



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 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

General Conditions

We are amending the rule to confirm that out-patient procedures are not subject to the 180 day limit on your policy. The rule now reads as follows:

5, 1) General Conditions

We will pay benefits for In-patient and Day-patient treatment and Side Room Procedures for a maximum of 180 days per person in any calendar year, less any days treatment within the same calendar year which has been paid under any other health insurance contract (for benefit in respect of psychiatric treatment and addiction treatment, please refer to T&Cs 5(21) and 5(22)).

Payment to Doctors

We are amending the rule to advise that direct payment to doctors, including the deduction of withholding tax from benefits, applies to treatment carried out in the Republic of Ireland. The rule now reads as follows:

8, d) PAYMENTS TO DOCTORS

By law, We have to pay benefits for doctors' fees directly to the doctor (except for Day-to-day medical expenses benefit) for treatment carried out in the Republic of Ireland. We also have to deduct withholding tax from the benefits We pay. We will send You details of the benefits We pay to the doctor. If You pay the doctor directly, We must still pay the benefits to the doctor and You will then have to ask the doctor for a refund of any amounts You paid.

Day to Day Medical Expenses Waiting Periods:

We are removing the Day to Day Medical Expenses waiting period applicable to members aged 50+ years. Please refer to the Waiting Periods tables in your Terms and Conditions.

Exclusion:

We are amending the exclusion definition in relation to practitioner treatment on family members to include partner. The updated exclusion now reads as follows:

xvi) Treatment, tests or consultations given by a practitioner to his/her wife/husband/partner, children, parents or himself/herself

Cancellation/Termination by us:

We are amending the rule in relation to cancellation or termination of your policy by us to advise that we reserve the right to seek recovery administration & breach fees. The new rule now reads as follows:

4.g) Cancellation / Termination by Us

We may cancel / terminate the Policy in the following circumstances:

i) In the event that payment of the premium does not commence in accordance with the T&Cs of the Policy, then no benefits will be paid under the Policy in these circumstances.

ii) In the event of non-payment of the premium during the course of the Policy term, such non-payment will constitute a breach of the Policy. No further benefits will be paid for that Policy term and We reserve the right to seek recovery of the losses and expenses incurred by Us as follows:

- In the event that no claims have been paid, this will amount to the health insurance levy calculated on a pro-rata basis, together with an administration charge of fifty euro;

- In the event that claims have been paid, this will amount to the total outstanding premium due to Us.

2. Updated Benefit T&Cs

Cancer Care Support

We are broadening the Cancer Care Support benefit to allow for accommodation and/or travel costs and including car parking. The rule now reads as follows:

5, 25) 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) 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 Hospitals (and Treatment Centres) covered by the Plan. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

Cosmetic treatment

We are amending the exclusion rule in relation to cosmetic treatment. The exclusion rule now reads as follows:

7, xix) (Exclusions) Cosmetic treatment, (including tests, investigations and consultations) and treatment of any complications arising from cosmetic treatment – unless it is needed (i) to restore Your appearance after an accident or (ii) because You were severely disfigured at birth.

Contraceptive Measures

We are amending the exclusion rule in relation to contraceptive measures. The exclusion rule now reads as follows:

7, vi) (Exclusions) Contraceptive measures or their reversal. (Unless specifically covered by Your Plan).

Dexa Scans

We are broadening the benefit in relation to Dexa Scans. Members are no longer required to meet specified clinical indications. The rule now reads as follows:

5, 17) Dexa Scans

We will pay the benefit listed in Your Table of Benefits subject to the following criteria:

- (i) You are referred for a Dexa Scan by a General Practitioner or Consultant; and
- (ii) The Dexa Scan is carried out in one of Our approved Dexa Scan centres.

For any other Dexa Scans, please refer to the x-rays & scans/radiology benefit under Section 9 of Your Table of Benefits.

