

## Laya healthcare, June 2021 Rule changes.

Please note for all changes to existing rules the changes (removal or addition of wording) are highlighted in **yellow**.

1. Rule: Pre and Post Natal package of benefits  
New/Existing rule: Amendment to an existing rule.

### Pre and post natal package of benefits

This benefit is for expectant or new mothers and is claimable once per pregnancy. Claims are assessed based on the mother's level of cover on the baby's date of birth. Benefits include the following:

- baby massage classes, (max claimable amount\* €100)
- breastfeeding consultations, (max claimable amount\* €30 per visit for 2 visits)
- midwifery services
- maternity bra, (max claimable amount\* €39)
- GP
- acupuncture
- osteopath
- chiropractor
- reflexology
- homeopathy
- chiropody
- physiotherapy
- nutritionist
- counselling services
- dental
- optical
- New parents food allowance [www.bodyfulez.ie](http://www.bodyfulez.ie), members can access through [www.bodyfulez.ie](http://www.bodyfulez.ie) or [Eatto.ie](http://Eatto.ie). Members of the 360 Care, 360 Care Select, Flex 125 Exolre, Flex 175 Explore, Flex 125 Plus, Flex 125 Choice, Flex 125 Explore, Advantage 125 Plus and Advantage 125 Explore schemes can **only** access this benefit through [www.bodyfulez.ie](http://www.bodyfulez.ie).
- a car parking benefit (a receipt for car parking fees for a laya healthcare participating hospital)
- paediatric first aid course (provided by the Irish Red Cross)
- The 360 Care and 360 Care Select schemes also include benefit for:
  - yoga classes
  - pilates
  - 3D/4D scans

2. Rule: Hairpiece following cancer treatment  
New/Existing rule: Amendment to an existing rule.

Hairpiece **to support members** following cancer treatment **& members diagnosed with alopecia**  
This is benefit for one hairpiece per year following cancer treatment **or to support members diagnosed with alopecia**.

Please note an inpatient claim for cancer treatment must be received and paid by laya healthcare for this to be eligible for benefit with respect to cancer treatment. With respect to alopecia a letter from a laya healthcare registered GP is required to confirm you are diagnosed with this condition.

For members of the 360 Care, 360 Care Select, Flex 125 Explore, Flex 175 Explore, Flex 125 Plus, Flex 125 Choice, Advantage 125 Plus and Advantage 125 Explore schemes this benefit is **only** available following cancer treatment.

3. Rule: Adult Counselling – Counsellors and Therapists

New/Existing rule: Amendment to an existing rule.

Adult Counselling – Counsellors and Therapists

This is benefit for fees charged for assessing and treating mental illness, abnormal behaviour and psychiatric problems. The counsellor or therapist must be a full member of the Irish Association of Counsellors and Psychotherapists (IACP), The Irish Council for Psychotherapy, the British Association of Behavioural and Cognitive psychotherapy or the Irish Association of Behavioural and Cognitive psychotherapy. Only members from the ExcelCare, 360 Care, and 360 Care Select, Care Select, ConnectCare, Connect Choice, Connect Choice 500, Connect Simplicity, Control 150 Create, Health Secure Plus, Inspire, Inspire Plus, Prime, Principle, Simply Health Choice, Simply Health Plus, Simply Health Plus 500 Total health Complete 175 and Total health Plus are eligible to claim this benefit.

4. Rule: Multi – disciplinary Childhood development assessment

New/Existing: New

Multi – disciplinary Childhood development assessment

We will pay the **benefit listed in your Benefit Table** towards the cost of a child developmental assessment or neurodevelopmental assessment (for Autism Spectrum Disorder, Developmental Delay, Attention Deficit Hyperactivity Disorder, Developmental Coordination Disorder or Dyspraxia, Learning Disability, Intellectual disability, Speech Delays, Sensory Processing Disorders) for a **member** who is under the age of 18. This assessment must be carried out in a laya healthcare approved childhood development assessment centre. These centres can change from time to time so please call us before having your treatment. The amount of times this benefit is available to you is shown on your Benefit Table.

