

Vhi International Health Insurance

Rules - Terms and Conditions



Date of Issue: 1st January 2021

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Important Note:

Local Legislation Regarding Health Insurance Policies

We will provide the benefits under this insurance as long as We continue to underwrite this type of policy and the Policyholder continues to meet the eligibility criteria set in 7. General Policy Conditions.

Please note though that local laws sometimes require everyone living in a country to arrange health insurance through a local insurer or to have a particular type of health insurance in place. These laws may apply even if the insured person is not living in that country permanently.

It is Your responsibility to make sure that You comply with all local health insurance laws and for making sure that this policy continues to meet Your needs in the country where You are living.

1) Introduction to Your Policy

Thank You for choosing Vhi International Health Insurance (hereafter referred to as Vhi International) from Vhi Healthcare to look after Your health insurance needs while living abroad.

You should familiarise yourself with your policy to make sure that you fully understand what is covered and what is not covered. Your policy has been written using plain language wherever possible and has been designed to set out all of the features and benefits of your policy in a straightforward and easy to understand format. If there is any aspect of your policy that you are unsure about, please contact us.

Please check Your Membership Certificate and membership card(s) to make sure that all of the details shown are correct. If any changes need to be made then please let Us know immediately.

2) Where To Contact Us

In An Emergency

We appreciate that an Illness or Accident can happen at any time and for this reason We recommend that You carry Your Vhi International membership card with You at all times. If You are rushed into Hospital as an emergency please make sure wherever possible that You, a member of the hospital staff, Your family, friend, or work colleague contacts Us as soon as possible. Please advise us of any emergency treatment within 48 hours.

Call us on:

24 Hour Customer Service Line: +353 46 9077377

For members in the USA call Toll Free: 1 800 852 7747

If You Feel Unwell

First, visit Your Doctor

Please consult Your Physician if You have any health worries. They'll discuss Your symptoms and a possible diagnosis. They may refer You if they think You need to be seen by a Consultant for further investigations or treatment.

It's important to call Us before You arrange any further Medical Treatment or appointments. We'll guide You through the pre-authorisation process to advise what is eligible under Your policy. Where possible We will attempt to offer a Claim form free service, if we need to find out a little more with Your written consent We'll take care of that for You by getting in touch with Your treating Physician ourselves. We will give You a claim reference number.

Next, Call Us on the 24 hour Customer Service line: + 353 46 9077377

For members in the USA call Toll Free: 1 800 852 7747

For non-Emergencies, the Claims Department can be contacted 7 days a week from 8am to 8pm GMT

Then, Visit Your Consultant

Take Your policy number and claim reference number with You when You visit Your Consultant, as You may be asked for Your Insurance details.

You will need to keep Us informed, so our dedicated case management team can support You through the process.

You must contact Us for pre-authorisation within 14 days of learning that Medical Treatment has been scheduled, if Your Medical Treatment is scheduled within 14 days You must contact Us immediately.

Finally, relax and focus on getting better.

The Benefits of Pre-Authorisation

Peace of Mind – the most important thing is for You to get well. By contacting Us, You will be assured of cover for eligible treatment.

Dedicated Case Management – If You need to be admitted to Hospital You will be supported before, during and after Your treatment by a case manager.

Direct Settlement – If We pre-authorise Your treatment, this means that We will normally settle all Eligible Costs directly with the Hospital or Physician subject to the terms of Your policy. Direct Settlement is where the provider of Your treatment claims directly from Us, making things easier for You. We aim to arrange direct settlement with them, wherever possible. In order for Us to arrange Direct Settlement We need to pre-authorise Your treatment first.

Please remember: as Your policy has limits on the amount that We will pay under each benefit, You must continue to tell Us about ongoing treatments. We cannot guarantee payment on any Claims that have not already been pre-authorised, even for the same policy period.

Submitting Your Claim

Where You have paid for treatment, You'll need to claim back Your Eligible Costs.

Submit Your Claim by logging onto: Vhi.ie/claims

OR

Email, scan and mail Your Claim Form and all receipts/bills/medical information to vhi.international@collinsongroup.com

OR

Post Your Completed Claim Form to :

Vhi International Claims Department,
Collinson Insurance Solutions Europe Limited,
IDA Business Park,
Athlumney, Navan,
Co. Meath,
Ireland

Please attach scanned receipted invoices or bills to the claim form. Please keep all original documents that You submit to Us as We reserve the right to request them.

Please remember:

To submit a Claim within 6 months of the start of Your course of treatment together with all original invoices

You must contact Us when planning treatment. If the treatment is an emergency, then You may not be able to contact Us beforehand. Do, however, ask someone to contact Us as soon as possible (ideally within 48 hours of admission) and make sure that, when You are admitted to Hospital, the Hospital is given Your membership details and proof of identity so that they can contact Us straight away in order that a Guarantee of Payment may be placed.

If the Insured Person has not pre-approved the treatment and intends to make a Claim, he/she must call Us on:

24 hour Customer Service line: + 353 46 9077377

You must contact Us for pre-authorisation within 14 days of learning that Medical Treatment has been scheduled, if Your Medical Treatment is scheduled within 14 days You must contact Us immediately.

Failure to observe these claim conditions, without any reasonable explanation, may invalidate a claim.

Refunding Your Claim

How your claim is refunded to you. We can pay you by bank transfer so please make sure your correct and up-to-date bank details are on the claim form. We cannot be held responsible for the costs charged by banks for currency conversion costs.

Claim payments made by BACS transfer or other electronic banking system can be made and credited to Your account more quickly than a cheque

For claims made where you have incurred expenses in a currency other than your policy currency, settlement will be calculated using the appropriate exchange rate prevailing as of the invoice date.

We may at any time, pay an Insured Person our full liability under this Policy after which no further liability will attach to Us in any respect or as a consequence of such action

How the Excess is applied

Where an Excess applies to Your Policy, then it will only be applied once for each separate Medical Condition/Insured Event claimed for within each Period of Insurance. In other words, if You are having treatment for a broken leg and have bills from the Hospital, Physician and Physiotherapist, the Excess will be applied to the total cost of that course of treatment and not to each bill.

Vhi Healthcare NurseLine 24/7

If You have a medical problem and would like advice or information then You can access the Vhi Healthcare NurseLine 24 hours a day, 365 days a year by calling:

Tel: +353 46 9077375

Second Opinion

Being diagnosed with a medical condition is a stressful time for anyone and dealing with a new health system internationally has the potential to add even more uncertainty. You may have a language barrier to overcome or be unsure about medical procedures, and not know where to turn.

So if you've been diagnosed with a serious medical condition you can use our second opinion service. We've teamed up with independent health consultants to give you a second opinion or a review of your treatment plan for increased peace of mind and even more support.

If you are interested in using this service and want to find out if you are eligible, call us on our customer service number:

Tel: + 353 46 907 7377, 6 days a week - Monday to Saturday from 8am to 8pm GMT

Expatriate Member Assistance Program (EMAP)

Insured Persons have access to a variety of wellbeing resources through Our partner Morneau Shepell, which include:

- Structured telephonic counselling with a certified counsellor up to 5 sessions, per issue, per year, per covered individual.
- Structured video counselling with a certified counsellor up to 5 sessions, per issue, per year, per covered individual.
- Face to face counselling (depending on the location)
- Immediate and confidential support for Legal and Financial issues (limited to research & referral)
- Access to online wellness website (www.workhealthlife.com/expat) providing access to a variety of tools and resources

To access the EMAP, please dial +1 905 886 3605 or visit workhealthlife.com/expat for additional access methods.

To access the EMAP, please dial +1 905 886 3605 or visit workhealthlife.com for additional access methods. In the opening page ensure that the language chosen (top right corner) is **English (United Kingdom)** and insert **"Vhi Healthcare"** in the *search for your organisation window*.

360 Assistance - Country guides and Security Assistance

Web Portal

Insured Persons have exclusive access to the 360 Assistance web portal giving you medical and security reports on over 200 countries. Key benefits include:

- Country details
- Information on local healthcare infrastructure including how to access it safely and useful health tips.
- Real-time health and security incident alert service.

How to access Web Portal:

- 1) Log on to <https://vhi.360assistance.com>
- 2) Click on 'Register For Your Account'.
- 3) You will be asked to enter Your Activation Code which is '**countryguides**', along with Your name, an email address and a password.
- 4) Once Your details are entered, click 'Continue'.
- 5) An 'Activation' link will be sent to the email address that you have provided.

24/7 Security Advice Line

- Gives You advice on global incidents including: hijack, kidnap, extortion, violent crime, terrorist incidents, and travel disruption.
- You can speak directly with security risk experts who can advise you on how best to deal with your situation.

You can contact the Security Advice line on **+353 (0) 46 907 7430**.

Flight Delay Lounge Access

Enjoy complimentary access to a LoungeKey™ airport lounge courtesy of Vhi International Insurance. This is a free and exclusive service available to Insured Persons once Your flight is delayed for one hour or more. You will need to register Your flight(s) online on vhi.loungeaccess.ie at least 2 hours before Your scheduled departure time. Once You have registered You will be contacted with details on how to access the lounge if Your flight's delayed by one or more hours. Full terms and conditions, FAQ's and details on how to register your flight, can be found on www.vhi.loungeaccess.ie

Queries on Your Policy

For any queries regarding the administration of Your Policy You should contact:

Vhi Healthcare,
IDA Business Park,
Purcellsinch,
Dublin Road,
Kilkenny,
Ireland.

Telephone lines open: Monday to Friday 8am to 6pm GMT

Saturday 9am to 3pm GMT

Telephone Number when calling outside Ireland: **+353 56 4 444 444**

Telephone Number when calling within Ireland: **(056) 4 444 444** or **1890 44 44 44**

Email: internationaladmin@vhi.ie

3) Basis of Your Insurance Cover

The application form You completed together with any supplementary information provided, this Policy, the Membership Certificate and Your Table of Benefits together with any endorsements We may have issued are all part of the contract of insurance between You and Us and should be read as one document. Providing You pay Vhi Healthcare the required amount of premium in euro on the date due and they agree to accept it, then We will provide You and the persons listed in the Membership Certificate with the benefits set out in Your Table of Benefits.

The insurance is effective only after We have issued written confirmation that the applicant has been accepted for cover and becomes, and remains, insured in accordance with the terms, provisions, conditions and exclusions set out in this Policy.

Provision of insurance services and benefits

So that You are clear as to the different parties providing the insurance services and benefits under this Policy:

Vhi Healthcare provide all services relating to the general administration of the Policy including the issue of documents and collection of premiums.

Collinson Insurance Europe Limited of Development House, St Anne Street, Floriana FRN 9010, Malta is the insurer and underwrites all of the benefits provided under the Policy.

Collinson Insurance Solutions Europe Limited of IDA Business Park, Athlumney, Navan, Co. Meath, Ireland provides all services relating to Claims under this Policy and arranges the benefits and assistance services.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Collinson Insurance Solutions Europe Limited for Vhi International Health Insurance which is underwritten by Collinson Insurance Europe Limited. Vhi Healthcare DAC receives a portion of the premium to manage the Vhi International business.

Vhi Healthcare DAC is not obliged, either contractually or otherwise, to introduce a minimum level of business to Collinson Insurance Solutions Europe Limited.

Further details are available on request.

Understanding the scope of Your insurance cover

You will find details of what is covered and what is not covered set out in this Policy in the relevant sections so please make sure that You read them and make sure that You fully understand the scope of Your insurance cover.

Cooling-Off Period

If having purchased this Policy You subsequently decide that it does not meet Your requirements, then please return all of Your policy documentation to Vhi Healthcare together with written cancellation instructions **within 30 days** of the Inception Date of Your Period of Insurance - this date is shown on Your Membership Certificate. Provided no Claim has been submitted or pre-authorisation of expenses given between the Inception Date and the requested date of cancellation then Vhi Healthcare will give you back all of the premiums You have paid and the contract of insurance will be cancelled from the beginning. If a Claim has been made or pre-authorisation of expenses given, then we will recover from You any payments we have made.

What to do if You have a complaint about Our service

Our Promise of Service: We aim to provide a first-class service at all times however, with the best will in the world, things can sometimes go wrong and We would much rather hear about it than leave You feeling dissatisfied. As a customer driven client focused company, We rely on Your feedback to help Us continually improve Our service levels.

Collinson Insurance Europe Limited (CIEL) is the insurer and underwrites all the benefits provided under the policy. CIEL appointed Collinson Insurance Solutions Europe Limited (CISEL) to handle complaints on its behalf.

If You have any concerns about any aspect of the service, You have received please write in the first instance to:

Vhi International Customer Relations Team,
Collinson Insurance Solutions Europe Limited
IDA Business Park,
Athlumney,
Navan,
Co. Meath,
Ireland.

Email: cielcomplaints@collinsoninsurance.com

We will aim to provide You with an acknowledgement of the complaint promptly. We will try to provide you with a full response within 15 working days from when We receive Your complaint and Our response will be Our final decision based on the evidence presented. If, for any reason, there is a delay in completing Our investigations, We will explain why and tell You when We hope to reach a decision.

Financial Services and Pensions Ombudsman

If You are not satisfied with the results of Our investigation, or fail to receive a final answer within 40 working days of Us receiving Your complaint, You have the right to refer Your complaint to an independent authority for consideration. That authority is the Financial Services and Pensions Ombudsman at:

3rd Floor, Lincoln House,
Lincoln Place,
Dublin 2,
Ireland.

Tel: +353 (0) 1 567 7000

Website: www.fspo.ie

This service can advise You on how to proceed further and may be able to help in resolving Your complaint. Taking this option will not prejudice Your rights to take legal proceedings if You so choose.

4) Words and phrases used in this Policy

Certain words and phrases used in this Policy and the other documentation which forms part of Your Policy have specific meanings which are defined below. For Your ease of reference, each of these words and phrases appears in Capitals in this Policy. Where words and phrases are not shown, they will take on their usual meaning within the English language.

Accident

A sudden and unexpected Bodily Injury caused by violent or external means.

Accidental Bodily Injury

A sudden, violent, external, unexpected specific event, which occurs at an identifiable time and place, which solely and independently of any other cause results, within 12 months, in the death, loss of limb or loss of sight or the Permanent Total Disablement of an Insured Person.

