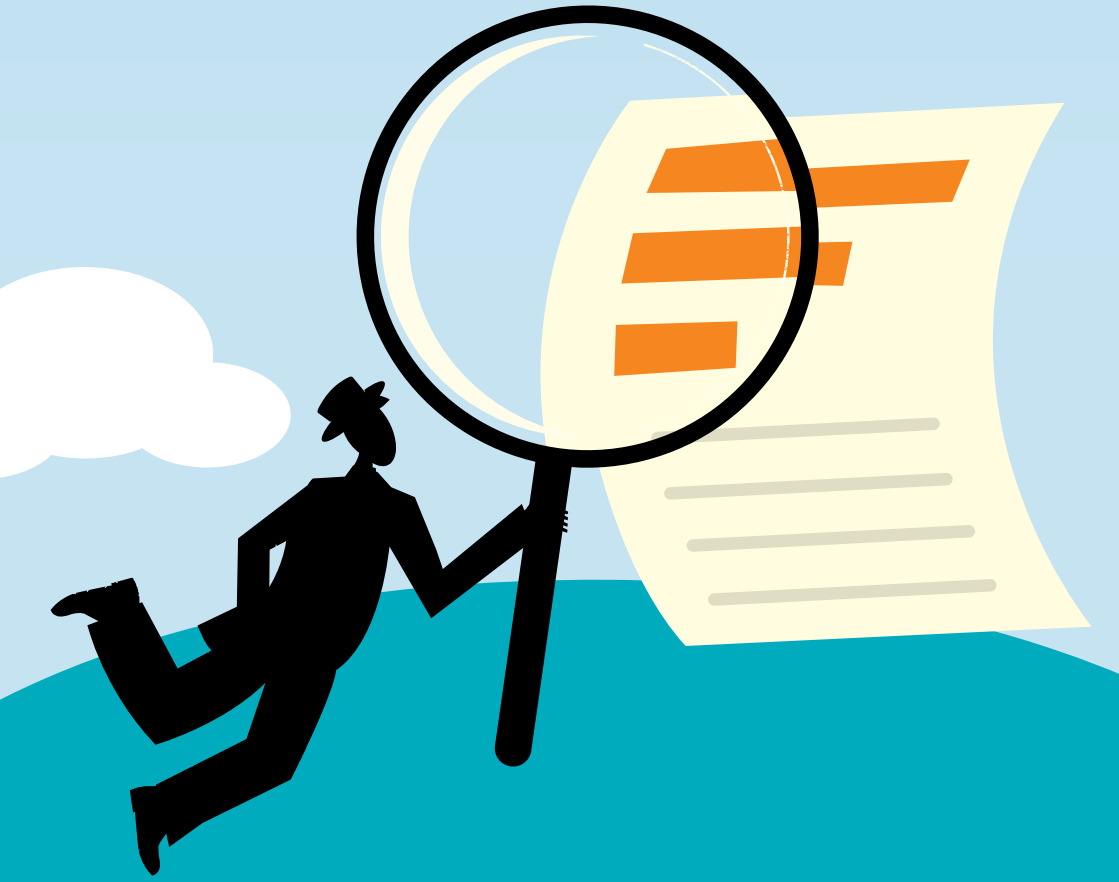
An tÚdarás Árachas Sláinte
The Health Insurance Authority

Selecting a Private Health Insurance Plan



The Health Insurance Authority (HIA) is a statutory regulator of the private health insurance market in Ireland.

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What we do

The Authority is an independent regulator for the private health insurance market in Ireland.

Benefits and prices of all health insurance plans available on the market can be easily compared on our comparison tool at **www.healthinsurancecomparison.ie**

Selecting a Private Health Insurance Plan

Q: What is private health insurance?

A: Private health insurance is insurance that helps cover all or part of medical costs incurred. Other benefits may also be provided as part of your policy.

Q: What is the difference between a public patient and a private patient?

A: If you are receiving treatment as a public patient in a public hospital you are entitled to free treatment and accommodation apart from a charge of €80 per day, up to a maximum of €800 in a year as of 1 January 2017 (this is referred to as the public hospital inpatient charge). If you hold a medical card you do not have to pay any public hospital charges. If you are a public patient, you do not have the right to choose your consultant.

Private health insurance care in Ireland is provided in private hospitals and also in public hospitals. If you opt for private care in a public hospital, you or your insurer must pay for your treatment and accommodation.

As of 1 January 2017 hospital charges for treatment and accommodation as private patient in a public hospital are up to €813 per day for a multi occupancy room and up to €1,000 per day for a private room. Private hospitals are free to set their own charges. You or your insurer will also have to pay medical consultant's fees.

Q: Are critical illness policies or income protection policies private health insurance?

A: No. These types of insurance are not licensed by the Health Insurance Authority. The sums of money provided by these plans are not based on the cost of the medical expenses incurred. These types of insurance are regulated by the Central Bank of Ireland.

