

Irish Distillers
Health Matters

Cash plan

Including Policy Terms and Conditions



Health
Plan®



Irish Distillers
Pernod Ricard



Welcome to Health Matters

As a responsible employer, we recognise the importance of offering a transparent, modern and fit for purpose benefits programme that meets the needs of our employees and their families.

Health Matters has been designed to support you as an employee of Irish Distillers take preventative care of your health by covering the cost of many day to day health care expenses. These include GP visits and prescription charges, dental care, tests and a wide range of practitioner treatments.

In addition to claiming up to a 100% cash refund on many of your healthcare expenses, you and your family can also access a range of services that empowers you to proactively take ownership of your health. These include access to a Virtual Doctor, GP Telephone Advice line, Health Information Website and Counselling Service.

The service is administered by HSF Health Plan, the trading company of a registered charity. Being Responsible is one of our company values and is all about doing the right thing. We believe that HSF Health Plan is a good fit for our business not just because of the health service it offers to members but also because of its culture, as the part of a charitable group. Any surplus monies from the HSF Health Plan business is donated to charity – with over 65 organisations in Ireland benefiting from assistance in recent years.

I would encourage you to take some time to ensure that you fully understand the benefits that Health Matters offers you. If you would like to know more about signing up, please check out the HSF hub in the MyHR Benefits section of InnerSpirit.

Nodjame Fouad
CEO

*Subject to eligibility.

Helping you to cover the costs of everyday healthcare

Who is HSF Health Plan?

HSF Health Plan is the provider and underwriter of a health cash plan, committed to delivering simple and affordable ways to help you cover the cost of everyday healthcare such as dental, optical and physiotherapy, plus much more. With over 20 health benefits available, it provides an added security for you and your family's health.

HSF Assist provides access to a variety of assistance helplines and services, which are available to all policyholders and their families. HSF Assist is currently provided for HSF Health Plan by Health Hero.

How does it work?

Simply log onto our online joining portal www.hsf.ie/IDL and apply now. We also offer to cover the healthcare of your Spouse/Partner and children (up to the age of 21) at no extra cost. The maximum payable is between all eligible named persons in any 12 consecutive calendar months.

What am I covered for?

Our Schemes reimburse you up to 100%. There is a total limit on benefits calculated on a rolling balance over a 12 month basis with a further limit from the start of your policy on some hospital benefits. Please see Policy Terms & Conditions page 11 in this brochure.

All of our schemes include HSF Assist which provides: GP Advice Line, Prescription Services, Virtual Doctor, Counselling, Medical Information and Legal Advice.

Are there any restrictions?

There are pre-existing health restrictions on all benefits (see waiting periods and restrictions on page 13) with the exception of Dental, Optical, General Practitioner, Prescription, Chiropractic and Podiatry.

There is a 3 month waiting time before any claims can be considered under the Specialist Consultations & Investigations, Practitioners (excluding Chiropractic/Podiatry), Hospital & Day Case Combined categories and expenses incurred during the 3 months will not qualify for settlement. A waiting period of 6 months applies to Eye Laser Treatment and Implantable Contact Lenses. Should you incur Dental, Optical, General Practitioner, Prescription or Chiropractic/Podiatry expenses during the 3 month waiting time please keep the receipts and forward them to us after the 3 months has elapsed.

Making a claim

Claim forms can be obtained by downloading from our website www.hsf.ie or mypolicy.hsf.ie or alternatively by contacting our office on 0818 473 473 (for address see the back of this brochure). Your payment will be made direct into your bank account (a current account in your name or joint names).

All claims must be submitted within six months of the date of treatment/purchase, taking place or discharge from a hospital. Claims can only be considered if appropriate premiums have been paid.

Duration of the policy

Your policy is renewed automatically on a monthly basis unless your cover is cancelled or you allow it to lapse.

Can I cancel my policy?

When your application is accepted you will receive a "Welcome Pack". On receipt of this you have 14 days in which to write to us and change your mind; please see "Decreasing or ceasing premiums" on page 14.

How to complain

Should you find it necessary to make a complaint, you should in the first instance contact our Customer Services Department at our Ennis address. A written acknowledgement will be issued within five business days of receipt of the complaint and this should include the name of the person appointed to be the point of contact in relation to the complaint, this will usually be a Senior Manager. If your complaint has not been resolved within 40 business days of receipt we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or call them on 01 567 7000.

HSF Health Plan and The Hospital Saturday Fund

In Ireland HSF Health Plan is authorised and regulated by the Central Bank of Ireland as a Third Country Branch. HSF Health Plan is the trading company of the registered charity The Hospital Saturday Fund.

All those who join HSF Health Plan, just by belonging, are making a contribution to the important work of the charity, not something which usually happens when an insurance policy is taken out.

HSF Health Plan Limited is an insurance undertaking, and all information is provided in order for applicants to choose the scheme to suit their personal circumstance as HSF Health Plan is not authorised to provide a professional recommendation.

Statement of demands and needs

This product meets the demands and needs of individuals and families who wish to manage their healthcare expenses such as dental, optical, hospital admissions, consultations and investigations. Advice is not available from HSF Health Plan and HSF health plan is not in a position to determine whether the product is appropriate for you. Applicants should choose the scheme to suit their personal circumstances and review in future whether this remains suitable.

To find out more information about HSF Health Plan, you can call us on 0818 473 473 or enquiries@hsf.ie

Irish Distillers Health Cash Plan Benefit Table

All benefits are 100% money back up to the maximums shown

Monthly Cost - Per Family

(Inclusive of cover for spouse/
partner and dependant children)



GP Visits &
Prescriptions

Essential
€35

Advanced
€50

Ultimate
€70

Elite
€100



Dental

Essential
€100

Advanced
€150

Ultimate
€250

Elite
€325



Optical

Essential
€100

Advanced
€150

Ultimate
€250

Elite
€325



Specialist
Consultations &
Investigations

Essential
€200

Advanced
€400

Ultimate
€600

Elite
€850



Practitioner

Essential
€200

Advanced
€400

Ultimate
€600

Elite
€850



Hospital & Day Case
Combined
up to 10 nights/days
per year

Essential
€50

Advanced
€100

Ultimate
€200

Elite
€300



Health Screening

Essential
€100

Advanced
€200

Ultimate
€300

Elite
€425



HSF Assist

Available on All Schemes

HSF Assist provides access to a variety of assistance helplines and services which are available to all policyholders and their family.