Fertility Treatment

We are clarifying the benefits in relation to fertility treatment and who may avail of these benefits. The new benefit rule now reads as follows:

5, 59) Fertility Programme

We will pay the benefit set out in Your Table of Benefits towards the following treatments in a Vhi Approved Fertility Treatment centre, as outlined in the Directory of Hospitals (and Treatment Centres);

- a) Initial Consultation: The benefit listed in Your Table of Benefits is payable towards Your initial consultant consultation with the approved Fertility centre.
- b) Fertility tests: The benefit listed in Your Table of Benefits is payable towards Fertility tests for the insured customer in an approved Fertility centre. Available Fertility tests may vary between centres.
- c) Egg freezing: the benefit listed in Your Table of Benefits is payable towards egg freezing for the insured female customer in an approved Fertility centre. No benefit is payable towards storage costs.
- d) Sperm Freezing: The benefit listed in your Table of Benefits is payable towards Sperm freezing for the insured male customer in an approved Fertility centre. No benefit is payable towards storage costs.
- e) IUI: The benefit listed in Your Table of Benefits is payable towards IUI (intrauterine implantation) for the insured female customer in an approved Fertility centre.
- f) IVF or ICSI: The benefit listed in Your Table of Benefits is payable towards IVF (In-vitro fertilisation) or ICSI (Intracytoplasmic sperm injection) for the insured female customer in an approved Fertility centre.
- g) Preimplantation Genetic Testing (PGT): The benefit listed in Your Table of Benefits is payable towards Preimplantation Genetic Testing in an approved Fertility centre, subject to certain clinical criteria as specified by Us to the approved Fertility centres.
- h) Frozen Embryo Transfer: The benefit listed in Your Table of Benefits is payable towards Frozen Embryo Transfer for the insured female customer in an approved Fertility centre.

Mammograms

We are broadening the benefit in relation to direct pay mammograms. Members are no longer required to meet specified clinical indications and will be covered for all mammograms

(previously covered for screening only) in one of our approved Mammogram centres. The rule now reads as follows:

5, 18) Mammograms

We will pay the benefit listed in Your Table of Benefits subject to the following criteria:

- (i) You are referred for a Mammogram by a General Practitioner or Consultant; and*
- (ii) The Mammogram is carried out in one of Our approved Mammogram centres.*

For any other Mammograms, please refer to the x-rays & scans/radiology benefit under Section 9 of Your Table of Benefits.

Online Consultations

We are amending the exclusion rule to advise that online consultations provided through the Vhi Digital Health Services, via the Vhi app, are not excluded. The rule now reads as follows:

7, xxiii) Online Consultations with a practitioner (including a General Practitioner or Consultant) from any Medical Speciality, including any prescription drugs or treatment prescribed following an online Consultation, unless specifically included on Your Table of Benefits or if the consultation is provided through the Vhi Digital Health Services.

Planned / Elective Treatment Abroad

We are amending the benefit rule to advise on the calendar limits which apply in relation to planned elective treatment abroad. The rule now reads as follows:

C) Prior Approval for Treatment Abroad

6, 21) We will in certain circumstances provide benefit for Your Planned Elective Treatment Abroad during a temporary stay abroad as outlined in points (i) and (ii) below.

(i) For surgical treatment or a diagnostic procedure that is available in Ireland, we will pay benefit for medically necessary surgical procedures and diagnostic procedures that are currently listed in the Vhi Schedule of Benefits for Professional Fees, Surgery and Procedures Section. We will pay up to the average benefit that we would have paid in respect of the same surgical procedure in Ireland under your level of cover (including professional fees). We will pay up to the maximum limit outlined in your Table of Benefits, per calendar year, as applicable to Your Plan at the time of Your treatment.

(ii) For a therapeutic procedure that is not available in Ireland We will pay up to the maximum limit outlined in your Table of Benefits, per calendar year, as applicable to Your Plan at the time of Your treatment, unless a reasonable alternative therapeutic procedure is available here in which case the benefit will be as outlined in (i) above.

(iii) For medically necessary hospital admissions for follow-up assessments that are not available in Ireland, following a therapeutic procedure eligible for benefit in accordance with (ii), We will pay up to the maximum limit outlined in your Table of Benefits, per calendar year, as applicable to Your Plan at the time of Your treatment.

6, 22) If You wish to apply for benefit for Your planned elective treatment abroad, We require a fully completed Prior Approval Application form by Your Irish based referring Consultant.

