

Health Insurance

Insurance Product Information Document

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



Product: PMI 18 11

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

What is this type of insurance?

This is a private medical insurance contract which provides the member with cover for treatment in hospital as a private patient.



What is insured?

Maternity & Baby

- ✓ Full cover for 3 days in-patient hospital accommodation, when you're having your baby as a private patient.
- ✓ We cover agreed charges for your consultant, the anaesthetist's fee for your epidural, in-patient pathologist fees and a paediatric consultation.
- ✓ €3,500 home birth benefit.
- ✓ €350 towards consultants' visits before and after the birth¹.
- ✓ Paediatrician benefit - 50% cover¹.
- ✓ Yoga and Pilates classes during the pregnancy⁴.
- ✓ Baby Swim classes⁴.
- ✓ Baby Massage classes⁴.
- ✓ 3D or 4D baby scan benefit⁴.

For the Kids

- ✓ NurseLine 24/7 - talk to one of our nurses about your child's health or a medical condition at **1800 247 724**.
- ✓ Home nursing benefit for your child – €100 per day (28 days maximum), following a stay longer than 5 days.
- ✓ Parent accompanying child - €100 per day (14 days per year), following a hospital stay longer than 3 days.
- ✓ Second Opinion for Kids service offers you a medical second opinion for your child. Phone **1800 247 724**.



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 €3,200.
- ! Private hospital excess per claim – €75 (€150 for specified FPP procedures)².
- ! Geographic restrictions³ apply to Vhi Hospital@Home.
- ! Maternity bundle limit, 75% of charges up to €500⁴.
- ! Your medical and surgical appliances benefit is up to a value of €6,500⁵ per year.
- ! Other restrictions and limits on benefits are defined in your Table of Benefits.



What is insured continued...

Fertility

- ✓ You can avail of benefit towards the cost of specified fertility tests and treatments when carried out in a Vhi participating fertility treatment centre. This programme gives you a benefit towards an initial consultation, fertility tests, egg/sperm freezing and preimplantation genetic testing. Benefit is provided for frozen embryo transfer, IUI and IVF or ICSI treatments. You also get benefit towards fertility counselling and support services.

Your Day-to-Day Medical Expenses¹

- ✓ GP - 50% cover.
- ✓ Dental practitioner - €30 per visit (10 visits).
- ✓ Chiropodists/Podiatrists, Dietitians, Occupational therapists, Speech therapists, Orthoptists - 50% cover.

Our Cancer Care Promise

- ✓ Unique genetic testing cover which helps determine if you are at risk of developing, breast, ovarian or colorectal cancer and to ensure any treatment is right for you.
- ✓ Your plan includes access to new and innovative cancer treatments which may be life-saving and life extending.
- ✓ Cover for Radiotherapy and Chemotherapy in a range of hospitals (no excess applies).
- ✓ Benefit for medical and surgical appliances⁵ such as wigs for hair loss, post-mastectomy bra, swimsuit and surgical prosthesis following a mastectomy.
- ✓ Full cover for a mammogram in an approved mammogram centre.

Hospital Care

- ✓ Public hospitals – full cover.
- ✓ Private hospitals²:
 - Full cover for day care, side room and shared room in most private hospitals (limited cover for certain treatments).
 - Shared room rate for a private room in most private hospitals.
- ✓ Medical costs of in-patient diagnosis and tests are covered too.

Urgent Care

- ✓ As a Vhi member you can avail of the following exclusive benefits:
 - Full cover* for unlimited Urgent Care visits in a Vhi 360 Health Centre *Subject to an excess of €75

Wellness & Prevention

- ✓ Your plan includes cover every 24 months for our health screening programme which is tailored to your stage in life, to help you identify health risks early:
 - Full cover* for HealthCheck screening in a Vhi Medical Centre *Subject to an excess of €75

Mental Health

- ✓ In-patient mental health treatment for up to 100 days.
- ✓ Mental health therapy sessions - €100 per visit (12 visits).
- ✓ 91 days in-patient treatment for alcoholism, drug or other substance abuse in any five-year period.
 - You can access confidential counselling and information services to assist in coping with personal, work, financial or legal issues.

Overseas Cover

- ✓ Cover up to €100,000 per calendar year for medical emergency treatment in a hospital.
- ✓ Treatment that is not available in Ireland is covered up to €100,000 per calendar year, as long as it's approved in advance.
- ✓ 24 hour emergency telephone service.

Cardiac Care

- ✓ Your plan provides you with good cover for a wide range of specialised cardiac procedures.

Vhi Hospital@Home

- ✓ Full cover for certain treatments carried out in the comfort of your own home³.



Where am I covered?

- ✓ You are covered in facilities listed in your Directory of Approved Medical Facilities which are located on the island of Ireland. For a list of facilities covered go to **[Vhi.ie/facilityfinder](https://vhi.ie/facilityfinder)**



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.