

Choosing a Health Insurance Policy





An tÚdarás Árachas Sláinte
The Health Insurance Authority

Who we are

The Health Insurance Authority is the State body that regulates the private health insurance market in Ireland. We provide free, impartial information about health insurance.

Visit our website for information about health insurance and to compare health insurance policies using our free comparison tool.

www.hia.ie

Contents

Private health insurance.....	2
Cash plans	4
Choosing a policy.....	5
Switching policies and insurers	8
Waiting periods	9
New customer waiting periods	9
Waiting periods for policy upgrades	10
Frequently asked questions	11
Useful contacts	15

Private health insurance

Inpatient private health insurance is insurance that helps cover all or part of your medical costs. Any person who is ordinarily resident in the Republic of Ireland can buy health insurance regardless of age, gender, health status or medical history.

Private health care in Ireland is provided in both public and private hospitals. If you are admitted to hospital and you want to be treated as a private patient, you will need to tell the hospital.

The main benefits of private health insurance include:

- Cover for semi-private or private rooms in hospital;
- Cover for inpatient consultant services as a private patient;
- Other cover including maternity, overseas, psychiatric, and outpatient benefits.



Will my private health insurance cover my consultant's fees?



Most private health insurance policies cover the cost of consultant services provided during a stay in hospital. Depending on your policy you may also get some cover for outpatient consultant services, but you may have to pay an excess.

What kind of maternity benefits are included in private health insurance policies?



Private health insurance covers some of the costs of private maternity services in a public hospital. There are no private maternity hospitals in Ireland. Most health insurance policies cover three nights in a private room (subject to availability). However, some plans have limited cover or cover only a semi-private room. Your policy may also include a home birth grant of €2,000-€5,000. Depending on your level of cover, your health insurance may not fully cover the total cost of your stay in hospital.

All plans cover your inpatient delivery consultant's fees. Policies with higher cover also cover the anaesthetist, pathology, and a paediatric consultation in hospital.

Outpatient private consultant fees, which include routine visits to your consultant before the birth, may be partly covered by the pre- and post-natal benefit or the outpatient maternity consultant fees benefit in your policy.

You may have to serve a waiting period before you have cover for maternity benefits.

Cash plans

Health insurance cash plans provide fixed amounts of money for a range of medical events. Unlike inpatient health insurance policies, they don't provide cover for a hospital stay as a private patient. You may be able to claim back a fixed amount for a hospital stay, but this amount is not linked to the cost of your hospital stay. For example, you may be able to claim €50 for every night spent in hospital.

Some cash plans provide money back for outpatient expenses such as GP visits or physiotherapy.



Will my cash plan cover my consultant's fees?

You won't have cover for inpatient consultant services provided during a stay in hospital. Depending on your policy, you may get some money back for outpatient consultant services.



What kind of maternity benefits are included in cash plans?

Cash plans may include:

- A fixed amount of money for each day in hospital
- A maternity grant

You may have to serve a waiting period before you have cover for maternity benefits.

Choosing a policy

Choosing a health insurance policy is an important decision, and you should check the level of cover and the terms and conditions **before** you enter into a contract. You can compare health insurance policies for free on our website by using the comparison tool, or you can contact us for information and advice.

Before choosing a health insurance policy, you should ask yourself the following questions:

What kind of hospital accommodation will I get?

Inpatient private health insurance offers two different types of accommodation: semi-private rooms and private rooms. Semi-private rooms are hospital rooms with up to five beds. Private rooms are hospital rooms with one bed. Semi-private rooms and private rooms



are subject to availability. This means that even if you have cover for a private room, you may have to share a room if there are no private rooms available. Private health insurers in Ireland generally group Irish hospitals into three categories:

- Public hospitals (hospitals that are funded by the State)
- Private hospitals
- Other private hospitals such as the Blackrock Clinic, the Mater Private, and the Beacon Hospital. These are sometimes called high-tech hospitals.

Before entering into a health insurance contract, you should check what level of hospital accommodation cover you have.

Which benefits are most important to me?

When you are choosing a plan, you should consider your lifestyle and current health needs. For example, if you need regular physiotherapy, you should choose a plan that has good outpatient cover.

How much risk am I willing to accept?

Sometimes private health insurance contracts include an excess. An excess is the first part of any insurance claim that you have to pay yourself. You may be able to find a cheaper policy if you are willing to take on the risk of potentially paying an excess. If you are not willing to take this risk, choose a policy with a lower excess or without any excess.



You may be able to find a cheaper policy if you are willing to pay an excess.

Another way to reduce the cost of your health insurance could be to choose a policy with lower outpatient benefits. If you don't typically use a lot of outpatient services such as visits to the GP or physiotherapy, you could choose a policy with lower outpatient benefits and accept the risk that if you require an unusual amount of outpatient services you will need to pay for them yourself.

If you want the option of private care for orthopaedic or ophthalmic treatments, you may want to consider paying more for a policy with those benefits.



Switching policies and insurers

When can I switch policies and insurers?

You can switch insurer or plan at your next renewal date. All insurers must provide a 14-day cooling-off period from the renewal date. During these 14 days, you can cancel and get a full refund. In general, health insurance policies are 12-month contracts. If you switch insurers mid-contract, you may be charged a cancellation fee.

I have a pre-existing condition. Can I switch insurer?

Yes. If you have completed your new customer waiting periods, you will be covered immediately for any pre-existing condition. However, if you move to a plan with higher benefits, you may have to serve upgrade waiting periods. For more information about waiting periods, go to page 9.



Waiting periods

New customer waiting periods

You may have to serve waiting periods if:

- You take out health insurance **for the first time**;
- It has been more than 13 weeks since you last held private health insurance.

