



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.

We have designed your handbook to help you get the most from your membership with Aviva. If you're unsure of anything, please contact us and we will be happy to discuss your cover with you.

As a health *member* with Aviva you are automatically entitled to extra *benefits* including group discounts, *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.

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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.

Contact

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

Part 1 What's in your contract

Your contract with Aviva comprises of the following documents:

- this membership handbook, including all *lists* referenced in part 6
- your completed application form
- your membership certificate
- the *schedule of benefits*

It is important that you read these documents so that you understand your cover. The *schedule of benefits* includes details of the *procedures* that you are covered for under this *plan* and is available to *members* upon request.

These documents form your contract with us and supersede any other previous information. Should there be a conflict between this document and any other this contract shall be deemed to apply.

You and any *dependants* on your *policy* must be residents of *Ireland* to purchase health insurance. Only *members* resident in *Ireland* for at least 180 days per calendar year are eligible for cover. For more information on residency requirements, please see terms and conditions in this booklet.

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

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

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

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, i.e. Level 1-5. Subject to the terms and conditions set out in this document, you will be covered for the *hospital costs* incurred where a *procedure* or *treatment* listed on the *schedule of benefits* has been performed.

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.

Prevailing over all other information in this document remember that you are covered for any costs that fall under the *minimum benefit regulations*, subject to the terms and conditions in your contract, set out in part 4 of this document.

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

This handbook details all *benefits*, to see which *benefits* apply to you see the tables of cover. Please note that all *benefits* are subject to the terms and conditions of your *policy* outlined in part 4.

Part 2 Level of hospital benefit

Hospital benefits

Except where otherwise indicated on your table of cover, this table shows levels of cover in different types of hospitals:¹

Please refer to page 25 for all our public, private and High-tech hospitals.

Type of accommodation cover Please refer to your table of cover	A	B	C	D	E	F
Public hospital – Semi-private room	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**
Public hospital – Private room	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**
Private hospital – Semi-private room	75% of hospital costs	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**
Private hospital – Private room	75% semi-private rate	Semi-private rate	Semi-private cover****	Full cover**	Full cover**	Full cover**
High-tech hospital – Any room: list of special procedures	35% of hospital costs	90% of hospital costs	90% of hospital costs	90% of hospital costs	Full cover**	Full cover**
High-tech hospital – Any room: list of cardiac procedures	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**	Full cover**
High-tech hospital – Semi-private room (other than list of special procedures or list of cardiac procedures)	25% of hospital costs	50% of hospital costs	45% of hospital costs	55% of hospital costs	Full cover**	Full cover**
High-tech hospital – Private room (other than list of special procedures or list of cardiac procedures)	25% semi-private rate	50% semi-private rate	35% of hospital costs	40% of hospital costs	Semi-private cover***	Full cover**

1. Where the extent of any cover indicated above conflicts with Minimum Benefits, the rate set out in Minimum Benefits will apply.

Please note that for Levels A&B Galway Clinic and Hermitage Medical Clinic are deemed to be a High-tech hospital.

**Full cover means that you are fully covered for *hospital costs*.

***Semi-private cover means that you are covered for the *hospital costs* that you would have incurred if accommodation had been in a *semi-private room* in the same hospital.

¹Should you wish to upgrade to a *private room* in a *private hospital* you pay the first €75 per night and we pay the rest.

For example, if the type of accommodation cover indicated on your table of cover is Type A, you are covered for a *semi-private room* in a *public hospital*.

If you choose to occupy a *private room*, we will cover you at the semi-private rate.

Day case benefits

Type of accommodation cover Please refer to your table of cover	A	B – F
Public hospital	Full cover**	Full cover**
Private hospital	Full cover**	Full cover**
High-tech hospital	35% of hospital costs	Full cover**

**Full cover means that you are fully covered for hospital costs.

Please note that the maximum number of hospital days for which *benefits* are payable within any 12 month period for the combined total of *in patient* treatment stays and *day case treatments* will be 180 days. You should ask your hospital what their charges are and whether a shortfall may arise on the basis of the cover in your *plan*. If you do not have any cover to attend a particular hospital as an *in patient* or *day case*, we will not cover any of the costs of your accommodation or *treatment* in that hospital.

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

In-patient benefits

In-patient and day case

In-patient cover is the cover you receive for any *treatment* which requires a stay in hospital having been admitted, or a *day case procedure*. You will be covered for in-patient costs from getting your tonsils out to cancer and cardiac *treatments*.

Hospitals

Hospital cover includes cover for *in-patient treatments* and a wide range of *day case services*. Please see the tables of cover sent with this handbook for details.

Consultant fees

Aviva provides cover for *consultant fees* with the hospitals covered on your *plan*, arising where a *procedure* or *treatment* listed on the *schedule of benefits* has been performed.

Participating *consultants* accept Aviva payments in full settlement of their charges.

