



Hospital Plans Terms & Conditions (T&Cs) Changes Explained

In line with the Consumer Insurance Contracts Act (2019), the T&Cs changes applicable to your upcoming renewal are shown below. A change to a benefit's terms and conditions will only affect you if that benefit is included in your plan, as specified in your Table of Benefits.

1. Updated General T&Cs

Cancellation by Us

We are amending the *Cancellation by Us* rule to ensure compliance with the latest CICA requirements. The updated rule is as follows:

Cancellation by Us

We can cancel/terminate Your Policy at any time if:

1. the premium has not been paid in accordance with what has been agreed, by letting **You** know in writing,
2. **You** make a fraudulent or false/misleading claim, or
3. there has been any other breach of **Your Policy**, by **You** by letting **You** know in writing.

Fraudulent Claims

We are updating the rule for *Fraud or Misrepresentation*. The updated rule now reads as follows:

Fraudulent Claims

If **You** make, or attempt to make, a fraudulent claim, **We** can

1. terminate **Your Policy** with effect from the date of the fraudulent act;
2. not pay any **Benefits** under **Your Policy** from the date of termination;
3. not return any premiums paid under the insurance contract; and
4. refuse to renew **Your Policy**.

Audits

We are revising the *Audits* rule. The revised rule is outlined below:

Audits **We** carry out regular audits of claims and where fraud is suspected, **We** will carry out a full investigation. **We** may refer details of any claim submitted, where **We** suspect fraud, to the authorities to take appropriate action.

Complaints Procedure

We are updating the Complaints Procedure to clearly outline all the channels available for submitting a complaint.

The revised rule is as follows:

1. To make a complaint **You** may:
 - a. call Us on 056 444 4444, Monday to Friday, 8am to 7pm and Saturday from 9am to 3pm;
 - b. complete **Our** complaints enquiry form which can be accessed at <https://www1.vhi.ie/help-and-support/contactsupport/complaints>;
 - c. Email Us at: info@vhi.ie, or
 - d. contact **Us** by post at Vhi Healthcare, IDA Business Park, Purcellsinch, Dublin Road, Kilkenny. R95 WKK6

Making a Claim

We are updating the Claim Form and Receipts rule under *Making a Claim* to clarify the sequence in which receipts are reviewed and how we process receipts for benefits with a defined monthly period. The updated rule is as follows:

:

- Claim Form and Receipts 1. We will only pay **Your** claim when **We** receive:*
- a. a completed claim form signed by **You**, and
 - b. the original paid invoices or receipts, and
- 2. We will only pay **Your** child's claim when **We** receive:*
- a. a completed claim form signed by their parent or legal guardian, and
 - b. the original paid invoices or receipts.
- 3. When assessing multiple receipts at the same time, receipts are processed in treatment date order, starting with the oldest treatment date.*
- 4. Invoices and receipts will not be returned following assessment of the claim. **You** may wish to retain copies before sending them to **Us**.*
- 5. Where **Benefits** are paid in a defined monthly period (i.e. 24 month period), this period starts on the date when **You** have the first treatment provided or test performed.*

Cover Outside Ireland

We are revising the contact details to include an email address for *Vhi Assist*. The revised rule is as follows:

*If **You** need to make a claim, **You** must:
contact **Our** helpline before receiving any medical treatment on:
USA and Canada 1800 364 9022 . Rest of the world +353 1 448 2444 .
vhiassist@eurocross.nl*

Vhi Digital Services

We are updating the *Vhi Digital Services* provision to provide clearer guidance on access for members residing outside of Ireland. The revised rule is as follows

*While **We** will make every effort to support international mobile numbers, there may be cases where numbers registered outside Ireland cannot be supported, resulting in limited or no access to Vhi's Digital Services.*

2. Updated Benefit T&Cs

Dental Procedures

We are updating the *Dental Procedures Benefit* to provide greater clarity for children up to age 18 who require General Anaesthetic. The updated rule now includes:

*If it is medically necessary for your **child** (up to age 18) to undergo routine dental treatment under General Anaesthetic in an **Approved Facility**, We will:*

- *Cover the hospital stay, subject to prior approval, up to the level of cover outlined in the **Table of Benefits on Your Child's Plan**.*
- *Provide a contribution towards the Anaesthetist's fees.*

Please note:

We do not cover the dentist's Professional Fees for this treatment.

Cancer Care Support

We are revising the *Cancer Care Support Benefit* to include cancer-related immunotherapy. The revised rule is as follows:

Travel and Parking Costs

a contribution towards the costs:

- 1. for one night's accommodation in a hotel, hostel or bed and breakfast where **You** travel more than 50km;*
- 2. travel by public transport, taxi, hackney or petrol, diesel or electric vehicle charging for **Your** car where **You** travel more than 50km; and*
- 3. car parking costs*

incurred as a result of

Out-Patient chemotherapy, **Out-Patient** radiotherapy treatment or cancer related immunotherapy.