Acute

A Medical Condition of rapid onset resulting in severe pain or symptoms which is of brief duration that is likely to respond quickly to Medical Treatment.

Amateur

Participation in sports and activities in a non-professional capacity, where the sport is not the principle occupation of the member and no remuneration is received by the member. This excludes participation in any sport or activity at international level.

Ancillary Costs

Costs for goods and services which are directly related to or associated with the provision of transportation.

Birth Defect

A deformity or Medical Condition which is caused during pregnancy and/or childbirth.

Bodily Injury

An identifiable physical injury that directly results from an Accident.

Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterised by uncontrolled growth of malignant cells and the invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

Carrier

A scheduled or chartered aircraft (excluding all non-pressurised single engine piston aircraft), land (excluding any hired motor vehicle) or water conveyance licensed to carry passengers for hire.

Chronic Medical Condition

A disease, illness or injury that has any of the following characteristics:

- It has no known recognised cure
- Requires long term monitoring, consultations, check-ups, examinations and/or tests.
- It needs ongoing or long-term control or relief of symptoms.
- It continues indefinitely
- It has no known cure
- It comes back or is likely to come back.

Chronic Medical Condition – Acute Episode

An acute episode also known as an exacerbation or a flare-up is an episode of the chronic medical condition either rapidly occurring or reoccurring and resulting in severe pain or symptoms which are of a brief duration. Often this is likely to and will respond quickly to medical treatment to stabilise the Chronic Medical Condition.

Claim

The total cost of treating a single Medical Condition or Bodily Injury.

Close Relative

Spouse or Common Law Partner, parent, parent-in-law, step-parent, legal guardian, children (including legally adopted, foster and step-children and daughter/son-in-law), sibling (including step-siblings and sister/brother-in-law), grandparents, grandchildren, aunt, uncle, niece, nephew or fiancé(e) of an Insured Person.

Co-Insurance

The proportion of Eligible Costs which You are responsible for bearing.

Complications of Pregnancy and Childbirth

For the purposes of this Policy 'Complications of Pregnancy and Childbirth' shall only be deemed to include the following: Toxaemia, gestational hypertension, gestational diabetes, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and postpartum haemorrhage, retained placenta membrane, placenta praevia, pre-term labour, stillbirths, miscarriage, medically necessary caesarian sections and medically necessary abortions.

Congenital Abnormality

Development of an abnormal organ or structure within the foetus whilst in the womb.

Critical Medical Condition

A situation where an Insured Person is suffering a Medical Condition which, in the opinion of Our Physician, in consultation with the local treating doctor, requires immediate evacuation to an appropriate medical facility.

Curtailement

Abandonment of a planned Trip, after commencement of the outward journey, by return to Designated Overseas Country earlier than on the scheduled return date.

Date of Entry

The date that insurance cover under this Policy first starts for an Insured Person.

Day-Care

Medical Treatment provided in a Hospital where an Insured Person is formally admitted but is not required, out of medical necessity, to stay overnight.

Dependant

The Principal Insured's:

- legal spouse or partner of the same or opposite sex;
- unmarried child, step-child, legally adopted child or child where the Principal Insured is their legal guardian provided that the child is under age 21 on the date they are, first included under this Policy or at any subsequent Renewal Date of the Policy (or under age 25 if it can be demonstrated that the child is continuing in full-time education) or is financially dependent on the Principal Insured for support.

Depreciation

A reduction in the value of an article as a result of wear and tear or age.

Designated Overseas Country

The country where the Insured Persons covered by this Policy temporarily lives during each Period of Insurance.

Eligible Costs

Charges, fees and expenses for all of the items of benefit set out in Your current Table of Benefits attaching to and forming part of this Policy.

Emergency Dental Treatment

Dental treatment necessary as a result of an Accident caused by an extra-oral impact, received within 48 hours from the date and time of the Accident for the immediate relief of pain caused by natural teeth being lost or damaged.

Emergency Department Care

Medical Treatment given in the Emergency Department of a Hospital to evaluate and treat Acute Medical Conditions whether resulting from an Accident or the sudden onset of an Illness where, in the opinion of Our Physicians, it is reasonable for the Insured Person to believe that the symptoms of their condition are of such severity in nature that failure to seek immediate Medical Treatment could result in placing their health in serious jeopardy or impairment of bodily function.

Emergency Medical Transfer or Evacuation

Medically necessary expenses of an emergency transportation where approved by Our 24 Hour Customer Service Centre and medical care during such transportation to move an Insured Person who is suffering from a Critical Medical Condition to the nearest suitable Hospital which may not necessarily be in the Insured Person's Designated Overseas Country.

Emergency Medical Treatment

Immediate medical treatment for an unforeseen illness or injury that, according to a Medical Practitioner,

- Cannot be delayed until Your return to Your Designated Overseas Country,
- is required to allow You to continue Your Trip if We agree, or
- is required to stabilise You to enable Us to repatriate You safely to Your Designated Overseas country at Our approval.

Excess

The amount of money which is the responsibility of the Insured Person and payable in respect of each and every new Claim during each Period of Insurance.

Excursion

A short trip or outing for leisure purposes (including field trips) that is not the sole purpose of your holiday

Expiry Date

The date on which all insurance cover under this Policy ends.

Family

The Insured Person and their Dependant(s).

Geographical Area

One of the three different Areas as shown on Your Membership Certificate which comprise the following countries:

AREA 1 comprises the following countries: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Great Britain, Greece, Greenland, Hungary, Iceland, Ireland (Republic of Ireland and Northern Ireland), all islands of the Mediterranean, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia (West of the Urals), Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, Vatican State.

AREA 2 comprises all countries worldwide with the exception of the following: United States of America, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Bonaire, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Dutch Antilles (including St. Maarten), French Guiana, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Suriname, Trinidad & Tobago, Turks and Caicos, Virgin Islands and any other Caribbean Islands not listed.

AREA 3 comprises all countries worldwide.

Health Insurance Plan

A private inpatient plan that provides cover for private and/or semi private hospital accommodation; in hospital consultation services as a private patient and other cover including maternity, overseas, psychiatric and outpatient benefits. This does not include health insurance cash plans or outpatient only plans.

Home Country

This means the Republic of Ireland.

Hospital

Any institution under the constant supervision of a resident Physician which is legally licensed as a medical or surgical Hospital in the country where it is located.

Illness

Any sickness, disease, disorder or alteration in an Insured Person's state of health as duly diagnosed by a Physician.

Inception Date

The date that the insurance cover under this Policy starts as shown as the first date in the Period of Insurance as in the Membership Certificate.

In-Patient

Medical Treatment provided in a Hospital where an Insured Person is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one Medical Condition.

Insured Event

An Accident or Medical Condition arising during the Period of Insurance which entitles the Insured Person to Claim benefit under this Policy.

Insured Person

Any person insured under the policy and indicated in the Membership Certificate.

Insurer/We/Us/Our

Collinson Insurance Europe Limited

Loss of Limb

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

Major Medical Intervention

Major Medical Intervention is

- Surgery involving an eligible surgical procedure under general or spinal/vertebral anaesthesia (excluding childbirth) which requires a minimum in-patient hospital admission of 3 days;
- Eligible medical treatment for an accident or medical condition which requires a minimum in-patient hospital admission of 7 days;
- Chemotherapy or radiotherapy treatment which requires a day-care or in-patient admission;
- Eligible medical treatment for one of the following complications of childbirth, toxemia, gestational hypertension, gestational diabetes, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and postpartum haemorrhage, retained placenta membrane, placenta praevia, pre-term labour, stillbirths, miscarriage, medically necessary abortions which requires a minimum in-patient hospital admission of 3 days.

Medical Condition

Any disease, sickness, illness or injury including psychological conditions.

Medical Treatment

The provision of recognised medical and surgical procedures and healthcare services which are administered on the order of and under the direction of a Physician for the purposes of curing a Medical Condition, Bodily Injury or Illness or to provide relief of a Chronic Medical Condition.

Membership Certificate

The document attaching to this Policy which shows the name of the Principal Insured together with the Insured Persons, the selected Geographical Area, the Period of Insurance, Plan Type and any special terms and conditions or exclusions which apply to this Policy.

Money

Euro, Sterling and other currency and travellers cheques.

Out-Patient

Medical Treatment provided to the Insured Person by or on the recommendation of a Physician which does not involve an admission to Hospital either on an In-Patient or Day-Care basis.

Overall Maximum Benefit

The maximum overall payment in respect of each Insured Person for each Period of Insurance.

Pair or Set

A number of items of Personal Luggage associated as being similar, complementary, or used together.

Palliative Treatment

Treatment where the primary purpose is only to offer temporary relief of symptoms rather than to cure the Medical Condition causing the symptoms.

Period of Insurance

The period of cover specified in the Membership Certificate.

Permanent Total Disablement

Permanent Total Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, entirely prevent You from engaging in, or giving any attention to, any and every business or occupation for the remainder of Your life.

Personal Luggage

Items usually carried or worn by travellers for their individual use during a Trip. Items hired to You, and all items loaned or entrusted to You are excluded.

Physician

A legally licensed medical practitioner who for the purposes of this Policy is any one of the following: General Medical Practitioner, Consultant, Specialist, Surgeon or Anaesthetist and who is recognised by the law of the country where Medical Treatment covered under this Policy is provided and who, in rendering such treatment, is practising within the scope of his/her licence and training.

Physiotherapy

Medical Treatment recommended by a Physician as being medically necessary to treat a Medical Condition or Bodily Injury where provided by a licensed physiotherapist. Physiotherapy does not include ante-natal and maternity exercises, sports massage or occupational therapy.

Policyholder

The individual who subscribes to this Policy on behalf of each Insured Person and pays or undertakes to pay the appropriate premium. Where the insurance is arranged by an Employer, Company or Organisation on behalf of its employees or members, the Policyholder shall be deemed to be the company or organisation.

Plan Type

The particular level of cover and benefits as shown on Your Membership Certificate.

Pre-Existing Medical Condition

A medical or psychological condition from which an Insured Person has suffered, or for which an Insured Person has received treatment (including Prescription Drugs) or of which symptoms have manifested themselves prior to the Insured Person being first included for insurance under this Policy.

Prescription Drugs

Medications and drugs whose sale and use are legally restricted to the order of a Physician. Drugs, medicines and other medicaments purchased 'over the counter' without a Physician's prescription are **not** covered by this Policy.

Principal Insured

The lead individual named on the Membership Certificate.

Rehabilitation

Medical Treatment received in a recognised rehabilitation unit, following an eligible In-Patient admission to Hospital, designed to facilitate the process of recovery from Bodily Injury or Illness, which consists of a combination of two or more therapies.

Renewal Date

The subsequent period after the expiry of the initial Period of Insurance and for which the premium has been paid.

Repatriation

Medically necessary expenses of transportation and medical care during such transportation to return an Insured Person to the Home Country, Designated overseas country or a country nominated by You and agreed by Us.

Return Visit

A journey taken, within the Period of Insurance, to the Home Country or country nominated by You and agreed by Us of no more than 179 days from the date of departure from the Designated Overseas Country to the date of return to the Designated Overseas Country. Please note the length of any Return Visit must not exceed the maximum period(s) shown in Your Table of Benefits under Section 8 – Temporary Return to Home Country of the country nominated by You and agreed by Us Benefits

Secure Luggage Area

Any of the following, as and where appropriate:

- The locked dashboard or boot or the luggage compartment of a motor vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller-blind cover behind the rear seats.
- The fixed storage units of a motorised or towed caravan.
- A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

Strike or Industrial Action

Any form of industrial action, whether organised by a trade union or not, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.

Student

Any member who is going abroad to study on a full-time basis who is under age 25.

Subrogation

Our right to act as Your substitute to pursue any rights You may have against a third party who is liable for a loss paid by Us under this Policy.

Table of Benefits

The table attaching to and forming part of this Policy which sets out the benefits together with their corresponding financial limits that are applicable to the Plan Type You have selected.

Travel Documents

Travel tickets, accommodation and other redeemable holiday vouchers, driving licences, passports and Green Cards.

Trip

A journey that takes place during the Period of Insurance as outlined in the Policy certificate, within the Geographical Limits stated on the policy certificate. A Trip begins when You leave Your Home Country or Designated Overseas Country and ends when You get back to Your Home Country or Designated Overseas Country or to a hospital, nursing home or medical institution in Your Home country or Your Designated Overseas Country, whichever is the earlier.

Please note: Trip(s) within your Designated Overseas Country are only covered when a minimum of 2 nights paid accommodation have been pre-booked prior to departure.

You/Your

The person named as the Policyholder and/or anyone else insured under the policy as shown in the Membership Certificate.

Valuables

Cameras including Go Pro, photographic, video and audio equipment, and associated equipment of any kind; computer hardware and software including notebooks, laptops and tablet PC's; electronic "e-reader" device; games consoles (Playstation, X-Box, Nintendo etc.) accessories and games; mobile telephones; personal organisers; satellite navigation systems; smartphones; televisions; portable audio equipment (DVD, CD, mini-disc, MP3 players, iPods etc.) and all associated discs and accessories; spectacles; telescopes; binoculars; jewellery; watches; furs; leather articles; perfumes; precious stones and articles made of or containing gold, silver or other precious metals.

Winter Sports

This includes the following activities: Dog sledding (with a guide), on-piste skiing, on-piste snowboarding, off-piste skiing and snowboarding when accompanied by a qualified guide, tobogganing, glacier skiing and outdoor ice-skating.

5) What is covered and what is not covered

We have set out below full details of what is covered as well as what is not covered. Attached to Your Policy You will find Your Table of Benefits appropriate to the Plan Type You have selected which sets out a high level summary of the benefits together with their corresponding financial limits. Your Table of Benefits forms part of Your Policy and should be read in conjunction with the terms, conditions and exclusions.

Section 1 – Overall Maximum Benefit

What is covered

This is the maximum amount of money We will pay in respect of all benefits available under Sections 1 to 11 inclusive of this Policy to each Insured Person in any one Period of Insurance. All benefits are payable to each Insured Person during each Period of Insurance unless otherwise stated. Benefit provisions where the limit is 'Full Cover' are collectively subject to the Overall Maximum Benefit applicable.