If your *consultant* is not a participating *consultant*, we will pay the standard *benefit* as per *schedule of benefits* and you may have to pay an additional amount directly to the *consultant*.

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*.

Ambulance costs

We will cover ambulance costs if your *consultant* certifies that transfer by ambulance is *medically necessary* because you are seriously ill or disabled.

You must be transferred between our listed hospitals in a private or semi private bed or to a listed approved convalescent home. Please see part 4 for details.

In-patient stress & psychiatric benefits

We offer extensive access to in-patient stress and psychiatric *benefits*, referring to eating disorders, gambling addiction and psychiatrist care. See your tables of cover for *benefits* covered on your *plan*.

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 POHH *list*. This *benefit* is subject to availability in your area. Where the service cannot be provided, we will give you a total of €120 to enable you to avail of this *benefit* from an alternative provider.

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 decide and we must agree that it is *medically necessary* for you. Your stay must be in a convalescent home on our *list* of approved homes and must be immediately after a *medically necessary* in-patient stay in 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*.

Please note: The child must be a *member* of your *plan* 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

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

This *benefit* is payable to *members* for accommodation costs incurred when travelling to receive in-patient or *day case chemotherapy* or *radiotherapy*. We will contribute up to €100 per day up to a maximum of €1500 per calendar year. Dated eligible receipts on headed paper will be necessary to avail of this *benefit*. The *member* must be the person receiving *chemotherapy* or *radiotherapy*, and must have travelled more than 50 Kilometres, each way, from your home in order to receive *treatment*.

Parent or guardian accompanying child

We recognise that it's important to be with your child when he or she is ill. The child must be a *member* of Aviva and be under 14 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 14 days. The *benefit* is payable for accommodation, transport and food costs. Eligible receipts will be necessary to avail of 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 with the hospital if the claim is for eligible in-patient, *day case* or *maternity treatment* or for a scan performed in our listed *approved treatment centres for scans*.

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.

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 within any 12 month period (i.e., for the combined total of *in-patient treatment* stays and *day case treatments*) will be 180 days. You should ask your hospital what their charges are and whether a shortfall may arise on the basis of the cover in your *plan*.

Out-patient benefits

Out-patient

Out-patient means you are not in hospital overnight but you visit a clinic or hospital for *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 listed specified condition.

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

- carried out in an *approved treatment centre for scans*
- carried out for one of the Aviva clinical indicators
- pre-approved by our *medical advisors*
- referred by a *consultant/ G.P.* – criteria applies

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

- you have served applicable *waiting periods*
- carried out in an *approved treatment centre for scans*
- carried out for one of the Aviva clinical indicators
- pre-approved by our *medical advisors*
- referred by a *consultant*

Please note: If you choose to use a centre that is not listed we shall contribute an amount towards your *treatment*. Please see tables of cover for details. Note that this amount can be claimed at the end of the *policy year*, and will be subject to an *out-patient excess*.

Emergency dental care

Emergency dental care must be *medically necessary* and provided immediately after an *accident*. 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. This *benefit* is available to *members* for certain listed conditions.

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 topics.

Telephone: 1850 946 644

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

Out-patient claims

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

You must send all original receipts to us to ensure that we can reimburse you for all *eligible treatment*.

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
- the signature and contact details of the treating *consultant* and the hospital or centre where you were attended.

Receipts must be sent to Aviva Health Insurance Ireland Limited, PO Box 764, Togher, Cork, within 3 months after your *policy* end date.

If you have also purchased a **day-to-day plan**, remember that many *out-patient benefit* claims will be processed by us from this *plan* rather than as an *out-patient benefit*. Please note a *benefit* cannot be claimed twice as both an *out-patient benefit* and a **day-to-day benefit**.

Please note: receipts will not be returned following assessment of your claim. Therefore, we recommend you retain copies of your original receipts.

Out-patient excess is the amount you must pay before you can claim any money back. For example if you seek *emergency* dental care, the *benefit* from Aviva is €450. If you the *member* pay €500 for *emergency* dental care, you can avail of a *benefit* of €450, your *excess* payable on the *me/I plan* is €150: When you submit your claim, Aviva will pay you the full amount less your *excess*. In this example, Aviva would reimburse you €300.

Please note: this will change according to what *plan* you are on. See tables of cover for details.

Maternity cover

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

Hospital accommodation

Your hospital cover:

- Up to 3 days in any *public hospital*
- If you choose to go to a *private hospital* we will give a grant-in-aid
- If you choose to have a home birth we will contribute towards the cost of delivery

We will also pay a contribution towards your *consultant's* delivery fee. In the event of significant complications or caesarean section delivery, we will cover you for normal in-patient costs up to the level of cover within your *plan*.