The Services available are:

- GP telephone advice
- Virtual doctor
- Prescription service
- Counselling / emotional wellbeing service
- Legal helpline.

You can use any part of the HSF Assist service as many times as you need.

Our Schemes

Health Matters has been designed for employees and their families to claim up to a 100% cash refund on many of their healthcare expenses. Dental, optical, physiotherapy, consultations and medical tests and a number of complementary treatments are included, and we also pay for general practitioner visits and prescription charges.

Irish Distillers Scheme choices

With our schemes, we reimburse you 100% of your professional treatment costs up to the higher maximum amounts under the categories shown below. **Our Advanced and Ultimate Schemes** are for those who want to pay a little more in order to get higher benefits in return.

All of our schemes include HSF Assist. This provides a GP Advice line, Virtual Doctor and prescription service. It also includes emotional wellbeing, counselling and legal helplines.

Pre-existing conditions and health problems

If you have a pre-existing health condition there will be a waiting time before cover for certain claims will start. The waiting time will be 5 years from when you are first registered for cover. In addition, for later increases in cover the waiting time before the increased cover takes effect will be 2 years at the time of the increase (see "Waiting periods" and "Restrictions" on page 13 for full details and concessions for previous cover).

You may start making claims three months after your policy start date, unless otherwise stated. Reimbursement for most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim. See page 14 for full details.

Monthly Costs *(net of partial standard rate tax relief)*

Essential €35	Advanced €50	Ultimate €70	Elite €100
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Benefits

The amounts payable in any 12 consecutive calendar months may be shared between the policyholder, partner and dependant children under the age of 21 (living at the same address) are shown below.



GP Visits & Prescription

General Practitioner

Reimbursement of the costs incurred from visiting a General Practitioner (Family Doctor) up to the maximum shown in your chosen benefit level.

Prescription

Reimbursement of the costs on the production of a receipted invoice supplied by a Pharmacy (Dispensing Chemist), indicating that a prescription supplied by a General Practitioner has been dispensed.

This benefit may be used flexibly according to requirements for both categories, however the amount shown in the benefit level is the maximum amount that can be claimed for General Practitioner and Prescription combined.

Essential €200	Advanced €300	Ultimate €400	Elite €525
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Dental

Help towards the cost of all dental treatment including check-ups, hygienist and cosmetic dentistry.

Essential
€100

Advanced
€150

Ultimate
€250

Elite
€325



Optical

Help towards the cost of a sight test and optical appliances, up to the maximum shown. Optical appliances include prescription glasses, prescription sunglasses, contact lenses (including daily & monthly disposable). The cost of Eye Laser Treatment is included, but claims for this particular treatment can only be accepted for claims incurred 6 months after joining.

Essential
€100

Advanced
€150

Ultimate
€250

Elite
€325



Specialist Consultations & Investigations

Providing help towards the cost of specialists' consultation fees, allergy testing, vaccination, pathology tests, x-rays, scans, electrocardiograms and other investigations listed in the rules, all undertaken on an outpatient basis, up to the maximum shown.

Essential
€200

Advanced
€400

Ultimate
€600

Elite
€850



Practitioner

Physiotherapy, Physical Therapy, Osteopathy, Chiropractic, Acupuncture, Chiropody/Podiatry

Help with the costs of consultation and treatment (not including medication or appliances) by a qualified and registered practitioner up to the maximum shown. This benefit may be used flexibly according to requirements for all categories.

Essential
€200

Advanced
€400

Ultimate
€600

Elite
€850



Hospital & Day Case Combined

Up to 10 nights/days in any 12 consecutive calendar months

General and Hospice: For an inpatient admission to a hospital or hospice.

Accident: For an inpatient admission to a hospital immediately following an accident. (There is no waiting period for this benefit when hospitalised immediately following an accident).

Day Case: For a planned admission to occupy a bed for a day in a hospital or clinic to undergo surgery, treatment or a procedure.

Amounts shown are per night/day up to a combined maximum of 10 nights/days per year in total across all areas listed above and are shared with all persons insured.

Essential
€50

Advanced
€100

Ultimate
€200

Elite
€300



Health Screening

Help towards the cost of health screening at a Health Screening Clinic.

Essential
€100

Advanced
€200

Ultimate
€300

Elite
€425

HSF Assist



HSF Assist provides access to a variety of assistance helplines and services which are available to all policyholders. The services available are:

GP telephone advice - 24 hour access to a doctor

Virtual doctor - a webcam based face-to-face consultation service with a doctor

Prescription service - if appropriate, the GP can offer a prescription for medication.

Counselling / emotional wellbeing service - a telephone and, if needs be, a face-to-face counselling service

Legal support - telephone access to legally trained staff.

You can use any part of the HSF Assist service as many times as you need.

HSF Assist is currently provided for HSF Health Plan by Health Hero.

HSF Assist calls are made to a freephone 1800 number.

Please check with your service provider for the costs on using these numbers.

HSF Health Plan cannot be responsible or liable for any call charges.



GP Advice Line

This service is available 24 hours a day, 7 days a week and the telephone number will be given to you in your welcome pack. The service allows you to speak with a qualified practising GP free of charge and at a convenient time. After making the initial call the doctor will telephone you. Every call is confidential and your details will not be passed on to anyone without your prior consent.