Section 2 – Medical and Hospital Benefits

What is covered

- a) Local Ambulance Services - to transport the Insured Person to the nearest Hospital by the most appropriate means available including road/off-road ambulance, train, helicopter or fixed wing aircraft with a medical escort if necessary. All decisions relating to the medical need for transportation, the means and/or timing of any transportation, the medical equipment/personnel to be used and the final destination will be made by Our Physician in consultation with the local treating Physician.
- b) Hospitalisation costs - We will arrange for the Insured Person to be admitted to Hospital either on an In-Patient or Day-Care basis where recommended by Our Physicians. We will pay all necessary Eligible Costs where approved by Our Physicians for the following:
 - Pre-Hospital consultations with a Physician which, within 3 months, result in admission to Hospital either on an In-Patient or Day-Care basis for the Medical Condition giving rise to the need for the consultations.
 - Emergency Department Care and Day-Care treatment at a Hospital or other recognised medical facility.
 - Hospital accommodation in a single bedded room, patient meals, all hospital medical facilities, nursing, theatre charges, Medical Treatment and services ordered by a Physician including surgeons', anaesthetists' and Physicians' fees, consultations, diagnostic procedures, Physiotherapy and prescribed drugs and medicines.
 - Surgical appliances or prosthesis where used as an integral part of a surgical procedure and fitted inside the body.
 - Intensive Care Unit accommodation.
 - Parent Accommodation – where an Insured Person is a child aged 18 or under (or a registered student) who requires hospitalisation, We will pay for necessary overnight accommodation for one parent (who must also be an Insured Person under this Policy) in the same Hospital. Where not available, We will pay for the reasonable costs for the parent to stay in a nearby hotel on a bed and breakfast basis.
 - Rehabilitation - received on an In-Patient basis in a recognised rehabilitation unit, where under the supervision and direction of a Physician. This benefit is limited to a maximum of 13 weeks during each Period of Insurance.
- c) Psychiatric Benefit - we will pay the cost of accommodation for a standard single bedded room in a registered Psychiatric Unit including Consultant Psychiatrists' fees and prescribed Medical Treatment for psychiatric, mental and psychological disorders. Cover is limited to a total period of 30 nights, In-Patient treatment in any one Period of Insurance. If a person is added to this Policy mid-term, then the 30 nights maximum cover shall be reduced on a pro-rata basis to the number of months remaining until the next Renewal Date and rounded up to whole days only.
This benefit does not apply to Level 1.
- d) Cancer Care Benefit - From the date an Insured Person is diagnosed as suffering from Cancer whether it is in its Acute, Chronic, Terminal or Remission stage, all and any treatment received thereafter including in-patient, day-care, out-patient treatment including consultations, diagnostic tests, scans, investigations, prescribed drugs, dressings and medicines, chemotherapy, radiotherapy, routine management and palliative treatment will be assessed and paid for under this Section of Your Policy. Eligible costs incurred up until the point of diagnosis are not assessed under this Section of Your Policy.
- e) Congenital Abnormalities Benefit - We will pay for Medical Treatment relating to birth injuries or defects, congenital illness or abnormalities on the basis set out in Your Table of Benefits. The benefit limit shall apply for each separate unrelated Medical Condition which presents itself under this benefit.
- f) In-Patient Cash Benefit – Where Medical Treatment has been received:
 - for an eligible Medical Condition;
 - on an In-Patient basis free of any charge within the provisions of a state-run National Health Service hospital;
 - for which no Claim is either made or paid as an In-Patient for that hospital stay.

We will pay a cash benefit for each night spent in Hospital up to an overall maximum number of 30 nights per Insured Person per Period of Insurance.

- g) Post-hospitalisation costs – During the 3 months period immediately following an Insured Person's discharge from a period of In-Patient or Day-Care treatment, We will pay for post-hospitalisation consultations and treatment where received on an Out-Patient basis provided the Insured Person remains under the direction of a Physician.
- h) Nursing at Home – where prescribed as being medically necessary immediately following a period of In-Patient treatment covered by this Policy. All such nursing must be provided by a qualified nurse and be under the direction of a Physician. The benefit limit is on a 'per event' basis.

- i) Out-Patient costs – We will pay medically necessary consultation fees for the services of a General Practitioner, Specialist, Physician, Physiotherapist, diagnostic tests (including Coronavirus testing when symptoms are present and the treating Physician has referred You for a test) and investigations including ECGs, X-rays, pathology, histology, MRI/CT/PET scans, radiotherapy, prescribed drugs and medicines and the hire or purchase of crutches, walkers, wheelchairs and basic orthopaedic prostheses and equipment.

Please Note: A Co-insurance will be applied to the cost of all out-patient prescribed drugs and medicines covered under this Section of the Policy, as stated on Your Table of Benefits. An Excess also applies to this benefit for Level 1 and Level 2, as stated on Your Table of Benefits.

We will pay for treatment and prescribed drugs for the following Complementary Medicines: Chiropractic, Osteopathic, Acupuncture, Homeopathic, Ayurvedic treatment including Herbal and Chinese medicines provided such treatment is given by a licensed practitioner.

We will pay for up to 3 Out-Patient visits to treat a Psychiatric disorder either by a GP, a Psychiatrist or a clinical Psychologist, of maximum 60 minutes per visit, per Period of Insurance. A Co-insurance applies to this benefit, as stated on Your Table of Benefits. **This benefit only applies if specified on Your Table of Benefits.**

- j) Out-Patient Minor Surgical Procedures requiring local anaesthesia undertaken in a GP/Specialist's consulting room.
- k) Chronic Medical Conditions – Your policy will cover you for the initial investigations to establish a diagnosis

We consider the following conditions when diagnosed to be chronic:-

Arthritis, Osteoarthritis and Osteoporosis
Asthma, Chronic Bronchitis, Emphysema and Chronic Obstructive Pulmonary Disease
Celiac, Colitis, Crohns, Diverticulitis and Inflammatory Bowel Disorder
Diabetes
Endometriosis and Polycystic Ovarian Syndrome
Hypertension
Ischaemic Heart Disease, Coronary Artery Disease, Angina and Congestive Heart Failure
Kidney Disease, Cirrhosis and Renal Failure
Multiple Sclerosis and Fibromyalgia
Prostatitis
Systemic Lupus Erythematosus

Where a Medical Condition is diagnosed to be Chronic, the maximum benefit We will pay for all and any Medical Treatment covered by this Policy for each Chronic Medical Condition is limited to:

- Level 1 - The eligible treatment of acute episodes of a chronic condition.
- Level 2 & 3 - The eligible treatment of the routine management of a Chronic condition and the eligible treatment of acute episodes. .

Please Note: All and any treatment and services for an eligible Chronic Medical Condition will be assessed under this benefit and as such this benefit overrides all other Sections and financial limits with this Policy.

However, this benefit does not apply to Psychiatric, Cancer, Congenital Abnormalities or AIDS/HIV. All and any Medical Treatment for:

- Psychiatric - will be assessed under Benefit c above (Psychiatric Benefit)
 - Cancer - will be assessed under Benefit d above (the Cancer Care Benefit)
 - Congenital Abnormalities - will be assessed under Benefit e above (the Congenital Abnormalities Benefit)
 - AIDS/HIV - will be assessed under Section 10 (the AIDS/HIV Benefit).
 - All hearing tests and hearing aids will be assessed under Section 9 (Audiology Benefit).
 - Repatriation will be assessed under Section 5 - Emergency Medical Transfer, Evacuation and Repatriation Benefits
- l) Emergency Medical Treatment outside Your Geographical Area – We will pay for Emergency Medical Treatment which is required for an unforeseen Medical Condition or Accident which occurs while an Insured Person is travelling outside of their selected Geographical Area. Cover is limited to a total of 60 days in any one Period of Insurance.
- m) Coronavirus testing where it is required for a hospital admission or for treatment by or consultation with your Physician is covered under all benefits within section 2.

What is not covered

- a) Any expenses relating to an air/sea rescue operation or an evacuation/transfer from any off-shore structure or sea going vessel to shore.
- b) Evacuation costs where the Insured Person is not either receiving diagnostic treatment prior to an admission or is not receiving hospital treatment or where costs have not been approved by Us prior to commencement of travel.
- c) Transportation costs following any Medical Treatment. This does not apply to Section 5 - Emergency Medical Transfer, Evacuation and Repatriation Benefits.
- d) Nursing at Home charges for:
- i) Mental illness, psychiatric or psychological disorders.
 - ii) Domestic activities, home help or for the provision of meals.

- e) Medical Treatment for any Medical Condition which existed prior to the Date of Entry of an Insured Person under this Policy. Where an Insured Person has had continuous and uninterrupted membership of a Health Insurance Plan provided and underwritten by an Irish licensed insurer the definition of Pre-Existing Medical Conditions and calculation of waiting period will be applied from date of entry to the Health Insurance Plan.
- f) In respect of the cover for Emergency Medical Treatment outside Your Geographical Area, We will not pay for Claims arising from travel which has been undertaken for the purpose of seeking Medical Treatment, or travel undertaken against the advice of a Physician unless pre-authorised by Us.
- g) Rehabilitation received on a Day-Care or Out-Patient basis, or where it does not form an integral part of a course of Medical Treatment.
- h) Any expenses relating to surgical appliances or prosthesis for cosmetic purposes unless required as a direct result of an Accident or surgery for cancer which has occurred during the Period of Insurance.
- i) Online psychiatric treatment/consultation.
- j) Remedial/deep tissue massage, sports massage or occupational therapy including Pilates, and Ante or post natal exercises.

Unless covered in Your Benefit Table - preventative treatments or medicines of any kind and general health check-ups. This includes:

- Routine check-ups, including preventative examinations and diagnostics.
- Any other types of treatment, tests, diagnostics, screening, where there are no symptoms regardless of whether you have an eligible claim.
- l) Coronavirus testing where it is not required for a hospital admission or is not for treatment by or consultation with a Physician.
- m) Coronavirus testing when symptoms are not present, unless the treating Physician has referred you for a test.

Section 3 – Dental Treatment Benefits

What is covered under Level 1

- a) **Emergency Dental Treatment** – Dental treatment for immediate pain relief where required as a direct result of an Accident caused by an extra oral impact. Only treatment received during the first 48 hours following the time and date of the Accident is covered.

What is covered under Level 2

In addition to the cover under Level 1

- a) Extraction of wisdom teeth (whether in Hospital or a dental surgery).

What is covered under Level 3 or where the Optional Dental Cover has been purchased

In addition to the cover under Level 2

- a) **Preventative Dental Treatment** – one annual check-up, one annual visit to the hygienist, x-rays including scaling and polishing.
- b) **Routine Dental Treatment** including x-rays, moulds, fillings using amalgams or composite materials, extractions (other than extractions for wisdom teeth) and treatment for the relief of an infection including prescribed antibiotics and temporary fillings.
- c) **Major Restorative Dental Treatment** – Root canal treatment, new or repairs to porcelain crowns, new or repairs to bridgework.

All Dental Treatment is assessed under this Section of the Policy and none other.

What is not covered

- a) An Accident requiring Emergency Dental Treatment where caused by:
 - i) eating or drinking;
 - ii) normal wear and tear;
 - iii) tooth-brushing or other oral hygiene procedures;
 - iv) an Accident caused by anything other than an extra oral impact.
- b) Emergency Dental Treatment involving restorative or remedial work, the use of precious metals and orthodontic treatment or dental surgery performed in Hospital, unless dental surgery is the only treatment appropriate to alleviate the pain.
- c) In respect of Routine Dental Treatment and Major Restorative Dental Treatment:
 - i) if the Insured Person has not undergone all necessary treatment recommended by a Dental Practitioner prior to their dental Date of Entry;
 - ii) Dental Procedures other than those specified in Your Table of Benefits, the cost of precious metals in any dental procedures, dentures, treatment for gingivitis, periodontitis (e.g. deep cleaning), or gum disease of any kind.
- d) In respect of Extraction of wisdom teeth:
 - i) Any expenses incurred during the first 4 month period from an Insured Person's dental Date of Entry.
- e) All forms of dental guards, including but not limited to night guards, mouth guards, anti-bruxism guards, sports guards and dental retainers.
- f) Orthodontics treatment of any kind.
- g) Hospital costs incurred in respect of dental treatment other than provided for under extraction of wisdom teeth.

Section 4 – Maternity Grant-in-Aid Benefits

What is covered

Please note that items a), b) and c) below apply to both Level 2 and Level 3. For Level 1 only item b) 'Complications of Pregnancy and Childbirth' applies.

a) The costs of:

- normal pregnancy and childbirth;
- an elective Caesarean Section - This benefit only applies if specified on Your Table of Benefits;
- a planned home birth or planned birth in a midwife-led unit - This benefit only applies if specified on Your Table of Benefits.

Including all pre-natal care, antenatal check-ups and tests for the mother, delivery of the newborn including intrapartum midwifery costs for one midwife to attend the delivery, the initial and 6 week paediatric check-up and post-natal care for the mother. Please note that this benefit applies per policy year.

In respect of a planned home birth or a midwifery led unit birth we shall also cover the cost of up to ten pre-natal midwife visits/appointments, as well as postpartum home visits from a midwife for up to ten days following the birth.

- b) Complications of Pregnancy and Childbirth including all pre-natal care, antenatal check-ups and tests for the mother, delivery of the newborn including intrapartum midwifery costs for one midwife to attend the delivery, the initial paediatric check-up, delivery and post-natal care for the mother. Once a pregnancy is diagnosed as a 'Complication of Pregnancy and Childbirth' all Medical Treatment incurred for the pregnancy, occurring on or after the date of diagnosis of the complication, shall be covered under this benefit.
- c) Maternity Cash Benefit – We will pay a cash benefit on the birth of each child provided no Claim has been either made or paid under this or any other Section of this Policy. **This benefit does not apply to Level 1.**
- d) Coronavirus testing where it is required for a hospital admission or for treatment by or consultation with your Physician is covered under all benefits within section 4.