New borns go free

We will also offer your newborn the same level of cover as you. If you apply to include your child on your contract within 13 weeks of his or her birth, he or she will be insured from the date of birth and Aviva will not apply any waiting or exclusionary periods.

Aviva *members* are not charged a premium for their new born until the *renewal date* after their 1st birthday. This means that *members* who join / switch to Aviva before their child's first birthday can avail of an additional years free premium, which could cover them for free up to their 2nd birthday.

Discounted fertility testing products from MTC healthcare

With one in six couples in *Ireland* affected by infertility and trends emerging in women having children later in life, fertility testing can be an important part of your family planning. Aviva has arranged a 25% discount on a range of over the counter fertility testing products. For details of all of the products available visit our '*member info*' area at www.avivahealth.ie.

4D Scans

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*.

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.

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

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*. 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 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* you must both be on a health *policy* with Aviva.

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 send you a cheque.

Pre/postnatal care

As part of your maternity *benefit* we will give you up to €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*. 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 **day-to-day** (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 (PNHH)

To help you get back on your feet following the birth of your baby, we will cover the cost of domestic help from an approved provider for up to 3 days. To avail of this *benefit*, you must contact Aviva within 18 weeks of giving birth. We will then put you in touch with an approved provider who we will pay directly.

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

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

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*. For more information on *breastfeeding consultants* visit www.avivahealth.ie.

To avail of this *benefit* you must be on a health *policy* with Aviva. 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 send you a cheque.

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

U Mamma

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

Aviva *members* can avail of a 15% 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

Please note: You will be asked to show your membership card upon payment.

Doula

Health *members* with Aviva are now covered for the Birthing package through Doula Ireland. Doulas are birth assistants who offer additional emotional and physical support before, during and after childbirth.

Telephone: 087 057 2500.
Website: www.doulaireland.com

Member benefits

At Aviva, we believe in recognising our *members*, so we created additional *benefits* for you over and above those covered by your premium. There are no *waiting periods*, so you can start enjoying these immediately.

Health screening

Aviva recognises the importance health screening plays in helping *members* to take greater control of their health. Aviva will give you a substantial discount on health screens with two exclusive providers. Each *member* is entitled to claim one health screen 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

Cervical cancer vaccination

At Aviva, we believe prevention is better than cure and that's why 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

Dental

All dental *member benefits* are supplied exclusively through smiles. As a health *member* you are entitled to 10% off all dental *procedures* when you show your Aviva membership card.

Orthodontics

You can now receive up to 20% off orthodontic *treatment* over €4,000.

Teeth whitening

Book and receive a free consultation.

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 and Town 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.

Asthma care programme

In conjunction with Asthma Care Ireland, learn how to overcome rhinitis, wheezing, coughing and breathlessness naturally using the Buteyko Clinic method and lifestyle guidelines. Your Aviva health *plan* will give you a contribution towards the cost of this. Follow the claiming instructions set out on www.avivahealth.ie to claim this *benefit*.

To get your discount show your Aviva membership card when booking this *treatment*.

Laser eye surgery

Another great *benefit* included in your *plan* is laser eye surgery. Optical Express is one of the leading technological innovators in the world offering both LASIK and LASEK *treatments*.

Prices can begin from €595 per eye prices can vary depending on your suitability, requirements and preference. You will receive a 22.5% discount on the total cost of your *treatment* with Aviva, 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 health *member* of Aviva. This offer may not be used in conjunction with any special offer or promotion run by Optical Express.

Quitting smoking

Aviva offers its *members* a 33% reduction on Allen Carr's Easyway to Stop Smoking Clinics.

Allen Carr's Easyway to Stop Smoking Clinics are held in 5-hour group sessions with a fully qualified therapist. The cost of attending is €320.

Telephone: 1890 379 929
Website: www.easyway.ie

Please see the *member* area on our website for any changes or additions to *member benefits*.

Day-to-day benefits

Living a healthy life

We have designed the **day-to-day benefits** in your *plan* to help you take control of your health in a way which is genuinely easy and pain-free. On your 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

This means that families can combine their individual allocated visits 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*.

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 extra *benefits* accrue for pooling purposes for any *dependant* added free to the *policy* including newborns or fourth and subsequent children/students.

Please note: **Day-to-day benefits** may only be pooled by *members* not subject to a waiting or exclusionary period.

Day-to-day claims

If you are making a claim for **day-to-day benefits** you will need to settle directly with your doctor or health care provider. You must retain your receipts. At the end of your *policy year* you must call us to register your claim. After this call you must send all receipts to us to ensure that we can reimburse you for all *eligible treatment*.

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 provide a copy of the form marked '*prescription claim form*' issued by your pharmacist.

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

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

Receipts used to claim **day-to-day benefits** will not be returned following assessment of your claim.

Therefore we recommend you retain copies of your receipts.