Q: Who can provide me with private health insurance?

A: There are two types of private health insurer in Ireland:

1) **Open Membership Insurers** must provide insurance to everybody who requests it from them. Currently there are four such insurers operating in Ireland, namely Irish Life Health, laya healthcare, Vhi Healthcare and HSF Health Plan. Only the first three provide cover for hospital inpatient costs.

2) **Restricted Membership Insurers** provide insurance to people who are members of a particular group, normally a vocational group or employees of a particular organisation and their dependants. For example, such schemes are operated for members of the Garda Síochána and their dependants and for employees of the ESB and their dependants.

Q: Can anyone buy any plan?

A: Yes. An open membership insurer must accept all applicants for insurance. Some plans are marketed towards certain groups such as companies or professions. You are entitled to these plans regardless of whether or not you are a member of the group to whom it is being marketed.

Q: What are the main benefits of private health insurance?

A: The main benefits of private health insurance are:

- Cover for private room or multi occupancy room hospital accommodation.
- Cover for inpatient consultant services as a private patient.
- Other cover including maternity, overseas, psychiatric and outpatient benefits.

Q: What kind of hospital accommodation will I get with private health insurance?

A: Private health insurance products offer two different types of accommodation. The types of accommodation offered are multi-occupancy room and private room accommodation. It should be noted that although health insurance contracts provide cover for a certain level of accommodation, if that level of accommodation is not available a lower level of accommodation may be provided.

While the hospital cover under different contracts can vary, private health insurers in Ireland generally group Irish hospitals into three categories:

- Public hospitals (i.e. hospitals that are funded by the State)
- Private hospitals
- Some hospitals are usually only covered under a higher level of cover (e.g. The Blackrock Clinic, the Mater Private Hospital, and the Beacon Hospital). These are often referred to as hi-tech hospitals.

Consumers should check their policy to determine the extent of cover offered by their policy.

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

A: Most health insurance contracts cover the cost of consultant services provided during a hospital stay. An exception to this would be stand alone, day-to-day or outpatient policies. Consumers should check their policy to determine the extent of cover offered by their policy. There will normally be a list of consultants whose services are covered, available from each insurer.

Q: What kind of maternity benefits should I expect?

A: Treatment received in respect of illnesses, injuries or complications during pregnancy, if covered, would be considered as part of the hospital cover part of your contract. Routine treatment received during the course of a normal pregnancy and delivery would be covered under the maternity section of your contract.

Usually the maternity section of your contract will provide full cover for a limited stay in hospital and a fixed amount for the consultant care in the hospital. Some policies also provide some cover for outpatient consultant care.

You will not normally be able to claim under the maternity section of your contract until you have served a waiting period of 52 weeks. This only applies if you are taking out health insurance for the first time, if you are upgrading your policy to a higher level of cover, or if you have allowed your health insurance to lapse for more than 13 weeks.

Q: What can I claim for under outpatient benefits?

A: Outpatient benefits differ from policy to policy, but typically these allow you to claim for a portion of the cost of GP, outpatient consultant and dental visits, diagnostic tests, physiotherapy, sight tests and an allowance for glasses or contact lenses, subject to an annual excess.

Q: Are outpatient and day-case treatments the same?

A: No. Outpatient treatment differs from day-case treatment. Neither day-case nor outpatient treatment involves overnight stays in hospital. However, day-case treatment normally involves more serious procedures that require hospital admission and details of this cover would be included in the hospital cover section of your contract. Your insurer or your consultant can advise whether your procedure is a day-case or outpatient treatment.

Q: How do I work out my claim for outpatient expenses?

A: Outpatient claims

You will have to pay for the treatment first, keep a receipt and claim at the end of your policy year. Features of this cover often include the following:

- There is often a maximum level of benefit that is paid in relation to outpatient cover.
- There is often an annual excess i.e. an amount you must pay before you can claim anything.
- Usually, you can only claim for a portion of the cost of the visit to your practitioner. This is called the 'allowable expenses'. For example, a GP's visit may cost €50 but you may only be allowed to claim €20. The €20 is the allowable expenses.

Some policies will have all three of these features. It could be the case that even though the total of your outpatient expenses is more than the outpatient excess, you might still not be in a position to claim because your total allowable expenses have not yet reached the level of the outpatient excess.

Example A

Outpatient Expense	Actual cost of visit	Benefit provided per visit	Number of visits	Expenses incurred	Allowable expenses
GP visit	€50	€20	10	€500	€200
Physiotherapy	€70	€40	6	€420	€240
Dental	€90	€20	1	€90	€20
Subtotal				€1,010	€460
Less, outpatient excess					-€300
Amount you may claim back					€160

Q: What is an exclusion?

