

Hospital Plans - Lifestage

(including One Plans, First Plans, Family Plans, Forward Plans, Teachers' Plans, Nurses' Plans and Parents & Kids Plans)

Rules - Terms and Conditions



Applicable to new registrations or renewals on/or after 1st October 2013.

1) Definitions

Accident	Bodily injury caused solely and directly by external, violent and visible means.
Accommodation	Hospital accommodation is defined as follows:
Private accommodation	A room in a private hospital which has only one bed or a Vhi Healthcare approved room in a public hospital which has only one bed and which is a designated private bed under the Health Services (In-Patient) Regulations, 1991.
Semi-private accommodation	A room in a private hospital which contains not more than five beds or a Vhi Healthcare approved bed in a public hospital which is a designated private bed under the Health Services (In-Patient) Regulations, 1991 and in a room which contains not more than five beds.
Semi-private rate	The amount which the hospital would have charged if the member had stayed in semi-private accommodation.
Benefit(s)	The amount we will pay for any claim as set out in the Rules, your Table of Benefits, Schedule of Benefits for Private Hospital Services, the Schedule of Benefits for Professional Fees and the Schedule of Benefits for General Practitioners. When you ask us to pay benefits for a member included on your contract less any excess that may be applicable.
Claim	When you ask us to pay benefits for a member included on your contract less any excess that may be applicable.
Excess	An amount that we will deduct from your claim, as set out in your Table of Benefits.
Health insurance contract	As defined in the Health Insurance Acts.
Hospice	An independent free-standing in-patient unit providing multi-disciplinary specialist services to the terminally ill under the supervision of a consultant in palliative medicine recognised by Vhi Healthcare.
Hospitals	The following definitions apply to hospitals:
Hospital benefit	Benefits payable for in-patient treatment, day-care and side room procedures.
Hospital charges	Charges for: (i) hospital accommodation; (ii) services provided by a private hospital or clinic (such as hospital technical charges for the use of the operating theatre, radiology and pathology); and (iii) public hospital statutory levies.
Non-participating Hospital	A hospital listed in the Directory of Hospitals (and Treatment Centres) which does not have an agreement with us but which we recognise, so we will pay part of the hospital charges for Vhi Healthcare approved accommodation. Full details of benefits payable are available from any of our offices.
Participating Hospital	A hospital listed in the Directory of Hospitals (and Treatment Centres), which has an agreement with us on its charges and the services it provides to our members. We will pay the hospital charges for Vhi Healthcare approved accommodation and services if the member is insured under the appropriate level of cover.
Technical Charges	Charges for the use of operating theatre, radiology technical, pathology technical, radiation oncology technical, specified drugs, blood and blood products, that are set out in the Schedule of Benefits for Private Hospital Services.
Medically appropriate	Means tests or investigations that, in the opinion of our Medical Director, are medically appropriate having regard to best practice.
Medical condition	Any disease, illness or injury.
Medically necessary	Means treatment or a hospital stay which in the opinion of our Medical Director is generally accepted by the medical profession as appropriate with regard to good standards of medical practice and is: (i) consistent with the symptoms or diagnosis and treatment of the injury or illness; (ii) necessary for such a diagnosis or treatment; (iii) not furnished primarily for the convenience of the patient, the doctor or other provider; and (iv) furnished at the most appropriate level which can be safely and effectively provided to the patient.
Membership	The following definitions apply to members:
Member	You and anybody who is named as an insured person on your membership details.
Child	A person under 18 years of age at the last renewal date (or commencement date if there is no past renewal date).
Student	<i>All Plans (excluding One Plan, One+ Plan and One Plan Choice)</i> A person who is a dependant of the subscriber/policyholder and is over the age of 18 years and under 21 years and is receiving full time education. <i>One Plan, One+ Plan and One Plan Choice only</i> A person who is a dependant of the subscriber/policyholder and is over the age of 18 years and under 22 years and is receiving full time education.
Subscriber/Policyholder	The person with whom we have made the contract.
Out-patient consultation	A visit to a consultant in his/her consulting rooms for a consultation about a medical condition.
Patient	The following definitions apply to patients:
Day-patient	Medically necessary treatment received during a hospital stay in a day care bed (but which is not an overnight stay) for an approved psychiatric day care programme or a procedure listed in the surgery and procedure section of the Schedule of Benefits for Professional Fees, other than for a side room procedure.

In-patient	Medically necessary treatment received during a stay in a hospital bed of at least 24 hours.
Out-patient	(i) Medically necessary treatment which does not involve in-patient treatment, day care or side room procedures, and (ii) Consultations with complementary and alternative medicine practitioners.
Plan	Any health insurance scheme we provide which covers the cost of treatment in private accommodation or semi-private accommodation.
Practitioner	The following practitioners are recognised by Vhi Healthcare:
Audiologist	A diagnostic Audiologist who is registered with the Irish Society of Audiology or the Irish Society of Hearing Aid Audiologists.
Breast Feeding Consultant	A midwife who is a member of the Association of Lactation Consultants in Ireland and who holds International Board Certificate Lactation Consultant membership.
Chiropodist/Podiatrist	A member of the British Chiropody & Podiatry Association, or the Institute of Chiropodists & Podiatrists (Rep. of Irl.), or the Irish Chiropodists/Podiatrists Organisation Ltd., or the Society of Chiropodists & Podiatrists (Rep. of Irl.).
Clinical Psychologist	A full member of the Division of Clinical Psychology of the Psychological Society of Ireland.
Consultant	A medical practitioner who has a current full registration with the Irish Medical Council and who: (i) holds a public consultant post in the Republic of Ireland; or (ii) has held a public consultant post in the Republic of Ireland in the past and now practices within the same specialised field; or (iii) holds the necessary qualifications for a public consultant post in the Republic of Ireland together with evidence of appropriate general professional and higher specialist training to a standard required for such a post in the speciality in which he/she intends to work and has been appointed as a consultant to a Vhi Healthcare approved post in a Vhi Healthcare approved private hospital.
Non-participating consultant	A consultant who does not enter into agreement with us to accept our benefits in full settlement of his/her fees. He/she receives the standard benefit as set out in the Schedule of Benefits for Professional Fees and may or may not charge an additional fee to patients.
Participating Consultant	A consultant who enters into agreement with us to accept our benefits in full settlement of his/her fees and charges Vhi Healthcare patients accordingly.
Dental Practitioner	A dental practitioner with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/she is community based and provides dental care.
Dietician	A member of the Irish Nutrition & Dietetic Institute.
General Practitioner	A medical practitioner with a current full registration with the Irish Medical Council, who holds a primary medical qualification.
Midwife	A midwife who is registered on the midwives division of An Bord Altranais register.
Nurse	A nurse registered with An Bord Altranais.
Occupational Therapist	A member of the Association of Occupational Therapists of Ireland.
Optometrist	An Optometrist with a current full registration with the Opticians Board.
Orthoptist	A member of the Irish Association of Orthoptists or the British Orthoptic Society.
Physiotherapist	A member of the Irish Society of Chartered Physiotherapists.
Speech Therapist	A member of the Irish Association of Speech and Language Therapists.
Sports Physician	A Consultant Physician with a current specialist registration recorded in the Irish Medical Council's register, Specialty Division, in the specialty of Sports and Exercise Medicine.
Voice Coach	A member of the Irish Voice Association.
Prescriptions	Drugs or Medicines prescribed by a General Practitioner, Consultant or Dental Practitioner.
Procedures	The following definitions apply to procedures:
Day care procedure	Treatment or investigation which is marked as Day Care in the Schedule of Benefits for Professional Fees and the Schedule of Benefits for Private Hospital Services.
Fixed Price Procedure	Fixed Price Procedure (FPP) is a term Vhi Healthcare use to describe a variety of specified major complex procedures (i.e. cardiac and neurosurgery).
Out-patient procedure	Treatment given to an out-patient which is listed in the Schedule of Benefits for Professional Fees or the Schedule of Benefits for General Practitioners.
Side room procedure	Treatment or investigation which is marked as side-room in the Schedule of Benefits for Professional Fees and Schedule of Benefits for Private Hospital Services and for which an extended period of recovery is not required.
Specified Orthopaedic and Ophthalmic Procedures	Specified Orthopaedic and Ophthalmic Procedure is a term Vhi Healthcare uses to describe a list of specified orthopaedic procedures (principally covering hip, knee or shoulder replacements) and ophthalmic procedures (principally covering cataract procedures) carried out in designated private hospitals. A list of these procedures is available from Vhi Healthcare on request.
Therapeutic Procedure	An action or administration of therapeutic agents to produce an effect that is intended to alter or stop a pathologic process.
Renewal date	The renewal date shown in your most recent membership details or any anniversary of that date.
Sports Injury	Means bodily injury suffered as a direct result of participation in exercise or sport, competitive or recreational, where the direct consequence of that injury is to prevent the member from participating in their desired exercise or sport for a period of at least 7 days directly following the occurrence of that injury.
Temporary Stay Abroad	A stay(s) outside of Ireland for any period up to but not exceeding 180 days in each calendar year.
Travel Vaccinations	Vaccinations against Hepatitis A, Hepatitis B, Typhoid, Malaria, Rabies and Polio.
Treatment	Any medical intervention for which benefits are payable.
Vhi Healthcare	The Voluntary Health Insurance Board.
Vhi Screening	A specified screening package carried out in a Vhi Screening Centre, as listed in the Vhi Directory of Hospitals (and Treatment Centres).
Year	The period of cover shown in your most recent membership details.
You, your	The subscriber/policyholder.