You can ask about all sorts of things including:

- an ache or pain that won't go away
- sensitive or confidential concerns
- explanations of diagnosis or treatment you may have been prescribed
- possible after-effects of surgery
- side-effects of any medication you are taking
- vaccinations you may need when you are travelling abroad and other health precautions relevant to your own personal medical history

Important

This is not an emergency service; in an emergency you should always contact your own GP or the emergency services so as not to delay any necessary treatment. Nor can it be used if you are, or might be, pregnant, for any health related condition, whether or not it is related to pregnancy.

In such cases you should always consult your own doctor.

The GP telephone consultation service is not intended to replace the personal care offered by your own doctor and cannot be used to obtain referral for treatment.

The GP telephone consultation service is provided via a freephone number to UK based qualified, experienced, practising General Practitioners under the jurisdiction of the Irish Medical Council, General Medical Council and the English courts.



Virtual Doctor

**HSF Assist provides you with the next generation in GP services:
Virtual Doctor - an online doctor to see you at a time to suit you.**

Now you don't need to leave home or work to see a qualified GP. With HSF Virtual Doctor, Ireland's first online webcam GP consultation service, you can arrange an online face-to-face consultation at a time that fits with your busy life, 7 days a week, 8am to 10pm (telephone consultations are available 24/7).

- At home – you don't need to wait days for an appointment and travel to a busy surgery and wait for your appointment.
- At work – imagine your own company doctor service without having to leave the office.

The Virtual Doctor Service is further enhanced by using state of the art explanatory 3D medical images and health information enabling you, the patient, to have a more complete understanding of your condition.



Prescription Service

When you consult with one of our GPs either on the telephone or by using the Virtual Doctor, if the GP feels it is appropriate, they can offer you a prescription for medication. This prescription will be faxed to a pharmacy you nominate so you can obtain your medication. This service is available 7 days a week, from 8am to 10pm (excluding Bank Holidays). You will need to allow up to 4 hours for the prescription to be received at the pharmacy.

If a prescription is offered after these times, it will be available the next working day.





Counselling/Emotional Wellbeing Service

Our team of experienced, professionally trained counsellors are available to support you 24 hours a day, 7 days a week.

You can call the service as often as you need to. There is no charge for this service; you only pay the cost of your telephone call. With HSF Assist, if appropriate, you can receive up to 6 counselling sessions. These can be over the telephone, video link or face-to-face.

We cannot consider any face-to-face counselling claims that have been organised independently by you. All face-to-face counselling must follow helpline counselling sessions undertaken via HSF Assist and be on their recommendation. *There is no pre-existing condition rule applicable to HSF Assist including the face-to-face counselling.*



Legal Helpline

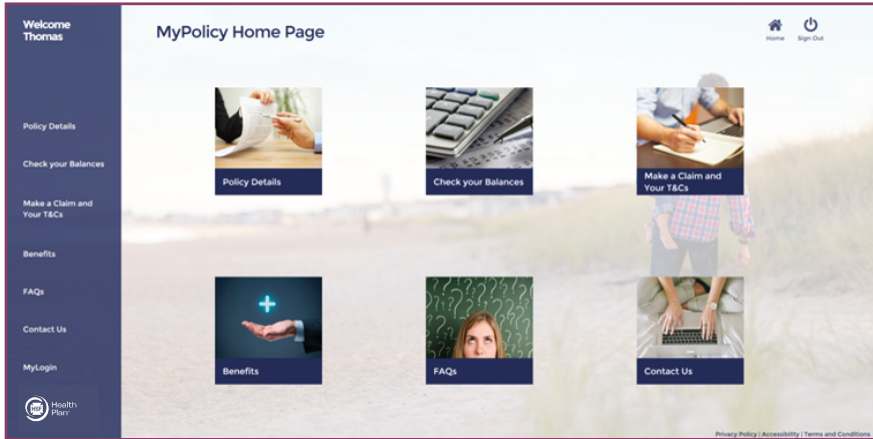
The Legal and Information team provide 'Citizens Information Board' type information around topics such as: consumer, debt management, relationships, family and care, as well as signposting to additional resources.

They can provide support for issues such as: disability, bullying, flexible working, problems with neighbours, consumer rights, child and elderly care, among many others.

Legal advice is available 8am - 8pm, Monday to Friday, excluding public and bank holidays. If you call outside these times, we will arrange to call you back.



Access your policy anytime with MyPolicy

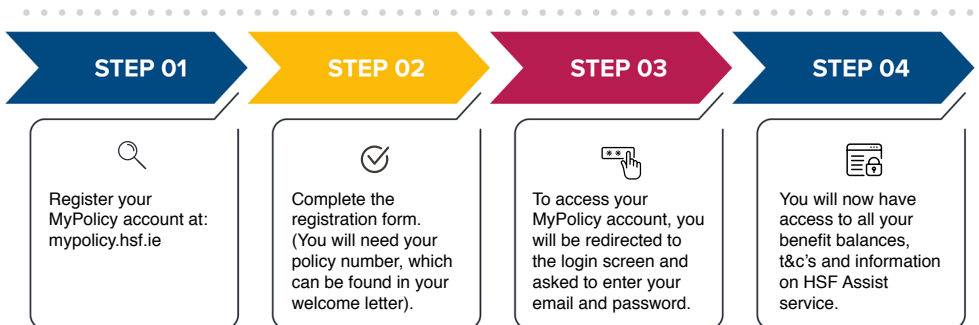


MyPolicy - your personal online account manager

We want you to make the most of your cover, and with MyPolicy, using your HSF Health Plan becomes easier and gives you the freedom to access your policy information any time of the day or night.

With MyPolicy, you can check your benefit balances, download a claim form, check claims paid against any category, access your terms and conditions and information on your HSF Assist[®] services.

Once your policy is issued, you can activate your MyPolicy account by visiting the website link provided below and entering your policy details.



If you have any queries in regards to MyPolicy, contact us at:

ContactUsMyPolicy@hsf.ie

or call us on

0818 473 473

Policy Terms & Conditions - Please read carefully

HSF Health Plan Limited is the provider and underwriter of a health cash plan.

