* can be accessed on Aviva's website at www.avivahealth.ie or a hard copy is available from Aviva on request. Please remember that the *Schedule of Benefits* contains complex medical terminology and so it is advisable to contact us or your *consultant* to determine whether you are covered.

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.

Shortfall

Your *Plan* may not cover the full cost of the *Procedure* or *Treatment* you require. Where this occurs you will be required to pay the balance of the cost of the *Procedure* or *Treatment*. This is known as a shortfall. Please check your Table of Cover to see if a shortfall applies to the *Procedure* or *Treatment* you wish to receive.

Side room procedures

Treatment or investigation which is marked as *day-case* in the *Schedule of Benefits*.

Speech and language therapist

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

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 instrumental intervention.

Tax Relief

Tax relief on health insurance payments. Everybody is entitled to *tax relief* on some or all of the premium they pay for health insurance. *Tax relief* on health insurance premiums is applied at source. This means that we claim your *Tax Relief* from revenue on your behalf and automatically reduce the premium you pay us for the *plans* listed on your *policy* by this amount. We deduct your *Tax Relief* from your *Gross Premium* so that you only pay us a *Net Premium*. The level of *Tax*

Relief is set by Government and may be changed at any time. If the Government alter the level of the *Tax Relief* the *Net Premium* payable by you for a *plan* will change. Aviva is legally obliged to apply tax changes immediately. Such changes are completely outside our control and do not affect your *Gross Premium* which is the contractual price of a *plan*.

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.

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*.

We, us

Aviva Health Insurance Ireland Limited.

You, your

The *policyholder*

Part 6 Lists

These are the lists of hospitals, scan centres and treatment centres referenced in Part 1 of this Membership Handbook which set out the hospitals, scan centres and treatment centres that are covered under various *plans*. Please refer to

your table of cover to determine which list applies to your *plan*. If you are in any doubt as to which hospitals, scan centres or treatment centres are covered under your *plan* please contact us on 1890 717 717.

Location	Hospitals & Treatment Centres	List 1	List 2	List 3	List 4
Cavan					
Cavan General Hospital	Public Hospital	Covered	Covered	Covered	Covered
Clare					
Bushypark Treatment Centre, Ennis	Addiction centre	Covered			
Cahercalla Community Hospital, Ennis	Private	Covered	Covered	Covered	
Midwestern Regional Hospital, Ennis	Public Hospital	Covered			
Cork					
Bantry General Hospital	Public Hospital	Covered	Covered	Covered	Covered
Bon Secours Hospital	Private	Covered			
Cork Clinic, Western Road (limited to hysteroscopy and cystoscopy only)	Private treatment centre	Covered	Covered	Covered	
Cork University Hospital	Public Hospital	Covered	Covered	Covered	Covered
Cork University Maternity Hospital	Public Hospital	Covered	Covered	Covered	Covered
Cuan Mhuire (Farnanes)	Addiction centre	Covered	Covered	Covered	
Employment Health Advisors (Blackrock)	Health check centre	Covered	Covered	Covered	
Mallow General Hospital	Public Hospital	Covered			
Mercy University Hospital, Grenville Place	Public Hospital	Covered			
Optical Express (Mahon Point)	Laser eye clinic	Covered	Covered	Covered	
Point of Care Centre – Douglas Medical Centre	Day case centre	Covered	Covered	Covered	
Mater Private Hospital Cork	Private	Covered	Covered	Covered	
Smiles (Oliver Plunkett St.)	Dental care	Covered	Covered	Covered	
South Infirmary/ Victoria University Hospital	Public Hospital	Covered			
St. Finbarr's Hospital	Public Hospital	Covered			
St. Patrick's (Marymount Hospice)	Public Hospital hospice	Covered	Covered		
Tabor Lodge, Belgooly	Addiction centre	Covered	Covered	Covered	
Donegal					
Letterkenny General Hospital	Public Hospital	Covered	Covered	Covered	Covered
White Oaks Treatment Centre	Addiction centre	Covered	Covered	Covered	
Dublin					
Beacon Hospital, Sandyford, Dublin 18	High-tech Private	Covered	Covered	Covered	
Beaumont Hospital, Santry, Dublin 9	Public Hospital	Covered	Covered	Covered	Covered
Blackrock Clinic, Co. Dublin	High-tech Private	Covered			
Blackrock Hospice (part only), Co. Dublin	Public Hospital hospice	Covered	Covered		
Bon Secours Hospital (Glasnevin), Dublin 9	Private	Covered	Covered	Covered	
Cappagh National Orthopaedic Hospital, Finglas, Dublin 11	Public Hospital	Covered	Covered		
Children's University Hospital (Temple St)	Public Hospital	Covered	Covered	Covered	Covered
Connolly Hospital	Public Hospital	Covered			
Coombe Women's and Infant's University hospital	Public Hospital	Covered	Covered	Covered	Covered
Eccles Clinic, Dublin 7	Private day case treatment centre	Covered	Covered	Covered	
Employment Health Advisors (IFSC)	Health check centre	Covered	Covered	Covered	
Hampstead Acute Unit, Dublin 9	Private	Covered	Covered		
Hermitage Medical Clinic Lucan (Classified as High-tech for Level 1)	Private	Covered	Covered	Covered	
Highfield Private Hospital, Whitehall, Dublin 9	Private	Covered	Covered		
Incorporated Orthopaedic Hospital of Ireland (Clontarf), Dublin 3	Public Hospital	Covered			
La Ginesa - St John of God	Private	Covered	Covered		
Mater Misericordiae University Hospital, Dublin 7	Public Hospital	Covered	Covered	Covered	Covered
Mater Private Hospital, Dublin 7	High-tech Private	Covered			
M.S. Care Centre, Rathgar, Dublin 6	Respite care	Covered	Covered		
National Maternity Hospital (Holles St), Dublin 2	Public Hospital	Covered	Covered	Covered	Covered
Optical Express (Wellington Rd.) Dublin 4	Laser eye clinic	Covered	Covered	Covered	

