



Hospital Plans Terms & Conditions (T&Cs) Changes Explained

In line with the Consumer Insurance Contracts Act (2019), the T&Cs changes applicable to your upcoming renewal are shown below. A benefit terms and conditions change only impacts you if the benefit is available on your plan, as outlined in your Table of Benefits.

1. Updated General T&Cs

Day to Day Medical Expenses

We are clarifying the rule that all day-to-day benefits are payable per member per year unless otherwise stated. The rule now reads as follows:

12) Glossary

Day-to-day Medical Expenses

Depending on Your plan, the benefits We provide for the range of services listed in Your Table of Benefits under Day-to-Day medical expenses. All benefits are payable per member per year unless otherwise stated.

Inpatient

We are clarifying the rule that inpatient medical treatment received during a stay in a hospital bed of at least 24 hours includes semi-private and private accommodation. The new rule now reads as follows:

12) b) In-patient

Medically necessary treatment received during a stay in a hospital bed of at least 24 hours. This includes semi-private & private accommodation.

Out-Patient/Day-to-day And Lifestyle Medical Expenses

We are clarifying the rule that out-patient and day-to-day medical expenses are processed in treatment date order, starting with the oldest treatment date. The rule now reads as follows:

8) e) Out-Patient/Day-to-Day and Lifestyle Medical Expenses

Eligible receipts should contain: Patient name, Practitioner name and relevant associate body, date of treatment, details of the treatment provided and the amount paid. Receipts are processed in treatment date order, starting with the oldest treatment date. All claims are reviewed in line with Your Table of Benefits and T&C's and will be subject to excesses and maximums as set out in Your Table of Benefits.

Participation in Clinical Trials:

We are including the participation in clinical trials under our treatment abroad rule exclusions. The rule reads as follows:

6, 18) xxv) Participation in clinical trials.

2. Updated Benefit T&Cs

Addiction Treatment

We are broadening the benefit in relation to addiction treatment with the inclusion of addiction to gaming and sex/pornography. The rule now reads as follows:

5, 22) Addiction Treatment

Each customer on the Policy is entitled to addiction treatment for:

(i) Alcoholism, drug abuse or other substance abuse subject to a maximum of 91 days benefit (less any days paid for by another health insurance contract) in any five year period. The five year period is calculated as the immediate five years prior to the discharge date of any such claim;

and

(ii) Pathological gambling, gaming and sex/pornography addiction subject to the maximum number of days per Customer in any calendar year listed in Section 3, In-patient psychiatric treatment, of the Table of Benefits, less any days treatment within the same calendar year which has been paid for under any other health insurance contract.

Definitions relating to Complementary and Alternative Medicine:

We are extending the definition of an Osteopath to include members of the Irish College of Osteopathic Medicine (ICOM). The definition now reads as follows:

12) *Definitions relating to Complementary and Alternative Medicine*

c) A member of the Osteopathic Council of Ireland or a member of the Irish College of Osteopathic Medicine.

Genetic Testing for Cancer – Hereditary Cancer Risk Assessment

We are clarifying the requirement of having a GP or Consultant referral in order to access to service. The rule now reads as follows:

5, 73) *Genetic Testing for Cancer - Hereditary Cancer Risk Assessment*

If included in Your Plan, We will pay the benefit set out in Your Table of Benefits towards an initial visit with Our designated specialist in cancer genetics provided it is carried out in a Vhi Genetic Testing Centre for Cancer Risk as outlined in the Directory of Hospitals (and Treatment Centres). Please note that in order to access this service a referral is required from a GP or Consultant.

3. New Benefit T&Cs

Calendar Year

We are introducing a definition for a calendar year as some benefits are payable based on a calendar year. The new definition reads as follows:

12) Glossary

Calendar Year

The period of 365 days (or 366 days in a leap year) starting with the 1st of January and ending on the 31st of December.

Vasectomy

We are introducing a new vasectomy benefit on certain plans. The new benefit rule reads as follows:

5, 85) Vasectomy

If included on Your Plan, We will pay up to the maximum indicated on Your Table of Benefits towards the cost of a Vasectomy, including any related consultations pre- and post-procedure. The Vasectomy must be carried out by a General Practitioner or Consultant in their own rooms. We will only accept one receipt, detailing the name of the procedure and the date the procedure was performed and any related consultation dates.

4. Benefit T&Cs which are no longer applicable

Cancer Check

We are removing the rule for cancer check as the service is no longer applicable on any plan.

5, 55) Cancer Check

We will pay the benefit listed in Your Table of Benefits towards the cost of a cancer check, in a 24 month period provided We determine it to be medically appropriate, subject to it being provided in a Vhi Medical Centre, as listed in the Directory of Hospitals (and Treatment Centres). This 24 month period begins on the date that the check is performed. Customers under the age of 18 at their last renewal are not covered for this benefit.

Heart Check

We are removing the rule for Heart Check as the service is no longer applicable on any plan.

5, 54) Heart Check

We will pay the benefit listed in Your Table of Benefits towards the cost of a heart check, in a 24 month period provided We determine it to be medically appropriate, subject to it being provided in a Vhi Medical Centre, as listed in the Directory of Hospitals (and Treatment Centres). This 24 month period begins on the date that the check is performed. Customers under the age of 18 at their last renewal are not covered for this benefit.

Online Consultations with a practitioner exclusion

We are removing the online consultations exclusion as cover, if applicable to your plan, is no longer restricted to the Vhi digital health services.

7, xxiii) Online Consultations with a practitioner (including a General Practitioner or Consultant) from any Medical Speciality, including any prescription drugs or treatment prescribed following an online Consultation, unless specifically included on Your Table of Benefits or if the consultation is provided through the Vhi Digital Health Services.

Public Hospital Statutory Levy

We are removing the rule relating to the public hospital statutory levy as the levy has been abolished and the benefit is no longer applicable.

5, 81) Public Hospital Statutory Levy

We will pay the public hospital statutory levy for Your In-patient and Day-patient treatment, in any 12 consecutive months, in accordance with The Health Act (1970). This levy is payable by Us directly to the public hospital. In the event that You are billed by the hospital Your receipt should be submitted to Us for payment.

Your policy Terms & Conditions, Table of Benefits and Directory of Hospitals contain full details of all your cover.

If you have any questions, please call us on **(056) 444 4444**.

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