Definitions relating to Complementary and Alternative Medicine - being services not in accordance with the definition of medically necessary. It is advisable to discuss the suitability of a complementary or alternative therapy with a registered medical practitioner prior to commencing treatment. Visits to the following therapists are eligible for benefit:

Acupuncturist	A member of the Traditional Chinese Medicine Council of Ireland, or a member of the Acupuncture Foundation Ireland, or a member of the British Acupuncture Council, or a member of the Professional Register of Traditional Chinese Medicine.
Chiropractor	A member of the Chiropractic Association of Ireland or the McTimoney Chiropractic Association of Ireland.
Osteopath	A member of the Osteopathic Council of Ireland.
Physical Therapist	A member of the Register of Physical Therapists of Ireland or a member of the Irish Association of Physical Therapists or a member of the Irish Institute of Physical Therapists.
Reflexologist	A member of the Association of Irish Reflexologists or the Irish Reflexologists' Institute or the National Register of Reflexologists.

2) Contract

- a) The terms of your contract with us are in the following documents:
 (i) These Rules and your Table of Benefits; (ii) The Directory of Hospitals (and Treatment Centres); (iii) The Directory of Approved MRI Centres; (iv) The Directory of Convalescent Homes; (v) The Schedule of Benefits for Private Hospital Services; (vi) The Directory of Consultants; (vii) The Schedule of Benefits for Professional Fees; (viii) The Schedule of Benefits for General Practitioners; and any amendment or variation made from time to time as per Rule 2(g).
- b) In the Directory of Consultants, we list the consultants who are participating consultants.
- c) In the Schedule of Benefits for Private Hospital Services, we set out the benefits we will pay for private hospital services and the rules we will apply to the payment of these benefits.
- d) In the Schedule of Benefits for Professional Fees, we set out the benefits we will pay to the consultants and general practitioners for each kind of treatment and the rules we will apply to the payment of these benefits.
- e) In the Schedule of Benefits for General Practitioners, we set out the benefits we will pay to general practitioners for procedures and the rules we will apply to the payment of these benefits.
- f) In the Directory of Convalescent Homes, we list the convalescent homes which are eligible for benefit. The most up-to-date Directory of Convalescent Homes is available on our website - www.vhi.ie. Copies are available on request.
- g) We may change these directories and schedules during the year. The most up-to-date Directory of Hospitals (and Treatment Centres) is available on our website - www.vhi.ie.
- h) We will pay any benefits we are required to pay under the Health Insurance Acts and any regulations thereunder, even if any part of your contract indicates otherwise. This may result in a lower excess being applied to your claim than otherwise indicated in your Table of Benefits.
- i) Certain procedure codes listed in the Schedule of Benefits for Professional Fees and the Schedule of Benefits for Private Hospital Services have clinical indications and/or conditions of payment and/or payment indicators attached to them. Benefit for these procedure codes is payable only when, in the opinion of our Medical Director, the relevant clinical indications and/or conditions of payment and/or payment indicators have been satisfied in full.
- j) In the event of a change to the Vhi Healthcare Directory of Hospitals (and Treatment Centres) whereupon (1) a participating hospital or treatment centre becomes a non-participating hospital or treatment centre or (2) the contract between a participating hospital or treatment centre and Vhi Healthcare is terminated for any reason other than the closure of that hospital or treatment centre, Vhi Healthcare will publish a notice in the major national daily newspapers four weeks in advance of such a change taking effect.

3) Joining Vhi Healthcare

- a) Additional people may be included on your contract at any time. If you apply to include your child on your contract within 13 weeks of his/her birth, we will insure him/her from the date of birth and we will not apply rules 3(c) & 3(e). Subscribers/policyholders who enrol their new born children within 13 weeks of the child's date of birth will not be charged any additional subscription for that child until the first or next renewal date after his/her birth.
- b) You can only make other changes to your contract at renewal date.
- c) If a member has an accident after he/she is included, we will pay benefits for the treatment needed. However, for other treatment, we will pay benefits if it is carried out after the member has been insured continuously for a minimum period of time, called a waiting period. The waiting period is as follows:

Member's age when he/she is included	Waiting period
Under 55	26 weeks
55 to 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy-related conditions	52 weeks

- d) For those benefits listed in Sections 9 and 10 of your Table of Benefits, we will only pay the benefits for the expenses incurred after the following waiting period has expired:

Member's age when he/she is included	Waiting period
Under 50	None
50 to 54	26 weeks
55 to 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy-related conditions	52 weeks

- e) No benefits are payable for medical conditions the date of onset of which is determined on the basis of medical advice to have been prior to the date the member was included on the contract, unless the member has been insured continuously for a minimum period of time. The minimum period is as follows:

Member's age when he/she is included	Minimum period
Under 55	5 years
55 to 59	7 years
60 or over	10 years

This rule is applicable to all benefits other than those outlined in Sections 9 and 10 of your Table of Benefits.

When determining whether a medical condition pre-exists membership it is important to note that it is the date of onset of the condition that is considered rather than the date upon which the member becomes aware of the condition, as medical conditions may be present for some time before giving rise to symptoms or being diagnosed.

- f) If there is a break of more than 13 weeks in a person's health insurance contract with us and another insurer registered under the Health Insurance Acts 1994 to 2011, the application will be treated as a new application for membership.
- g) If a person transfers from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 - 2011, benefits will only be payable up to the level of cover offered by that contract. Additional benefits will be subject to Rule 4(b).
- h) If a member has transferred from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 - 2011, the time that he/she was insured under the other contract will be offset against the normal joining conditions (waiting period, pre-existing illness and maternity). For benefits listed in Sections 9 & 10 of your Table of Benefits, please refer to Rule 4(e).
- i) The Scheme is intended for people resident in Ireland and only people resident in Ireland are eligible to join the Scheme. Please refer to Rule 7(b).
- j) You can cancel your health insurance contract within 14 days of the date of issue of the Terms and Conditions of Membership. We will refund the premium you have paid and will recover from you any benefit we have paid.