About the HSF Health Plan schemes in this brochure

They provide cover for you against the everyday costs of such things as a visit to the dentist, optician and various practitioners, and make grants for hospital admissions. Some amounts relate to the cost of the services you have received which are payable when you send in your paid receipts. Other amounts are a fixed rate, for example a fixed amount for each night spent in hospital. The amounts provided by the various schemes are explained in this brochure. A number of conditions apply with the main ones being (and explained fully in the relevant section of the 'Rules and further explanations of categories' or 'General terms and conditions'):

- There is a total limit on payments calculated on a rolling balance over a 12 month period basis with a further limit from registration on some hospital benefits. See 'Claims' on pages 14 and 15 and 'Hospital and Day Case' on pages 12 and 13.
- Claims cannot be accepted until at least three months after your policy start date, unless otherwise stated.
- Pre-existing health conditions and health problems present when you join or increase premiums, are not covered for an initial period under many scheme categories. See 'Waiting periods', 'Restrictions' and 'Increasing premiums' on pages 13 and 14.
- Switching between schemes is allowed. See 'Increasing premiums' and 'Decreasing or ceasing premiums' on page 14 for the terms.

Full policy terms and conditions, and the cover provided, are included in this brochure.

Paying premiums and changing your mind

Details of the prices of each scheme are shown in this brochure. Payment can be made by payroll deduction through your employer or by Direct Debit, Credit Card or Debit Card. It is the policyholders responsibility to check that payments have commenced, either by checking their payslip, with their payroll, or by checking their bank statement, in order that they are received regularly by HSF Health Plan. When your application is accepted you will receive a welcome pack. This will include details of any restrictions which are in place if you have any existing medical conditions. On receiving confirmation of your policy, you have 14 days in which to change your mind and withdraw your application (telephone or write to the HSF Health Plan office in Ennis – details on page 20). If any premiums have been paid you will receive a full refund providing no claims have been settled. See 'Decreasing or ceasing premiums on page 14 for cancelling after this period.

Duration of cover in the plan

Cover is provided continuously from month-to-month, beginning with your policy start date, until it is cancelled or otherwise comes to an end. It is automatically renewed.

Making a claim

At the conclusion of three months after the start date of the policy or another stated period, you may start claiming. Claim forms are provided on request by telephoning 0818 473 473, or writing to HSF Health Plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co Clare, or by downloading from our website www.hsf.ie. If you log on to MyPolicy, telephone or write, you may enquire about how much you may receive. Please quote your policy number. Original receipts must be sent with the claim form. Your payment will be made direct into your bank account (a current account in your name or joint names).

Dental and Optical

The dentist or optician must be suitably qualified and registered with the Comhairle Fiacloireachta, The Dental Council or The Health & Social Care Professionals Council (H&SCPC). Sundry items purchased at Dental Surgeries and Opticians premises, eg. solutions, cleaners, contact lens removers, floss, are not covered and prescription charges for any kind of medication are not covered under this category. Claims cannot be accepted for the purchase of spectacles or contact lenses supplied without prescription or for any dental treatment (including teeth whitening) not carried out at a dental surgeon's practice (eg. if undertaken at a cosmetic/retail outlet).

Consultations with Consultant Oral Surgeons, Consultant Facio-Maxillary Surgeons, Consultant Orthodontic Surgeons and Consultant Ophthalmic Surgeons are not covered under this category. These should be claimed under the Specialist Consultations & Investigations category. The cost of treatment or operative procedures undertaken by these Consultants is not included in any category. If Eye Laser Treatment or a permanent contact lens implant (to correct long or short sightedness) is carried out by a Consultant Ophthalmic Surgeon or undertaken in hospital as a day case patient or an inpatient, claims cannot be accepted for Specialist Consultations & Investigations or for Hospital or Day Case, in addition to the Optical category.

The cost of Eye Laser Treatment, Implantable Contact Lenses (to correct long or short sightedness) and assessments is included, but claims for this particular treatment can only be accepted at **least 6 months** after registration.

Rules concerning pre-existing conditions do not apply to this particular category.

General Practitioner and Prescription

The amount is repaid up to the maximum available on the production of a paid receipt supplied by a General Practitioner, clinic or a pharmacy (Dispensing Chemist). Any procedures carried out during the visit are covered by this benefit and may not be claimed for separately under this or any other category. An invoice supplied by a Pharmacy must indicate that the prescription supplied by a General Practitioner has been dispensed. The stated amount is paid up to the overall limit within a consecutive 12 month period and is shared by all registered persons. Rules concerning pre-existing conditions do not apply to this particular category.

Practitioner: Physiotherapy, Physical Therapy, Osteopathy, Chiropractic, Acupuncture, Chiropody/Podiatry

The maximum payable is between the above six headings. It is not, for example, €200 for each of the six. Claims will only be accepted with paid receipts from qualified practitioners. Policyholders, in their own interests, should only consult properly qualified practitioners who are registered with professional organisations which maintain high standards. Benefit does not include the cost of any medication or any surgical appliances supplied or prescribed by the practitioners. Claims cannot be accepted for prophylactic treatments or sports massage/therapy.

Consultations with Consultant Paediatric Surgeons (of hospital consultants status) are not covered in this category. These should be claimed under the Specialist Consultations & Investigations category. The cost of treatment or operative procedures undertaken by these consultants is not included in any category.

Specialist Consultations & Investigations and Health Screening

Claims must be for consultations in a hospital or clinic on an outpatient basis only and carried out by a doctor of consultant status. Treatment (including radiotherapy) and operative procedures (including delivery of a baby) are not covered, neither is any radiography during such treatment/ procedures. Reimbursement is only on the initial consultation with a Consultant Psychiatrist, subsequent visits are classified as treatment. Claims cannot be accepted for examinations / investigations carried out while an inpatient or as a day case or for medico-legal reports, possible legal evidence (including paternity testing), or for insurance, employment, fitness/occupational assessments or immigration/emigration purposes.