Location	Hospitals & Treatment Centres	List 1	List 2	List 3	List 4
Optical Express (Dundrum Centre) Dublin 16	Laser eye clinic	Covered	Covered	Covered	
Our Lady's Hospice, Harold's Cross (part only), Dublin 6W	Public Hospital hospice	Covered	Covered		
Our Lady's Hospital for Sick Children (Crumlin), Dublin 12	Public Hospital	Covered	Covered	Covered	Covered
Park West Clinic, Nanchor Road, Dublin 12	Private	Covered	Covered	Covered	
Peamount Hospital, Newcastle, Co. Dublin	Public Hospital	Covered			
Point of Care Centres:					
– Applewood Medical & Dental Centre, Swords, Co. Dublin	Day case centre	Covered	Covered	Covered	
– Ballyowen Lane Medical Centre, Lucan, Co. Dublin	Day case centre	Covered	Covered	Covered	
– Citywest Medical & Dental Centre, Co. Dublin	Day case centre	Covered	Covered	Covered	
– Dundrum Medical Centre, Dublin 16	Day case centre	Covered	Covered	Covered	
– Fitzwilliam Medical Centre, Dublin 4	Day case centre	Covered	Covered	Covered	
– Lucan Medical and Dental Centre, Co. Dublin	Day case centre	Covered	Covered	Covered	
– Oldcourt Medical and Dental Centre, Dublin 24	Day case centre	Covered	Covered	Covered	
– Tyrellstown Medical Centre, Dublin 15	Day case centre	Covered	Covered	Covered	
Rotunda Hospital, Dublin 1	Public Hospital	Covered	Covered	Covered	Covered
Royal Victoria Eye and Ear Hospital, Dublin 2	Public Hospital	Covered	Covered	Covered	Covered
Rutland Centre, Knocklyon, Dublin 16	Addiction centre	Covered	Covered		
Smiles Clinics:					
O'Connell Street, Dublin 1; 4 South Anne St., Dublin 2; 27 South Anne St., Dublin 2; Ballsbridge, Dublin 4; Unit 2.2, Dundrum Shopping Centre, Dublin 14; Tallaght, Dublin 24	Dental care	Covered	Covered	Covered	
Sports Surgery Clinic, Santry, Dublin 9	Private	Covered	Covered	Covered	
St. Columcille's Hospital, Loughlinstown, Co. Dublin	Public Hospital	Covered			
St. Edmundsbury Private Hospital, Lucan, Co. Dublin	Private	Covered			
St. James's Hospital, Dublin 8	Public Hospital	Covered	Covered	Covered	Covered
St. John of God Hospital, Stillorgan, Co. Dublin	Private	Covered	Covered		
St. Joseph's Raheny, Dublin 5	Public Hospital	Covered			
St. Luke's Hospital, Rathgar, Dublin 6	Public Hospital	Covered			
St. Michael's Hospital, Dun Laoghaire, Co. Dublin	Public Hospital	Covered			
St. Patrick's University Hospital, Dublin 8	Private	Covered			
St. Vincent's Hospital, Fairview, Dublin 3	Public Hospital	Covered	Covered	Covered	Covered
St. Vincent's Private Hospital, Dublin 4	Private	Covered	Covered	Covered	
St. Vincent's University Hospital, Dublin 4	Public Hospital	Covered	Covered	Covered	Covered
The Adelaide and Meath Hospital incorporating The National Children's Hospital, Tallaght, Dublin 24 (Tallaght Hospital)	Public Hospital	Covered	Covered	Covered	Covered
Town Dental, Clonshaugh, S.C., Dublin 17	Dental care	Covered	Covered	Covered	
Ultrasound Dimensions (Blackrock)	Ultra Sound	Covered	Covered	Covered	
UPMC Cancer Centre, Beacon Hospital, Dublin 18	Private	Covered	Covered	Covered	
Galway					
Bon Secours Hospital, Renmore	Private	Covered			
Cuan Mhuire, Coolarne	Addiction centre	Covered	Covered	Covered	
Employment Health Advisors (Liosbán)	Health check centre	Covered	Covered	Covered	
Point of Care Centre: Galway Bay Medical Centre	Day case centre	Covered	Covered	Covered	
Galway Clinic (Classified as High-tech for Level 1)	Private	Covered	Covered	Covered	
Merlin Park Regional Hospital	Public Hospital	Covered	Covered	Covered	Covered
Portiuncula Hospital	Public Hospital	Covered	Covered	Covered	Covered
Smiles (Middle Street)	Dental care	Covered	Covered	Covered	
University College Hospital	Public Hospital	Covered	Covered	Covered	Covered
Kerry					
Bon Secours Hospital (Tralee)	Private	Covered			
Kerry General Hospital	Public Hospital	Covered	Covered	Covered	Covered
Talbot Grove Centre, Castleisland	Addiction centre	Covered			
Kildare					
Clane General Hospital	Private	Covered	Covered	Covered	
Cuan Mhuire (Athy)	Addiction centre	Covered	Covered	Covered	
Naas General Hospital	Public Hospital	Covered			
Point of Care Centre: Manor Mills Medical & Dental Centre	Day case centre	Covered	Covered	Covered	
Optical Express (Newbridge)	Laser eye clinic	Covered	Covered	Covered	
Kilkenny					
Aislinn Treatment Centre, Ballyragget	Addiction centre	Covered			
Aut Even Hospital	Private	Covered	Covered	Covered	
Lourdes Orthopaedic Hospital (Kilcreene)	Public Hospital	Covered	Covered		
St. Luke's General Hospital	Public Hospital	Covered	Covered	Covered	Covered