4) Renewing the contract

- a) Your contract will last for one year unless we agree to a shorter period. At the renewal date, you can renew your contract by paying the premium we request. The Rules and your Table of Benefits in place at the renewal date will then apply to your contract.
- b) You can change your level of cover at your renewal date. If you upgrade your level of cover (i.e. subscribe for additional benefits), the payment of additional benefits will be subject to certain waiting periods in accordance with Rule 4c, Rule 4d and Rule 4e.
- c) If you change your level of cover (with the exception of the benefits in Sections 9 & 10 of your Table of Benefits) and you or any of the members included on the contract receive treatment during the applicable waiting period and if the benefit payable for your claim is higher on your new level of cover, we will only pay the benefits which we would have paid if you had not changed your cover until the applicable waiting period has expired. The waiting periods are as follows:

	Waiting period
Under 55	26 weeks
55 to 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy-related conditions	52 weeks

If you have an accident after you change your level of cover we will pay benefits on your new level of cover.

- d) If you change your level of cover (with the exception of the benefits in Sections 9 & 10 of your Table of Benefits) and you or any members included on the contract receive treatment for a medical condition which, in the opinion of our Medical Director, you already had on the renewal date on which you changed your level of cover and if the benefit payable for your claim is higher on your new level of cover, we will only pay the benefits which we would have paid if you had not changed your cover until the applicable waiting period has expired. The waiting periods are as follows:

Member's age at the time of change	Waiting period
Under 65	2 years
65 or over	5 years
Maternity or pregnancy-related conditions	52 weeks

When determining whether a medical condition pre-exists a change in cover it is important to note that it is the date of onset of the condition that is considered rather than the date upon which the member becomes aware of the condition, as medical conditions may be present for some time before giving rise to symptoms or being diagnosed.

- e) If you change your level of cover and reduce your excess or increase your annual maximum benefit amount for benefits listed in Sections 9 & 10 of your Table of Benefits, we will only pay the benefits which we would have paid if you had not changed your cover until the applicable waiting period has expired. The waiting periods are as follows:

Member's age at the time of change	Waiting period
Under 50	None
50 to 64	52 weeks
65 or over	104 weeks

- f) If you change your level of cover at your renewal date and subsequently wish to revert to your previous level of cover, you may do so within 14 days of the date of issue of the amendment notification and we will pay the benefits which we would have paid if you had not changed your level of cover.

5) Subscriptions and Charges

- a) You must pay your premium when it becomes due for the duration of your contract. The subscriber/policyholder is responsible for ensuring payments are made.
In the event that you do not commence payment of your premium in accordance with the payment terms of your contract, we reserve the right to cancel your contract and we will not pay any benefits.
In the event of non-payment in accordance with the payment terms of your contract during the course of your contract term, such non-payment will constitute a breach of your contract. In such circumstances we will not pay any benefits for the contract term and we will seek recovery of the losses and expenses incurred by us as a result of your non-payment. These losses and expenses will be calculated as follows:
- (i) In the event that no claims have been paid, this will amount to the health insurance levy calculated on a pro-rata basis, together with an administration charge of fifty euro;
 - (ii) In the event that claims have been paid, this will amount to the total outstanding premium due to us.
- b) For members who pay by salary deduction, the translation of annual premia into monthly or weekly instalments may result in the collection of marginally more or less than the annual premium as a result of rounding to the nearest cent.
- c) Subscribers/policyholders with dependants who are students may apply for a discount on their annual subscription. The student subscription rate will apply from the date of application for new members, and from the next renewal date (following application for the student rate) for existing members. The student rate will automatically revert to the adult rate with effect from the next renewal after the student's 21st birthday (22nd birthday in respect of One Plan, One+ Plan and One Plan Choice).
- d) Where a subscriber/policyholder has multiple products and the subscription received does not equal the invoice issued for the combined premium, we will allocate the amount paid proportionately to each product based on the premium due.
- e) All payments received by Vhi Healthcare are lodged to our bank account for security reasons. All payments will be receipted. This does not imply that Vhi Healthcare accept said payment as fulfilment of your contract, if the amount does not match the amount requested or the agreed portion of same. Your payment may be returned, if there is no valid contract in place.

Charges/Refunds

- f) If a change to a Customer Account results in a premium refund or shortfall of less than or equal to €10, no refund or charge will be made due to the administration costs involved.

6) Benefits

- a) **Hospital Benefit** Hospital benefit is payable for in-patient treatment in a participating or non-participating hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan, in private and semi-private accommodation. Details of the benefits payable are contained in your Table of Benefits.
- b) **Professional fee benefit** We will pay consultant or general practitioner fees for medically necessary treatment which is covered by the Schedules of Benefits (refer 2 (d)) and is carried out in a participating or a non-participating hospital. If a consultant or general practitioner is non-participating, we will pay the standard benefit as set out in the Schedule of Benefits (even if your treatment is provided on an emergency basis), and you may have to pay an additional amount yourself. If the treatment is not covered by your plan or is carried out in a hospital listed in the Directory of Hospitals (and Treatment Centres), which is not covered by your plan, benefit for consultant fees will not be paid. However, professional fee benefit as set out in the Schedule of Benefits for Professional Fees is payable for out-patient procedures with the exception of out-patient radiotherapy.
- c) **Day-to-day Medical Expenses benefit** Day-to-Day Medical Expenses benefit is payable for treatment as specified in Sections 9 & 10 of your Table of Benefits.
- d) **General conditions** We will pay benefits for in-patient and day-patient treatment, side room procedures, out-patient procedures and Vhi HomeCare treatment for a maximum of 180 days per member in any calendar year, less any days treatment within the same calendar year which has been paid under any other health insurance contract (for benefit in respect of psychiatric treatment and addiction treatment, please refer to Rules 6(r) and 6(s)).
- e) The benefits which we will pay will depend on the terms of your contract on:
- (i) the first day of a hospital stay or (ii) the date of the treatment if the member is not staying in hospital.
- f) If the benefits do not cover the full cost of the treatment, the member is responsible for any balance.
- g) We will pay the actual amount the member is charged or the benefits payable under the contract, whichever is lower.
- h) If you use hospital accommodation which requires a higher level of cover than you hold under your plan, the level of benefits payable will be as outlined in your Table of Benefits. Where a hospital is not listed in the Directory of Hospitals (and Treatment Centres), no benefit will be payable.