5. Rule: Treatment list

New/Existing: *Removal of some existing wording from the rules booklet. The following wording will be removed:*

Page 11, 8(c) 'We will send you a copy of the most up to date treatment list if you ask us to'

6. Rule: Initial fertility Consultation

New/Existing: Amendment to an existing rule

Initial fertility Consultation

We will pay the benefit listed in your Benefit Table towards the cost of an initial Fertility consultation carried out at a laya healthcare approved fertility clinic **by a general practitioner or consultant**. These centres change from time to time so please contact us in advance of any treatment.

7. Rule: What is not covered under this scheme

New/Existing: New

Complications arising from investigations or treatments, where the investigations or treatments are not eligible for benefit under your scheme rules and benefits. These may include but are not confined to complications arising from a pre-existing condition, a cosmetic procedure or any other procedure which is not covered under our schedule of benefits. **Please note this exclusion does not apply to members on the following schemes 360 Care, 360 Care Select, Flex 125 Explore, Flex 175 Explore, Flex 125 Plus, Flex 125 Choice, Advantage 125 Plus and Advantage 125 Explore.**

**8. Rule: Ending your membership**

New/Existing: Amendment to an existing rule

Ending your membership

(g) We may end your membership of the scheme by writing to you if you do not pay any or part of your subscriptions on the date they are due. If your membership ends because you do not pay your subscriptions, we may allow you to continue your membership, as long as you pay the subscriptions you owe within 10 business 30 days of the date on the cancellation letter". For members of the 360 Care, 360 Care Select, Flex 125 Explore Flex 175 Explore, Flex 125 Plus, Flex 125 Choice, Advantage 125 Plus and Advantage 125 Explore schemes we may allow you to continue your membership as long as you pay the subscriptions you owe within 30 days

**9. Rule: Fertility testing/screening**

New/Existing: Amendment to an existing rule

Waiting periods which apply

- the initial waiting period - this applies to any treatment that a person may require
- the pre-existing condition waiting period - this only applies to treatment which a person requires for a pre-existing condition
- the maternity waiting period - this only applies to treatment that a person requires for pregnancy or childbirth
- the additional cover waiting period - following a change to a persons level of cover/benefits, this waiting period applies to additional cover/ benefits for any pre-existing conditions.
- the Infertility waiting period, fertility preservation, fertility testing/screening and First Steps Fertility Benefit waiting period - these apply to fertility treatment which a person may be eligible for under their scheme.

Waiting periods for Infertility, Fertility testing/screening and Fertility Preservation

Waiting periods for Infertility, Fertility testing/screening and Fertility Preservation

The following waiting periods apply for infertility treatment, Fertility testing/screening and fertility preservation:

- the first 52 weeks of membership for those who join.
- the first 52 weeks of membership for existing members that transfer or change between schemes to avail of this benefit.

**10. Rule:**

'Recognised medical facility'  
'Exclusion 9 (g) after bullet point 5',  
'Gender Reassignment Surgery Abroad',  
'Treatment not available in Ireland',  
'EU Treatment Guarantee',  
'Medical Tourism'  
'Note 1 (i) Northern Ireland'.

New/Existing: 'Recognised medical treatment facility' is new, the other changes are amendments to an existing rules.

**Recognised medical treatment facility**

A recognised medical treatment facility outside of Ireland but within the European Union Member States or the United Kingdom at the time a claim is made for the benefit.

For members of the 360 Care, 360 Care Select, Flex 125 Explore Flex 175 Explore, Flex 125 Plus, Flex 125 Choice, Advantage 125 Plus and Advantage 125 Explore schemes a recognised medical treatment facility outside of Ireland but within the European Union Member States at the time a claim is made for the benefit.

Exclusion 9 (g) after bullet point 5 “This exclusion will not apply to treatment that we have agreed you may receive in a ~~hospital in the EU~~ a **Recognised Medical Treatment Facility** and which has been pre-approved by us because the treatment is not available in Ireland.”