The following are covered under Investigations:

Any investigations undertaken, on an outpatient basis only, in a hospital x-ray, MRI/CT scanning, pathology or nuclear medicine/medical physics department (or its equivalent elsewhere); electrocardiogram (ECG), electroencephalogram (EEG); electromyogram (EMG); audiogram and orthoptic investigations. Minor invasive investigations carried out at the same time as an outpatient consultation, and not requiring the use of a separate treatment room, are also covered. Claims are accepted for visits to health screening clinics and for the cost of a vaccination administered at a GP surgery or clinic or the issue of a prescription for a vaccination (which may be in the form of vaccine or medication); the initial consultation and diagnosis of problems by a qualified practitioner with a personal consultation in a clinical environment (not a retail outlet) is covered but not any subsequent consultations, therapy or treatment.

For allergy testing the initial consultation and diagnosis of problems by a qualified practitioner with a personal consultation in a clinical environment (not a retail outlet or testing by post) is covered but not any subsequent consultation, therapy or treatment.

For Health Screening: Claims are accepted for visits to health screening clinics.

The following are NOT covered

Invasive investigations, such as endoscopies, carried out with some form of anaesthetic, and requiring the use of an out-patient treatment room (for which the hospital or clinic charges an additional fee) or occupancy of a bed on a day stay basis. The Hospital & Day Case Combined benefit may be claimed in these circumstances if applicable.

Hospital and Day Case Surgery Treatment

The hospital or hospice must be in Ireland or the United Kingdom and its name and admission and discharge dates should be clearly stated on the claim form. Benefit is payable for up to 10 nights or days (or combination of - for example 8 nights hospital and 2 day cases) in any consecutive 12 calendar months and is shared with all persons insured (it is not for example 10 nights per person). The amount payable is the stated grant and no direct costs (e.g. Consultants' fees, room charges, medication/dressings involved with the hospital admission) are covered. Stays in nursing homes, convalescent homes and/or centres providing addiction treatment and/or rehabilitation services are not covered.

Benefit is restricted to 12 nights in total in a period of continuous cover, regardless of scheme, for admissions to hospital or hospice for mental illness, geriatric care and substance abuse (admissions to centres providing addiction treatment and/or rehabilitation services without a hospital status are not covered). These 12 nights are counted as part of and not in addition to the ruling in the sentence above (e.g. within a 12 month period, the number of nights for which benefit is payable will not exceed 10 regardless of the reason for admission).

In accordance with the usual practice, the date of admission is counted as the first night but the date of discharge is not counted. Time spent within an Accident and Emergency Department (A&E) is not considered as part of an admission unless the hospital declares it to be so in accordance with their records. Claims must be submitted after each discharge from hospital. Weekend leave or longer periods of home leave do not count as a discharge, although no amounts will be paid for nights spent at home. Transfers from one hospital to another without a period at home in between are counted as a continuous period in hospital.

In cases of long stay admissions a claim may be submitted after 10 nights and an amount will be paid up to the number of nights due within the rules. However, if an admission extends beyond 12 months a further claim may be submitted. There are special rules for these unusual circumstances. If, on the date of admission to hospital, the benefit limit is shown to have been reached in the preceding 12 months then no payment is made for that admission at all unless the current admission is of a duration which takes it past the anniversary of the discharge date 12 months earlier. In these cases the balance of nights due will be paid.

For Day Case Surgery and Treatment

The claim form must be signed by an official at the hospital and bear the official stamp to verify the information given by the policyholder.

The following are NOT covered under Hospital and Day Case Combined:

Adults staying with their children at a hospital/hospice are not entitled to Hospital/Day Case benefit; nor are children who are staying with their parents. Any stays in Geriatric, psychiatric or rehabilitation day hospitals or units; an unplanned day or period spent in an Accident and Emergency or Casualty Department; minor surgery treatment or procedures undertaken in outpatient or similar departments are not covered.

The amount payable is the stated grant and no direct costs, e.g. Consultants' fees, room charges medication/dressings involved with the hospital admission including consultants' fees are covered.

HSF Assist[®]

There are no additional charges to use the services in HSF Assist (except for the cost of the phone call to the service). There is no limit on how many times you use the services (except for any structured counselling sessions if they are provided). If you are advised by the telephone counselling service that you would benefit from structured counselling sessions, they can arrange for you to have a session or sessions with a local counsellor. HSF Assist will cover up to 6 sessions with the counsellor within the lifetime of your policy.

Becoming a Policyholder

Anyone aged 18 or over may join and cover will continue for life, if the policyholder so wishes, and if

- a) your premium payments are kept up to date via your salary deductions which your payroll department submit directly to HSF Health Plan or are received via a Direct Debit payment and
- b) the rules and conditions are adhered to.

Cover is provided continuously from month to month until it is cancelled or otherwise comes to an end. You will not receive renewal documentation unless we change the terms and conditions of your policy. When your application is processed you will receive a welcome pack. Upon its receipt you have 14 days in which to change your mind (telephone 0818 473 473 or write to HSF Health Plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co Clare).

If any premiums have been paid you will receive a full refund providing that no claims have been settled during this period. One registration also covers a spouse/adult dependant and children under 21, permanently residing at the same address.

The named policyholder or spouse/adult dependant must be a parent of the stated children under 21 or be the legal guardian of them. Children in a fostering arrangement are not eligible for inclusion.

An "adult dependant" is an adult living at the same address as the policyholder whose relationship with the policyholder is similar to that of a spouse. The term does not refer to any other adult who may be dependent on the policyholder for any care or financial support.

Waiting periods

Claims may be submitted as soon as three months have

elapsed from your policy start date, unless stated otherwise. There is a longer waiting period of 10 months for any claims related to infertility or pregnancy. There is a waiting period of 6 months for Eye Laser Treatment and Implantable Contact Lenses. Any restrictions, which are temporary (see paragraph below), include any conditions which existed or for which symptoms were present before your cover began; any development of existing conditions; any recurrence of conditions which have existed in the past; any hereditary, congenital or perinatal conditions which may already exist but which manifest symptoms only after cover commences and any which previously existed but were not disclosed. Until waiting periods have been served, it may also be necessary to refuse claims relating to a particular area or structure of the body where there has been a problem in the past unless medical advice indicates that there is no connection.