Overseas benefits

Accident & emergency abroad

To access this *benefit*, you must call the international assistance number 00353 148 17840 in advance of receiving any *treatment*. If you do not call the international assistance number you may not claim for *treatment* under this *benefit*. Aviva or an agent of Aviva must arrange all services.

This *benefit* will only be paid where the *treatment* is carried out when the *member* is on a *temporary stay abroad*. We will make every effort to pay your in-patient hospital or professional bills directly. In the event that we cannot do so, please retain all eligible, original receipts and contact us on your return.

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

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

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.

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

- Arrange to pay for your eligible in-patient hospital care abroad. Please see tables of cover for details.
- 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.
- Pay up to €1,000 towards the expenses of a companion who is with you and remains with you while you are in hospital and up to a further €1,000 for a companion who is required to travel with you during your repatriation.
- Pay an amount up to €1 million towards your repatriation. This *benefit* is only available where all arrangements are made by our International Assistance Provider, and our advisors consider it *medically necessary*.

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

- 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 were suffering from a *terminal illness*.
- You're travelling abroad to get *treatment* or if you knew before travelling that *treatment* might be required.
- *Treatment* for a condition which existed prior to your departure from *Ireland*.
- *Treatment* carried out while on more than a *temporary stay abroad*.
- *Treatment* performed or expenses incurred resulting from an *accident* or *emergency* occurring in Northern *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 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.
- 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*, but for whatever reason want to have it carried out abroad, we can help you make it happen. 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:

- This *benefit* will only be paid where the *treatment* is carried out when the *member* is on a *temporary stay abroad*.
- You must have obtained written pre-approval from Aviva in advance of *treatment*. In order to obtain pre-approval, you must provide all relevant information requested and allow at least 15 working days for assessment by Aviva. To do this download our pre approval *treatment* form from our website.

Part 3 How to use your Aviva *plan*

- You must be referred by a participating *consultant* in *Ireland*.
 - If you require *treatment* that is available in *Ireland* but not on 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.
- the *surgical procedure* must not be controlled by a national register of waiting *lists* for *transplants* or other complex *procedures*.

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

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*.

Other general conditions related to overseas treatment

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

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

We will then decide whether to approve your request for *treatment* outside *Ireland*. We may refer to third parties (including 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.

In the event of unforeseen medical costs arising for additional *medically necessary treatment* from the same episode of care, we will cover you for an amount up to that would have arisen in *Ireland*, and for which you would be covered for equivalent additional *treatment*.

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

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*. 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*.

To *benefit* from this overseas *treatment*, you must obtain pre-authorisation in accordance with the general conditions.

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

This cover is subject to the following additional conditions:

- the *surgical procedure* must relate to a condition for which *treatment* is normally available in *Ireland*, but where the specific *surgical procedure* proposed is not available in *Ireland*.
- If you require *treatment* that is available in *Ireland* but not on the *schedule of benefits* we do 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.

Joining Aviva

To join the *plan* you must be a *resident of Ireland*. The contract will last until the *renewal date* specified on your membership certificate. As soon as we receive your first payment, you will be covered from the commencement date under your *plan* subject to the terms and conditions.

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
- Instantaneous online confirmation of all updates made

How to make a claim

If you are in any doubt about whether or not you are covered, you should contact us, prior to undergoing *treatment*. We can then confirm your level of cover which will assist you with your claim. Please provide your *membership number* when you contact us.

Making changes to your plan

Please be aware that as *policyholder* you are the only person who is allowed to make changes to the *plan*, unless you have told us that a 3rd party has permission to act on your behalf. If you wish to change your *plan*, add or remove *dependants* and have the authority to change your *plan*, you may do so by notifying us in advance and we will then amend your *plan* as appropriate. Please note that if this is a company *plan* paid by your employer you will have to pay for any additional cover not agreed to by your employer. You can make changes by logging on to our *member* self service area or by contacting us (or your broker) directly.

If you do change your *plan*, 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 *plan* and you have paid the premium, we will send you a new membership certificate outlining your new *plan* details. It is important to let us know when there are any changes in your personal information.

Renewing your plan

To renew your membership at the end of your *policy* year all you have to do is continue paying your premiums. The cover provided under the *plan* and the premiums requested may change from time to time. If this happens, we will let you know in advance. Your premium payments will only change at your *renewal date*. If you are paying by direct debit or by salary deduction, or if your premium is

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

Cancelling your plan

If you wish to cancel your *plan*, for whatever reason, you must notify us in writing. If you or any *member* named on your *policy* have made an in-patient and/or *day case* claim you will not be entitled to any refund of premium.

If you have made only (i) *out-patient*; or (ii) day-to-day claims, we shall refund your unspent premium, on a pro rata basis from the date your cancellation becomes effective, so long as a sum in excess of ten euro (€10) exists to be refunded. In addition, early cancellation will result in your eligible *out-patient* and day-to-day claims only being reimbursed on a pro rata basis, up to the date of cancellation and the full *policy* excess will apply. We reserve the right to unilaterally terminate your cover in certain circumstances, as outlined in this document. We may cancel this *policy* by giving you at least 14 days notice in writing at your last known address.

