

Health Insurance

Insurance Product Information Document

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



Product: PublicPlus Care

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?

Urgent Care

- ✓ As a Vhi customer you can avail of the following exclusive Vhi 360 Health Centre:
 - Full cover* for 2 Urgent Care visits in a Vhi 360 Health Centre *Subject to an excess of €75

Diagnostics & Scans¹

- ✓ Consultant visits – €60 per visit
- ✓ X-rays - €40 per scan
- ✓ Blood tests - €40 per test
- ✓ Specified Diagnostic Tests - €40

Overseas Cover

- ✓ Cover up to €65,000 per calendar year for medical emergency treatment in a hospital.
- ✓ 24 hour emergency telephone service.



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?

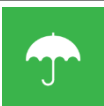
- ! If you are taking out health insurance for the first time, renewing on a higher level of cover or moving from another Irish health insurer, waiting periods may apply. Please read our Terms and Conditions to find out more about waiting periods.
- ! Your diagnostics & scans excess is €100¹. These benefits are not subject to an annual maximum.
- ! Your medical and surgical appliances benefit is 50% up to a value of €1,000² per year.
- ! Other restrictions and limits on benefits are defined in your Table of Benefits.



What is insured continued...

Our Cancer Care Promise

- ✓ Your plan includes access to new and innovative cancer treatments which may be life-saving and life extending.



What is insured continued...

- ✓ Cover for Radiotherapy and Chemotherapy in a range of hospitals.
- ✓ Benefit for medical and surgical appliances² such as wigs for hair loss, post-mastectomy bra, swimsuit and surgical prosthesis following a mastectomy.

Hospital Care

- ✓ Public hospitals – full cover.
- ✓ Medical costs of in-patient diagnosis and tests are covered too.

Maternity & Baby

- ✓ €400 benefit towards 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.



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**



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.

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