



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

We're updating our Terms and Conditions to make them easier to read and understand. While the wording and layout might look a bit different, these updates won't change your cover or how your plan works.

In line with the Consumer Insurance Contracts Act (2019), the T&Cs changes applicable to your upcoming renewal are shown below. A benefit terms and conditions change only impacts you if the benefit is available on your plan, as outlined in your Table of Benefits.

1. Updated General T&Cs

Contract

We are updating the rule for changes in the participation status of a hospital to clarify that should a contract cease with a hospital, a period of non-participation no longer applies and the hospital will move straight to off-directory. The rule now reads as follows:

e) In the event where the contract between a participating hospital (or treatment centre) and Vhi is terminated for any reason other than the closure of that hospital or treatment centre, We will publish a notice in the media and the Hospital will be removed from Our Directory of Approved Medical Facilities. Should this change occur, no benefit shall be payable.

Cancellation by Us

We are updating the rule for Cancellation by Us to comply with updates in CICA. The rule now reads 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 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 updating the rule for Audits. The rule now reads as follows:

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.

2. Updated Benefit T&Cs

Dental Procedures

We are updating the Dental Procedures Benefit to include clarity for children up to the age of 18 who require General Anaesthetic. The 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 updating the Cancer Care Support Benefit to include cancer related immunotherapy. The rule now reads as follows:

Cancer Care Support – Accommodation,

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 updating the Parent Accompanying Child Benefit to include Electric Vehicle charging costs.

Parent Accompanying Child

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 the Health Information and Quality Authority (HIQA). The 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 Annual Cardiac Review benefit eligibility criteria. The rule now reads as follows:

Annual Cardiac Review- Eligibility Criteria

- 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**.*

Definitions relating to Counsellor

We are updating the definition of Counsellor to include the Irish Fertility Counsellors Association (IFCA). The definition now reads as follows:

Counsellor

A chartered member of the Psychological Society of Ireland (PSI) or a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); The Irish Council for Psychotherapy (ICP), Irish Fertility Counsellors Association (IFCA) . It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.

Definitions relating to Psychotherapist

We are updating the definition of Psychotherapist to include the Irish Fertility Counsellors Association (IFCA). The definition now reads as follows:

Psychotherapist

A chartered member of the Psychological Society of Ireland (PSI) or a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); The Irish Council for Psychotherapy (ICP), Irish Fertility Counsellors Association (IFCA) . It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.

Hospital Benefit

We are updating the rule for Hospital Benefit to remove reference to non-participating hospitals. The rule now reads as follows:

6) Hospital Benefit

Hospital benefit is payable for In-patient treatment in a participating hospital listed in the Directory of Approved Medical Facilities and which is covered by Your Plan, in private and semi-private accommodation. Details of the benefits payable for participating hospitals are contained in Your Table of Benefits.

Professional Fee Benefit

We are updating the rule for Hospital Benefit to remove reference to non-participating hospitals. The rule now reads as follows:

7) Professional Fee Benefit

We will pay Consultant or General Practitioner fees for medically necessary treatment which is covered by the Schedules of Benefits and is carried out in a participating hospital. If a Consultant or General Practitioner is non-participating, We will pay the standard benefit as set out in the Schedules 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 which is not covered by Your Plan, benefit for Consultant or General Practitioner fees will not be payable. 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.

Maternity

We are updating the rule for Maternity to remove reference to Non-Participating hospitals. The rule now reads as follows:

27) 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 hospital listed in the Directory of Approved Medical Facilities 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. 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

Baby Swim Classes

We are updating the rule for Baby Swim Classes to clarify that this benefit is claimable under your child's plan. The rule now reads as follows:

62) Baby Swim Classes

If included on Your Child's Plan, we will pay the benefit listed in the Table of Benefits for baby swim classes up to 1 year after the birth. This benefit is payable in respect of an insured Child availing of the service. (See also Rule 8e).

Baby Massage Classes

We are updating the rule for Baby Massage Classes to clarify that this benefit is claimable under the parents' plan. The rule now reads as follows:

34) Baby Massage Classes

If included in Your Plan, we will pay the benefit listed in Your Table of Benefits for baby massage classes carried out by members of the International Association of Infant Massage for Your Child up to 1 year after the birth. This benefit is payable in respect of an insured Adult availing of the service. (See also Rule 8e).

Cancer Care Support Benefit

We are updating the rule for the Cancer Care Support Benefit to include electric vehicle charging. The Rule now reads as follows:

26) Cancer Care Support Benefit

We will pay the benefit listed in Section 5 of the Table of Benefits towards one night's accommodation (in a hotel, hostel or B&B) and/or travel costs (limited to public transport, taxi, hackney and petrol/diesel/electric vehicle charging) of a Customer when a Customer travels more than 50km to receive Out-patient chemotherapy and/or Out-patient radiotherapy treatment. We will also pay the benefit listed in the Table of Benefits towards car parking costs. The treatment must take place in a hospital listed in the Directory of Approved Medical Facilities covered by the Plan. Claims accompanied by dated receipts on headed paper will be eligible for benefit with the exception of Electric Vehicle charging costs. For electric vehicle charging costs, we will calculate the benefit payable based on a set rate per kilometre as determined by Vhi 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 benefits rate payable is available at vhi.ie. For Hybrid Vehicles, you may only claim under the electric vehicle charging benefit or the petrol/diesel benefit once per treatment.