Location	Hospitals & Treatment Centres	List 1	List 2	List 3	List 4
Laois					
Midland Regional Hospital (Portlaoise)	Public Hospital	Covered	Covered	Covered	Covered
Leitrim					
Gulladoo Treatment Centre	Addiction centre	Covered	Covered	Covered	
Our Lady's Hospital (Manorhamilton)	Public Hospital	Covered			
Limerick					
Barrington's Hospital	Private	Covered	Covered	Covered	
Cuan Mhuire (Bruree)	Addiction centre	Covered	Covered	Covered	
Employment Health Advisors (Charlotte Quay)	Health check centre	Covered	Covered	Covered	
Mid-Western Regional Hospital (including Mid-Western Radiation and Oncology Unit)	Public Hospital	Covered	Covered	Covered	Covered
Mid-Western Regional Maternity Hospital	Public Hospital	Covered	Covered	Covered	Covered
Mid-Western Regional Orthopaedic Hospital	Public Hospital	Covered	Covered		
St. John's Hospital	Public Hospital	Covered			
Louth					
Louth County Hospital, Dundalk	Public Hospital	Covered			
Our Lady of Lourdes Hospital, Drogheda	Public Hospital	Covered	Covered	Covered	Covered
Town Dental Clinic (Drogheda)	Dental care	Covered	Covered	Covered	
Mayo					
Hope House (Foxford)	Addiction centre	Covered			
InnerVision Ultrasound (Castlebar)	Ultra Sound	Covered	Covered	Covered	
Mayo General Hospital (Castlebar)	Public Hospital	Covered	Covered	Covered	Covered
Meath					
Our Lady's Hospital (Navan)	Public Hospital	Covered			
Monaghan					
Monaghan General Hospital	Public Hospital	Covered	Covered	Covered	Covered
Offaly					
Midland Regional Hospital (Tullamore)	Public Hospital	Covered	Covered	Covered	Covered
Roscommon					
Roscommon County Hospital	Public Hospital	Covered			
Sligo					
Sligo General Hospital	Public Hospital	Covered	Covered	Covered	Covered
St. Joseph's Private Hospital (Garden Hill)	Private	Covered	Covered	Covered	
Tipperary					
Aiséiri Centre (Cahir)	Addiction centre	Covered			
Mid-Western Regional Hospital Nenagh (St. Joseph's)	Public Hospital	Covered			
South Tipperary General Hospital (Clonmel)	Public Hospital	Covered			
Waterford					
Employment Health Advisors (Ballybricken)	Health check centre	Covered	Covered	Covered	
Point of Care Centre: Waterford Health Park	Day case centre	Covered	Covered	Covered	
Town Dental Clinic, Neptune House	Dental care	Covered	Covered	Covered	
Waterford Regional Hospital	Public Hospital	Covered	Covered	Covered	Covered
Whitfield Clinic, Butlerstown North	Private	Covered	Covered	Covered	
Westmeath					
Employment Health Advisors (Moate)	Healthcheck centre	Covered	Covered	Covered	
Midland Regional Hospital (Mullingar)	Public Hospital	Covered	Covered	Covered	
St. Francis Private Hospital (Mullingar)	Private	Covered	Covered	Covered	
Wexford					
Aiséiri Centre (Roxborough)	Addiction Centre	Covered			
Ely Hospital, Ferrybank	Public Hospital	Covered			
Town Dental Clinic (Enniscorthy)	Dental care	Covered	Covered	Covered	
Town Dental Clinic (Selskar Court, Wexford town)	Dental care	Covered	Covered	Covered	
Wexford General Hospital	Public Hospital	Covered	Covered	Covered	
Wicklow					
Town Dental Clinic (Town Hall Court, Bray)	Dental care	Covered	Covered	Covered	