What is not covered

- a) Any expenses (including payment of the Maternity Cash Benefit) incurred during the first 10 month period from an Insured Person's Date of Entry to this Policy. In the case where the expectant mother has previously been covered by a Health Insurance Plan provided and underwritten by an Irish licensed insurer the 10 months waiting period shall be reduced by the number of months membership already served.
- b) Any costs for termination of pregnancy on non-medical grounds.
- c) Complications arising during or as a result of a planned home birth delivery or planned birth in a midwife-led unit.
- d) Planned home births where the expectant mother:
- has a history of post-natal haemorrhage;
 - is expecting a multiple birth;
 - is experiencing complications of any kind;
 - is going against medical advice.
- e) Ante-natal classes, midwifery costs when not directly associated with the delivery (except where stated for a planned home birth or planned birth in a midwife-led unit), doula and birth companions.
- f) Coronavirus testing where it is not required for a hospital admission or is not for treatment by or consultation with a Physician.
- g) Coronavirus testing when symptoms are not present, unless the treating Physician has referred you for a test.

Section 5 – Emergency Medical Transfer, Evacuation and Repatriation Benefits

What is covered

a) Emergency Medical Transfer and Evacuation.

The costs of transporting the Insured Person together with a medical escort, if necessary, to the nearest suitable Hospital in either their Designated Overseas Country or a nearby country and returning the person back to their Designated Overseas Country after treatment.

b) Repatriation

Where, in the opinion of Our Chief Medical Officer, a Medical Condition has stabilised and it is medically appropriate to consider moving the Insured Person, We will pay costs of transporting an Insured Person to their Designated Overseas Country, Home Country or the country nominated by You and agreed by Us following either Emergency Medical Treatment or an eligible In-Patient stay of minimum 7 nights under Section 2 of this Policy or upon confirmation of a diagnosis of a terminal medical condition. Such transportation shall be by the most appropriate means, and include a medical escort as deemed medically appropriate by our Chief Medical Officer.

c) Coronavirus testing where it is required as part of an Emergency Medical Transfer and Evacuation or Repatriation is covered under all benefits within section 5.

What is not covered

- a) Any further subsequent transfer costs associated with an Emergency Medical Transfer or Evacuation claim, once we have returned you to your designated overseas country, unless our Chief Medical Officer agrees it is medically necessary.
- b) Transportation costs to a country not included within the Insured Person's chosen Geographical Area.
- c) Evacuation costs where the Insured Person is not either receiving diagnostic treatment prior to an admission or is not receiving hospital treatment or where costs have not been approved by Us prior to commencement of travel.
- d) Transportation costs for post-hospitalisation consultations following your discharge from Hospital.
- e) Transportation costs for pre- or post-hospitalisation Medical Treatment of a mental illness, psychiatric or psychological disorders (other than where stated and on Your Table of Benefits).
- f) Coronavirus testing where it is not required as part of an Emergency Medical Transfer and Evacuation or Repatriation.

Policy Conditions

- a) The decision of Our Physicians, acting reasonably and making use of all available medical information, is final and We are entitled to refuse any request that is incompatible with an Insured Person's Medical Condition, safety or wellbeing.
- b) Our Physicians will set up the medical team and resources to be used and, when appropriate, to ensure an Insured Person's safety during the Emergency Medical Transfer, Evacuation or Repatriation.
- c) If an Insured Person or their designated person rejects the assistance We propose then We shall be released from all of Our contractual obligations and responsibilities under this Policy.
- d) All Repatriations which meet the above criteria will be assessed under this benefit and as such this benefit overrides all other Sections and financial limits within the Policy.
- e) In the event of Repatriation, all cover under this Policy shall cease from the date and time at which You arrive back into Your Home Country or country nominated by You and agreed by Us.

Section 6 – Additional Transportation and Accommodation Benefits

What is covered

If the Insured Person requiring an Emergency Medical Transfer, Evacuation or Repatriation is travelling at the time of the event necessitating the transportation:

- a) We will pay the reasonable travelling costs of the Insured Person's child/children and one adult to accompany the Insured Person (or follow within 48 hours of the transportation), provided the child/children and/or adult are travelling with the Insured Person at the time of the event necessitating the transportation. We shall also pay for the subsequent journey for the child/children and adult to their respective Designated Overseas Country.
- b) If the Insured Person's child/children are at home in their Designated Overseas Country and left unsupervised as a result of this Insured Event, then We will arrange and pay for the travelling costs (one first class rail or economy/tourist class return air fare) for a person to travel to, and look after, the child/children or for the child/children to be transported to a specified destination to be looked after.
- c) If the Insured Person does not have an accompanying adult, then We will pay the reasonable travelling costs of a return trip by first class rail or economy/tourist class air fare for one adult to travel to the location where the Insured Person is hospitalised.
- d) We will pay accommodation costs for up to 10 nights for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised.

If the Insured Person requiring an Emergency Medical Transfer, Evacuation or Repatriation is in their Designated Overseas Country at the time of the event necessitating the transportation:

- e) We will pay the reasonable travelling costs of a return trip by first class rail or economy/tourist class air fare for one adult to travel to the location where the Insured Person is hospitalised.
- f) If the Insured Person's child/children are at home in their Designated Overseas Country and left unsupervised as a result of this Insured Event, then We will arrange and pay for the travelling costs (one first class rail or economy/tourist class return air fare) for a person to travel to, and look after, the child/children or for the child/children to be transported to a specified destination to be looked after.
- g) We will pay accommodation costs for up to 10 nights for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised.

If the Insured Person does not require an Emergency Medical Transfer or Evacuation but does require immediate diagnostic procedures, In-Patient or Day-Care Medical Treatment, that is not available in their Designated Overseas Country:

- h) Where there is no suitable facility for diagnostic or outpatient treatment in the Designated Overseas Country, We will pay the reasonable travelling costs of a return trip by first class rail or economy/tourist class air fare for the Insured Person to travel to the nearest suitable Hospital in a nearby country to receive treatment. This will be under the approval of our Chief Medical Officer.
- i) We will pay the reasonable accommodation costs for up to 3 nights per admission for the Insured Person to stay in the treating country, either prior to or following a medical admission or hospital attendance for diagnostic procedures, where travelling availability dictates that this is unavoidable.

This benefit only applies if specified on Your Table of Benefits.

Compassionate Travel Costs

If You have to return to Your Home Country or country nominated by You and agreed by Us because a Close Relative under age 75 has either died or been hospitalised and is in a condition that is life-threatening, We will arrange and pay for one first class rail fare or economy/tourist class return air fare to enable the Insured Person to travel back home.

Coronavirus testing where it is required as part of Additional Transportation is covered within section 6.

What is not covered

- a) Accommodation costs, except where stated above in items d), g) or i) and on Your Table of Benefits.
- b) Coronavirus testing where it is not required as part of Additional Transportation.

Section 7 – Repatriation of Mortal Remains/Local Cremation/Burial Benefits

What is covered

If an Insured Person dies outside Your Home Country or country nominated by You and agreed by Us as a result of an Insured Event, We will provide the following benefits in accordance with Your wishes or those of Your next-of-kin:

- a) We will arrange and pay for preparation and repatriation by air transportation of Your mortal remains from the country where death occurred to the place of the funeral in the Home Country or country nominated by You and agreed by Us or the Designated Overseas Country.
- b) We will make all of the necessary arrangements as required including paying towards the cost of a coffin.
- c) We will also arrange and pay for the additional travelling costs of up to two insured persons or close relatives who were accompanying the deceased Insured Person to return by first class rail or economy/tourist class air fare to attend the funeral.
- d) We will arrange and pay towards the cost of cremation in the country where death occurred, the transportation of the funeral urn back to the Home Country or country nominated by You and agreed by Us or Designated Overseas Country and the additional travel costs of up to two persons to accompany the funeral urn **OR**

We will arrange and pay for burial in the country where death occurred where outside of the Home Country or country nominated by You and agreed by Us or Designated Overseas Country.

What is not covered

- a) Funeral costs including the cost of a religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food or beverage and any other costs other than those directly relating to the burial.
- b) Payment of any local burial costs if an Insured Person dies in their Home Country or Country nominated by You and agreed by Us.

Section 8 – Temporary Return to Home Country or the country nominated by You and agreed by Us Benefits

What is covered

The following benefits and services apply to each Insured Person who temporarily returns to their Home Country or Country nominated by You and agreed by Us for each Return Visit of no more than the maximum period(s) shown in Your Table of Benefits.

The cover, exclusions and policy conditions shall be the same as that provided for under Section 1 – Overall Maximum Limit, Section 2 – Medical and Hospital Benefits, Section 3 – Dental Treatment Benefits and Section 4 – Maternity Grant-in-Aid Benefits. In addition, cover is extended to include the following items:

- a) Accommodation and Travel Costs – In the event of an eligible Claim under this Section, We will pay for reasonable additional travel and accommodation costs arranged by Us for one person required on medical advice to stay with an Insured Person or escort them to their Designated Overseas Country.
 - We will pay for the reasonable additional travel costs incurred in repatriating dependent children to their Designated Overseas Country if an Insured Person is incapacitated and there is no other responsible adult to supervise them.
 - a competent person will be provided to accompany the children to their home in the Designated Overseas Country.
- b) Contribution towards Travel Costs – If You choose to return to Your Home Country or Country nominated by You and agreed by Us for a Major Surgical Intervention, We will pay a contribution towards the travelling costs.
- c) Coronavirus testing where it is required as part of travel during a Temporary Return to Home Country is covered within section 8.

What is not covered

- a) In respect of the benefit for 'Accommodation and Travel Costs':
 - i) accommodation costs other than the cost of the room.
 - ii) air travel costs in excess of a return economy/tourist class air fare.
 - iii) any air travel costs in excess of a one-way economy/tourist class air fare for each child to be repatriated.
- b) Coronavirus testing where it is not required as part of travel during a Temporary Return to Home Country.

Section 9 – Wellness Benefits

A. Optical Benefit

What is covered

We will pay towards the cost of:

- i) one annual eye/vision test;
- ii) prescription glasses or contact lenses where prescribed by an Optician or Ophthalmologist.

In respect of item ii) above, this benefit is subject to a Co-insurance as stated on Your Table of Benefits. **This benefit does not apply to Level 1.**

B. Audiology Benefit

What is covered

We will pay for the cost of one annual hearing test and make a contribution towards a hearing aid where prescribed by an Audiologist/ENT Consultant. **This benefit does not apply to Level 1.**

What is not covered:

Hearing aid maintenance, service, administrative and battery replacement

C. Preventative Cancer Screening Benefit

What is covered

We will pay for the following tests which are undertaken purely for cancer screening: cervical smear tests, mammograms, prostate, colon and testicular examinations. **This benefit only applies if specified on Your Table of Benefits and the benefit does not apply to Levels 1 and 2.**

What is not covered

- a) Any tests/examinations not mentioned above as being covered.
- b) Any screening test/examination during the first 12 months from an Insured person's Date of Entry to this Policy. In the case where the Insured Person has previously been covered by a Health Insurance Plan provided and underwritten by an Irish licensed insurer the 12 months waiting period shall be reduced by the number of months membership already served.

D. Child Vaccinations Benefit

What is covered

We will pay for all routine and preventative vaccinations for insured children under age 4. **This benefit only applies if specified on Your Table of Benefits and the benefit does not apply to Levels 1 and 2.**

What is not covered

Any vaccinations and/or medicines for the purposes of foreign travel.

Section 10 – AIDS/HIV Benefit

What is covered

We will pay for Medical Treatment relating to AIDS and HIV including any related diseases where contracted after the Insured Person's Date of Entry to this Policy. **This benefit does not apply to Levels 1 and 2.**

Coronavirus testing where it is required for treatment by or consultation with your Physician is covered under all benefits within section 10.

What is not covered

Any expenses incurred within the first 2 consecutive years after an Insured Person's Date of Entry to this Policy. In the case where the Insured Person has previously been covered by a Health Insurance Plan provided and underwritten by an Irish licensed insurer the 2 years waiting period shall be reduced by the number of years/months membership already served.

Coronavirus testing where it is not required for treatment by or consultation with a Physician.

Section 11 – Personal Assistance Services

What is covered

We will provide the following services to the Insured Person's:

a) Lost Luggage

If Your luggage is lost or misdirected in transit and the Carrier has failed to resolve the problem, We will help with tracing and redelivering your luggage. You will need to have Your luggage tag number available.

b) Replacement Travel Documents

We will help You replace lost or stolen tickets and Travel Documents and we will refer You to either the appropriate local embassy for travel documentation or a travel retailer for replacement tickets.

What is not covered

Any deliberately careless or negligent act or omission by You.

The cost of any other items other than those shown, unless insured under another Section of this policy.

The Policy Excess (if applicable) does not apply under this section.

Section 12 – Travel Benefits

Some plans may require you to purchase Travel Benefits as an optional add-on.

Trip & Territorial Limits (Applicable only to this section):

Cover will be limited for Trips made outside of the Geographical Area up to a maximum of 60 days in any one Period of Insurance.

The following benefits and services provided to the Insured Person's will operate in respect of any Trip unless otherwise stated.

Please Note: There is no cover under sections A, B or C for any claim arising from Trips within Your Home Country or Designated Overseas Country.

A. Legal Protection

Medical Expenses incurred within a Hospital environment:

If you claim benefits for treatment which is needed because you were injured through the fault of some other person or body, you must notify us. We will pay the benefits if you provide an undertaking to include those benefits in any claim being made or to be made against the person who caused the injury and reasonably assist us to recover these benefits and repay them to us.

Non-Medical Expenses

We will provide telephone advice, guidance and assistance on any legal problem, which arises in connection with a Trip or in connection with Your home. This service is available when You start Your Trip until 7 days after You return to Your Home Country or Your Designated Overseas Country.

If You suffer death, illness or personal injury during the Trip, or if Your home suffers damage during the Trip, then in the event that You or Your personal representatives decide to take out legal proceedings in pursuit of compensation and We consider that You are likely to obtain a reasonable settlement.

We will advance on Your behalf

- Up to the amount shown on Your Table of Benefits per Insured Person (and in total for all Insured Persons in connection with any one event giving rise to a Claim) for legal costs and expenses directly incurred in the pursuit of these proceedings.
- Additional travel expenses in the event that a court outside of either Your Home Country or Your Designated Overseas Country You to attend in connection with an event giving rise to an action under this Section, up to a maximum per Insured Person of the amount shown in Your Table of Benefits.
- When We have begun proceedings on Your behalf and You receive no compensation, or only limited compensation, We will cover You against Claims for fees, costs and expenses arising out of the proceedings, to the extent that these fees, costs and expenses exceed the amount of any compensation You have received, up to the amount shown in Your Table of Benefits in total under this Policy per Insured Person (and in total for all Insured Persons in connection with any one event giving rise to a Claim). This benefit will be offset against the advance described above.