A: Private Health Insurance contracts normally have a list of exclusions, which are circumstances under which the insurer may not pay a claim. For example:

- Treatment received during waiting periods.
- Treatment, which in the view of the insurer's medical director is experimental or not medically necessary.
- Treatment related to birth control or assisted reproduction.
- Cosmetic surgery other than for the correction of congenital, accidental or disease related disfigurement.
- Medical expenses which you are entitled to recover from a third party.

The above is not a comprehensive list of exclusions. Your contract may include some or all of the above, which will be set out in your contract details. You should review these carefully.

Q: What does 'maximum level of cover' mean?

A: There are often some limits on the level of cover provided. Sometimes a policy will only cover you for a certain number of days of treatment, or it may only pay a benefit up to a particular amount. In all cases you should consult your policy documentation in order to determine the extent to which benefits are provided.

Questions to ask yourself before choosing a Policy

Q: What kind of hospital cover do I want?

A: Most products concentrate on inpatient and day-case benefits, although some also offer substantial outpatient benefits. It might be advisable to first concentrate on the core benefits of inpatient and day-case treatment when choosing between products. Your first decision would be whether you want a multi-occupancy room or a private room, whether you want cover in public hospitals or private hospitals and then in which hospitals you wish to be covered.

Q: Which benefits would be of most value to me?

A: There may be elements of your lifestyle or you may have plans for the future which would make some benefits more attractive to you than others. For example, you may need regular physiotherapy or you might be planning to have a baby, in which

cases outpatient cover and maternity cover might be of particular interest to you. Alternatively you may value cover for orthopaedic treatment and you may wish to ensure your policy provides the level of cover you require.

Q: How much risk am I willing to accept?

A: Sometimes private health insurance contracts include an excess. If you are willing to take on the risk of paying part of the cost, choosing a policy with an excess can result in a lower premium. If you are not willing to accept this risk you can choose a product without an excess. In another scenario, you may choose a policy with no significant outpatient benefits, thereby taking the risk that you will not require an unusual amount of visits to say, your GP or physiotherapist, but allowing you to pay a lower premium.

Q: How much could I benefit?

A: Sometimes it can be difficult to gauge the value that a benefit can provide, especially when it involves excesses, allowable amounts and maximum claim amounts. It might be useful to consider how often you would expect to make a claim under a particular benefit and work out whether it makes financial sense to opt for this benefit in your policy, based on the number of times you would claim.

Q: Which product offers the best value for my circumstances?

A: After considering all of the above, as well as any other factors you feel are relevant, you should look at all the products that you consider are suitable for your circumstances. You should then consider the differences between the products and decide whether the differences in benefits provided are worth the differences in premium. Consider the health insurance needs of all the family individually - consider different plans & levels of cover for each. Details of health insurance plans and their prices are available at **www.healthinsurancecomparison.ie.**

Q: How do I make a complaint about my private health insurer?

A: If you wish to make a complaint in relation to your private health insurance, you should first discuss it directly with your insurer. If you are unable to resolve your complaint, you may contact the Financial Services Ombudsman. The decision of the Financial Services Ombudsman is binding on all parties but when one party is dissatisfied with the decision, it may be appealed to the High Court. You also have a right of access to the courts in respect of disputes with insurers.

Useful Addresses

Name	Address
Health Insurance Authority	Canal House, Canal Road, Dublin 6.
Irish Life Health	Irish Life Centre, Lower Abbey Street, Dublin 1.
Laya Healthcare	Eastgate Business Park, Little Island, Co. Cork.
Vhi Healthcare	IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.
HSF Health Plan	HSF Health Plan, 5 Westgate Business Park, Kilrush Road, Ennis, Co. Clare.
Competition and Consumer Protection Commission	Bloom House, P.O. Box 12585, Railway Street, Dublin1.
Financial Services Ombudsman	3rd Floor, Lincoln House, Lincoln Place, Dublin 2.
Citizens Information Board	Ground Floor, George's Quay House, 43 Townsend Street, Dublin 2.

Telephone	Email	Internet
1850 929 166 +353 (0)1 406 0080	info@hia.ie	www.hia.ie www.healthinsurancecomparison.ie
1890 717 717 +353 (0)21 243 4305	heretohelp@ irishlifehealth.ie	www.irishlifehealth.ie
1890 700 890 +353 (0)21 202 2991	info@layahealthcare.ie	www.layahealthcare.ie
1890 444 444 +353 (0)56 444 4444	info@vhi.ie	www.vhi.ie
1890 451 451 +353 (0)65 686 2500	claims@hsf.ie	www.hsf.ie
1890 432 432 +353 (0)1 402 5500	Online query form	www.consumerhelp.ie
1890 882 090 +353 (0)1 662 0899	enquiries@ financialombudsman.ie	www.financialombudsman.ie
1890 777 121 0761 074 000	information@ citizensinformation.ie	www.citizensinformation.ie

This leaflet is a general guide only and is not intended as a legal textbook or a summary of all matters that could be relevant to your individual circumstances.

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