- i) Day care procedures** Hospital benefit is payable for specified day care procedures carried out in a Vhi Healthcare approved day care facility listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan. If the day care procedures are performed in an in-patient setting (private or semi-private) the approved day care charges only are payable. If it is medically necessary for the member to receive the treatment as an in-patient, we will pay the full benefits for the hospital charges in accordance with the level of cover under your plan.
- j) Side room procedures** Hospital benefit is payable for side room procedures carried out in a Vhi Healthcare approved hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan. If it is medically necessary for the member to receive the treatment as a day-patient or as an in-patient, we will pay the full benefits for the hospital charges in accordance with the level of cover under your plan.
- k) Out-patient Procedures** Vhi Healthcare benefit is payable for out-patient procedures carried out on an out-patient basis. Where an out-patient procedure is carried out in a hospital which is not covered by your plan, professional fee benefit is in accordance with Rule 6(b), however hospital charges are not eligible for benefit. No benefit is payable for Out-patient Radiotherapy carried out in a hospital, which is not covered by your plan.
- l) Fixed Price Procedures (FPPs)**
We will provide the benefit set out in Section 1 of your Table of Benefits for Fixed Price Procedures available in the Directory of Hospitals (and Treatment Centres) included in the Fixed Price Procedure Hospital List. Please note that the level of cover may vary depending on the type of Fixed Price Procedure. Some of these procedures when carried out in other hospitals are not called Fixed Price Procedures and in these circumstances benefit is payable in accordance with the benefits associated with your level of cover for these hospitals, as set out in your Table of Benefits, and not as a Fixed Price Procedure. If you are in any doubt about the level of cover payable in respect of any procedure or treatment, we recommend that you contact us prior to admission.
- m) MRI Scans**
In-patient MRI scans
If the patient, during the course of a medically necessary stay in a participating hospital listed in the Directory of Hospitals (and Treatment Centres) which is covered by your plan and for which hospital benefit is payable, has an eligible MRI scan performed in an approved MRI centre listed in the Directory of Hospitals (and Treatment Centres) and covered by your plan, we will pay the benefit set out in Section 8 of your Table of Benefits.
Out-patient MRI scans
If the patient attends an Approved MRI Centre that is listed in the Directory of Hospitals (and Treatment Centres) as 'Out-patient MRI Scans - Category 1', 'Out-patient MRI Scans - Category 2', or 'Out-patient MRI Scans - Category 3', we will pay the benefits set out in Section 8 of your Table of Benefits for an MRI scan, subject to the following conditions:
(i) The member is referred for an MRI scan by a consultant or general practitioner in the Centres listed for cover for consultant or general practitioner referrals or where the member is referred for an MRI scan by a consultant to a Centre which is listed for cover for consultant referrals only; and
(ii) The MRI scan is carried out in an approved MRI centre listed in the Directory of Approved MRI Centres; and
(iii) The MRI scan is to investigate or rule out certain medical conditions. A list of the approved clinical indications for which benefit is payable appears in the Schedule of Benefits for Professional Fees.
In respect of 'Out-patient MRI Scans – Category 2', the benefit for the consultant's fee is subject to a maximum of the participating benefit listed in the Vhi Healthcare Schedule of Benefits for Professional Fees.
If the patient attends as an out-patient, an Approved MRI Centre that is not listed in the Directory of Approved MRI Centres as 'Out-patient MRI Scans - Category 1', 'Out-patient MRI Scans - Category 2', or 'Out-patient MRI Scans - Category 3', no benefit is payable for either the hospital charge or the consultant's fee.
- n) Convalescent Care**
All Plans (excluding Forward Plan Level 1 and Forward Plan Level 2)
We will pay the benefit listed in Section 5 of your Table of Benefits towards convalescent care where each of the following is satisfied in full:
(i) If the consultant decides and our Medical Director agrees, that it is necessary for medical reasons for a member to receive Convalescent Care in a Convalescent Home;
(ii) If the stay in the Convalescent Home is immediately after a medically necessary stay in hospital which is eligible for Vhi Healthcare benefit, even if the hospital is not covered by your plan;
(iii) If the member occupies single room accommodation in a Convalescent Home listed in Vhi Healthcare's Directory of Convalescent Homes.
Forward Plan Level 1 and Forward Plan Level 2
We will pay the benefit listed in Section 5 of your Table of Benefits towards convalescent care and/or home nursing care where each of the following is satisfied in full:
(i) If the consultant decides and our Medical Director agrees, that it is necessary for medical reasons for a member to receive Convalescent Care in a Convalescent Home or receive Home Nursing Care at home;
(ii) If the care is immediately after a medically necessary stay in hospital which is eligible for Vhi Healthcare benefit, even if the hospital is not covered by your plan;
(iii) If the member occupies single room accommodation in a Convalescent Home listed in Vhi Healthcare's Directory of Convalescent Homes (Convalescent Care only).
(iv) If the person giving the care is a Nurse (Home Nursing Care only).
- o) Child home nursing** We will pay the benefit listed in Section 5 of your Table of Benefits for the cost of nursing care at home for a member who is under 18 years of age at his/her last renewal date if his/her general practitioner or consultant decides that, for medical reasons, the member needs to receive care following a stay in a hospital of at least 5 days. This nursing care must commence within two weeks of their discharge from hospital and must be completed within six weeks of their discharge. The person giving the care must be a nurse registered with An Bord Altranais.

p) Parent accompanying child

We will pay the benefits listed in Section 5 of your Table of Benefits towards the accommodation and travel costs of a parent/guardian accompanying a child (including new born children) for up to 14 days per child per calendar year following a stay in excess of 3 days in hospital, who is under 14 years at their last renewal date, during that child's hospital admission. No benefit is payable for the first 3 days. The benefit is only payable where the child has received medically necessary treatment in Ireland that is eligible for Vhi Healthcare benefit. The claiming member must be a parent/guardian of the child insured with Vhi Healthcare. Accommodation costs are limited to hotel, B&B, hostel and hospital accommodation. Travel costs are limited to public transport, taxi, hackney and car parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

q) Transport costs

We will pay for the cost of an ambulance/intermediary ambulance where each of the following is satisfied in full:

- (i) If the doctor certifies that it is medically necessary because the member is seriously ill or disabled;
- (ii) If the ambulance/intermediary ambulance is used: to transfer a member, who is an in-patient of a hospital, between hospitals listed in the Directory of Hospitals (and Treatment Centres) where at least one hospital is covered by the member's plan; or to transfer the member from a hospital covered by your plan and listed in the Directory of Hospitals (and Treatment Centres) to an MRI Centre listed in the Directory of Approved MRI Centres; or to transfer the member to a convalescent home listed in the Directory of Convalescent Homes, if the stay in a convalescent home is approved; or to transfer the member from a hospital covered by your plan and listed in the Directory of Hospitals (and Treatment Centres) to a hospice;
- (iii) If Vhi Healthcare benefit is payable in respect of treatment received by the member in the hospital, MRI Centre or convalescent home, to or from which the ambulance/intermediary ambulance transported the member;
- (iv) If the ambulance/intermediary ambulance company is approved by Vhi Healthcare.

The payment of ambulance/intermediary ambulance costs does not guarantee the eligibility for benefit of other charges relating to your claim. Where the doctor determines that the most appropriate level of transport required is a taxi, benefit will be payable directly to the hospital from which the patient is transferred, subject to criteria (ii) and (iii) above.

r) Psychiatric treatment

- (i) We will only pay for in-patient psychiatric treatment in a psychiatric hospital listed in the Directory of Hospitals (and Treatment Centres) or an approved psychiatric unit of a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan for the maximum number of days per member in any calendar year listed in Section 3 of your Table of Benefits, less any days treatment within the same calendar year which has been paid under any other health insurance contract; and
- (ii) We will pay for day care psychiatric treatment for approved day care programmes in St. John of God Hospital, Stillorgan and St. Patrick's Hospital, Dublin.

s) Addiction treatment

Each member on your policy is entitled to addiction treatment for:

- (i) alcoholism and drug 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 subject to the maximum number of days per member in any calendar year listed in Section 3(a) of your Table of Benefits, less any days treatment within the same calendar year which has been paid under any other health insurance contract.

t) Breast reduction

Benefit for breast reduction is subject to prior approval and payable only if specific criteria, as set out in the Schedules of Benefits for Professional Fees and Private Hospital Services, are satisfied in full.

u) Dental treatment

Many dental procedures eligible for Vhi Healthcare benefits are classified as day care or side room procedures and many must also be authorised by our dental advisors prior to being performed. Your dental practitioner will need to send a Pre-certification Form and radiological evidence to our Claims Department for assessment by our dental advisors.

- (i) We will not pay benefits for dental/oral-surgical and orthodontic treatment and treatments related to functional disorders of the chewing system, including out-patient consultations, except for those dental/oral-surgical procedures listed in the Schedule of Benefits for Professional Fees and the treatment listed under Section 9 of your Table of Benefits; and
- (ii) Professional fee benefit is payable for non-cosmetic osseointegrated mandibular implants only if specific criteria, as set out in the Schedule of Benefits, is satisfied in full. In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.

v) Return Home Benefit (available on First Plan & First Plan Plus only)

We will pay the benefit listed in Section 5 of your Table of Benefits, towards travel costs incurred by a member on their discharge from hospital to their home. The benefit is only payable following a medically necessary stay in hospital of at least 5 days which is eligible for Vhi Healthcare benefit. Travel costs are limited to public transport, taxi, hackney and car parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit. The benefit is subject to a maximum of 3 claims per calendar year.

w) Child Counselling

We will pay the benefits listed in Section 9 of your Table of Benefits for a member who is under the age of 16 at their last renewal date and who is referred by a General Practitioner or Consultant to a Clinical Psychologist as defined.

x) Travel Vaccination

We will pay the benefits listed in Section 9 of your Table of Benefits for travel vaccinations (as defined) administered by a General Practitioner or Consultant.

