



HealthSteps 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 Benefit T&C's

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:

2) Definitions relating to Complementary and Alternative Medicine

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

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

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:

11) f) Out-Patient/Day-to-Day and Lifestage 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

Screening Updated

We are amending the benefit to remove diagnostic tests as the screening benefit is not to encompass these type of tests. The new rule now reads as follows:

2) Definitions

Screening

Health screening is any medical test or investigation, which is designed to identify certain characteristics, or the presence of or susceptibility to a particular disease or condition. This screening must be performed by a General Practitioner or Consultant in his/her own rooms, in an approved out-patient centre or a Vhi Medical Centre, as listed in the Vhi Directory of Hospitals (and Treatment Centres). Customers under the age of 18 years at their last renewal are not covered for screening.

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:

*11) f) Out-Patient/Day-to-Day and Lifestage 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.*

2. New Benefit T&C's

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:

*2) Definitions
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.*

3. Benefit T&Cs which are no longer applicable

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.

(o) 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.

Your policy Terms & Conditions and Table of Benefits contain full details of all your cover. If you have any questions, please call us on **(056) 444 4444**.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

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