Vhi Core Services

We are updating the rule for Vhi Core Services to remove reference to HealthCheck@Home as the service is no longer available. The new rule reads as follows:

41) Vhi Core Services

iv. Health Screening

We will pay the benefit listed in Your Table of Benefits towards the cost of a HealthCheck Screen in a Vhi Medical Centre in a 24 month period provided We determine it to be medically appropriate. This 24 month period begins on the date that the screening tests are performed. Customers under the age of 18 years at their last renewal are not covered for screening.

3. New Benefit T&Cs

SELFCheck™ Testing Kits purchased Online

We are introducing a new rule for SELFCheck™ Testing Kits purchased Online to define the brand of test kits eligible for benefit, where they must be purchased and other criteria applicable for the benefit. The new rule reads as follows:

86) SELFCheck™ Testing Kits purchased Online

We will pay the benefit listed in Your Table of Benefits towards the cost of a SELFCheck™ Home Self Testing Kit when purchased through any online pharmacy. This benefit is available to insured members over the age of 18 only. We do not take responsibility for the findings of a SELFCheck™ Home Self Testing Kit test and all follow-ups should be conducted by You with a qualified medical practitioner.

General Conditions

We are introducing a new rule under General Conditions to provide clarity on how the availability of accommodation within a hospital is managed. The new rule reads as follows:

6) The availability of semi-private or private accommodation is determined by the hospitals and is outside of Our control. Some facilities may solely provide one type of accommodation (i.e. Some facilities may have private or semi-private accommodation only). Should this be the case, shortfalls may apply to hospital charges for accommodation which requires a higher level of cover.

Pathology/Blood Tests

We are introducing a new rule for Pathology/Blood Tests to clarify the criteria applicable for the benefit. The new rule reads as follows:

87) Pathology/Blood Tests

We will pay the benefit listed in Your Table of Benefits towards the cost of Pathology/Blood Tests with a Consultant Pathologist on an outpatient basis. Benefit for Technical Charges is only payable when performed in an Approved Outpatient Centre as per the Vhi Directory of Approved Medical Facilities. Maternity and fertility-related procedures are not eligible under this benefit.

Radiology/X-Rays & Scans

We are introducing a new rule for Radiology/X-Rays & Scans to clarify the criteria applicable for the benefit. The new rule reads as follows:

88) Radiology/X-Rays & Scans

We will pay the benefit listed in Your Table of Benefits for x-rays, scans, and radiology procedures listed in the Vhi Schedule of Benefits when performed by a Consultant Radiologist on an outpatient basis. Benefit for Technical Charges is only payable when performed in an Approved Outpatient Centre as per the Vhi Directory of Approved Medical Facilities. Maternity and fertility-related procedures are not eligible under this benefit.

4. New General T&Cs

Electronic Banking

We are introducing a new rule under section 8 to provide clarity in regards to Claims Payments made by SEPA. The new rule reads as follows:

8(i) When claims payments are made by SEPA (Single Euro Payment Area) transfer, you must ensure that the BIC and IBAN provided on your claim form or when You use Our Snap and Send Claiming System, are accurate and correct. Vhi cannot be held liable for any inaccuracies in the bank details that are provided to Us and It will be your sole responsibility to recover any misdirected funds.

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.

5. General T&Cs which are no longer applicable

10. General (8)- Availability of Accommodation

We are removing the rule under Section 10. General regarding the availability of semi-private and private rooms as this will now be held in the benefits section to provide greater clarity. This rule will be removed from our terms & conditions under Section 10 General (8).

8) The availability of semi-private or private accommodation is determined by the hospitals and is outside of Our control.

6. Benefit T&Cs which are no longer applicable

Non-participating Hospital

We are removing the rule for definition of a Non-participating Hospital as hospitals can no longer be non-participating with Vhi. This rule will be removed from our terms & conditions under Section 12 Glossary- Non-Participating Hospital.

Non-participating Hospital

A hospital which We no longer have an agreement with but is listed as non-participating in the Directory of Approved Medical Facilities, so We will pay benefit based on the charges previously approved by Us. This is based on the most recent participating agreement We held with the hospital. In the event of a hospital being listed as non-participating We will pay Your claim on a non-direct payment basis.

Repatriation- Exclusions- Any treatment related to a psychiatric condition

We are removing the rule which excludes Psychiatric Conditions under our Repatriation benefit. This rule will be removed from our terms & conditions under Section 6 (20)
Exclusions:

iii) Any treatment related to a psychiatric condition.

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 and removing hearing/sight tests and glasses/contact lenses. The 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.

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**.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.