y) Paediatrician Benefit

We will pay the benefit outlined in Section 9 of your Table of Benefits for the first visit of your child to a Consultant Paediatrician within 1 year of the birth.

z) Baby Massage Classes Benefit

We will pay the benefit outlined in Section 9 of your Table of Benefits for baby massage classes carried out by members of the International Association of Infant Massage for your child in the year of the birth.

aa) Benefit for PET-CT scans is available to members subject to the following criteria: (All Lifestage Plans excluding First Plan Select, One Plan Sport, One Plan 250 and One Plan 500)

- Prior Approval
- The member is referred for a PET-CT scan by a consultant
- The PET-CT scan is carried out at Beacon Hospital, Blackrock Clinic, Galway Clinic, Mater Private Hospital, St James's Hospital, PET-CT Centre, Cork University Hospital, Whitfield Clinic or Hermitage Medical Clinic
- The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants

Benefit for PET-CT scans is available to members subject to the following criteria: (First Plan Select only)

- i. Prior Approval; and
- ii. The member is referred for a PET-CT scan by a consultant; and
- iii. The PET-CT scan is carried out at:
 - a) The Galway Clinic, St James's Hospital, PET-CT Centre, Cork University Hospital, on an out-patient or in-patient basis or
 - b) Either the Beacon Hospital, the Blackrock Clinic, the Mater Private Hospital, Whitfield Clinic or Hermitage Medical Clinic on an out-patient basis only or
 - c) Either the Beacon Hospital, the Blackrock Clinic, the Mater Private Hospital, Whitfield Clinic or Hermitage Medical Clinic where the patient is an in-patient of another hospital that is covered by your plan and for which hospital benefit is payable; and
- iv. The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants.

Benefit for PET-CT scans is available to members subject to the following criteria: (One Plan Sport, One Plan 250 and One Plan 500)

- i. Prior Approval
- ii. The member is referred for a PET-CT scan by a consultant; and
- iii. The PET-CT scan is carried out at:
 - a) The Beacon Hospital, St James's Hospital, PET-CT Centre, Cork University Hospital, Whitfield Clinic, the Hermitage Medical Clinic or the Galway Clinic on an out-patient or in-patient basis only; or
 - b) Either the Blackrock Clinic or the Mater Private Hospital on an out-patient basis only; or
 - c) Either the Blackrock Clinic or the Mater Private Hospital where the patient is an in-patient of another hospital that is covered by your plan and for which hospital benefit is payable; and
- iv. The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants.

ab) Optical

We will pay up to the benefit listed in Section 9 (where applicable) of your Table of Benefits for eye tests and/or prescription spectacles and contact lenses in a 24 month period. This 24 month period begins on the date that treatment is first received, or prescription spectacles or contact lenses are first purchased.

Eye tests must be carried out by an Optometrist registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi Healthcare.

ac) Cancer Care Support Benefit

We will pay the benefits listed in Section 5 of your Table of Benefits towards the accommodation costs of a member in a hotel, hostel or B&B when a member travels to receive out-patient chemotherapy and/or out-patient radiotherapy treatment in a Vhi Healthcare approved hospital covered by your plan. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

ad) Maternity

(i) Hospital Charges

We will pay the benefits listed in Section 4 of your Table of Benefits towards the cost of hospital charges for normal confinements in a participating or non-participating hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan, in private and semi-private accommodation.

If there are significant medical complications arising from the pregnancy or delivery which necessitate a stay in hospital, we will pay the hospital benefits as listed in Section 1 of your Table of Benefits.

(ii) Consultants' Fees

We will pay part of the consultant's delivery fee as listed in the Schedule of Benefits for Professional Fees. The amount we will pay will be higher for a caesarean delivery. Benefits in respect of consultant's fees are only payable where your consultant personally delivers your baby and where the delivery takes place in a hospital listed in the Directory of Hospitals (and Treatment Centres), and which is covered by your plan.

(iii) Home Births

We will pay a contribution up to the benefit listed in Section 4 of your Table of Benefits for medical expenses incurred for home births and home nursing by a nurse.

Note: Contribution to midwife expenses incurred by a member for home birth is only available when the midwife is registered on the midwives division of An Bord Altranais register and where the midwife has medical indemnity insurance. It is the responsibility of the insured member to ensure that the nurse is registered and has indemnity insurance.

(iv) Post-Natal Home Nursing

We will pay the charges for home nursing by a nurse if we pay the charges for normal confinement, up to the benefit listed in Section 4 of your Table of Benefits, provided that they are incurred within 3 days after your delivery.

The combined amount of benefit for post-natal home nursing and hospital charges cannot exceed the limit set out in Section 4 of your Table of Benefits.

ae) Pre- and post-natal care We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of pre- and post-natal care provided the person giving the care is a General Practitioner, Consultant or Midwife.

af) Consultant consultations

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a consultant consultation, excluding maternity and the 1st visit to a Consultant Paediatrician.

ag) Clinical Psychologist	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a Clinical Psychologist.
ah) Hearing Test	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a hearing test provided the test is carried out by an Audiologist.
ai) Vhi Screening	We will pay the benefit listed in your Table of Benefits towards the cost of a Vhi screening, in each 24 month period provided Vhi Healthcare determines it to be medically appropriate, subject to it being provided in a Vhi Healthcare Medical Centre, as listed in the Vhi Directory of Hospitals (and Treatment Centres). This 24 month period begins on the date that the screening tests are performed. Members under the age of 18 years at their last renewal are not covered for screening.
aj) Accident & Emergency Cover	We will pay the benefit listed in Section 9 of your Table of Benefits in respect of the public hospital out-patient levy.
ak) Out-patient Mental Health Treatment	<p>(i) We will pay the benefit listed in Section 3 of your Table of Benefits towards the cost of a mental health assessment in an approved Out-patient Mental Health Centre.</p> <p>(ii) We will pay the benefit listed in Section 3 or Section 9 (depending on your Plan) of your Table of Benefits towards the cost of a mental health therapy session in an approved Out-patient Mental Health Centre.</p>
al) Vhi SwiftCare Benefit	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of an initial consultation with a General Practitioner in an approved Vhi SwiftCare Clinic. If the patient attends a Vhi SwiftCare Clinic for an initial consultation, payment will be made directly to the centre and will not be subject to an excess.
am) Breast Feeding Consultation	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a breast feeding consultant. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.
an) Ante-natal Course	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of an ante-natal course. The person giving the course must be a midwife. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.
ao) Specified Orthopaedic and Ophthalmic Procedures	<p>We will provide the benefits set out in Section 1 of your Table of Benefits for Specified Orthopaedic and Ophthalmic Procedures. It is important to note that these specified orthopaedic and ophthalmic procedures are available in hospitals other than the designated private hospitals. Where these specified orthopaedic and ophthalmic procedures are carried out in hospitals other than the designated private hospitals, the benefits associated with your level of cover for these hospitals is payable in accordance with the details set out in your Table of Benefits. If you are in any doubt about the level of cover payable in respect of any procedure or treatment, we recommend that you contact us prior to admission.</p>
ap) Vhi HomeCare Benefit	<p>Benefit is payable in accordance with agreed charges for treatment of specified conditions provided by Vhi HomeCare subject to satisfaction of all of the following criteria:</p> <ol style="list-style-type: none"> 1. The referral is from a General Practitioner relating to a patient in their own home or a Nursing Home in the Greater Dublin Area, or 2. The referral is from a Consultant attached to a hospital listed for benefit from one of the following routes: Accident & Emergency Department Hospital in-patient wards Consultants' Rooms <p>Please refer to www.vhi.ie/homecare for the most up-to-date details regarding referring hospitals and conditions approved for cover. You may contact us also if you have a question as to whether a condition comes into this category.</p>
aq) Fitness Screening	We will provide the benefit listed in Section 10 of your Table of Benefits for an agreed fitness screening carried out in the Sports Surgery Clinic, Santry.
ar) Sports Physician Benefit	We will pay the benefits listed in Section 9 of your Table of Benefits towards the cost of a consultation with a Sports Physician.
as) Sports Injury Programmes (available on One Plan Sport only)	<p>We will provide the benefit set out in Section 11 of your Table of Benefits for bodily injury which in the opinion of our Medical Director is consistent with a Sports Injury and meets the criteria in full of the relevant Sports Injury Programme. It is important to note that, for the purpose of this plan, such programmes are only available in the Sports Surgery Clinic, Santry. When the relevant investigations, treatments or procedures are carried out in other hospitals they do not constitute the Vhi Sports Injury Programmes and in such circumstances benefit is payable only in accordance with the benefits set out in your Table of Benefits. If you are in any doubt about the level of cover payable in respect of any procedure or treatment, we recommend that you contact us prior to treatment.</p>
at) Emergency Dental Treatment	We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of emergency dental treatment following a Sports Injury. The patient must present to the dentist within 24 hours of receiving a Sports Injury. Only claims accompanied by a dated receipt on headed paper and certified by the dentist that emergency dental treatment was necessary, will be eligible for benefit.
au) Emergency Care Treatment	We will cover any charges incurred during your initial consultation in an approved Vhi Swiftcare Clinic for a sports injury. The patient must present to the Vhi Swiftcare Clinic within 48 hours of receiving the sports injury.
av) Dexa scans	<p>We will pay the benefit listed in your Table of Benefits towards the cost of a dexa scan, subject to the following criteria:</p> <ol style="list-style-type: none"> i. The member is referred for a dexa scan by a general practitioner or consultant to an approved dexa scan centre listed in the Directory of Hospitals (and Treatment Centres); and ii. The member meets the eligibility criteria and one of the clinical indications as specified in the Schedule of Benefits for Medical Screening.