Location	Hospitals & Treatment Centres	List 1	List 2	List 3	List 4
Northern Ireland					
Antrim					
Royal Victoria Hospital (Belfast)	Private	Covered			
Ulster Independent Clinic (Belfast)	Private	Covered			
Derry					
Altnagelvin Area Hospital	Private	Covered			
North West Independent Hospital (Ballykelly)	Private	Covered			
Down					
Daisy Hill Hospital (Newry)	Private	Covered			
MRI (Scan Centres)					
Cork					
Bon Secours Hospital	MRI (Private Hospital)	Covered			
Scancor at Cork University Hospital	MRI	Covered	Covered	Covered	Covered
Alliance Medical Mater Private Cork	MRI	Covered	Covered	Covered	
Euromedic Cork, The Elysian	MRI	Covered	Covered	Covered	Covered
Alliance Medical at Mercy University Hospital	MRI	Covered*	Covered*		
Trans Specialists at South Infirmary / Victoria University Hospital	MRI	Covered			
Donegal					
Letterkenny General Hospital	MRI	Covered	Covered	Covered	Covered
Dublin					
Beacon Hospital, Sandyford, Dublin 18	MRI (Private Hospital)	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	MRI (Private Hospital)	Covered*			
Bon Secours Hospital (Glasnevin), Dublin 9	MRI (Private Hospital)	Covered	Covered	Covered	
Alliance Medical at Charter Medical Group	MRI	Covered*	Covered*	Covered*	Covered*
Euromedic Dundrum, Rockfield Medical Campus, Balally, Dublin 16	MRI	Covered	Covered	Covered	Covered
Euromedic Northwood, Santry, Dublin 9	MRI	Covered	Covered	Covered	Covered
Hermitage Clinic Lucan (Classified as High-tech for Level 1)	MRI (Private Hospital)	Covered*	Covered*	Covered*	
Mater Private Hospital, Dublin 7	MRI (Private Hospital)	Covered			
Sports Surgery Clinic, Santry, Dublin 9	MRI (Private Hospital)	Covered	Covered	Covered	
St. James' Hospital, Dublin 8	MRI	Covered**	Covered**	Covered**	Covered**
St. Vincent's Private Hospital, Dublin 4	MRI (Private Hospital)	Covered	Covered	Covered	
Galway					
Bon Secours Hospital, Renmore	MRI (Private Hospital)	Covered			
Galway Clinic (Classified as High-tech for Level 1)	MRI (Private Hospital)	Covered	Covered	Covered	
Merlin Park Radiology Centre	MRI	Covered	Covered	Covered	Covered
Alliance Medical Portluncla	MRI	Covered	Covered	Covered	Covered
Kerry					
Alliance Medical at Bon Secours Tralee	MRI	Covered	Covered	Covered	Covered
Kildare					
Alliance Medical at Clane General Hospital	MRI	Covered	Covered	Covered	
Vista Primary Care (Naas)	MRI	Covered	Covered	Covered	Covered
Kilkenny					
Aut Even Hospital	MRI (Private Hospital)	Covered	Covered	Covered	
Euromedic, Dean Street Clinic, Kilkenny	MRI	Covered	Covered	Covered	Covered
Limerick					
Alliance Medical at Barringtons Hospital	MRI	Covered*	Covered*	Covered*	Covered*
Limerick Clinic, City Gate House, Raheen Business Park	MRI (Private Hospital)	Covered	Covered	Covered	
Louth					
Alliance Medical at Our Lady Of Lourdes Hospital, Drogheda	MRI	Covered	Covered	Covered	Covered
Offaly					
Alliance Medical at Tullamore Regional Hospital	MRI	Covered	Covered	Covered	Covered
Sligo					
Euromedic at Sligo General Hospital	MRI	Covered	Covered	Covered	Covered
Waterford					
Whitfield Clinic, Butlerstown North	MRI (Private Hospital)	Covered	Covered	Covered	
Derry					
Alliance Medical at North West Independent Hospital (Ballykelly)	MRI (Private Hospital)	Covered			