The maximum waiting periods for new customers are:



Once you serve these waiting periods you will not have to serve them again even if you switch to another insurer - as long as you don't have a break in cover of more than 13 weeks. If you switch insurers while you are serving new customer waiting periods, the amount of time you have served with the first insurer will be taken into account and you will finish off your waiting periods with the new insurer.

Babies born to policy holders don't serve waiting periods if added within the first 13 weeks of their birth date.

Waiting periods for policy upgrades

If you are switching plans or upgrading to a policy with higher cover, the following maximum waiting periods may be applied to any higher benefit on the new policy:

Any higher benefit	Maternity benefits
2 years	52 weeks

The insurers don't always apply the maximum upgrade waiting periods. Contact your insurer directly to find out what waiting periods apply to you.



Frequently asked questions

Where can I buy health insurance?

There are two types of private health insurer in Ireland:

- **Open membership insurers** provide insurance to everybody who wants to buy it from them. Currently, there are four open membership insurers operating in Ireland: Irish Life Health, Laya Healthcare, Level Health, Vhi Healthcare, and HSF Health Plan. HSF Health Plan offers only cash plans. You are entitled to buy any plan available on the market from these insurers.
- **Restricted membership insurers** provide insurance to people who are members of a particular group. This is normally a vocational group or employees of a particular organisation and their dependants.

Can I claim tax relief on my health insurance?

If you pay your insurer directly for your health insurance, medical insurance tax relief is available at source and is applied by the insurer to reduce the gross cost of your policy. This means that the tax relief is automatically given as a discount on the cost of your policy. You don't need to claim the tax relief from Revenue.

If your employer pays for your health insurance as a benefit-in-kind, you will be taxed on the gross value of your policy. This means you will need to claim medical insurance tax relief from Revenue. For more information, go to www.revenue.ie.

Can I claim tax relief on my medical costs that aren't covered by my health insurance?

Yes. If you have health insurance, you can claim tax relief on the portion of your medical costs not covered by your insurer. For example, if you paid €60 for a GP visit and you already claimed €20 from your health insurance, you can claim tax relief on the remaining €40. You must keep copies of your receipts to claim this tax relief. For more information, go to www.revenue.ie.



You can claim tax relief on the portion of your medical costs not covered by your insurer.

What can I claim for under outpatient benefits?

Your outpatient benefits depend on your level of cover. Before accessing a health service or getting a referral from a GP for a particular hospital or clinic, you should contact your insurer directly to check that the health service and hospital or clinic are actually covered under your policy.

Depending on your level of cover, you may be able to claim for a portion of the cost of outpatient services such as GP visits, dental visits, diagnostic tests, and physiotherapy.

Which one is better for me, inpatient private health insurance or a cash plan?

Most cash plans offer significant outpatient benefits. A cash plan may be useful for you if you don't have private health insurance or if your private health insurance plan doesn't have outpatient cover. However, if you already have private health insurance, check your cover before you buy a cash plan, as many private health insurance plans include outpatient benefits.

What is Lifetime Community Rating?

Lifetime Community Rating is a system where the older you are when you first buy health insurance, the more expensive it will be. This applies only to people from age 35 and above who are buying health insurance for the first time.

Lifetime Community Rating loadings were introduced in 2015 to encourage people to join the health insurance market at a younger age.

- If you are aged 35 or above but you **already** have health insurance, the cost of your health insurance will not change based on your age.
- If you are aged 35 or above when you **first** buy health insurance, you will have to pay an extra 2% of the gross cost of your policy for each year above the age of 34 that you didn't have health insurance. This additional charge is called a Lifetime Community Rating loading.

Example

John is 45 years old and is buying health insurance for the first time. He spent 11 years without health insurance when he was an adult, so his Lifetime Community Rating loading is 22% (11 x 2%). His policy costs €1000 after tax relief.

Gross cost of the policy	€1000 + €200 tax = €1200
22% loading	22% of €1200 = €264
Gross cost including the loading	€1464
Amount that John must pay for his policy	€1264 (€1464 minus €200 tax relief)

You won't have to pay a Lifetime Community Rating loading for the rest of your life. The loading applies for a maximum of 10 years.

What happens if I break my cover?

If you have a break in health insurance cover of more than 13 weeks, you may have to serve new customer waiting periods again. If you are aged 35 or older, a Lifetime Community Rating loading may also be added to the cost of your policy, although you will get credit for previous cover served. For more information about waiting periods, go to page 9.

Visit our website for information about health insurance and to compare health insurance policies using our free comparison tool.

www.hia.ie

Useful contacts

Name	Phone	Online
Health Insurance Authority	(01) 406 0080	www.hia.ie info@hia.ie
Irish Life Health	(01) 562 5100	www.irishlifehealth.ie heretohelp@irishlifehealth.ie
Laya Healthcare	(021) 202 2000	www.layahealthcare.ie Online contact form
Level Health	(01) 261 2000	www.levelhealth.ie Online contact form
Vhi Healthcare	(056) 444 4444	www.vhi.ie info@vhi.ie
HSF Health Plan	0818 473 473	www.hsf.ie customer@hsf.ie
Competition and Consumer Protection Commission	(01) 402 5555	www.ccpc.ie ask@ccpc.ie
Financial Services and Pensions Ombudsman	(01) 567 7000	www.fspo.ie info@fspo.ie
Citizens Information Board	0818 07 4000	www.citizensinformationboard.ie info@ciboard.ie eolas@ciboard.ie

This booklet is a general guide only. It is not a legal textbook or a summary of all matters that could be relevant to your individual circumstances.

Notes



An tÚdarás Árachas Sláinte
The Health Insurance Authority

The Health Insurance Authority
Beaux Lane House
Mercer Street Lower
Dublin 2
D02 DH60

www.hia.ie
info@hia.ie
(01) 406 0080