



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

Claiming Timelines

We are amending the time limit for claiming for Non-Direct Payment to Hospitals. The six month timeframe has been removed. The rule now reads as follows:

8, c) Non-direct payment to hospital

If We do not have a direct payment arrangement with the hospital, You must send Us a claim form completed and signed by You and Your doctor, together with the relevant invoices.

- Hospital invoices must be in a format specified by Us. If they are not, We may be unable to calculate Your exact benefit for hospital charges in which case We will calculate the benefit due to You as best We can from the information supplied, and We will pay this amount.*
- Payment of that estimate will be a complete discharge of Our obligations to You.*
- We will then pay the benefits for the hospital charges to You.*
- You must use all the benefits We pay to You for the services for which You are claiming.*

We are extending the time limit for you to claim your out-patient / day to day / lifestage medical expenses. The rule now reads as follows:

8, e) Out-patient / day-to-day and lifestage medical expenses

We will pay benefits for eligible expenses listed in Your Table of Benefits when You send Us a claim form which You have completed and signed, together with receipts or when You use Our Snap and Send Claiming system (please note that separate additional T&Cs apply to the Snap and Send claiming system and will be available on MyVhi). You must submit your claim within a reasonable timeframe. Reasonable timeframe is defined as expenses incurred in your current renewal period or the previous two renewal periods (i.e. 3 years), if insured. Any claims submitted outside of this reasonable timeframe will not be eligible for payment.

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.

Waiting periods

We are amending the note around waiting periods to remove reference to Vhi SwiftCare Clinic which has been replaced with Vhi Clinical Services. This note now reads as:

2, c) The above Waiting Periods do not apply to Sports Injury Programmes, Employee Assistance Programmes or Vhi Clinical Services.

Contact Telephone Numbers

We have amended our contact telephone numbers:

Service	Old Contact Number	New Contact Number
Vhi Customer Service	1890 44 44 44	(056) 444 4444
Vhi Second Opinion Service	1850 247 724	1800 247 724

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.

Dental Procedures and Orthodontic Treatment

We are amending our rule in relation to Dental Treatment and, for clarity, we are listing orthodontic treatment as an exclusion. The rules now read as follows:

5, 24) Many dental procedures eligible for benefits are classified as Day Care or Side Room Procedures and many must also be authorised by Our dental advisors prior to being performed. Your Dental Practitioner will need to send a Pre-certification Form and radiological evidence to Our Claims Department for assessment by Our dental advisors. We will not pay benefits for dental/oral-surgical treatment and treatments related to functional disorders of the chewing system, including Out-patient consultations, except for those dental/oral-surgical procedures listed in the Schedule of Benefits for Professional Fees and treatments listed under the Day-to-day medical expenses or Outpatient medical expenses section of Your Table of Benefits (if included under Your Plan);

Professional fee benefit is payable for non-cosmetic osseointegrated mandibular implants only if specific criteria, as set out in the Schedule of Benefits, is satisfied in full. In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.

7, v) (Exclusions) Hearing and sight tests, hearing aids, spectacles, contact lenses (except those specified in Your Table of Benefits), dentures, orthodontic treatment or orthodontic appliances (such as braces).

Foetal Screening and Maternity Scans

We are removing “foetal anomaly scans” from the Foetal Screening benefit and amending the Maternity Scan benefit to allow members to claim for a maternity scan at any stage of pregnancy, to include a foetal anomaly scan. These two rules now read as follows:

5, 29) Foetal Screening

If included in Your Plan, We will pay benefit in accordance with the level of cover under Section 1 for chorionic villus sampling, amniocentesis and cordocentesis where there is a high risk of specified foetal abnormalities and where specific conditions outlined in the Schedule of Benefits for Professional Fees have been satisfied. If these conditions are not satisfied, We will pay the benefit listed in Your Table of Benefits (depending on Your Plan) towards the cost of these procedures. This benefit is also claimable for non-invasive prenatal (foetal DNA) testing. Treatment must be carried out by a General Practitioner, Consultant or Sonographer.

This benefit is payable in respect of the pregnant Customer availing of the service. (See also Rule 8e).

5, 63) Maternity Scan

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits for a maternity scan at any stage of pregnancy, carried out by a General Practitioner, Consultant or Sonographer. This benefit is payable in respect of the pregnant Customer availing of the service. (See also Rule 8e).

HealthCheck Screen

The Lifestage Screening has been replaced by the HealthCheck Screen. The new definition reads as follows:

HealthCheck screen

A specified screening programme carried out in a Vhi Medical Centre, as listed in the Directory of Hospitals (and Treatment Centres).

The new rule reads as follows:

5, 47) Health Screening

We will pay the benefit listed in Your Table of Benefits towards the cost of either a HealthCheck screen in a Vhi Screening Clinic or an Executive Health Screening in the Blackrock Clinic or Mater Private Day Hospitals Dublin 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.

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) Mammogram is carried out in one of Our approved Mammogram centres.

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.

Parent Accompanying Child

We are broadening the benefit to allow you to claim from date of admission where your child's hospital stay exceeds 3 days. The rule now reads as follows:

5, 36) We will pay the benefits listed in Your Table of Benefits towards Your accommodation and travel costs when accompanying Your Child (including new born Children) for up to 14 days per Child per calendar year. The benefit is payable from the date of admission, provided the total stay is in excess of 3 days. The benefit is only payable where Your Child is insured with Vhi and has received medically necessary treatment in Ireland that is eligible for benefit. You must be a parent/guardian of the Child insured with Us. Accommodation costs are limited to hotel, B&B, hostel and hospital accommodation. Travel costs are limited to public transport, taxi, hackney, petrol/diesel and car parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

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.