- aw) Mammograms** We will pay the benefit listed in your Table of Benefits towards the cost of a mammogram, subject to the following criteria:
- The member is referred for a mammogram by a general practitioner or consultant to an approved mammogram centre listed in the Directory of Hospitals (and Treatment Centres); and
 - The member meets the eligibility criteria and one of the clinical indications as specified in the Schedule of Benefits for Medical Screening.
- ax) Post natal home help** We will pay the benefit listed in the Table of Benefits towards the cost of domestic home help following the birth of your child from an approved Vhi Healthcare Home Help provider (contact us for further details or refer to www.vhi.ie/ downloads for a list of providers). The charges must be incurred within 6 weeks of the birth.

7) Cover outside Ireland

Treatment outside Ireland

- a)** We will only pay for emergency treatment a member receives outside Ireland if he/she needs such emergency treatment because of an unexpected illness or accident that arises during a temporary stay abroad. We will pay up to the plan amounts outlined in Section 7 of your Table of Benefits, per temporary stay abroad inclusive of all professional fees. You may also claim for expenses listed under Section 9 of your Table of Benefits. All eligible benefits associated with emergency or prior approved treatment abroad will be issued by Vhi Healthcare in euro, with the exchange rate from the European Central Bank being applied to all charges as at the date of the patient's admission/treatment, where applicable.
- b)** Only members resident in Ireland for at least 180 days each calendar year are eligible for cover outside Ireland and or repatriation in accordance with Rules 7(a), 7(c) & 7(d). Where a member intends to travel abroad for longer than 180 days, Vhi Assist or any other Vhi Healthcare insurance benefit will not be available in respect of medical treatment abroad.
- c)** We will in certain circumstances, subject to prior approval and satisfaction in full of specified criteria, pay benefit if the member travels abroad to get a therapeutic procedure performed, as outlined in sections (i) and (ii) below:

(i) For therapeutic surgical procedures* that are currently available in Ireland we will pay up to the average benefit that we would have paid in respect of the same surgical procedure, including professional fees, in Ireland for your level of cover up to a maximum of the plan amounts specified in Section 7 of your Table of Benefits.

**as per the current Vhi Healthcare Schedule of Benefits for Professional Fees, Surgery and Procedures Section.*

(ii) For a therapeutic procedure that is not available in Ireland we will pay up to the plan amounts specified in Section 7 of your Table of Benefits, unless a reasonable alternative therapeutic procedure is available here in which case the benefit will be as outlined in (i) above.

The member will be liable for all costs that arise above the benefit payable, including all travel and accommodation expenses. The benefit will only be paid out once the treatment has been received and the member submits the relevant completed Claim Form with all required documentation.

Note: Benefit is not payable for (a) assessments, investigations or diagnostic procedures required in reaching a medical diagnosis or (b) for follow-up assessments, investigations or non-therapeutic procedures required in the ongoing management of the patient. The costs arising for any of these will be eligible for inclusion in accordance with the eligible out-patient expenses listed in Section 9 of your Table of Benefits.

Vhi Assist

- d)** Provided that Vhi Assist are contacted immediately by the member, we provide the following additional services to members who require emergency treatment following an unexpected illness or accident while on a temporary stay abroad:
- A direct payment facility in respect of the benefits referred to in paragraph (a) above where the treatment is received as an in-patient or in the A&E / Out-patient Department of a hospital. All other medical expenses can be claimed in accordance with Section 9 of your Table of Benefits.
 - A 24 hour emergency telephone service
 - A service to assist members in replacing written prescriptions
 - Medical Advice and information on your case
 - Maintaining regular contact with the attending medical providers and monitoring of the member's ongoing care where necessary, if he/she is hospitalised
 - Making contact with the member's doctor in Ireland and immediate family, as well as his/her employer if required.
 - Where possible, Vhi Assist can also recommend a local hospital where members will be able to receive appropriate treatment.
 - Repatriation cover is available, if after a member has been treated, the attending doctor advises and our Medical Director agrees that it is necessary for medical reasons to transport him/her back to Ireland for further treatment. This benefit is available only where all arrangements are made under Vhi Assist.
 - Repatriation for further medical treatment will also be arranged by Vhi Assist if the patient is deemed stable and fit to fly by their attending doctor and our Medical Director agrees.
The use of an air ambulance to repatriate patients will only be considered where it is deemed by the attending doctor and our Medical Director agrees that it is not medically appropriate for the patient to be accommodated on a commercial flight.
 - A companion, who is with the patient when their illness occurs and accompanies them during repatriation, will be covered up to a maximum of €1,000 in additional travel expenses for returning to Ireland themselves.
 - A further €1,000 is available for additional accommodation costs incurred by a companion who is with the member when illness occurs and remains with the member while they are hospitalised, beyond their scheduled return date to Ireland. These expenses (if approved by Vhi Assist) must be paid by the member and claimed from Vhi Healthcare on their return to Ireland. Receipts must be provided in order to support all claims for this benefit and no benefit is available in respect of day-to-day expenses once the member has been discharged from hospital. Such expenses should be claimed under a member's travel insurance.
 - If a member dies during a temporary stay abroad, Vhi Assist will arrange the return of their remains to Ireland.
 - Where a child/children under 14 years are travelling with a member who requires repatriation, we will arrange and pay necessary additional costs to return the child/children home or continue to their destination specified by the member, up to a total maximum of €1,000 per child. We will also arrange and pay the travel costs of one adult to accompany the child/children up to a maximum of €1,000.
- (e)** If a case is being managed by Vhi Assist, the member must indicate at the outset whether they hold separate travel insurance in respect of their trip abroad.

- (f) Where you have made contact with Vhi Assist regarding your treatment abroad, the file reference provided to you at that time **must** be quoted in all subsequent dealings with Vhi Healthcare in relation to your treatment.

Recovery

- (g) We shall be entitled at our own expense to institute any proceedings we consider reasonable in the member's/subscriber's name to recover any payment made under the terms of your cover for treatment outside of Ireland and any amount so recovered shall belong to Vhi Healthcare. You must also notify Vhi Healthcare in writing if you instigate any action against a third party following an accident abroad. Please refer to Section 12 of this booklet for further details.