We shall have complete control over the legal proceedings although You do not have to accept the lawyer nominated by Us.

Lawyers must be qualified to practise in the courts of the country where the event giving rise to the Claim occurred or where the proposed defendant under this Section is resident.

If You are unable to agree with Us on a suitable lawyer We will ask the ruling body for lawyers in that country to nominate another lawyer. In the meantime, We may appoint a lawyer to protect Your interests.

If an award of compensation is made and payment is received by You, or by a lawyer instructed on Your behalf, then all sums advanced or paid by Us shall be repaid out of the compensation received.

We can opt to conduct legal proceedings instituted in the United States of America or Canada under the contingency fee system operating in North America.

We will not begin legal proceedings in more than one country in respect of the same occurrence.

You must notify Us as soon as possible of any incident which may give rise to a Claim and at the latest, within 90 days of the incident.

What is not covered

- a) Costs or expenses incurred without prior authorisation by Us.
- b) Any incident, which may give rise to a claim, not notified to Us within 90 days of the incident.
- c) The pursuit of a Claim against Us, Our agent or an Insurer underwriting any Section of this Policy, or a travel agent, tour operator or Carrier.
- d) Actions between Insured Persons, or actions pursued in order to obtain satisfaction of a judgement or legally binding decision.
- e) Any Trips within Your Home Country Or within Designated Overseas Country.
- f) Anything mentioned in the "General Exclusions".

B. Personal Liability

What is covered

If in the course of a trip you become legally liable for Accidental bodily injury to, or the death of, any person and/or accidental loss of or damage to their property, then: On condition that there is no other insurance in force covering loss, material damage or your liability, we will cover:

- All sums which you shall become legally liable to pay as compensation.
- All law costs awarded to any claimant or incurred in the defence of any claim that is contested by us or with our consent

We will pay up to the maximum shown in Your Table of Benefits, including costs. This limit applies to any and all claimants in any one Period of Insurance affected by any and all occurrences with any one original cause.

What is not covered

- a) Injury to, or the death of, any member of Your family or household, or any person in Your service.
- b) Property belonging to, or held in trust by You or Your family or household.
- c) Loss of or damage to property which is the legal responsibility of You or Your family or household (This exclusion will not apply to temporary accommodation which You occupy and for which You assume contractual responsibility during Your Trip).
- d) Any liability which attaches by virtue of a contractual agreement, but which would not exist in law in the absence of such an agreement.
- e) Claims for injury, loss or damage arising directly or indirectly from:
 - Ownership or use of: airborne craft; horse-drawn, motorised, mechanically-propelled or towed vehicles; vessels; sail or powered boat (other than row boats, punts or canoes); animals (other than horses, domestic dogs or cats); firearms.
 - The pursuit or exercise of any trade, profession or gainful occupation, or the supply of goods and services by You;
 - The ownership or occupation of any land or building;
 - Wilful or malicious acts.
- f) Liability or material damage for which cover is provided under any other insurance.
- g) Accidental injury or loss not caused through Your negligence.
- h) Any injury, illness, death, loss, expense or other liability attributable to the transmission of any communicable disease or virus however caused.
- i) Any claims arising in connection with a Trip within Your Home Country or Designated Overseas Country.
- j) Anything mentioned in the "General Exclusions".

The policy excess does not apply to this section

C. Personal Accident

What is covered

If You suffer Accidental Bodily Injury during the Trip, which within 12 months is the sole and direct cause of death or Permanent total disablement, we will pay to You or Your legal personal representatives the amounts shown in Your Table of Benefits for each Insured Person.

The amounts shown in Your Table of Benefits are in addition to the benefits available in respect of medical expenses which have been incurred for emergency medical treatment abroad.

What is not covered

- a) Injury not caused solely by outward, violent and visible means.
- b) Your permanent total disablement caused by mental or psychological trauma not involving your bodily injury.
- c) Disease or any physical defect, infirmity or illness which existed prior to the commencement of the Trip.

- d) Any payment per Insured Person in excess of the amount specified in Your Table of Benefits.
- e) Any payment in excess of the amount specified in Your Table of Benefits arising from death of Insured Persons under 16 years of age or over 65 years of age.
- f) Any payment in excess of the amount specified in Your Table of Benefits arising from the Permanent Total Disablement of Insured Persons over 65 years of age.
- g) Any claims arising in connection with a Trip within Your Home Country or Designated Overseas Country.
- h) Anything mentioned in the "General Exclusions".

The policy excess does not apply to this section.

D. Cancellation or Curtailment

The Cancellation or Curtailment benefit will operate from 60 days before Your Date of Entry. If You submit a Cancellation Claim within the 60 days before Your Date of Entry and You have not paid the premium to Us, We will subtract the value of the travel premium which is €65 (in addition to the Excess applicable to this benefit) from the amount payable.

Cancellation cover applies if Your Trip takes place within the Period of Insurance, but prior to departing from your Home Country or Designated Overseas Country, You are forced to cancel Your travel plans during Your Period of Insurance because of one of the following changes in circumstances which are beyond Your control and of which You were unaware at the time You booked the Trip and/or purchased this policy.

Curtailment cover applies if You are forced to cut short a Trip You have commenced because of one of the following changes in circumstances which is beyond Your control and You were unaware at the time You commenced Your Trip.

What is covered - Cancellation & Curtailment

We will reimburse the following amounts per Insured Person in total under this Policy for financial loss You suffer, being non-refundable deposits and amounts You have paid, for travel and accommodation You do not use because of Your inability to commence travel or complete the Trip:

- Up to the amount shown on the Table of Benefits table per Insured Person.

We will only pay for financial loss You suffer on behalf of any travelling companion if they are insured and named on this policy. If Your travelling companion is not insured under this policy, You will need to claim against their travel insurance policy for any amounts that You have paid on their behalf.

Changes in Circumstances

Cover is provided for the following changes in circumstances:

- Unforeseen illness, injury or death of You or any person with whom You have arranged to travel or stay during the Trip, or upon whom Your Trip depended.
- The death, imminent demise, or hospitalisation due to serious accident or unforeseen illness, of Your Close Relative or the Close Relative of any person upon whom Your Trip depends.
- Your abandoning Your Trip following the cancellation of or a delay of more than 12 hours in the departure of Your first outward international flight, sea-crossing or coach or train journey from Your Home Country or Designated Overseas Country, forming part of the Trip's itinerary. This must be as a direct result of Strike or Industrial Action (of which You were unaware at the time You either booked the Trip or purchased this policy, whichever is the later), adverse weather conditions, or the mechanical breakdown of, or accident involving, the aircraft, sea vessel, coach or train.
- Your first outward international flight, sea-crossing or international coach or train journey, from Your Home Country or Designated Overseas Country, forming part of the Trip's itinerary, having been cancelled and no suitable alternative having been provided within 12 hours of the booked departure time. The cancellation must be as a result of Strike or Industrial Action (of which You were unaware at the time You made travel arrangements for the Trip), adverse weather conditions, or the mechanical breakdown of, or accident involving, the aircraft, sea vessel, coach or train.
- You or any person with whom You plan to travel being called up for jury service or being subpoenaed as a witness in a court of law (other than in a professional or advisory capacity).
- If You are made redundant and You qualify for redundancy payment under current legislation.
- A government directive prohibiting all travel to, or recommending evacuation from the country or area You were planning to visit or were staying in, as a result of natural disasters (such as earthquakes, fires, floods, hurricanes) or epidemic(s).
- Accidental damage, burglary, flooding or fire affecting Your Home, occurring during the Trip or within 48 hours before You depart, when the loss relating to Your Home is in excess of €2,000 or when Your presence is required by the police in connection with such events.
- Your compulsory quarantine, unless related to an item listed in the General Exclusions.
- If, following the commencement of Your Trip, You are unable to continue Your Trip, as detailed in Your travel itinerary, due to the loss or theft of Your passport, or that of any person You are travelling with.
- After You have booked Your Trip and effected cover under this Policy, the Irish Government announces that travellers are recommended to avoid the country or area You have planned to visit, and when Your Travel Agent or Tour Operator cannot provide a refund or equivalent alternative holiday arrangements You must notify the Carrier or travel agent immediately You know the Trip is to be cancelled, to minimise Your loss as far as possible.

Special conditions relating to claims in this section

Curtailment claims will be calculated from the date of the return to the Designated Overseas Country in which the Trip commenced.

You must obtain a medical certificate from the Medical Practitioner in attendance and Our prior approval to confirm the necessity to return to either your Home Country or Designated Overseas Country prior to the scheduled return date of the Trip in the event of unforeseen illness or injury.

In the event of Curtailment or interruption of the Trip, You must contact Us first and allow Us to make all the necessary travel arrangements. If, at the time of requesting Our assistance in the event of a Curtailment or interruption claim, satisfactory medical evidence is not supplied in order to substantiate that the claim is due to an unforeseen illness, injury or death of You, a Close Relative, travelling companion or person with whom You have arranged to stay whilst on Your Trip, We will make all necessary arrangements at Your cost and arrange appropriate reimbursement as soon as the claim has been validated.

If Your outward flight, sea-crossing or international coach or train journey is cancelled by the Carrier, You must produce to Us written documentation provided by the Carrier, specifying the reason for the cancellation. You must notify the Carrier or Travel Agent immediately You know the Trip is to be cancelled or curtailed, to minimise Your loss as far as possible. If You fail to notify the Carrier or Travel Agent immediately it is found necessary to cancel the Trip, Our liability shall be restricted to the cancellation charges that would have applied had You notified the carrier or Travel Agent.

If You cancel the Trip due to unforeseen illness or injury You must provide a medical certificate from the treating General Practitioner prior to Your intended travel date stating that the illness or injury You were seen for prevented You from travelling.

If You cancel, curtail or interrupt Your Trip because Your presence is required by the Police in connection with accidental damage, burglary, flooding or fire affecting Your Home during Your Trip, You must produce to Us written documentation from the Police confirming that the loss or damage occurred during the Trip - otherwise no claim will be paid.

We will only pay for financial loss You suffer on behalf of any travelling companion if they are insured and named on this policy. If Your travelling companion is not insured under this policy, You will need to claim against their travel insurance policy for any amounts that You have paid on their behalf.

Your cancellation or Curtailment must be necessary and unavoidable in order for You to claim.

What is not covered

- a) Any disinclination to travel or continue travelling, unless Your change of travel plans is caused by one of the circumstances listed under 'changes in circumstances'.
- b) The cost of pre booked excursions, activity entrance fees and tickets or theme park tickets.
- c) Any costs relating to unused travel and accommodation for any persons not insured under this policy.
- d) Cancellation because of pregnancy or childbirth, unless the cancellation is certified by a Medical Practitioner as necessary due to Complications of Pregnancy and Childbirth.
- e) Claims arising from actual or planned Strike or Industrial Action which was common knowledge at the time You either booked the Trip or purchased this policy.
- f) Any costs in respect of any unused pre-paid travel costs when We have paid to repatriate You.
- g) Withdrawal from service of the aircraft, sea vessel, coach or train on which You are booked to travel, by order or recommendation of the regulatory authority in any country. You should direct any claim in this case to the transport operator involved.
- h) The cost of any fare paid to a scheduled airline in the event of the failure of that airline.
- i) Change of plans due to Your financial circumstances except if You are made redundant and qualify for redundancy payment under current legislation.
- j) Any claim arising as a result of attendance of an Insured Person, or any other person on whom the holiday plans depend, in a court of law. This exclusion will not apply if You are called up for jury service or are subpoenaed as a witness (other than in any professional or advisory capacity).
- k) Any Cancellation, Curtailment or Trip Interruption caused by work commitment or amendment of Your holiday entitlement by Your employer.
- l) Prohibitive regulations by the government of any country, or delay or amendment of the Trip due to government action.
- m) Additional costs for which You become responsible as a result of not cancelling a Trip immediately when there is reason for a Trip to be cancelled.
- n) Any claim arising from a volcanic eruption (including volcanic ash being carried by the wind).
- o) The Policy Excess as shown on the Table of Benefits per Insured Person, for each and every claim. If You are claiming only for loss of deposit then the excess is reduced to €15 per Insured Person per claim.
- p) Any costs relating to taxes, air passenger duty and other surcharges levied by the airline or carrier.
- q) A Trip solely within Your Designated Overseas Country unless a minimum of 2 nights paid accommodation have been prebooked prior to departure.
- r) Any cancellation or administration charges incurred in obtaining any supporting documentation.
- s) The cost of this Policy.
- t) Anything mentioned in the "General Exclusions"

What is covered - Trip Interruption

Trip Interruption cover applies when You need to make an unscheduled return journey to Your Home Country or Country Nominated by you and agreed by us or your Designated Overseas Country during a Trip because of:

- The death, imminent demise or hospitalisation due to serious accident or illness of a Close Relative;
- Accidental damage, burglary, flooding or fire affecting Your Home, when a loss in excess of €2,000 is involved or when Your presence is required by the police in connection with such events.

On condition that You contact the VHI International Customer Service on +353 46 907 7377 first, and that We make all travel arrangements. We will pay necessary travelling costs incurred in returning You Home in the event You have a valid Curtailment claim up to the amount shown on the Table of Benefits. If the situation permits and the period of Your original booked Trip has not expired, We will also pay necessary additional travel costs in transporting You back to the location abroad. The total amount claimed under this section can not exceed the amount shown on the Table of Benefits.

Travel by air will be limited to one economy/tourist class ticket for each Insured Person.

If You cannot recoup the cost of any pre-paid accommodation, You may be able to submit a pro-rata Curtailment claim under this Section for such costs.

E. Extended Stay

What is covered

On condition that You contact Us first and that We make all the travel arrangements, if, following a valid claim under Section 2 – Medical and Hospital Benefits, You have been discharged from Hospital after the intended return date of Your Trip and You have been medically certified to be fit to travel,

We will pay for the following costs:

- We will pay for the additional travelling costs and accommodation costs incurred by You on the return journey of Your Trip.
- If Our Medical Officer confirms that it is medically necessary for You to be accompanied on the return journey of Your Trip, We will pay for the additional travelling costs and accommodation costs incurred by persons staying with You and accompanying You on the return journey of Your Trip.
- If You do not have an accompanying adult, then We will pay for the additional travelling and accommodation costs for one person required, on medical advice, to travel out to You and accompany You on the return journey of Your Trip.