Paying your premiums

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

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

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

If you do not pay annually, your first payment in any *policy* year may be slightly more or less than the subsequent payments as a result of rounding. Aviva premiums may vary from time to time. Should there be a change in premium you will be notified in advance of your next *renewal date*. If you do not pay your premium on time Aviva may cancel your health *policy*, with effect from the date the first missed payment was due and not received. Income tax relief is currently available on your premium. We will give you relief at source at the standard rate of income tax. Our premiums are published both net and gross of the standard rate of tax.

Part 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 plan benefits.

b) a person over the age of 55 and under 65 on the date of becoming a health member with Aviva must wait 52 weeks before he/she is fully insured under his/her plan benefits.

c) a person over the age of 65 on the date of becoming a health member with Aviva must wait 104 weeks before he/she is fully insured under his/her plan benefits.

d) maternity or pregnancy benefits are not covered for 52 weeks from the date of becoming a 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

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 treatment resulting from the accident or injury.

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

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

Waiting periods for day-to-day benefits

These apply to any new 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 an equivalent plan.

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, as determined on medical advice, then the following exclusion periods will apply before any claim will be paid relating to that condition. Please note that these periods begin to run from the date you first become insured under any health insurance contract and do not start again on becoming a 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 cover in relation to any condition that existed prior to the date of upgrade in cover. Benefits for treatment for such conditions during this supplementary period will be paid up to the amount that would have been payable under your old health insurance contract if the benefit for the treatment would have been payable under your old health insurance contract. The supplementary exclusion period shall be two years following the change to a higher plan but five years for people aged 65 or over.

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

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

Out-patient excess

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.

Where a member has already been paid for out-patient expenses under their current policy the out-patient benefit shall be paid in full, subject to any other term or condition contained within this policy.

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.

Consultant cover

Your cover for consultant fees is determined by the registration status of the consultant as set out below: Part Participating – you are covered for the level of professional fees for in-patient and day case hospital treatment as set out in our schedule of benefits and you may be liable to an additional charge by your consultant(s). Fully Participating – fully covered for all in-patient and day case consultant professional fees.

Non participating – if your consultant has not registered you may claim back the costs of your day case and in-patient treatment to the levels set out in minimum benefits, if your consultant has capacity to charge.

(NOTE: coverage for consultant fees is subject to the terms and conditions of this policy).

Applicable rules – general terms and conditions

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

- The level of cover within your contract will at all times govern the amounts payable.
- Benefits will be paid for the medically necessary treatment that you receive and are eligible for while you are a member.
- We will pay benefits up to the level covered under the plan of which you are a member at the time you receive treatment subject to any applicable waiting period, exclusion for pre-existing conditions or supplementary exclusion period.
- We will not pay benefits for treatment which you receive while you are not an Aviva Health Insurance 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 what the majority of our other members of the plan are charged in Ireland for similar treatment services or facilities.
- Where your hospital, consultant, ambulance or other provider does not have an agreement on pricing with Aviva, Aviva will only pay these benefits to specified amounts which may not cover the entire cost of your treatment. The specified amounts for non participating consultants' fees are set out in the schedule of benefits.
- Where the amount charged is less than the cover within your policy, this lesser amount shall be paid.
- Aviva will not pay any claims for in-patient benefits where on medical advice, we determine that the treatment should have been provided as a day case or out-patient rather than as an in-patient. We will only pay the amount that would have been settled had the treatment been carried out on a day case or out-patient basis up to the level of cover your plan would have provided. This will be determined based on the established medical practice for that condition.
- 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 day case treatment. In such circumstances and if the relevant health services were provided in a private hospital, we will pay the rate due as an out-patient based on the level of cover provided under your plan. This will be determined based on the established medical practice for that condition.
- We will not pay any claim should we find you are breaching any of the terms of your membership. In addition, you must notify us of any other cover you may have with any other insurer that may cover all or any part of your claim.

- Where we believe that the cost of the claim can be recovered from a third party, you must do everything we ask to help us recover funds and you must permit us to commence proceedings in your name to recover any *benefit* paid under this *policy*. We may pay your claim subject to your agreeing to refund the monies provided should you subsequently recover monies from said third party.
- The amount due to be paid under your contract will be determined by reference to the date on which you receive *treatment* or your first day in hospital.
- We will pay *benefits* after deducting any withholding tax or other deductions required by law.
- If there is any other insurance or fund covering any of the *benefits* provided under this *policy* you must disclose this to us and we shall not be liable to pay or contribute more than our rateable proportion up to the specified limits.
- To help us protect your and our interests we may record telephone calls to provide an accurate record of discussions.
- In order for a claim to be paid it will be necessary to provide some of your membership details to a hospital, approved centre, doctor or *consultant*. Any such disclosure will be limited strictly to the purpose for which it is required under your health insurance contract and will at all times be made in strictest confidence.