The above restrictions for pre-existing conditions are removed after set waiting periods from first registration or from the date of any increase in cover.

The set waiting periods are:

- a) On first registration: **5 years.**
- and
- b) For increases: **2 years.**

The set waiting period may be reduced for cover from registration (but not increases) where;

- i) Immediately prior to cover on this policy starting, you were covered for the pre-existing condition under an HSF Health Plan policy in which case the previous level of cover will be maintained or
- ii) Within 3 months prior to this policy starting, you were covered by a policy from an insurer authorised by the Health Insurance Authority in which case the set waiting period will be reduced by the premium paying period with that insurer before cover for the pre-existing condition will be provided at the previous level of cover.
- iii) At the time of making a claim using above you should request a reduction in the set waiting period. You will need to supply original written evidence regarding the nature, level and residual waiting period from your previous insurer.

Restrictions

Claims cannot be accepted for anything related to plastic surgery and consultations/treatment for cosmetic reasons; self harm or self inflicted injuries; Infertility treatment. Conditions which begin during the three month period after cover commences should be notified in writing and you will then be advised if any restrictions apply. Optical, Dental, Chiropody/Podiatry, General Practitioner, Prescription, and HSF Assist are the only categories not subject to the pre-existing condition rules.

No policyholder may be covered in more than a single scheme. These rules are based on the insurance principle of not being able to make a profit from the reimbursement of any expenditure.

Continuing cover when changing employment

Cover by HSF Health Plan does not need to cease when

current employment ends. Enquiries should be made concerning the possibility of a deduction facility from a new employer. If neither is possible or appropriate, then policyholders should contact HSF to arrange to transfer to a Direct Scheme.

Change of address

Any change of address must be notified in writing to HSF Health Plan so that our records remain up-to-date.

Maternity/Unpaid leave

Policyholders should ensure that their premiums continue to be made through this period.

Death of a policyholder

When a policyholder dies, any outstanding claims at the time of death will be settled as appropriate, payments being made on production of the required proof of entitlement.

Payment of premiums

Policyholders should check that payments have commenced in order that they are received regularly by HSF Health Plan. Policyholders who fall into arrears for more than six months will be required to rejoin under the usual conditions of enrolment.

If Irish Distillers pays your premiums before assessment of PPS tax, you will be subject to tax on such premiums.

Increasing premiums

Any existing policyholder is able to apply to increase to a higher value scheme by completing an application form. Acceptance may be subject to a proviso or restriction and a waiting period for any new health condition which may have arisen. In transfers to any scheme, the periods before claims may be submitted are waived in all categories. If it is less than three months since the policy start date at the time of any scheme transfer all such periods will apply. Claims related to medical conditions existing at the time of increasing or linked to previous medical conditions will be paid at the appropriate former scheme rate. There may be circumstances where categories are grouped together for flexibility (eg. Practitioners) when it is necessary to settle claims at a former scheme rate for all categories in that group.

Decreasing or ceasing premiums

While it is possible to reduce premiums by transferring to a lower scheme, cover at the higher scheme should have been of at least six months' duration before such an application is made. Entitlement at the higher rate then ceases immediately upon transferring. If the maximum has been reached in any category in the higher rate scheme, there will be a period of six months before claims may be submitted under the new lower rate scheme. Cover at the new lower rate scheme must be of at least 12 months' duration before increasing or decreasing again.

Policyholders who wish to cease premiums should provide written notification to HSF Health Plan. Past premiums will not be refunded. Entitlement to claim will continue throughout any period of time covered by premiums. Any errors in premium payments must be notified to HSF Health Plan within two years of the occurrence for refunding to

be possible.

Claims

Claims will not be paid unless the appropriate premiums are up-to-date. Claims must be made within six months from the date of the treatment/purchase or discharge from hospital. All claims are subject to premium checks and it may be necessary to ask you for additional medical or supporting information in connection with any claims. Please see payment of premiums.

All payments are tax free and easy to claim with claim forms provided on request by telephoning 0818 473 473 or writing to HSF Health Plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co Clare or by downloading from our website www.hsf.ie

Reimbursement of most claims is made on a rolling balance principle over any 12 consecutive months. This period starts from the date we pay your claim (not from your joining or scheme increase date or from a calendar year).

For example: an Essential Scheme policyholder, after serving the waiting period, who has up to €100.00 to claim for dental expenses in any 12 consecutive months, could have the following claim record:

Date Claim Paid	Claim Paid Amount	Remaining Balance in the Essential Scheme Dental Category
17 June 2022	€50.00	A balance of €50.00 remains.
5 October 2022	€50.00	Now a nil balance is left. The next available amount will be €50.00 on 17 June 2023
11 October 2023	€75.00	A balance of €25.00 remains.

Within any consecutive 12 month period, the claim paid amount has not exceeded €100.00. After each claim is paid the amount becomes available again 12 months later. Balances available in each category can be checked on MyPolicy at mypolicy.hsf.eu.com or by telephoning the claims department who will give guidance on when to submit a claim.

Claims will only be accepted where accumulated receipts total €7 or more. Benefit payments which relate to amounts paid for a service provided will be up to 100% of the cost, depending on the maximum shown in the brochure. Payment will be by direct credit into your own bank account.

The receipts must:

- be originals, not photocopies/scanned;
- include the practitioner's stamp/name, qualifications and date of issue;

- c) include the patient's full name and address;
- d) state the type of service and items provided;
- e) be for a service for which payment has been met directly by the person named under the cover;
- f) be for a service covered by the HSF Health Plan categories only and not for any insurance premiums paid to cover that service. We cannot accept statements or summaries.