What is not covered

- a) Any travel costs in excess of a one-way economy/tourist class air fare or a first class rail fare for each person to be returned to the country in which Your Trip commenced, unless medically necessary.
- b) Accommodation costs other than the cost of the room(s).
- c) Claims arising where You were not an admitted in-patient of a Hospital on the date of the original scheduled return journey of Your Trip.
- d) Anything mentioned in "General Exclusions".

F. Missed Departure

What is covered

If during a Trip You arrive at the airport, port, train or coach too late to commence the journey, as a result of:

- Mechanical breakdown or road traffic accident involving the car in which You are travelling; or
- Cancellation or Curtailment of scheduled public transport due to adverse weather conditions, Strike or Industrial Action or mechanical breakdown or accident;
- An accident or breakdown on a motorway or dual carriage way that You are travelling on which causes an unexpected delay

We will provide assistance by liaising with the Carrier and/or tour operator to advise of Your late arrival and, as necessary, We will make arrangements for overnight hotel accommodation and alternative international travel. We will pay for reasonable additional travel and accommodation expenses necessarily incurred to reach the booked destination by the most direct alternative route, up to a maximum under this Policy of the amount shown in Your Table of Benefits in total for each Insured Person, during each Trip abroad.

You must take every reasonable step to commence and complete the journey to the departure point and check-in for the flight, sea crossing, coach or train journey on time or where there is a recommended check-in time on Your ticket, You must check in at or prior to this time.

You must obtain written confirmation from the Carrier stating the period and reason for delay. If You are claiming after the breakdown or accident involving the car in which You were travelling, You must provide evidence of the breakdown/accident in the form of an invoice or receipt from the garage or recovery service involved in the repair/recovery of Your car.

The policy excess does not apply to this section.

What is not covered

- a) Claims arising from actual (or planned) Strike or Industrial Action which was common knowledge at the time You either: booked the Trip; or purchased this optional add-on.
- b) Withdrawal from service of the aircraft, sea vessel, coach or train on which You are booked to travel, by order or recommendation of the regulatory authority in any country. You should direct any Claim to the transport operator involved.

- c) Additional costs where the scheduled public transport operator has offered reasonable alternative travel arrangements.
- d) Claims for additional mechanical wear and tear or Depreciation of Your vehicle or for mileage charges other than additional fuel and oil.
- e) Claims under this Section in addition to claims under Section F (Travel Delay).
- f) Claims due to Your allowing insufficient time to complete Your journey to the departure point including points of departure for international connections. You should adhere to recommended check-in times on the travel tickets.
- g) Any claim arising from a volcanic eruption (including volcanic ash being carried by the wind), earthquake, or tsunami.
- h) Anything mentioned in the "General Exclusions".

G. Travel Delay

What is covered

1. If the departure of any flight, sea crossing, coach or train journey forming part of Your Trip and specified on Your ticket, is delayed as a direct result of Strike, Industrial Action, adverse weather conditions, or mechanical breakdown of aircraft, sea vessel, coach or train:

- For more than 12 hours beyond the intended departure time:

We will pay the amount shown on the Table of Benefits per Insured Person for the first 12 hours Your departure is delayed and for each subsequent full 12 hours delay, up to the maximum shown, per Insured Person per Trip;

OR

- For more than 12 hours beyond the intended departure time on the first outbound international flight, sea crossing, coach or train, from Your Designated Home Country You can choose instead to abandon Your Trip and submit a cancellation claim under Section 9 up to the maximum shown on the Table of Benefits per Insured Person.

2. If Your final inbound international flight or sea crossing is cancelled and no alternative provided within 12 hours of the intended departure time: We will pay the cost of buying a replacement ticket up to a maximum of €500 per Insured Person per Trip.

This benefit is only payable for the period of time You are delayed whilst located at the departure point of Your booked flight, sea crossing, coach or train journey.

The 12 hours delay above is only applicable where a single flight, sea crossing, coach or train journey is delayed for more than 12 hours beyond its departure time. It is not a cumulative time limit over a multi destination Trip, or different forms of transport.

Special conditions relating to claims

If You suffer delays You must obtain written confirmation from the Carrier stating the period and reason for delay.

This benefit is only payable for the period of time You are delayed whilst located at the departure point of Your booked flight, sea crossing, coach or train journey.

The 12 hours delay above is only applicable where a single flight, sea crossing, coach or train journey is delayed for more than 12 hours beyond its departure time. It is not a cumulative time limit over a multi destination Trip, or different forms of transport.

What is not covered

- a) Claims arising from actual (or planned) Strike or Industrial Action which was common knowledge at the time You either made travel arrangements for the Trip, or purchased this policy.
- b) Withdrawal from service of the aircraft, sea vessel, coach or train on which You are booked to travel, by order or recommendation of the regulatory authority in any country. You should direct any claim to the transport operator involved.
- c) Any claim arising from a volcanic eruption (including volcanic ash being carried by the wind), earthquake, or tsunami.
- d) Any claim where You have not checked in or are not located at the departure point of Your booked flight, sea crossing, coach or train journey for the duration of the delay.
- e) Anything mentioned in the "General Exclusions".

The Policy Excess does not apply under this Section.

H (i) Personal Luggage

What is covered

If, in the course of a Trip, Your Personal Luggage is damaged, stolen, destroyed or lost (and not recovered), We will cover You up to the amount shown on your table of benefits per Insured Person in total under this Policy. We have the option to either pay You for the loss, or replace, reinstate or repair the items concerned.

Payment will be on the basis of the value of the items concerned at the time they are lost and not on 'a new for old' basis or replacement cost basis. A deduction will be made for Depreciation, bearing in mind the age of the items. A copy of the Depreciation policy is available on request.

The maximum We will pay for any one article, or for any one pair or set of articles, is shown on your table of benefits. If You cannot provide an original receipt, valuation report or other satisfactory proof of ownership (for example, a photograph of You wearing the article) and value to support the claim, a lower maximum amount (as shown on your table of benefits) will be paid and may delay the assessment of Your claim.

Also, the maximum We will pay under this Policy for

- Valuables and sports equipment owned by an Insured Person is limited to €400 per Insured Person.
- Sunglasses or prescription glasses of any kind is limited to €200 per Insured Person.
- Mobile telephones or smartphones is limited to €100 per Insured Person.

If claiming for stolen or lost goods You should provide Us with proof of purchase of the original goods by way of receipts, credit card or bank statements, or other proof of ownership, as failure to do so may delay the assessment of the claim.

Within 24 hours of discovery of the incident, You must report loss of Personal Luggage to the local police or to the Carrier, as appropriate, (damage to Personal Luggage in transit must be reported to the Carrier), or to Your hotel or accommodation management, or to the tour operator representative.

You must produce for Us written documentation from one of the parties listed above confirming that the loss or theft occurred during the Trip - otherwise no claim will be paid.

What is not covered

- a) Any item loaned, hired or entrusted to You.
- b) Any loss of Personal Luggage stolen from an unattended motor vehicle if:
 - The items concerned have not been locked out of sight in a Secure Luggage Area;
 - No forcible and violent means have been used by an unauthorised person to affect entry into the vehicle; and
 - No evidence of such entry is available.
- c) Theft of Valuables from an unattended motor vehicle.
- d) Loss, theft or damage to Valuables from checked-in luggage left in the custody of an airline or hotel and/or Valuables packed in luggage left in the luggage hold or storage area of another Carrier.
- e) Electrical or mechanical breakdown or manufacturing fault of the article insured.
- f) Wear and tear, damage caused by moth or vermin, denting or scratching, or any process of dyeing or cleaning.
- g) Confiscation or detention by customs or other lawful officials and authorities.
- h) Dentures; bonds; securities; stamps or documents of any kind; including driving licences, passports, theme park/excursion tickets; musical instruments; glass; china; antiques; pictures; pedal cycles and accessories; hearing aids; coupons; boats and/or ancillary equipment; samples or merchandise or business goods or specialised equipment relating to a trade or profession; unused mobile telephone rental charges or pre-payments.
- i) Loss, theft or damage to vehicles, accessories and vehicle keys.
- j) Damage to fragile or brittle articles unless by fire or resulting from an accident to a sea going vessel, aircraft or vehicle.
- k) Liability in respect of a Pair or Set of articles where We shall be liable only for the value of that part of the Pair or Set which is lost or damaged.
- l) Sports gear whilst in use.
- m) Loss or theft of or damage to Money (See Section Hiii. Money and Passport).
- n) Losses from a roof or boot luggage rack (other than losses of camping equipment, which remains covered under this Section).
- o) The Policy Excess as shown on the Summary of Cover table per Insured Person, for each and every claim.
- p) Any claim for Gadget under this section where a claim for the same Gadget is being made under Section 23 - Optional Gadget Cover.
- q) Anything mentioned in the "General Exclusions".

H (ii) Luggage Delay

What is covered

If Your luggage is certified by the Carrier to have been lost or misplaced on the outward journey of a Trip for a period in excess of 12 hours, then You can Claim an amount as shown in Your Table of Benefits per Insured Person for the purchase of essential items per incident. You must provide receipts.

Such sums will be refundable to Us if the luggage or any part of it proves to be permanently lost and/or a Claim is made under the Personal Luggage Section.

Special conditions relating to claims

You must provide receipts and a report from the Carrier confirming the length of the delay – otherwise no payment will be made.

What is not covered

- a) Any claim relating to luggage delayed at any other time during Your Trip or on Your return journey.
- b) Anything mentioned in the "General Exclusions".

The Policy Excess does not apply under this Section.

H (iii) Money and Passport

What is covered

We will pay up to an Overall Maximum shown in Your Table of Benefits for each Insured Person in total, if during a Trip, the Money You are carrying on Your person or You have left in a safety deposit box is lost, stolen, damaged or destroyed.

- The maximum we will pay for bank notes, currency notes and coins is shown in Your Table of Benefits.
- The maximum We will pay for bank notes, currency notes and coins belonging to an Insured Person aged under 16 is shown in Your Table of Benefits.

We will pay up to the amount shown in Your Table of Benefits for each Insured Person in respect of reasonable additional travel and accommodation expenses You incur abroad to obtain a temporary replacement passport, if Your passport is lost or stolen outside Your Designated Overseas Country or Home Country or the country nominated by You and agreed by Us during a Trip. This cover does not cover the additional cost of a replacement passport once You have returned to Your Designated Overseas Country or Home Country or the country nominated by You and agreed by Us.

Within 24 hours of discovery of the incident You must report loss of Money or Travel Documents to the local police or to the Carrier, as appropriate, or to Your hotel or accommodation management or to Your tour operator representatives as appropriate.

Within 24 hours of discovery of the incident You must report the loss of Travel Documents to the local police or to the local Embassy as appropriate.

You must produce to Us written documentation from one of the parties listed above confirming that the loss or theft occurred during the Trip - otherwise no Claim will be paid.

You must produce to Us evidence of withdrawal of bank notes, currency notes or coins – otherwise no payment will be made.

What is not covered

- a) Shortages or loss due to error, omission, depreciation in value, or confiscation or detention by customs or other lawful officials and authorities.
- b) Travellers cheques and/or Travel Documents that can be replaced by the issuer, at no additional cost to the member.
- c) The cost of obtaining a replacement passport once You have returned to either your Home Country or Designated Overseas Country
- d) Anything mentioned in the "General Exclusions".

The Policy Excess does not apply under this Section.

6) General Exclusions and Policy Conditions specific to Section 12 – Travel Benefits

General Exclusions specific to Section 12 – Travel Benefits

General Exclusions

The following exclusions will apply to all of the services and benefits provided by Section 12.

1. Claims arising from circumstances known to You at the time of applying for this insurance or at any time prior to the commencement of the Period of Insurance, or the commencement of any Trip, which have not been disclosed to Us prior to the commencement of the Period of Insurance, or the commencement of any Trip.
2. Loss, damage or expense which at the time of happening is insured by, or would, but for the existence of this Policy, be insured by any other existing certificate or Policy. If You have any other Policy in force, which may cover the event for which You are claiming, You must tell Us. This exclusion shall not apply to Personal Accident benefits.
3. Notwithstanding any provision to the contrary within this insurance, or any section thereto, it is agreed that this insurance excludes any loss or expense of whatsoever nature directly or indirectly caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss: War, hostilities or warlike operations (whether war be declared or not); invasion; act of an enemy foreign to the nationality of an Insured Person or the country in, or over, which the act occurs; civil war; riot; rebellion; insurrection; revolution; overthrow of the legally constituted government; civil commotion assuming the proportions of, or amounting to, an uprising; military or usurped power; explosions of war weapons; release of weapons of mass destruction that do not involve an explosive sequence; murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of an Insured Person whether war be declared with that state or not; terrorist activity. For the purpose of this exclusion terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s). Also excluded hereon is any loss or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the above incidents. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect. This exclusion does not apply to claims under Section 12 C. Personal Accident.
4. We will not pay for any losses which are not directly covered by the terms and conditions of this policy. Examples of losses for which We will not pay include loss of earnings due to being unable to return to work following injury or illness happening while on a Trip and replacing locks if You lose keys.
5. Costs of telephone calls or faxes, meals, taxi fares (with the sole exception of the taxi costs incurred for the initial journeys to and from a hospital or clinic abroad due to an Insured Person's illness or injury), interpreters' fees, inconvenience, distress, loss of earnings, loss of enjoyment of holiday, time-share maintenance fees, holiday property bonds or points and any additional travel or accommodation costs.