New parents' Food Pack

We are amending the benefit to advise that benefit can be claimed on either the parent or insured child's plan. The new benefit rule now reads as follows:

5, 66) New Parents Food Pack

If included in Your or Your newborn Child's Plan, We will pay the benefit listed in Your Table of Benefits for a nutritional food pack provided to new parents.

To access this benefit, simply contact Us to register Your new Child on Your policy and We will provide You with Your voucher code. This benefit is available up to 1 year after the birth and is only claimable once per child.

STI (Sexually Transmitted Infection) Screening

We are expanding the benefit to also allow STI screening performed by a nurse. The rule now reads as follows:

*5, 68) STI (Sexually Transmitted Infection) Screening
If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of STI Screening carried out by a General Practitioner, Consultant or Nurse in their own rooms.*

Vhi Second Opinion Service

We are amending the rule to reflect that the Vhi Second Opinion Service is available to all members. Benefit rule now reads as follows:

*5, 58) Vhi Second Opinion Service
The Vhi Second Opinion service offers You a medical second opinion. Should You wish to avail of this service or find out more details, please contact Us on 1800 247 724.*

3. New Benefit T&Cs

Annual Cardiac Review

We are introducing a new benefit for an annual cardiac review. The rule reads as follow:

5, 83) If included on your plan, We will pay the benefit listed in your Table of Benefits towards the cost of a Consultant Cardiologist visit and Cardiac Diagnostic tests as listed (Stress test, ECG, Holter monitor, blood Pressure monitor and/or event monitor) when carried out in an approved outpatient centre. Please note it is only possible to claim these expenses once .i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance plan. Receipts for Blood tests are not eligible under the Annual Cardiac Review benefit.

Intrauterine system (IUS) hormonal coil

We are introducing a new benefit rule in relation to the hormonal coil benefit. The new rule now reads as follows:

*5, 85) Intrauterine system (IUS) hormonal coil
If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of an Intrauterine system (IUS) hormonal coil where the coil/system is either a Mirena, Jaydess or Kyleena Intrauterine System. Treatment must be carried out by a General Practitioner, Consultant or Nurse.*

Medical & Surgical Appliances

We are introducing a new benefit rule to support Vhi Healthcare approved medical and surgical appliances. The new benefit rule now reads as follows:

*5, 84) Vhi Healthcare approved Medical and Surgical Appliances
If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of Vhi Healthcare's list of approved Medical and Surgical Appliances. Some of these appliances may require a specific referral letter to confirm medical necessity. The*

list of eligible appliances may change from time to time, so please contact us for details of the most up to date list.

Out-patient Mental Health Treatment

We are introducing a new benefit for a mental health assessment. The new benefit rule reads as follows:

5, 46) Out-patient Mental Health Treatment

(i) We will pay the benefit listed in Your Table of Benefits towards the cost of a mental health assessment, in an approved Out-patient Mental Health Centre, in a 24 month period, i.e. 24 months from the date that treatment is first received.

Psychologist / Counsellor / Psychotherapist

We are introducing a new benefit combining Psychologist / Counsellor / Psychotherapist visits. The new rule reads as follows:

5, 82) Psychologist / Counsellor / Psychotherapist:

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of a Psychologist, Counsellor or Psychotherapist as defined. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.

The new definitions read as follows:

Psychologist

A chartered member of the Psychological Society of Ireland (PSI). 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.

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). 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.

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). 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.

4. Benefit T&Cs which are no longer applicable

We are removing the below benefits and definitions as they have been replaced by new benefit rules/definitions, as advised above (see New Benefit T&Cs):

5, 37) Child Counselling:

If included on Your Child's Plan, We will pay the benefits listed in the Table of Benefits for a Child who is referred by a General Practitioner or Consultant to a Psychologist, as defined.

5, 41) Psychologist:

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of a Psychologist as defined.

5, 72) Psycho-oncology Counselling:

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of psycho-oncology counselling where an insured Customer is referred by a General Practitioner or Consultant to a Clinical Psychologist, as defined. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.

d) Psychologist

A chartered member of the Psychological Society of Ireland for at least one of following disciplines - clinical, counselling, educational or psychotherapy.

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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