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

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

We will end your membership if at any time:

- We do not receive your premiums. We shall deem your membership to have ended where no premium has been paid. Membership may be resumed and made retroactive once all sums due are paid within 2 weeks from when the first default occurred.
- You make a fraudulent claim or statement to us or any other health insurer, which may have caused us or the other insurer financial loss.
- You leave *Ireland* for six months or more.

Costs not covered under your health plan with Aviva:

- Ambulance transfer from your home to hospital or a *convalescence home*. Ambulance transfer from hospital or a *convalescence home* to your home.
- *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 listed.
- *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 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 handbook.
- Charges for drugs or medication unless provided as an in-patient and as agreed with the hospital.
- Family planning or contraceptive measures – this includes any form of infertility *treatment* or reversal thereof and assisted reproduction other than the *benefit* available from MTC Healthcare.
- *Treatment* programmes for weight reduction or eating disorders other than anorexia nervosa and bulimia.
- Participation in clinical studies or trials.
- Where injury or illness is caused by virtue of war, civil disobedience or any act of terrorism or chemical, biological or nuclear disaster.
- Where the *treatment* is given by a practitioner who is a *member* of the insured's immediate family unless this is pre-authorised by 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 short-sightedness, 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 pre-authorised 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 handbook.
- Any penalty charge in lieu of Health Act contributions.
- Psychology (other than psycho-oncology counselling post *chemotherapy treatment*).

Residency Requirements

In order to be eligible for cover under a *policy*, a *member* must be resident in *Ireland* for at least 180 days in any *policy year*, unless given an indication to the contrary.

If a *member* is not resident in *Ireland* for 180 days or more in any *policy year*, their cover will cease. Where premium has been paid for a *member* for a period of time during which they are not resident in *Ireland*, this will be refunded to the *policyholder*, where the *policyholder* requests such a refund within 3 months of the *member* concerned ceasing to be resident in *Ireland*, should no in-patient claims have been made.

Complaints and Comments

Should you have any complaints or comments about any service provided by Aviva or about your *health insurance contract* please contact us either by phone, in writing 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* please contact:
The Managing Director, Aviva Health Insurance Ireland Limited, P.O. Box 764, Togher, Cork.

If you remain dissatisfied with Aviva you may refer your complaint within 28 days to the Financial Services Ombudsman Bureau at the following address:
Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2. Lo Call: 1890 88 20 90. Fax: 01 6620890
Email: enquiries@financialombudsman.ie
Website: www.financialombudsman.ie

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

Changes to this agreement

Changes may be made to this agreement from time to time. *Benefits* may be enhanced during the year.

At no point will we impose any restriction to your cover specific only to your personal medical history that started after you joined our *plan*.

All changes, except those required by law (or necessitated by a change in agreement with hospitals, *treatment* or scan centres, or *consultants*), will apply with effect from the *renewal date* after the change was made. This contract is governed at all times by the laws and the Courts of *Ireland*.

Contact

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

Part 5 Glossary of terms

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 treatment centre for scans

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

Benefits

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

Breastfeeding consultant

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

Chemotherapy

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

Chiropractor

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

Consultant

A registered medical practitioner who holds a current full registration with the Irish Medical Council and is engaged in hospital practice and who, by reason of his or her training, skill and experience in a designated 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 to provide that *treatment* in that country.

Convalescence / nursing home

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

Cosmetic surgery

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

Day-case

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

Dentist

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

Dietician

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

Dependant

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

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*.

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

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

General practitioner / G.P.

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

Hazardous sports

Any dangerous sporting activity including, but not limited to: hunting, shooting, mountaineering, rock climbing, motor sports including motor cycle sport, quad-biking, aviation other than as a fare paying passenger, ballooning, paragliding or parasailing, potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighbing, 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 Acts 1994 to 2003, and any regulations thereunder, apply.

Homeopath

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

Hospital costs

Charges for (i) hospital accommodation, (ii) services provided by a *private hospital* or clinic (such as hospital technical charges for the use of the operating theatre, radiology and pathology and *public hospital* statutory levies), but not fees levied by a *Consultant*.

In-patient treatment

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

Ireland

Ireland excluding Northern Ireland.

Lists

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

Detailed in Part 6

- *List of public and private hospitals.*
 - *List of approved treatment centres for scans.*
- Please contact us 1890 717 717 for the *lists* below.
- *List of approved convalescence homes.*
 - *List of special procedures.*
 - *List of cardiac procedures.*
 - *List of specified conditions.*
 - *List of post operative home help (POHH) procedures.*
 - *List of manual lymph drainage (MLD) conditions.*
 - *List of approved private ambulance companies.*

Massage therapist

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

Baby massage therapist

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

Material fact

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

Medical advisors

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

Medical Herbalist

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

Medically necessary

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

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

Member

A person named under a *health insurance contract* with Aviva.