Parent Accompanying Child

We are revising the *Parent Accompanying Child Benefit* to include Electric Vehicle charging costs. The revised rule now reads as follows:

1. **We will cover the Benefit:**
 - a. where **Your Child's** hospital stay exceeds 3 days,
 - b. where **You** are the parent or guardian of the **Child**, and
 - c. where **You** have a dated receipt on headed paper. (This does not apply to costs for electric vehicle charging.)
2. **We will pay the Benefit shown in Your Table of Benefits**, starting from the date of admission, subject to the following:
 - a. accommodation costs are limited to hotel, hostel, hospital and B&B accommodation, and
 - b. travel costs are limited to public transport, taxi, hackney, petrol or diesel, electric vehicle charging costs and car parking costs.
3. For electric vehicle charging costs, **We will calculate the Benefit payable based on a set rate per kilometre as determined by Us and the total distance travelled by You for treatment. The distance allowed for travel will be determined using the fastest route on AA Route Planner. The current rate payable is available at vhi.ie. For Hybrid Vehicles, You may claim under the electric vehicle charging Benefit or the petrol/diesel Benefit once per treatment.**
4. Please refer to vhi.ie/claims for further details on how to claim.

Convalescent Care Benefit

We are updating the *Convalescent Care Benefit* to include a reference the Health Information and Quality Authority (HIQA). The updated rule now reads as follows:

- We will cover the Benefit for convalescent care where:**
1. a **Consultant** and **Our** medical advisers agree that it is **Medically Necessary**;
 2. the care immediately follows a stay in hospital which is eligible for **Benefit** under **Your Policy**, even if the hospital is not covered by **Your Plan**; and
 3. **You** stay in a Convalescent Home currently registered and approved by the Health Information and Quality Authority (HIQA) in line with the Health Act 2007. Details can be found at www.hiqa.ie/find-a-centre.
- Please refer to vhi.ie/claims for further details on how to claim.

Annual Cardiac Review

We are updating the eligibility criteria for the *Annual Cardiac Review Benefit* to provide greater clarity. The updated rule now reads as follows:

1. **We will cover a Benefit when carried out on an Out-Patient basis by a GP, Consultant, Nurse or in a Approved Facility.**
2. **No Benefit is payable for shortfalls submitted against any other part of Your Plan.**
3. **Receipts for blood tests are not eligible under this Benefit.**

Cancer Care Support Benefit

We are updating the eligibility criteria for petrol and diesel receipts under the Cancer Care Support Benefit to clarify the applicable timeframe for eligibility. The updated rule now reads as follows:

1. **We will provide a Benefit:**
 - a. where treatment takes place in an **Approved Facility**, and
 - b. where claims are accompanied by dated receipts on headed paper. Receipts for petrol or diesel must be dated within 7 days of the treatment. This does not apply to costs for electric vehicle charging.

Emergency Dental Treatment

We are updating the eligibility criteria under the *Emergency Dental Treatment Benefit* to provide greater clarity. The updated rule now reads as follows:

We will cover the Benefit where:

1. **You present and have treatment with the Dental Practitioner within 5 days of the Accident,**
2. **the Dental Practitioner certifies that the emergency treatment was necessary,**
and
3. **the claim is accompanied by a dated receipt on headed paper**

Definition relating to Chiropodist/Podiatrist

We are updating the definition of *Chiropodist/Podiatrist* to include the Podiatrist Registration Board of CORU. The updated definition now reads as follows:

A practitioner who is currently a member of:

1. *the British Chiropody & Podiatry Association,*
2. *the Institute of Chiropodists & Podiatrists (Rep. of Irl.),*
3. *the Irish Chiropodists/ Podiatrists Organisation Ltd.,*
4. *Podiatry Ireland or*
5. *the Podiatrist Registration Board at CORU.*

Definition relating to Physiotherapist

We are updating the definition of *Physiotherapist* to include Physical Therapist, in line with CORU guidelines. The updated definition now reads as follows:

Physiotherapist/ Physical Therapist A member of the Irish Society of Chartered Physiotherapists or registered on the Physiotherapists Registration Board at CORU.

Physiotherapist

We are updating the benefit description of *Physiotherapist* to include *Physical Therapist*. The updated description now reads as follows:

*a contribution towards the cost of **Your** visit to a **Physiotherapist/Physical Therapist**.*

Definition relating to Physical Therapist

We are updating the definition of Physical Therapist to align with the term Massage Therapist, in accordance with CORU requirements.