Location	Hospitals & Treatment Centres	List 1	List 2	List 3	List 4
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CT (Scan Centres)

Cork					
Euromedic Cork, The Elysian	CT	Covered	Covered	Covered	Covered
Alliance Medical at Mater Private Cork	CT	Covered	Covered	Covered	
Dublin					
Beacon Hospital, Sandyford, Dublin 18	CT (Private Hospital)	Covered	Covered	Covered	
Beaumont Consultants Private Clinic, Santry, Dublin 9	CT (Private Hospital)	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	CT (Private Hospital)	Covered*			
Bon Secours Hospital, Glasnevin Dublin 9	CT (Private Hospital)	Covered	Covered	Covered	
Alliance Medical at Charter Medical	CT	Covered	Covered	Covered	Covered
Euromedic Dundrum, Rockfield Medical Campus, Balally, Dublin 16	CT	Covered	Covered	Covered	Covered
Hermitage Clinic Lucan (Classified as High-tech for Level 1)	CT (Private Hospital)	Covered*	Covered*	Covered*	
Mater Private Hospital, Dublin 7	CT (Private Hospital)	Covered			
St. James' Hospital, Dublin 8	CT	Covered**	Covered**	Covered**	Covered**
St. Vincent's Private Hospital, Dublin 4	CT (Private Hospital)	Covered	Covered	Covered	
Galway					
Bon Secours Hospital, Renmore	CT (Private Hospital)	Covered			
Galway Clinic (Classified as High-tech for Level 1)	CT (Private Hospital)	Covered*	Covered*	Covered*	
Merlin Park Radiology Centre	CT	Covered	Covered	Covered	Covered
Kildare					
Alliance Medical at Clane General Hospital	CT	Covered	Covered	Covered	Covered
Vista Primary Care (Naas)	CT	Covered	Covered	Covered	Covered
Limerick					
Limerick Clinic, City Gate House, Raheen Business Park	CT (Private Hospital)	Covered	Covered	Covered	
Westmeath					
St. Francis Private Hospital (Mullingar)	CT (Private Hospital)	Covered	Covered	Covered	

PET CT (Scan Centres)

Cork					
Alliance Medical at Cork University Hospital	PET-CT	Covered	Covered	Covered	Covered
Dublin					
Beacon Hospital, Sandyford, Dublin 18	PET-CT (Private Hospital)	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	PET CT (Private Hospital)	Covered			
Hermitage Clinic Lucan (Classified as High-tech for Level 1)	PET CT (Private Hospital)	Covered	Covered	Covered	
Mater Private Hospital, Dublin 7	PET-CT (Private Hospital)	Covered			
St. James' Hospital, Dublin 8	PET-CT	Covered	Covered	Covered	Covered
Galway					
Galway Clinic (Classified as High-tech for Level 1)	PET-CT (Private Hospital)	Covered	Covered	Covered	
Waterford					
UPMC Cancer Centre WhitfieldClinic	PET-CT (Private Hospital)	Covered	Covered	Covered	

*Approved Cardiac MRI/CT scan centre.

**Referrals must be made by an Oncologist or other Clinician at St. James Hospital and must be related to the diagnosis, treatment or staging of a cancer.

If you are on a 'Level 1' Plan or 'Health Starter', and have your treatment carried out in a Hospital noted as High-tech Private or Private or have your Scan carried out in a scan centre noted as Private Hospital, Aviva will pay up to a maximum of 66% of your total treatment charge, not exceeding the total benefit listed on your table of cover. Please refer to your table of cover in your membership pack. This list is subject to change and is correct at time of going to print, January 2014. For the most up-to-date list, visit www.avivahealth.ie

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