In circumstances where part or all of the amount stated on the receipt has been met by another organisation or insurance company, HSF Health Plan will limit or decline benefit payment to ensure that overall a policyholder does not receive more than the amount paid as to do so would be an illegal act.

Claims cannot be accepted for treatment or services provided outside Ireland and the United Kingdom. Should any overpayment be made in respect of any of the benefits, the amount in question will be set against any future claims, or a repayment may be requested. Any fee paid by a policyholder to a practitioner for any type of medical statement or to a hospital for a statement concerning admission /attendance cannot be reimbursed by HSF Health Plan. Claims cannot be accepted from service providers who are related to the insured person.

How to claim

Claims must be made within 6 months of the date of treatment, purchase, discharge from hospital or date of accident.. To claim, scan and email claim form, as an attachment, with your receipt to claims@hsf.ie or post the original receipt with an HSF claim form to our Ireland office, 5 Westgate Business Park, Kilrush Road, Ennis, Co. Clare. Claims are paid within 10 working days into your personal

bank account. HSF Health Plan do NOT send back any original receipts.

General Conditions

In the interest of the majority of the policyholders, the Board of Directors of HSF Health Plan reserve the right at renewal to:

- a) vary the premium rates by giving at least 28 days' notice to the policyholder's last known home address;
 - b) vary the range and rates of benefits and the conditions and terms relating thereto;
 - c) make amendments to these rules with such changes applying at the next renewal date;
- At other times the Board of Directors reserve the right to:
- d) refuse to settle the claim of any policyholder who is in breach of the rules and conditions, or has been unwilling to cooperate in the process of considering a claim;
 - e) take legal action against anyone who makes a fraudulent claim and terminate cover immediately;
 - f) take legal action against anyone who makes, or is associated with, a fraudulent claim and terminate cover immediately;
 - g) use information provided on application and claim forms for the prevention and detection of crime.

Regulation and Compensation

HSF Health Plan Limited is approved in Ireland by the Department of Health and Children and registered with the Health Insurance Authority. It is registered as a Third Country Branch No 904935 by the Companies Registration Office in Ireland. It is authorised and regulated by the Central Bank of Ireland Institution Code C185821. The UK details of HSF Health Plan may be checked on the Financial Services Register on the Financial Conduct Authority website.



Regulatory Information

Advice and Reviews

HSF Health Plan is not authorised to provide advice and our Account Executives are only allowed to provide factual information on our products. They are not in a position to determine whether the product is appropriate for you.

Applicants should carefully consider the schemes available to them and choose the scheme to suit their personal circumstances. Policyholders should regularly review their policy documents to ensure the scheme remains suitable for their circumstances.

Remuneration of our Account Executives

Our Account Executives receive a salary and also receive a bonus based on sales and on meeting certain quality thresholds.

Compliments and Complaints

We endeavour to provide a high standard of service to our Policyholders and welcome comments and suggestions. Should you find it necessary to make a complaint, you should in the first instance contact our Customer Services

Department at our Ennis address. Any complaint that is not resolved within 40 business days of receipt may be referred to the Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or call them on 01 567 7000. Full details of our complaints procedures are automatically sent on receipt of a complaint and at each stage relevant addresses are provided. Such details are available on request at all times. These procedures do not prevent you from taking legal action.

Governing Law

Cover in your scheme within this HSF Health Plan will be governed by and interpreted in accordance with Irish Law. All terms and conditions and communications will be in English.

Annual Premium Calculator

Below are the annual premiums for the HSF Health Plan schemes.

Primary Schemes

Essential €420

Advanced €600

Ultimate €840

Elite €1,200





Changes to the data protection laws that affect you

This section informs you of the information we record about you. It sets out the conditions under which we may process any information that we collect from you, or that you provide to us. It covers information that could identify you ("personal information") and information that could not. In the context of the law and this notice, "process" means collect, store, transfer, use or otherwise act on information. We take seriously the protection of your privacy and confidentiality.

Our policy complies with the EU General Data Protection Regulation (GDPR).

The law requires us to tell you about your rights and our obligations to you in regards to the processing and control of your personal data.

Data Privacy Policy

What is GDPR?

The General Data Protection Regulation (GDPR) is an EU regulation. This piece of legislation replaces the Data Protection Act 1998 and places a greater accountability on organisations when using personal information and in turn give customers more rights. The GDPR applies to all organisations that offer products or services to customers that reside in the EU as well as those that collect data from customers based in the EU.

What does this mean to you?

Under the GDPR, we have a legal duty to protect any information we collect from you. We use leading technologies to safeguard your data, and keep strict security standards to prevent any unauthorised access to it. Upon the demonstration of satisfactory identification evidence, you may request a copy of the information we hold about you.

What information do we collect?

Health cash plan applications

If you make an application for a health cash plan. We collect three types of information: your personal details (including those of your partner and any dependants - if applicable), your medical details (including those of your partner and any dependants - if applicable) and payment details.

Personal details

The personal details we collect are: your personal and contact details including name, address, date of birth,

company name and address (if applicable), email address and telephone numbers. We also collect the name and date of birth of your partner (if applicable) and any dependants (if applicable).

Medical details

The medical details we collect are: any conditions or illness you, your partner and any dependants may have had (or have) and the date any of the symptoms began. The medical details we collect are: any conditions or illness you, your partner and any dependants may have had (or have) and the date any symptoms began. A copy of this information is kept securely by HSF Health Plan and our technology suppliers, Microsoft Azure.

Payment details

The payment details we collect are Direct Debit or Credit Card information. Direct Debit or Credit Card information will be used for automatic payments to be made from the account you provide. Confirmation of premium deductions from your employer (where applicable). A copy of this information may be kept securely by HSF Health Plan (and temporarily by our technology suppliers Microsoft Azure).

Information about your Direct Debit

When you agree to set up a Direct Debit arrangement, the information you give to us is passed to our own bank Ulster Bank Ireland for processing according to our instructions. We do keep a copy.

Sending a message to our support team

When you contact us, whether by telephone, through our website or by e-mail, we collect the data you have given to us in order to reply with the information you need.