6. Any deliberately careless or deliberately negligent act or omission by You.
7. Any insured person who is travelling against the advice of a Medical Practitioner (or would be travelling against the advice of a Medical Practitioner in situations where they reasonably ought to have sought his/her advice).
8. Any insured person who is travelling with the intention of obtaining medical treatment or consultation abroad.
9. Any treatment, hospital stay or medical institution stay which, in the opinion of Our Medical Officer, is consistent with long term care.
10. Any claim arising directly or indirectly from:
 - Drug addiction or solvent abuse, excessive alcohol intake or Your being under the influence of alcohol or drug(s).
 - Your suicide, attempted suicide, or intentional self-injury.
 - The Insured Person engaging in Manual Work in conjunction with any profession, business or trade during the Trip.
 - The Insured Person fighting except in self-defence.
 - Participation in any organised competition involving any Winter Sports.
11. The Insured Person travelling to a country or specific area or event to which the Government of the country in which You are resident has advised persons not to travel or avoid non-essential travel.
12. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by Us or by anybody else (whether or not recommended by Us and/or acting on Our behalf) unless negligence on Our part can be demonstrated.
13. Any claim resulting from Your inability to travel due to an Insured Person's failure to hold, obtain or produce a valid passport and any required visa.
14. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by Us or by anybody else (whether or not recommended by Us and/or acting on Our behalf) unless negligence on Our part can be demonstrated.
15. Any Claim when You have not paid the appropriate premium for the cover required.
16. Any Claim when not specifically relating to a Trip.
17. Any costs incurred on behalf of other travelling companions who are not insured under this Policy.
18. This section of the policy relating to travel cover does not cover any claim arising directly, or indirectly, from any coronavirus disease (including but not limited to COVID-19) or any related or mutated form of the virus. This includes the fear or threat of catching coronavirus, and the advice, or action, of any government not to travel or preventing travel. This exclusion does not apply to Section E: Extended Stay.

General Policy Conditions specific to Section 12 – Travel Benefits

1. You must exercise reasonable care for the supervision and safety of Your property and of Your person. You must take all reasonable steps to avoid or minimise any Claim. You must act as if You are not insured.
2. You must comply in full with the terms and conditions of this section and the Policy to which it attaches before a Claim will be paid.
3. You must take all practicable steps to recover any article lost or stolen and to identify and ensure the prosecution of the guilty person(s). We may at any time at Our expense take such action as We deem fit for the recovery of the property lost or stated to be lost.
4. We are entitled to take over Your rights in the defence or settlement of a claim, or to take proceedings in Your name for Our own benefit against another party and We shall have full discretion in such matters. This is to enable Us to recover any costs We have incurred from any third party who may have liability for the costs.
5. If, at the time of making a claim there is any other policy covering the same risk this insurance policy does not cover any claim which, but for the existence of this insurance, would be covered under any other insurance policy. We are entitled to contact that insurer for a contribution. This includes any treatment, costs, or benefits covered or available from private health insurance, EHIC payments, any reciprocal health agreements, airlines, hotels, Home contents insurers or any other recovery by You which is the basis of this claim.
6. You must assist Us to obtain or pursue a recovery or contribution from any third party or other insurers (including any Government department) by providing all details required and completing the necessary forms.
7. We may, at any time, pay to You Our full liability under this Policy after which no further liability shall attach to Us in any respect or as a consequence of such action.
8. Where it is possible for Us to recover sums that We have paid out under the terms of the policy, You will co-operate fully with Us in any recovery at tempt We make and We will pay all costs associated with the recovery of Our outlay. You agree not to take any action that may prejudice Our recovery rights and will advise Us if You instigate proceedings to recover compensation arising from any incident which has led to a successful claim against this policy

7) General Exclusions and Policy Conditions applicable to all Sections of this Policy

General Exclusions applying to all Sections of this Policy

Please note that these General Exclusions override all other terms and conditions of this Policy.

We will not pay for:

1. A Pre-Existing Medical Condition known to an Insured Person (or of which an Insured Person ought to reasonably have been aware of) and/or from which he/she has suffered from prior to first applying for insurance cover except as provided for under 7. General Policy Conditions – 'Expiry of Waiting Periods for Pre-Existing Medical Conditions'.
2. Medical Treatment for a continuation of a course of treatment when You have been repatriated or travel to Your Home Country or country nominated by You and agreed by Us and do not intend to return abroad.
3. The costs of In-Patient treatment in respect of any one Insured Event in excess of a combined total of 12 months during Your Vhi International membership.
4. Any costs incurred after expiry of any Period of Insurance, unless this Policy has been renewed for the next 12 month period and the required premium paid.
5. Medical Treatment for alcoholism, drug and substance abuse/dependency or any addictive condition / compulsive disorder of any kind and any Medical Condition or Bodily Injury directly or indirectly arising from such abuse or condition.
6. Medical Treatment that is required due to the Insured Person being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs or narcotics.
7. Deliberate self-inflicted injury, needless self-exposure to peril except in an attempt to save human life, suicide or attempted suicide.
8. Contraception; sterilisations or its reversal (including vasectomy); fertilisation; impotence; venereal disease; gender reassignment or any other form of sexual related condition; infertility (other than diagnostic investigations to establish the underlying cause); sexually transmitted diseases (other than where treatment is received for cervical cancer and cervical dysplasia where the underlying cause is shown to be a sexually transmitted disease in the form HPV); and any related condition(s).
9. Medical treatment for: any form of assisted reproduction (including in vitro fertilisation); and any complications of the assisted reproduction treatment. Any pregnancy resulting from any form of assisted reproduction (including in vitro fertilisation) will be assessed under Section 4, Maternity Grant-in-Aid Benefits.
10. Chronic or end stage renal failure which requires regular or long term renal dialysis.
11. Intentional, fraudulent, illegal, criminal, deliberately careless or reckless acts on the Insured Person's part or their consequences.
12. Travel against the advice of a Physician.
13. Air travel when the Insured Person is more than 28 weeks pregnant.
14. Medical Treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissue whether autologous or provided by a donor.
15. Hearing tests and hearing aids, visual tests/aids, glasses and contact lenses, vaccinations (other than provided for under Section 9 – Wellness Benefits for Levels 2 and 3), corrective surgery for long or short sightedness, dentures, orthodontic appliances, vitamins, minerals, dietary supplements, preventative treatments or medicines of any kind and general health check ups.
16. Genetic screening of any types including screening linked to an eligible medical condition unless explicitly covered under section Section 4 – Maternity Grant-in-Aid Benefits.
17. Drugs and medicines purchased without a Physician's prescription.
18. Any consequences of any of the following: experimental or unproven treatment, drug therapy or treatment provided by an unlicensed Physician.
19. Claims arising from an Insured Person's occupation as a professional sportsperson. This exclusion does not apply to students undertaking training or scholarships to become a professional sportsperson. However, from the time of qualification to a professional, any injuries or illnesses caused as a direct result of occupational associated activities will be excluded.
20. Claims arising as a result of the Insured Person's participation in any of the following activities:
BASE jumping; bobsleigh; boxing; solo caving/potholing, cave diving; canyoning; equestrian activities (horse jumping, horse racing of any kind, hunting on horseback, point-to-point, polo, rodeo, steeple-chasing); flying or taking part in other aerial activities except whilst travelling as a fare-paying passenger on a licensed aircraft; solo hang-gliding; heli-skiing; high diving; hunting/shooting; luge; micro-lighting; motor sports; Motorcycling over 50cc (unless used as daily mode of transport); Electrical scooters unless used as daily mode of transport; Olympic-style weight lifting, powerlifting and bodybuilding; parasailing; para-skiing; solo para-gliding; professional sport; quad biking; racing of any kind other than on foot; safari with guns; scuba diving to a depth greater than 30 metres or where a current PADI Certificate is not held; sea canoeing outside of territorial waters; shark feeding/cage diving; skeleton; ski-jumping, racing or stunting; mountain climbing or mountaineering, at any height, which requires the use of ropes and/or guides; solo skydiving; white water canoeing, white or black water rafting (grade 5 and 6); wrestling, karate and any form of martial arts or unarmed combat; yachting outside territorial waters or any other specially hazardous pursuits or activity except when organised as a holiday interest where You are given tuition by experts employed by the local organiser.

Cover for Hazardous Sport and Activities - This list applies to all Sections of this Policy

The following activities are covered if they are non-professional and at Amateur level:

Abseiling, Athletics, Badminton, Baseball, Basketball, BMX cycling, Bowls, Cricket, Cross country running, Curling, Cycling, Fell running, Golf, Gliding, Heptathlon, Hiking (under 2,000 metres altitude), Jogging, Netball, Orienteering, Rambling, Roller Blading (Line Skating), Rounders, Running (Sprint/ Long Distance), Safari (organised - no guns), Sand Yachting, Scuba Diving (max. depth 30 metres qualified), Skate boarding, Snorkelling, Squash, Tennis, Trekking (under 2,000 metres altitude), Triathlon, Volleyball, Water Polo, Windsurfing, Winter Sports, Yachting (crewing inside territorial waters).

The following activities are covered if they are non-professional and at Amateur level but have no cover under Section 12B – Personal Liability and Section 12C - Personal Accident:

American Football, Animal Conservation/Game Reserve (when with a guide on an organised tour), Archery, Bungee jumping, Canoeing (on lakes, rivers or on the sea inside territorial waters, but not white water canoeing), Caving (not solo); Clay pigeon shooting, Dry skiing, Fencing, Field Hockey, Fishing (Fresh water and deep sea), Flying as a fare-paying passenger on a licensed aircraft, Football, Gaelic Football, Glacier Skiing (with a guide), Go Karting (recreational use), Gymnastics, Hang-gliding (tandem with expert instructor), Handball, Hiking (over 2,000 but under 6,000 metres altitude), Horse riding (basic riding only using natural gaits of walk, trot, canter/lope, and gallop), Hot air ballooning, Hurling, Ice hockey, Jet Boating, Jet Skiing, Kayaking (inside territorial waters), Kite Surfing/Landboarding/Buggy, Lacrosse, Marathons, Motorcycling (under 50cc - no racing), Electrical Scooters, Motor/Power Boating, Mountain Biking (on or off road), Mountain boarding, Off-piste skiing or snowboarding (with a guide), Paintballing, Parachuting, Para-gliding (tandem with expert instructor), Parascending, Potholing (not solo), Rock or cliff climbing and scrambling, Roller Hockey/Street Hockey, Rowing (inland/coastal), Rugby, Sailboarding, Snow mobile, Surfing, Tobogganing, Trekking (over 2,000 but under 6,000 metres altitude), Wake boarding, War Games (non-armed forces), Water Skiing, White or black water rafting (grades 1 to 4), Zorbing/Hydrozorbing.

If you are in any doubt at all as to whether your policy does cover you, please do contact us.

21. An Insured Person engaging in mining, commercial diving, working as a steeple jack or otherwise working in any location where the nature of the work itself exposes the Insured Person to a major fall of more than 20 feet or working in a war zone. Please call Us if you are in doubt as to whether your occupation will be covered.
22. Claims from an Insured Person employed in commercial marine or offshore work, in the construction, oil or gas industries, as UN Personnel or as aid worker or overseas helper unless We have been advised of and have accepted an Insured Person's participation in such occupations.
23. Claims arising when an Insured Person is under military authority and is engaged in activities involving the use of firearms or physical combat or in areas of military conflict except in connection with tourist trips made on a private basis during leave.
24. Claims relating to 'search and/or rescue' operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations.
25. Claims where You have been resident in Your Home Country or Country nominated by You and agreed by Us for more than the maximum period(s) shown in Your Table of Benefits under Section H - "Temporary Return to Home Country Benefits".
26. Expenses not specifically stated in this Policy as being insured.
27. Any costs which in the opinion of Our Physicians are unnecessary or which are in excess of the usual customary and reasonable charges in the area where the expense was incurred.
28. Payment for the transfer of a pregnant woman to Hospital for the purposes of routine childbirth unless agreed by Our Physicians as being necessary due to medical complications.
29. Any Claim which is in any way caused or contributed to by the use or release or the threat of any nuclear weapon or chemical or biological agent.
30. Any Claims whatsoever resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), act of terrorism, civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil commotion or riot of any kind unless as an innocent bystander. (For the purpose of this exclusion, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
31. Any Claims directly or indirectly caused by or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored programme to correctly recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date.
32. Any expense which at the time of happening is covered by, or would, but for the existence of this Policy, be covered by any other existing insurance certificate, Policy, or state scheme. If there is any other cover in force which may pay in respect of the event for which the Insured Person is claiming, the Insured Person must tell Us at the time he /she first contacts Us.
33. Costs which You would have otherwise had to pay even if the event which gave rise to a Claim had not occurred.
34. We will not pay for any losses which are not directly covered by the terms and conditions of this Policy. Examples of losses We will not pay for include loss of earnings due to being unable to return to work following injury or illness happening while on a Trip and replacing locks if You lose Your keys.
35. All costs associated with an organ transplant of any kind (including stem cell transplants), including location of the replacement organ, removal from the donor, transportation costs, reimplantation, post-operative costs and all associated costs.

36. The costs of all Medical Treatment for any Medical Condition for which You have specifically travelled or taken up residence outside Your Home Country or Designated Overseas Country or country nominated by You and agreed by Us, to receive In-Patient Medical Treatment for that same condition without Our written authorisation.
37. Cosmetic treatment or remedial surgery, removal of fat or other surplus body tissue (including but not limited to breast reduction surgery), and any consequences of such treatment whether or not for psychological purposes unless required as a direct result of an Accident or surgery for cancer which has occurred during the Period of Insurance.
38. Weight loss or weight problems or eating disorders whether or not for psychological purposes.
39. Medical Treatment performed by a Physician who is related to the Insured Person.
40. Accommodation and Medical Treatment costs in a hospital where the establishment in question has effectively become the Insured Person's home or permanent residence and where the admission is arranged wholly or partly for domestic reasons.
41. Accommodation and Medical Treatment costs in a nursing home, hydro spa, nature cure clinic, health farm, health spa, rest/retirement/convalescent home or any similar establishment.
42. Medical Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy (unless it forms part of an In-Patient rehabilitation programme), behavioural problems or social, psychological or physical child development whether acquired or congenital.
43. We will not pay for bereavement counselling under any circumstance.
44. Payment of any benefits following Your permanent return to Your Home Country or country nominated by You and agreed by Us.
45. Any costs incurred where the Insured Person has travelled to a country or specific area which the Government or Embassy of their Home Country, or country nominated by them and agreed by Us, have advised against travelling to under any circumstances.
46. Any claims directly or indirectly arising from the failure, breakdown or malfunction of any electronic or mechanical item of medical/surgical equipment of any kind.
47. Any payment which exceeds the Overall Maximum Benefit.
48. Claims arising as a result of the Insured Person's participation in a sport or activity where the Insured Person does not wear the appropriate safety garments or follow the generally accepted safety measures of that particular sport or activity, with the consequence that the Insured Person puts themselves in unreasonable risk of danger of Bodily Injury or Illness.
49. Costs and/or fees charged by financial institutions, such as banks and credit card companies, for undertaking financial transactions relating to this Policy.
50. Preventative mastectomy.
51. Any Claim arising in the course of travel undertaken against medical advice.
52. Any Claims arising from snoring or sleeping disorders.
53. Any treatment which is experimental and/or unproven and any consequences resulting directly or indirectly from the treatment. For the purposes of this Policy, experimental and unproven treatment is deemed to be any treatment not recognised scientifically by the official government control agency of the country where the treatment is received.

