

Health Insurance

Insurance Product Information Document

Company: Vhi Insurance DAC is regulated
by the Central Bank of Ireland (Reg. no. C13018)



Product: HealthSteps Gold

This summary document is for guidance only and must be read in conjunction with your Table of Benefits, Terms and Conditions and the Directories of Approved Facilities.

What is this type of insurance?

This is a private medical insurance contract which provides the member with cover for day-to-day medical expenses.



What is insured?

Your Day-to-Day Medical Expenses¹

- ✓ GP - €35 per visit (7 visits).
- ✓ Consultants - €75 per visit (7 visits).
- ✓ Referrals to consultant pathologists - €75 per referral.
- ✓ Consultant radiologists - €75 per procedure.
- ✓ Pathology and Radiology technical charges in an approved centre - 75% to a maximum of €750 per year.
- ✓ Specified Diagnostic Tests - 75% cover per test to a maximum of €750 per year.
- ✓ Dental practitioner - €35 per visit (7 visits).
- ✓ Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Orthoptists - €35 per visit (7 combined visits).
- ✓ Acupuncturists, Chiropractors, Osteopaths, Physical therapists and Reflexologists visits - €35 per visit (7 combined visits).
- ✓ Pre and Post Natal Care - up to €350.
- ✓ Physiotherapist - €35 per visit (7 visits).
- ✓ Optical (eye tests & glasses/contact lenses) - 75% of charges, up to €100, every 24 months.
- ✓ Hearing test - €35, every 2 years.
- ✓ Health screening - 75% of charges, up to €200, every 24 months.
- ✓ Psychologist / Counsellor / Psychotherapist - €35 per visit (7 combined visits).
- ✓ GP procedures – covered as per the amount listed in our Schedule of Benefits for Professional Fees.



What is not insured?

- ✗ Benefits which are not mentioned in your Table of Benefits.
- ✗ General exclusions listed in the Exclusions section of your Terms and Conditions are not covered on your policy.



Are there any restrictions on cover?

- ! If you are taking out health insurance for the first time, renewing on a higher level of cover or moving from another Irish health insurer, waiting periods may apply. Please read our Terms and Conditions to find out more about waiting periods.
- ! Your day-to-day medical expenses excess is €1¹. The excess means that where your eligible benefits exceed the value of €1, we will pay remaining eligible benefits up to a value of €6,000.
- ! Other restrictions and limits on benefits are defined in your Table of Benefits.



Where am I covered?

- ✓ You are covered for day-to-day medical services provided on the island of Ireland.



What are my obligations?

- You are required to make any payments within the required or agreed time and to provide any documents or information which we request.
- You are required to declare all material facts, to act honestly and within the terms of contract or agreement.



When and how do I pay?

You must pay your premium when it becomes due for the duration of your policy. The subscriber/policyholder is responsible for ensuring all payments are made. If you are paying by cheque or credit card, you are required to pay the entire premium due for the insured period within 14 days of receiving an invoice. If you wish to pay on a monthly basis, you must be signed up for direct debit and pay in line with your payment schedule. If you are paying by salary deduction your premium will be deducted by your employer from your salary. All premiums owed must be paid within the policy term.



When does the cover start and end?

Your policy will last for one year unless we agree to a shorter period. The policy start and end dates are shown on your policy document.



How do I cancel the contract?

You can cancel your policy within 14 days of receipt of your Membership Certificate. The 14 day period starts 2 days after the issue date of your Membership Certificate or in the event of a policy renewal, within 14 days of the renewal date.