We record your request and our reply in order to increase the efficiency of our business.

How we use your information and the legal basis

When you make an application for a Health Cash Plan or otherwise agree to our terms and conditions, a contract is formed between you and us.

In order to carry out our obligations under that contract we must process the information you give us. Some of this information may be personal information.

We may use it in order to:

- verify your identity for security purposes
- sell products to you
- provide you with our services
- provide you with suggestions and advice on products, services and how to obtain the most from using our website

We process this information on the basis there is a contract between us, or that you have requested we use the information before we enter into a legal contract.

Additionally, we may aggregate this information in a general way and use it to provide class information, for example to monitor our performance with respect to a particular service we provide. If we use it for this purpose, you as an individual will not be personally identifiable.

Who we share your information with

HSF Health Plan may share your data with regulatory bodies when it is a legal requirement to do so for the purpose of monitoring and enforcing compliances:

- Financial Ombudsman Services
- Data Protection Commissioner
- Fraud Prevention Agencies

We may also share aspects of your information on occasion with organisations to enable continuity of service; these include:

- Organisations that pay premiums on your behalf in line with the policy contract (if applicable).
- IT Support

We may pass information to our service providers to assist in the continuity and provision of benefits. At the time of writing, Health Hero is a provider, however this is subject to change.

How long we hold your data for?

Except as otherwise mentioned in this privacy notice, we keep your personal information only for as long as required by us:

- to provide you with the services you have requested;
- to comply with other law, including for the period demanded by our tax authorities;
- to support a claim or defence in court.

In line with our current retention policy we retain your personal data for at least 6 years but no more than 7 years after the Health Plan policy has ceased.

Where is your information stored?

All of your data is located in the EU.

Implications of not providing data

If you do not provide information we may not be able to:

- provide requested services to you;
- continue to provide and/or renew existing products or services

We will tell you when we ask for information which is not a contractual requirement or is not needed to comply with our legal obligations.

How to exercise your information rights including the right to object

Access to your Data

You have the right to request a copy of all information about you held by HSF Health Plan.

Data Portability

You have the right to exercise your right to data portability in certain circumstances.

What if you want us to stop using your personal information?

You have the right to object to our use of your personal information, or to ask us to delete, remove, or stop using your personal information if there is no need for us to keep it. Please note our policy is to only keep personal information for as long as is reasonably required for the purpose(s) for which it was collected. We are required to keep certain transactional records – which does include personal information – for more extended periods to meet legal, regulatory, tax or accounting needs. We are also required to retain an accurate record of dealings with us for at least six years after your last interaction with us, so we can respond to any complaints or challenges you or others might raise later. We may sometimes be able to restrict the use of your data. This means that it can only be used for certain things; if this is the case we would not use or share your information in other ways whilst it is restricted. You can ask us to restrict the use of your personal information if:

- It has been used unlawfully but you don't want us to delete it.
- You have already asked us to stop using your data but you are waiting for us to tell you if we can keep on using it.

If you wish to exercise any of your above rights you can do so by contacting the Data Protection Officer.

Verification of your information

When we receive any request to access, edit or delete personal identifiable information we shall first take reasonable steps to verify your identity before granting you access or otherwise taking any action. This is important to safeguard your information.

Right to complain

Should you not be happy with the way we handle your personal data, you have the right to complain. You can do so by contacting the Data Protection Officer.

If your complaint reasonably requires us to contact a third party, we may decide to give to that third party some of the information contained in your complaint. We do this as infrequently as possible, however it is a matter for our sole discretion as to whether we do give information, and if we do, what that information is.

You also have a right to lodge a complaint with the supervisory:

Data Protection Commissioner.

Data Protection Officer contact details

The Data Controller is HSF Health Plan.

You can contact the Data Protection Officer of HSF Health Plan by telephone on 0818 473 473 or in writing at:

HSF Health Plan,
5 Westgate Business Park,
Kilrush Road,
Ennis,
Co. Clare.

Visit www.hsf.ie to see full details.



Your Questions Answered

Q Can I join at any age?

A Anyone aged 18 or over may join.

Q Can I get cover for others in my family?

A Yes. Give details of your spouse/adult dependant and children on your application form and they will be included.

Q Can I increase to a higher scheme at any time?

A Yes, subject to terms and conditions.

Q Do I have to have a medical to join?

A No. You need only complete and sign the health declaration on the application form.

Q Why do you need medical information?

A In order to explain the cover you will receive, and any restrictions which may apply.

Q Do older people pay higher premiums?

A No, all ages pay the same rates.

Q How do I pay?

A Through a pay deduction facility operated by Irish Distillers.

Q Are benefits taxable?

A No. You keep all you receive from HSF Heal Plan.

Q When can I make a claim?

A For most benefits claims will be accepted after 3 months, any exceptions are clearly indicated in the brochure.

Q How do I make a claim?

A Claim forms are available on request by telephoning the number indicated on the reverse of your certificate of cover or from our website.

Q How do I receive my money?

A By direct credit into your bank account

Q When would my cover begin?

A Cover begins on the date printed on your certificate of cover.

Ireland Office

5 Westgate Business Park,
Kilrush Road, Ennis, Co. Clare.

Tel: 0818 473 473

Email: enquiries@hsf.ie

www.hsf.ie

Head Office

24 Upper Ground, London SE1 9PD
Tel: 0044 20 7928 6662



Ireland Office

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HSF Health Plan Ltd is the trading company of The Hospital Saturday Fund, a Registered Charity in the UK No 1123381 and in Ireland Registered Charity No 20104528. In Ireland HSF Health Plan Ltd is authorised and regulated as a Third Country Branch by the Central Bank of Ireland. Registered as Company no 904935, their registered office is at 5 Westgate Business Park, Kilrush Road, Ennis, Co. Clare. In the UK HSF Health Plan Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered as Company in England No 30869, their registered office is at 24 Upper Ground London SE1 9PD.