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 Acts, 1994 to 2003 or as amended from time to time.

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*.

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. A *list* of these hospitals is set out in part 6.

Physical therapist

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

Physiotherapist

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

Plan

The *benefits* set out in your membership handbook and included in your *policy*.

Podiatrist/Chiropodists

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

Policy

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

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

Policyholder

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

Policy year

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

Pre-existing condition

Any disease, illness, 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 public and *private hospitals*. Level 1 excludes Blackrock Clinic, Mater *Private Hospital*, Beacon Hospital, Galway Clinic and Hermitage Medical Clinic. Levels 2–5 exclude Blackrock Clinic, Mater *Private Hospital* and Beacon Hospital.

Private room

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

Procedure

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

Psychologist

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

Public hospital

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

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

Resident of Ireland

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

Schedule of benefits

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

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

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.

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 physical, manual or instrumental intervention.

Terminal illness

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

Transplants

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

Temporary stay abroad

A stay outside of *Ireland* for any period of not more than 31 days at any one time.

Treatment

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

Waiting period

The period of time during which you cannot claim.

Part 6 Lists of providers and procedures

	Hospitals	Approved treatment centres
Cavan		
Cavan General Hospital	Public	
Clare		
Bushypark Treatment Centre	Private	
Cahercalla Community Hospital	Private	
Ennis Midwestern Regional Hospital	Public	
Cork		
Bon Secours Hospital	Private	MRI
Cork University Hospital	Public	MRI
Cork University Maternity Hospital	Public	
Cuan Mhuire (Farnanes)	Private	
Employment Health Advisors (Blackrock)		Approved centres
Euromedic, Elysian, Cork	Private	MRI+CT
Mallow General Hospital	Public	
Mercy University Hospital	Public	MRI
Optical Express (Mahon Point)		Approved centres
Point of Care Centre – Douglas Medical Centre		Approved centres
Shanakiel Hospital	Private	
Shandon Street Hospital	Private	
Smiles (Oliver Plunkett St.)		Approved centres
South Infirmary/Victoria University Hospital	Public	MRI
St. Finbarr's Hospital (Children)	Public	
St. Mary's Orthopaedic Hospital	Public	
St. Patrick's (Marymount Hospice)	Public	
Tabor Lodge	Private	
Donegal		
Letterkenny General Hospital	Public	MRI
Dublin		
Beacon Hospital	High-tech	MRI+CT+PET-CT
Beaumont Hospital	Public	
Beaumont Consultants Private Clinic	Private	CT
Blackrock Clinic	High-tech	MRI+CT+PET-CT
Blackrock Hospice (part only)	Public	
Bon Secours Hospital (Glasnevin)	Private	MRI
Cappagh National Orthopaedic Hospital	Public	
Charlemont Clinic (Radiology & Pathology)		MRI+CT
Charter Medical Group		MRI+CT
Children's University Hospital (Temple St)	Public	
Clayton Laboratories (Pathology)	Private	
Connolly Hospital	Public	
Coombe Women's and Children's University hospital	Public	
Euromedic, Rockfield Clinic, Dundrum		MRI+CT
Euromedic, Northwood Imaging		MRI
Hampstead Private Hospital	Private	
Hermitage Medical Clinic, Lucan (Classified as High-tech level 1)	High-tech + Private	MRI+CT+PET-CT
Highfield Private Hospital	Private	
Incorporated Orthopaedic Hospital of Ireland (Clontarf)	Public	
M.S. Care Centre	Private	
Mater Misericordiae University Hospital	Public	
Mater Private Hospital	High-tech	MRI+PET-CT
Mount Carmel Hospital	Private	
National Maternity Hospital (Holles St)	Public	
Northbrook Clinic	Private	
Our Lady's Hospice (part only)	Public	
Our Lady's Hospital for Sick Children (Crumlin)	Public	