Emergency Treatment Abroad Form

- (h) While Vhi Assist will provide the option of direct payment to medical providers treating members abroad, the providers may not always accept such arrangements and therefore we cannot guarantee direct payment.
- (i) If direct payment is not accepted, the member should submit their receipts on their return to Ireland to Vhi, together with a completed part 1 & 2 of the 'Treatment Abroad Form', which is available from any of our offices or at www.vhi.ie. The medical details will be submitted directly to us through Vhi Assist.
- (j) For cases not managed by Vhi Assist, we will require a fully completed 'Treatment Abroad Form' to be submitted in support of your claim for emergency hospital treatment abroad. The medical information on this claim form must be completed in English.

Exclusions

- (k) Vhi Assist services or any other Vhi Healthcare insurance benefit in respect of treatment abroad, will not be available for any of the following:

- Injuries caused during mountaineering (above 4000 metres), motor competitions or professional sports
- Injuries you receive while breaking the law
- Injuries caused by air travel unless you are a passenger on a licensed aircraft operated by an airline
- Routine Dental Treatment
- For routine maternity or pregnancy related conditions
- If the member travels against medical advice
- If the member travels abroad to get treatment
- For Convalescence or Rehabilitation services

Repatriation services under Vhi Assist will not be available for any of the following:

- Illnesses or Accidents arising from drinking alcohol or taking drugs
- Deliberately injuring yourself
- Any nervous or psychiatric condition
- In the case of war, civil disturbance or terrorism, where we do not deem it safe to send our medical repatriation staff into the area where the patient is staying

Vhi Assist does not take the place of travel insurance and we recommend that you buy travel insurance before you go abroad. You may wish to consider MultiTrip from Vhi Healthcare.

Also, where a member intends to travel abroad for longer than 180 days in any calendar year, we recommend that you buy separate insurance cover for your trip. You may wish to consider Vhi International from Vhi Healthcare.

Please see www.vhi.ie or contact one of our offices for further details of our treatment abroad procedure.

8) Exclusions

In addition to cover limitations mentioned elsewhere, we will not pay benefits for any of the following:

- a) Treatment which is not medically necessary treatment.
- b) Vaccinations and routine or preventative medical examinations, including screenings, bone density scans and check-ups. (Unless specifically covered by your plan).
- c) Treatment which is not intended to cure or alleviate a medical condition.
- d) Treatment or a hospital stay which in the opinion of our Medical Director is consistent with long term care.
- e) Hearing aids and dentures, or orthodontic appliances (such as braces).
- f) Contraceptive measures or their reversal.
- g) Any investigation or treatment relating to infertility carried out in the first twelve months of membership.
- h) Any treatment which is in any way related to artificially assisted reproduction.
- i) Treatment or programmes for weight reduction or eating disorders other than anorexia nervosa and bulimia nervosa.
- j) Alternative medicine: Cover is provided only for alternative therapies as specified in Section 9 of your Table of Benefits. However, no cover is provided for other alternative therapies, which include but are not limited to aromatherapy, homeopathy and spinology.
- k) Experimental drugs and treatments.
- l) Psychologists' fees, other than those specifically covered by your plan, as defined and listed in these Rules and your Table of Benefits where applicable.
- m) Nursery fees.
- n) Any charge for special nursing in hospital.
- o) Any charge made for a medical report.
- p) Treatment or tests given by a practitioner to his/her wife/husband, children or parents.
- q) Expenses for which the member is not liable.
- r) Expenses which you are entitled to recover from a third party.
- s) Cosmetic treatment and treatment of any complications arising from cosmetic treatment – unless it is needed (i) to restore the member's appearance after an accident or (ii) because the member was severely disfigured at birth.
- t) Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism and lens extraction for prevention or treatment of glaucoma.
- u) No benefit is payable for any in-patient or out-patient charges incurred in a hospital or treatment centre which is not listed in the Directory of Hospitals (and Treatment Centres) while a patient is receiving treatment in an approved hospital or treatment centre unless otherwise stated.
- v) Any investigation or treatment related to complications arising from treatment which is not eligible for benefit.

- w) Online Consultations with a Consultant from any Medical Speciality, including any prescription drugs or treatment prescribed following an online Consultation.
- x) Drugs that are licensed but not recommended for reimbursement by the National Centre for Pharmacoeconomics unless otherwise approved by Vhi Healthcare.

In addition to the exclusions listed above, in respect of Section 11 of One Plan Sport only, we will not pay benefit for any of the following:

- Treatment for a Sports Injury suffered otherwise than as an amateur sportsperson;
- Treatment for a Sports Injury suffered as a result of flying or taking part in other aerial activities; or competitive driving or riding of motorised vehicles;
- Treatment for a Sports Injury which is diagnosed by a doctor more than 6 months after the event which caused the injury;
- Treatment for a Sports Injury suffered as a result of the member participating in exercise or sport whilst under medical instruction not to do so, or whilst otherwise unfit to participate;
- Treatment for a Sports injury suffered as a result of the member participating in exercise or sport whilst in contravention of any safety guidelines (including guidelines on protective clothing and equipment) published by the sports national body (where applicable);
- Treatment for any disease or illness suffered as a result of the member participating in exercise or sport.

9) Claims

In-patient treatment, day care, side room and out-patient procedures

- a) We will only pay benefits when we receive a claim form completed and signed by the member and the member's doctor, and the original invoices or receipts.
 - You sign the claim form a) to confirm that the details on the form are correct and b) to authorise the doctors/hospitals to supply the information requested, including copies of your medical records, if requested.
- b) If we have a direct payment arrangement with a non-participating hospital, the hospital will send the claim form and invoices directly to us. Hospital invoices must be in a format specified by us. If they are not, we may be unable to calculate your exact benefit for hospital charges in which case we will calculate the benefit due to the hospital as best we can from the information supplied, and we will pay this amount direct to the hospital. We will send you details of the benefits we have paid. The Directory of Hospitals (and Treatment Centres) shows the hospitals with which we have a direct payment arrangement.
- c) If we do not have a direct payment arrangement with the hospital, you must send us a claim form completed and signed by the member and the member's doctor, together with the relevant invoices.
 - Hospital invoices must be in a format specified by us. If they are not, we may be unable to calculate your exact benefit for hospital charges in which case we will calculate the benefit due to you as best we can from the information supplied, and we will pay this amount.
 - Payment of that estimate will be a complete discharge of our obligations to you.
 - You must do this within six months of the date the treatment started.
 - We will then pay the benefits for the hospital charges to you.
 - You must use all the benefits we pay to you for the services for which you are claiming.
- d) By law, we have to pay benefits for doctors' fees direct to the doctor (except for day-to-day medical expenses benefit). We also have to deduct withholding tax from the benefits we pay. We will send you details of the benefits we pay to the doctor. If you pay the doctor direct, we must still pay the benefits to the doctor and you will then have to ask the doctor for a refund of any amounts you paid.
- e) Day-to-Day Medical Expenses cover
 - We will pay benefits for eligible expenses listed in Sections 9 and 10 of your Table of Benefits which are subject to an excess as a lump sum at the end of each year. However, if you have large expenses during the year, you may submit up to a maximum of one claim per quarter (based on your renewal date and subject to the relevant waiting period). We will only pay the benefits when you send us a claim form which you have completed and signed, together with receipts. You must do this within three months of the end of the year.
 - For those benefits listed in Section 10 of your Table of Benefits which are not subject to an excess, you must send us a claim form completed and signed by the member together with the relevant receipts. The benefit will be issued to the subscriber/policyholder and may be claimed at any time during the calendar year.
 - Please note that receipts will not be returned following assessment of your claim. Therefore, you may wish to retain copies prior to submission.
 - We will deduct an annual excess (as specified in Section 9 of your Table of Benefits) from the eligible expenses of each member insured on the policy.
 - If the renewal period is less than one year, the limits and excess applied to some benefits during this period are proportionally reduced.
- f) If you or another member are entitled to claim under any other insurance policy for all or any of the costs, charges or fees for which you are insured under this contract, our liability shall apply as excess of, and not as contributory with such other insurance. When making a claim you must tell us if you have other insurance.
- g) In order to establish the eligibility and appropriateness of any claim, we may request access to and/or copies of your medical records including medical referral letters. By signing the claim form, you give us your consent to access this information. If you refuse to give us your consent, or withdraw such consent, we may refuse your claim and recoup any monies that we may have previously paid in respect of that medical condition. Where appropriate, this will be done directly from the medical providers concerned and you will be liable to settle these amounts directly. At our own cost, we can also ask an independent medical consultant, chosen by us, to advise us about the medical facts relating to a claim.