Eligibility for Membership

- a) This policy is designed for purchase by Irish residents who are living or working abroad for a period of more than six months. For the purpose of this policy, an Irish resident is considered to be a person who has been resident in Ireland for at least six months (in the previous 12 months) at the time of purchase. Only such people (including dependants) that comply with these conditions are eligible for cover under a Vhi International Policy. This policy is written in Ireland under governing law as outlined in Your policy terms and conditions.

As a condition of renewal the policyholder must be able to show one of the following upon request:

- Work Contract date
- Course end date
- Visa validity date
- Reservation of return ticket to the Republic of Ireland
- Proof of financial means in the Republic of Ireland (for example: bank statements);
- Proof of property ownership in the Republic of Ireland
- A letter from a prospective employer in the Republic of Ireland stating that a position will be offered to You upon Your return.
- Bills to an Irish address in the policyholders name (e.g. property tax).
- Evidence that the Principal Insured is employed by an Irish registered company paid from their payroll.

Vhi will accept Your policy renewal as an indication that You and all those covered under Your policy accept all terms including that of eligibility.

- b) Newly insured applicants are eligible for insurance cover provided they are under age 65 at their Date of Entry. For members joining from a Health Insurance Plan provided and underwritten by an Irish licensed insurer the upper age limit is 74. In the case of children, they must be under age 19 and unmarried at their Date of Entry (or under age 25, unmarried and in full time further education or financially dependent on the Principal Insured for support at their Date of Entry).

- c) If You are a member of a group scheme where Your employer is contributing to the cost of Your International policy, We may act on any request by Your employer to effect, amend or cancel Your policy with Vhi. In all instances, the policyholder will receive all policy related documentation. If the details outlined in Your documentation are incorrect, please notify Vhi immediately.

Conditions of Acceptance

- a) We are entitled to refuse to accept an application from any person without giving a reason. We also reserve the right to ask for evidence of age, state of health, employment or status. We may wish to apply special terms, exclusions or premium increases to reflect any exceptional circumstances regarding Your application.
- b) You and Your insured Dependants must be covered under the same Policy and Plan Type providing identical cover and benefits.
- c) You and the persons applying for cover under this Policy must declare to Us any and all known Pre-Existing Medical Conditions. This condition will not apply to persons who, at the time of application, are members of a Health Insurance Plan provided and underwritten by an Irish licensed insurer.
- d) You must answer all questions about this Policy honestly and fully at all times. You must also tell Us straight away if anything that You have already told Us changes. If You do not tell Us, Your Policy may be terminated and any claim You make may not be paid.

Declaration and Changes

- a) The Principal Insured must immediately inform Us of any change in the information, in particular relating to an Insured Person's Irish address, Designated Overseas address, Irish Residency status, the birth or adoption of a child or any other change involving any of the Insured Persons.
- b) If a change to a Customer Account results in a premium refund/shortfall of less than or equal to €10, no charge/refund will be made due to the administration costs involved.

Adding or Removing Your Dependants

- a) Application to add Your eligible Dependants may be made at any time during the Period of Insurance subject to completion of the appropriate application form and payment of the required premium, where appropriate. No premium shall be charged for the addition of a newborn child as an Insured Person until the first Renewal Date following the newborn child's date of birth. All Newborns should be added to the policy within 90 days otherwise waiting periods will apply.

Please note: Submission of a claim under Section 4 Maternity Grant-in-Aid Benefits does not constitute formal notification for the newborn child to be added to the policy. A specific instruction is required.

- b) Deletion will be made from the date that written notification is given/received which must be accompanied by the return of Insured Person's membership card.

Providing no Claim is known about, has been paid, submitted or pre-authorisation of expenses given by the person who is to be deleted during the Period of Insurance in which the deletion takes place, We will provide a pro-rata refund of the unexpired portion of any premium paid.

Period of Insurance

- a) Subject to payment of the required premium, this Policy will remain in force for a period of one year from the Inception Date and is renewable for successive one year periods at the prevailing terms, premium rates and benefits. In the case where the insurance has been arranged by an employer, company or organisation on behalf of its employees or members, the Period of Insurance for each employee or member will be as shown on their Membership Certificate.
- b) If We offer renewal terms in writing then this Policy will automatically renew for a further period of 12 months on those terms unless the Policyholder has advised Us in writing within 30 days of the Renewal Date falling due of intention to cancel this Policy.

We shall not terminate this Policy because of either a deterioration in Your health or the number/value of Claims You or Your insured Dependants make, unless We are prohibited or decide not to continue to underwrite this type of insurance in Your Designated Overseas Country. If We do cease underwriting of this Policy, We shall give the Policyholder not less than 45 Days notice in writing prior to the next Renewal Date.

Expiry of the Waiting Periods for Pre-Existing Medical Conditions

Where a person is included for cover under this Policy for either the first time or at each Renewal Date, Pre-Existing Medical Conditions will continue to be excluded until expiry of the following waiting periods, commencing from the date an Insured Person is first included for cover under this Policy (or, in the event of a break in cover, from the date cover is effected once more):

- 5 years for Insured Persons

The waiting period shall apply to all Sections of this Policy.

The waiting period shall be reduced by any period of continuous and uninterrupted membership of an Health Insurance Plan provided and underwritten by an Irish licensed insurer.

At expiry of the waiting period, any such Medical Condition shall cease to be deemed to be of a 'pre-existing' nature for the purposes of this Policy.

Where cover is provided under this Policy as continuous and uninterrupted membership of an in-patient indemnity private health insurance plan provided by a registered open membership undertaking in the Republic of Ireland and the waiting period for Pre-Existing Medical Conditions has been served, this Policy will exclude any medical expenses incurred on an In-Patient basis within the first 4 months of the Inception Date for any Medical Condition which existed prior to the Inception Date for which an admission to hospital was either known about or planned.

Policy Alterations

We may change the premium rates, terms, conditions and benefits of Your Policy from time to time but any such changes will not apply until the next Renewal Date first following introduction of such changes.

No alteration or waiver of the premium levels, terms, conditions and benefits of this Policy shall be accepted unless it is in writing by one of Our authorised company officials.

Changing Your Plan Type

- a) You may apply to change Your Plan Type at any time during the Period of Insurance. In the case of a change to a Plan Type which provides a wider scope of cover and higher levels of benefit then payment in respect of any Claim during the following 2 years arising directly or indirectly from a Medical Condition present prior to the date of the change in Plan Type shall be made according to the benefits, terms and conditions of the previous Plan Type.
- b) In the case of a change in Plan Type from 'Level 1' to one which includes provision for 'Maternity Grant-in-Aid', this benefit will be subject to an exclusion of costs incurred during the first 10 months period from the date the change in Plan Type came into effect.

Cover while travelling outside Your Geographical Area

If You are travelling outside any of the countries of the Geographical Area shown on the Membership Certificate, We will pay for Emergency Medical Treatment only. This will only operate when You do not travel for more than 60 days in total in any one Period of Insurance.

There is no cover for non-emergency Medical Treatment outside the Geographical Area shown on the Membership Certificate or where the total number of days travelling in any one Period of Insurance exceeds 60 days.

Cancelling the Policy

- a) If the entire Policy is to be cancelled the Policyholder or Principal Insured must make this request in writing one month prior to the date cancellation is required.
- b) Providing no Claim is known about, has been paid, submitted or pre-authorisation of expenses given by any of the Insured Persons whether current or cancelled during the Period of Insurance in which cancellation is required and all terms and conditions of this Policy have been met, we will provide a pro rata refund on any unused portion of paid policy premium.

No refund of premium will be allowed for any optional add-on sections of this Policy (such as Travel or Dental Treatment Benefits) if they are removed at any point during the Period of Insurance.
- c) If this Policy has been effected by an employer on behalf of its employees, in the case where an employee leaves employment then all cover under this Policy in respect of that employee and his/her dependants will cease on the date that employment is terminated.

Termination of the Policy

This Policy will automatically end and Our liability shall cease in any of the following situations:

- a) Failure to pay the premium on the date due. At Our absolute discretion, We may reinstate the cover if the outstanding premiums are paid to Us in full although We reserve the right to make any variation in the cover provided.
- b) Where You have misled Us by mis-statement or concealment or failed to answer any question about this Policy honestly and fully. No refund of any premium paid will be made in this case irrespective of when Our liability to the member ceased.
- c) Where You have acted in a fraudulent manner or deliberately claimed benefit either directly or indirectly to obtain unreasonable pecuniary advantage which is to Our detriment. No refund of any premium paid will be made in this case irrespective of when our liability to the member ceased.
- d) On the date You return to Your Home Country or country nominated by You and agreed by Us, either on a permanent basis or for a stay of longer than 60 days. No refund shall be payable to You for the unexpired portion of the premium from the date of return to Your Home Country or country nominated by You and agreed by Us unless You have informed Us of Your return in writing within one month of Your return date.
- e) Where You have submitted a Claim under the Repatriation Benefit of Section 5 of this Policy, cover will cease from the date and time of the completion of the Repatriation.

Once this Policy has been cancelled or terminated for whatever reason, Our liability will immediately cease.

Death of the Principal Insured

Should You die, Your spouse where already insured under this Policy will automatically become the Principal Insured for the remainder of the Period of Insurance.

Other insurance

- a) If there is any other insurance covering any of the benefits that are provided under this Policy for which a Claim is made, then You must disclose this to Us at the time of submitting the Claim. In these circumstances, We will not be liable to pay or contribute more than Our proper rateable proportion.
- b) If it transpires that You have been paid for all or some of the Claim costs by another source or insurance We have the right to a refund from You. We reserve the right to deduct such refund from You from any impending or future Claim settlements or to terminate Your Policy from the Inception Date without a refund of premium.

Subrogation

We reserve the right to retain all rights of subrogation. You are not authorised to admit liability for any eventuality or give a promise of undertaking to anyone which binds You or Us.

Arbitration

All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference, or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators, one to be appointed in writing by each of the Parties within one calendar month after having been required in writing to do so by either of the parties or in the case of disagreement between the Arbitrators, to the decision of an Umpire appointed in writing by the Arbitrators before entering on the reference. The Umpire shall sit with the Arbitrators and preside at their meeting and the making of an award shall be a condition precedent to any right of action against Us. If We shall disclaim liability for any Claim and such Claim shall not within 12 calendar months from the date of such disclaimer have been referred to arbitration under the provision herein contained, then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Help and Intervention

Our help and intervention depends upon and is subject to local availability and has to remain within the scope of national and international law and regulations. Our intervention depends upon Us obtaining the necessary authorisations issued by the various competent authorities concerned.

Compliance

- a) Your full compliance with the terms and conditions of this Policy is necessary before a Claim will be paid.
- b) You must take all reasonable steps to avoid or minimise any Claim.
- c) You must reimburse Us within one month of Our request to do so in respect of any costs or expenses We have paid out on any Insured Person's behalf which are not covered under this Policy.
- d) You are responsible for ensuring that You hold a valid passport and the appropriate visa(s) for the country or countries to which you are visiting and that the product is acceptable and meets the minimum local requirements of the local governing bodies of those countries.

Governing Law

This contract of insurance shall be governed and construed in accordance with the Laws of the Republic of Ireland.

Fraudulent and Unfounded Claims

If any claim under this Policy is in any respect fraudulent or unfounded, all benefit paid and/or payable in relation to that fraudulent claim shall be forfeited and (if appropriate) recoverable. We shall not be liable to you in respect of a relevant claim occurring after the time of the fraudulent act. For the avoidance of doubt, the rights and obligations of the parties to the contract with respect to claims occurring before the time of the fraudulent act are unaffected; and

- We need not return any Premiums paid
- We may share information about the circumstances with other organisations, public bodies, authorities and law enforcement agencies for criminal investigation.

Sanctions

We shall not provide cover or be liable to pay any claim or other sums, including return premiums, where this would expose us to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, and/or all other jurisdictions where we transact business

Data Protection

Personal Data provided in connection with this policy will be used and processed in line with the Data Protection Notice which has been sent to you separately. A copy of this is also available at www.vhi.ie or one can be requested from Vhi at any time.

**For medical treatment (emergency and non-emergency),
please call this pre-authorisation number:**

24 Hour Customer Service Line: +353 46 9077377
For members in the USA call Toll Free: 1 800 852 7747
Fax: +44 1 444 412723
Email: vhi.international@collinsongroup.com

For claims queries please contact the claims department at:

Customer Service Line: +353 46 9077377
For members in the USA call Toll Free: 1 800 852 7747
Fax: +44 1 444 412723
Email: vhi.international@collinsongroup.com

Address: Vhi International Health Insurance Claims Department,
Collinson Insurance Solutions Europe Limited,
IDA Business Park,
Athlumney,
Navan,
Co. Meath,
Ireland.

The claims department can be contacted 7 days a week from 8am to 8pm GMT

**For queries on the administration/changes to your policy please
contact our administration department at:**

Telephone: +353 1 650 2697
Email: internationaladmin@vhi.ie
Address: Vhi Healthcare,
IDA Business Park,
Purcellsinch,
Dublin Road,
Kilkenny,
Ireland.

Our administration department can be contacted
Monday to Friday 8am to 6pm GMT and Saturday 9am to 3pm GMT.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland.
Vhi Healthcare is tied to Collinson Insurance Solutions Europe Limited for Vhi International Health Insurance
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Collinson Insurance Solutions Europe Limited are authorised by the Malta Financial Services Authority in
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