Practitioner's Family or self-performed tests or consultations

We are amending the exclusion rule in relation to treatment, tests or consultations by a family member or on own self. The exclusion rule now reads as follows:

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

Non-oncology CT Scans/CT Scans other than Oncology CT Scans

We are amending the rule for a non-oncology CT scan/CT scans other than Oncology CT scans to show, where applicable, the criteria for claiming for a Cardiac CT scan. The rule now reads as follows:

5, 72) CT Scans other than Oncology CT Scans

Benefit for CT Scans other than Oncology CT Scans is available to customers subject to the following criteria:

- The customer is referred for a CT scan by a GP or Consultant (Consultant only for Cardiac CT scans) and*
- The CT scan is carried out in a CT Centre covered by Your plan and as specified in the Directory of Out-patient Scan Centres.*
- The Cardiac CT scan is carried out for one of the clinical indications as specified by Us to all Consultants*

Vhi Digital Health Services

In addition to our existing Online Doctor Service we are broadening our Digital Health Services to include additional benefits. The benefit rule now reads as follows:

5, 71) Vhi Digital Health Services

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the following Online Doctor, Online Physiotherapy, Online Speech & Language Therapy and Online Dietitian.

Consultations with these Vhi Digital Health Services can be accessed via the Vhi app. Please note treatment/diagnosis will not be offered for children under 2.

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.

Medical Tattooing (Eyebrow & Areola) for cancer patients

We are introducing a new benefit to allow for medical tattooing prior to, during or following cancer treatment. The rule reads as follows:

5, 79) If included in Your plan, We will pay the benefit listed in Your table of benefits for medical tattooing (eyebrow and areola) for cancer patients following or during Your cancer treatment. Benefit is also payable prior to cancer treatment after oncologist referral.

Meditation App

We are including the benefit rule in relation to meditation apps. The rule reads as follows:

5, 80) If included in Your plan, We will pay the benefit listed in Your table of benefits towards the annual subscription costs of specified meditation apps. You can claim back the benefit against one app, once per renewal year. See Vhi.ie/emotional-wellbeing for further details.

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.

Public Hospital Statutory levy

We are including the benefit rule in relation to the Public Hospital Statutory Levy. The rule reads as follows:

5, 81) We will pay the public hospital statutory levy for Your In-patient and Day-patient treatment, in any 12 consecutive months, in accordance with The Health Act (1970). This levy is payable by Us directly to the public hospital. In the event that You are billed by the hospital Your receipt should be submitted to Us for payment.

Vhi Core Services

We are introducing a number of new benefits and definitions which relate to our Vhi 360 Health Centres and/or Vhi Swiftcare Clinic. These rules and definitions read as follow:

5, 41) Vhi Core Services

i. Urgent Care

We will pay the benefit listed in Your Table of Benefits towards the cost of an initial consultation with a General Practitioner and follow-up treatment in a Vhi 360 Health Centre or Vhi SwiftCare Clinic.

Please note that 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.

ii. Vhi Paediatric Clinic

We will pay the benefit listed in Your Table of Benefits towards the cost of an initial consultation and follow-up treatment with our Paediatrics team. Please note that 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. Vhi Paediatric Clinics are located within Vhi 360 Health Centres.

iii. 360 Health Clinics

We will pay the benefit listed in Your Table of Benefits towards the cost of an initial consultation and follow-up treatment in a Vhi 360 Health Centre.

Please note that 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.

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 unable to attend a Vhi Medical Centre for a Health Screening can be offered Vhi HealthCheck@Home, which includes a range of health tests that can be carried out safely at home as an alternative/substitute. Customers under the age of 18 years at their last renewal are not covered for screening.

5, 42) Vhi Personalised Follow up package

We will pay the benefit listed in Your Table of Benefits towards the cost of personalised follow up visits/classes/sessions following referral from a Vhi Core Service in a Vhi 360 Health Centre.

5, 43) Vhi Additional follow on visits/care

i. Consultant and Specialist led care

We will pay the benefit listed in Your Table of Benefits towards the cost of a consultation (and diagnostics if medically necessary) with a Consultant or Specialist in a Vhi 360 Health Centre. Please note that 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

ii. Primary Care visits

We will pay the benefit listed in Your Table of Benefits towards the cost of a visit (and diagnostics if medically necessary) with a primary care practitioner in a Vhi 360 Health Centre or Vhi SwiftCare Clinic. Please note that 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.

5, 44) Vhi 360 Health Centre Diagnostics

We will pay the benefit listed in Your Table of Benefits towards the cost of diagnostic tests (X-ray or ultrasound scan) in a Vhi 360 Health Centre or Vhi SwiftCare Clinic following a General Practitioner referral. Please note that 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.

Vhi Specialist

An integrative medicine General Practitioner who has entered into agreement with Vhi 360 Health Centres to provide a 360 Health Clinic service.

4. Benefit T&Cs which are no longer applicable

We are removing the below benefit as this service is no longer available on any plan:

5, 52) Emergency Care Programme

If included in Your plan, we will cover any charges incurred during Your initial consultation in an approved Vhi SwiftCare Clinic following an accident. The insured person must present to the Vhi SwiftCare Clinic within 72 hours of the accident.

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.

5, 68) Female and Male Mental Health Counselling

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits for mental health counselling sessions provided by 'Nurture' (www.nurturehealth.ie/) for depression in pregnancy, fertility issues, post-natal depression and grief. This benefit is payable in respect of the Customer availing of the service. Please refer to Vhi.ie for further details. (See also Rule 8e).

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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