	Hospitals	Approved treatment centres
Park West Clinic	Private	
Peamount Hospital	Public	
Rotunda Hospital	Public	
Royal Victoria Eye and Ear Hospital	Public	
Rutland Centre	Private	
Sports Surgery Clinic, Santry	Private	MRI
St. Columille's Hospital	Public	
St. Edmundsbury Private Hospital	Private	
St. James's Hospital	Public	PET-CT
St. John of God Hospital	Private	
St. Joseph's Hospital	Public	
St. Joseph's Rehabilitation Centre	Public	
St. Luke's Hospital	Public	
St. Michael's Hospital	Public	
St. Patrick's University Hospital	Private	
St. Vincent's Hospital	Public	
St. Vincent's Private Hospital	Private	MRI
St. Vincent's University Hospital	Public	
The Adelaide and Meath Hospital (Tallaght)	Public	
Employment Health Advisors (IFSC)		Approved centres
Ultrasound Dimensions (Blackrock)		Approved centres
Optical Express (Wellington Rd.)		Approved centres
Optical Express (Dundrum Centre)		Approved centres
Point of Care Centres:		
– Applewood Medical & Dental Centre		Approved centres
– Citywest Medical & Dental Centre		Approved centres
– Dundrum Medical Centre		Approved centres
– Fitzwilliam Medical Centre		Approved centres
– Lucan/Ballyowen Castle Medical & Dental Centre		Approved centres
– Oldcourt Shopping Centre		Approved centres
– Tyrellstown Medical Centre		Approved centres
– Smiles South Anne St./ O'Connell St./Ballsbridge/ Tallaght		Approved centres
– Town Dental, (Clonsaugh, S.C.)		Approved centres
Galway		
Bon Secours Hospital	Private	MRI
Cuan Mhuire, Coolarne	Private	
Employment Health Advisors (Liosbán)		Approved centres
Point of Care Centre: Galway Bay Medical Centre		Approved centres
Galway Clinic(Classified as High-tech for Level 1)	High-tech /Private	MRI+PET-CT
Merlin Park Regional Hospital	Public	MRI+CT
Portiuncula Hospital	Public	MRI
Smiles (Middle Street)		Approved centres
University College Hospital	Public	
Kerry		
Bon Secours Hospital (Tralee)	Private	MRI
Kerry General Hospital	Public	
Talbot Grove Centre	Private	
Kildare		
Clane General Hospital	Private	MRI
Cuan Mhuire (Athy)	Private	
Naas General Hospital	Public	
Point of Care Centre: Manor Mills Medical & Dental Centre		Approved centres
Optical Express (Newbridge)		Approved centres
Vista Primary Care (Naas)		MRI+CT
Kilkenny		
Aislinn Treatment Centre	Private	
Aut Even Hospital	Private	MRI
Lourdes Orthopaedic Hospital (Kilcreene)	Public	
St. Luke's General Hospital	Public	
Laois		
Midland Regional Hospital (Portlaoise)	Public	

	Hospitals	Approved treatment centres
Leitrim		
Our Lady's Hospital (Manorhamilton)	Public	
Limerick		
Barrington's Hospital	Private	MRI
Cuan Mhuire (Bruree)	Private	
EHA (Charlotte Quay)		Approved centres
Mid-Western Regional Hospital	Public	
Mid-Western Radiation Oncology Centre	Private	
Mid-Western Regional Maternity Hospital	Public	
Mid-Western Regional Orthopaedic Hospital	Public	
St. John's Hospital	Public	
Louth		
Louth County Hospital	Public	
Our Lady of Lourdes Hospital	Public	MRI
Town Dental Clinic (Drogheda & Dundalk)		Approved centres
Mayo		
Hope House (Foxford)	Private	
InnerVision Ultrasound (Castlebar)		Approved centres
Mayo General Hospital (Castlebar)	Public	MRI
Meath		
Our Lady's Hospital (Navan)	Public	
Monaghan		
Monaghan General Hospital	Public	
Offaly		
Midland Regional Hospital (Tullamore)	Public	
Roscommon County Hospital	Public	
Sligo		
Sligo General Hospital	Public	MRI
St. Joseph's Private Hospital (Garden Hill)	Private	
Tipperary		
Aiséiri Centre (Cahir)	Private	
Mid-Western Regional Hospital Nenagh	Public	
South Tipperary General Hospital (Clonmel)	Public	
Waterford		
EHA (Ballybricken)		Approved centres
Point of Care Centre: Waterford Health Park		Approved centres
Waterford Regional Hospital	Public	
Whitfield Clinic	Private	MRI+PET-CT
Westmeath		
EHA (Moate)		Approved centres
Midland Regional Hospital (Mullingar)	Public	
St. Francis Private Hospital (Mullingar)	Private	
Wexford		
Aiséiri Centre (Roxborough)	Private	
Ely Hospital	Public	
Town Dental Clinic Enniscorthy/ Selskar Court (Wexford town)		Approved centres
Wexford General Hospital	Public	
Wicklow		
Town Dental Clinic (Town Hall Court, Bray)		Approved centres

Northern Ireland		
Antrim		
Royal Victoria Hospital	Public	
Ulster Independent Clinic (Belfast)	Private	
Derry		
Altnagelvin Area Hospital	Public	
North West Independent Hospital (Ballykelly)	Private	
Down		
Daisy Hill Hospital (Newry)	Public	

This *list* is subject to change and is correct at time of going to print, April 2010. For the most up-to-date *list*, visit www.avivahealth.ie

For full details on all plans visit www.avivahealth.ie

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