#### Gender Reassignment Surgery Abroad

This benefit is payable for specific in-patient treatment that is not available in Ireland for gender reassignment surgery received at a **recognised medical treatment facility in the EU, EEA or United Kingdom** up to a lifetime maximum of €30,000. This benefit and the ~~hospital~~ **recognised medical treatment facility where** it is being carried out must be pre authorised by laya healthcare and is available to members over the age of 18 subject to the following criteria:

- Referral to surgeon by one participating mental health professional competent in the treatment and assessment of gender dysphoria AND members Consultant Endocrinologist/General Practitioner or Referral to surgeon by two participating mental health professionals one of which must be competent in the assessment and treatment of gender dysphoria
- Completion of a minimum of 18 months Hormone Replacement Therapy Cosmetic surgery or the reversal of previous gender reassignment surgery is not included in this benefit.

#### Treatment not available in Ireland

This benefit is payable up to a maximum contribution of €100,000 for in-patient treatment received at a **recognised medical treatment facility**~~hospital in the EU~~ **in the EU, EEA or United Kingdom** which is certified by laya healthcare’s Medical Adviser as unavailable in Ireland, provided that such treatment is arranged by laya healthcare and the **recognised medical treatment facility**~~hospital~~ is pre-approved by laya healthcare. This benefit is only applicable for treatment which is not listed as another specific benefit on your Benefit Table. This benefit needs to go through Consultant Connections (see further details under the Consultant Connections benefit).

#### EU Treatment Guarantee

If you are waiting for more than three months for a surgical procedure covered under your scheme, laya healthcare will arrange the procedure for you. This procedure could be undertaken in a **hospital recognised medical treatment facility** in Ireland or in another country **within the EU or the United Kingdom** at a **recognised medical treatment facility** and a different consultant may be used. Laya healthcare will pay for the procedure up to the level of cover available on your scheme. If your procedure is undertaken in a facility that is not covered under your scheme, you the member may be liable for shortfalls. A maximum contribution of €100,000 will apply to this benefit should this procedure be undertaken outside of Ireland in a **recognised medical treatment facility**.

11. Rule: 10 Making a claim (C) & (D)  
New/Existing: Existing

You should send your claims to us as soon as possible through the Member App or using an out-patient claim form. We will only not pay for any benefits unless: if we receive all of the following:

- a written claim within 12 months of the date of any non-surgical out-patient treatment and six months of the date of any other treatment (unless this was not reasonably possible). Please note, for non-surgical out-patient treatment, it is necessary to submit a receipt which is stamped by the practitioners or on their headed paper. In addition, the receipt must provide the date of treatment, the name of the recipient of the treatment and a full breakdown of the costs. You must make the claim in the way that we reasonably ask you. We may change the procedure for making a claim. If we do change the procedure, we will write and let you know.
- you submit your receipts to us within twelve months from the end of your policy year. If your receipts are not received within this timeframe, your benefits will not be paid.
- it is necessary to submit a receipt which is stamped by the practitioners or on their headed paper. In addition, this receipt must provide the date of treatment, the name of the recipient of the treatment and a full breakdown of the costs.
- any proof we reasonably need to help us to decide if you are entitled to benefits.

This can include:

- any medical reports and other information to do with the treatment for which you are making a claim
- the results of an independent medical examination which we may ask you to undergo
- original accounts and invoices for the benefits you are claiming
- written confirmation from you as to whether or not you think you can recover the cost of the benefits from another person or insurance company
- details of any Health Insurance Contract under which you were covered prior to becoming a member of the scheme
- original flight/travel tickets which will act as proof of your stay outside of Ireland up to but not exceeding 180 days in each calendar year.

(d) Notwithstanding Section 10(c)1, we shall only pay benefits for out-patient treatment after your renewal date. Claims for out-patient treatment submitted to us prior to your renewal date will not be processed and shall be returned to you.