. The updated definition now reads as follows:

Massage Therapist A practitioner who is currently a member of:

- 1. the Orthopaedic and Soft Tissue Therapists of Ireland (ROSTI)*
- 2. the Irish Association of Physical Therapists*
- 3. the Irish College of Osteopathic Medicine (ICOM).*

Manual Lymph Drainage

We are revising the eligibility criteria for *Manual Lymph Drainage Benefit* to align the practitioner definition with the updated Physiotherapist/Physical Therapist terminology. The revised rule is as follows:

We will cover the *Benefit* where the person giving the care is a:

- 1. *Physiotherapist /Physical Therapist,***
- 2. *Massage Therapist, or***
- 3. *Member of Manual Lymph Drainage (MLD) Ireland***

Alternative Therapy

We are updating the eligibility criteria under the *Alternative Therapy Benefit* to include Massage Therapist. The updated rule now reads as follows:

We will cover a *Benefit* towards the following alternative therapists:

- 1. *Acupuncturist,***
- 2. *Chiropractor,***
- 3. *Osteopath,***
- 4. *Massage Therapist, and***
- 5. *Reflexologist.***

Optical – Eye Tests

We are updating the eligibility criteria under *the Optical – Eye Tests Benefit* to provide greater clarity.

. The updated rule now reads as follows:

We will cover a *Benefit* towards eye tests if they are carried out by an:

- a. *Optometrist,***
- b. *Ophthalmic Surgeon registered with **Us**, or***
- c. *Ophthalmic Physician registered with **Us**.***

Optical – Glasses & Contact Lenses

We are updating the eligibility criteria under the *Optical – Glasses & Contact Lenses Benefit* to clarify the practitioner requirements for this benefit. The rule now reads as follows:

We will provide this Benefit where the Prescription Glasses, Contact Lenses and/or repairs are provided by a registered Optometrist.

Baby Swim Classes

We are updating the eligibility criteria under the *Baby Swim Classes Benefit* to remove the one claim limit. The rule now reads as follows:

We will provide this Benefit up to 1 year after the birth of the Child.

Return Home Benefit

We are updating the eligibility criteria under the *Return Home Benefit* to remove the benefit maximum of 3 claims per calendar year as this is now listed on your Table of Benefits. The rule now reads as follows:

***We will provide cover:
towards travel costs for public transport, taxi, hackney and care parking costs
for claims accompanied by dated receipts on headed paper.***

3. New Benefit T&Cs

Accident & Emergency Cover

We are introducing a new rule for *Private Hospital Accident & Emergency Cover* to clarify how you can claim and the benefits that apply. The new rule reads as follows:

*If **You** attend an Accident & Emergency department in a Private Hospital, eligible costs may be claimed in accordance with **Your Plan**.*

Claims will be assessed under the following categories:

- *A&E or registration fees will be treated as consultant visits.*
- *Other tests such as Scans, Blood Tests, etc. can be claimed under the relevant Benefits where applicable on **Your Table of Benefits**.*

*An excess may apply depending on **Your Plan**. You can check **Your** cover via MyVhi, the 'Check your Health Cover' feature in the Vhi app or by calling **Us**.*

General Vaccinations

We are introducing a new rule for *General Vaccinations* to clarify the eligible vaccines and criteria that apply. The new rule reads as follows:

General Vaccinations

We will cover the Benefit for vaccinations against Meningitis B, Shingles, Chicken Pox, RSV, Flu and HPV when administered by a

1. **GP**
2. **Consultant**
3. **Pharmacist** or
4. **Nurse**

Play Therapist

We are introducing a new rule for *Play Therapist*. The Benefit description will read as follows:

Play Therapist

*a contribution towards the cost of a visit to a **Play Therapist**.*

4. New General T&Cs

Visit

We are introducing a new definition under general definitions. The definition reads as follows:

Visit

Attendance with an approved practitioner.

Extended visits or consecutive visits performed on the same day, are considered a single visit.

Play Therapist

We are introducing a new definition under *Practitioner's Registration Requirements*. The definition reads as follows:

Play Therapist

A practitioner who is currently a member of:

- 1. Irish Association of Play Therapy & Psychotherapy (IAPTP),*
- 2. Irish Play Therapy Association (IPTA)*
- 3. Play Therapy Ireland (PTIRL)*
- 4. Irish Play Therapy Community Association (IPTCA)*

5. Benefit T&Cs which are no longer applicable

Nursery Fees – Exclusions

We are removing the rule which excludes *Nursery Fees* under General Exclusions.

Nursery Fees nursery fees.

Hearing, Sight and Dental - Exclusions

We are updating the exclusion for *Hearing, Sight and Dental Benefit* by removing hearing and sight tests as well as glasses and contact lenses. The revised exclusion will now read as follows:

Hearing and Dental

- a. hearing aids and cochlear implants; or
- b. dentures, orthodontic treatment or orthodontic appliances (such as braces).

Psychologist – Exclusions

We are removing the rule which excludes *psychologist fees* under General Exclusions.

Psychologist Fees psychologist fees.

Preventative Medicine - Exclusions

We are revising the *Preventative Medicine* exclusion to remove bone density scans. The updated exclusion will read as follows:"

Preventative Medicine vaccinations, routine or preventative medical examinations. This includes screening and check-ups, other than where specifically covered by Your Plan.

Your policy Terms & Conditions, Table of Benefits and Directory of Hospitals contain full details of all your cover.

If you have any questions, please call us on **(056) 444 4444**.

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