10) Disputes

- a) If there is a dispute about whether we should pay all or part of a claim or you have any other complaints, you may refer the dispute to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 (Tel: (01) 6620899) to decide on the matter. The decision of the Financial Services Ombudsman is binding on all the parties, but where one party is dissatisfied with the decision it may be appealed to the High Court.
- b) If you do not wish to avail of the procedure outlined in Rule 10(a) you may refer your dispute directly to the Courts.

11) General

- a) When you deal with us, you are acting for all the members who are included on your contract.
- b) We will send any letters and notices about your contract, by ordinary post, to the address which you give us. Where you have opted to receive policy documentation electronically, we will notify you via email instead. Accordingly, you must tell us if you change your postal or email address.
- c) The member must notify Vhi Healthcare immediately of any change to their policy or circumstances which could alter the assumptions on which the contract is based or which are material to same. If no additional material facts or change in material facts are declared to Us within 14 days of the date of issue or receipt of the Terms and Conditions, whichever is later, We assume that no material change has occurred.
- d) If any member makes, or tries to make, a dishonest application or claim which relates to his/her contract with Vhi Healthcare or any other Health Insurance contract we have the right to:
 - (i) refuse to renew his/her membership;
 - (ii) cancel his/her membership immediately.We also have the right to refuse to pay any benefits for the member. Members should be aware that Vhi Healthcare undertakes regular audits of claims and in all instances where fraud is suspected in respect of a particular claim, a full and comprehensive investigation will be carried out. In addition, Vhi Healthcare reserves the right to refer the details of any claim submitted which is in any respect fraudulent, to the appropriate authorities in order to prosecute the member.
- e) If you ask us to remove a member from your contract, we have the right to tell the member that he/she is no longer covered.
- f) To pay your benefits, we may have to provide some of your membership details to the hospital, on a strictly confidential basis. We may also have to obtain copies of your medical records from the hospital/doctors concerned and this information will be treated in strict confidence.
- g) If you use Vhi Assist, we have to provide some of your membership details to an international assistance company, also on a strictly confidential basis. The assistance company will in turn give us details of the member's illness or injury. This information will be held on the assistance company's computer. It will only be used to provide Vhi Assist services and benefits.
- h) We will pay your benefits in euro.
- i) Your contract is governed by the laws of Ireland.
- j) In accordance with the Health (Provision of Information) Act, 1997, Vhi Healthcare provides government agencies responsible for national health screening programmes with the name, address, date of birth, PPS number and Vhi Healthcare policy number of members of a requested demographic. No other information about our members is released. Vhi Healthcare also fully complies with the requirements of all Data Protection legislation.
- k) The availability of semi-private or private accommodation is determined by the hospitals and is outside the control of Vhi Healthcare.

12) Third Party Claims

- a) As outlined in Rule 8(r) expenses which are recoverable from a third party, are excluded from benefit, however:

b) Legal Action/Proceedings

Where a claim is submitted to Vhi Healthcare in respect of treatment required as a result of an injury caused through the fault of another person and where you propose to pursue a legal claim against that party, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policyholder if you are under 18 years):

- (i) complete in full and sign the injury section of the claim form which includes an undertaking to include all benefit paid by Vhi Healthcare in any claim against the third party responsible for causing the injury, and
- (ii) submit a fully completed undertaking, which will be relied on by Vhi Healthcare once a copy of the Authorisation Form is received from the Injuries Board (refer to Rule 12(d)) from your solicitor in the form prescribed by Vhi Healthcare:- "In consideration of Vhi Healthcare discharging the eligible hospital and medical expenses of my client, I hereby agree to include as part of my client's claim the monies so paid by Vhi Healthcare (details of which will be supplied to me by Vhi Healthcare) and subject to any court order to the contrary, to repay to Vhi Healthcare – out of the net proceeds of the settlement – all monies recovered in respect of such expenses paid by Vhi Healthcare."
- (iii) Inform Vhi Healthcare as soon as reasonably practicable of any arrangements for settlements discussion or hearing dates.
- (iv) In circumstances of an anticipated reduced settlement undertake for contact to be made with Vhi Healthcare upon it being made known to you that monies so paid by Vhi Healthcare may not be fully recoverable.
- (v) When a reduced settlement has been agreed, provide Vhi Healthcare with documentation from your legal representative which has been agreed between the Law Society and Vhi Healthcare confirming the veracity of the net proceeds recovered.

c) No Legal Action/Proceedings

Where a claim is submitted to Vhi Healthcare in respect of treatment you require as a result of an injury caused through the fault of another person, and you do not propose to pursue a claim against the third party and, in the view of our legal advisers, expenses are recoverable from that party, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policyholder if you are under 18 years):

- (i) complete in full and sign the injury section of the claim form which includes an undertaking to include all benefit paid by Vhi Healthcare in any claim which may subsequently be made against the third party responsible for causing the injury, and
- (ii) immediately notify Vhi Healthcare in writing of the instigation of any such claim and to repay the benefit paid by Vhi Healthcare – out of the net proceeds of the settlement – all monies recovered in respect of expenses paid by Vhi Healthcare, subject to any court order to the contrary.

d) Injuries Board

Where you make your application to the Injuries Board, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policyholder if you are under 18 years) complete in full and sign the injury section of the claim form.

This undertaking provided by you also authorises Vhi Healthcare to provide the Injuries Board with details of all monies paid by Vhi Healthcare relating to your application, and for the Injuries Board to release to Vhi Healthcare details of the Injuries Board assessment in relation to the monies paid by Vhi Healthcare.

Where the Injuries Board decides that the case is more appropriately dealt with by the court, due to some legal dispute and issues a letter of Authorisation, Vhi Healthcare will rely on the undertaking that has been provided by your solicitor, in accordance with Rule 12b(ii) above, and a copy of the Authorisation from the Injuries Board to proceed to the courts.

e) Criminal Injuries Compensation Tribunal Claims

If you are pursuing a claim through the Criminal Injuries Compensation Tribunal, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policyholder if you are under 18 years) complete in full and sign the injury section of the claim form and provide Vhi Healthcare with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal. The undertaking provided by you also authorises Vhi Healthcare to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal and for the Criminal Injuries Compensation Tribunal to release this information to us. In circumstances where such a case is unsuccessful, Vhi Healthcare will not seek a refund of the benefit paid.

f) Threshold Amount

Undertakings and refunds will not be sought if the total eligible benefit payable in respect of an accident does not exceed the threshold amount of €1,000. However if subsequent claims are submitted in respect of the same incident, which would increase the total benefit payable to €1,000 or more, an undertaking must be completed.

g) Unsuccessful/Withdrawn Claims

If a claim against a third party is not successful or is withdrawn, Vhi Healthcare will not seek a refund of the benefit paid provided that you arrange for full written details of the case to be supplied by your solicitor to the satisfaction of Vhi Healthcare outlining the reasons why the case was unsuccessful or was discontinued.

h) Disclosure

It is the responsibility of a member to disclose to Vhi Healthcare full details of any action to be pursued against a third party in relation to any incident/accident in respect of which Vhi Healthcare has paid benefit.

Voluntary Health Insurance Board

An Bord Árachais Sláinte Shaorálaigh

Postal Address: IDA Business Park, Purcellsinch,
Dublin Road, Kilkenny.

Telephone Number: **LoCall 1890 44 44 44**
Lines open: 8am – 6pm Monday – Friday
9am – 3pm Saturday

Website: www.vhi.ie
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