

Vhi International Health Insurance

Rules - Terms and Conditions



Date of Issue: 15th October 2025

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Important Note:

Local Legislation Regarding Health Insurance Policies

Local laws sometimes require persons living in a country to have health insurance with specific cover provided by a local insurer. 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.

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WELCOME

Thank You for choosing Vhi International Health Insurance. You can depend on Us to look after Your health insurance needs.

Your Policy consists of:

- Your Terms and Conditions explains Your cover in detail;
- Your Table of Benefits details the amounts allowed that You can claim for each benefit under the policy, for each insured person;
- Your Membership Certificate tells You the Plan Type that You are covered under. It states who is covered under the policy and the length of time You are covered and in which geographic area You are covered.

To fully understand what You are covered for, You should read all Your policy documents together.

Provided You pay Your Premium to Vhi Healthcare, on the dates due, then the persons included in the Membership Certificate will be covered under this Insurance policy.

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 the General Policy conditions.

WHO PROVIDES THE INSURANCE SERVICES AND BENEFITS

Who is the insurer?

This policy is underwritten by Collinson Insurance Europe Limited (CIEL).

CIEL is regulated and authorised by the Malta Financial Services Authority, with a registration number C89977 and registered office at Third Floor, Development House, St. Anne Street, Floriana, FRN 9010, Malta. This can be verified at: <https://www.mfsa.mt/financial-services-register>. CIEL provides the cover under this policy but does not make any personal recommendations. CIEL is regulated by the Central Bank of Ireland for conduct business rules.

This policy documentation, issued by Us, forms a contract of insurance between the underwriters, Collinson Insurance Europe Limited, and those people specified on Your Membership Certificate. This contract is only valid when You have a valid Membership Certificate and have paid the appropriate premium.

Who distributes this policy and provides general administration?

This policy is distributed by Vhi Healthcare DAC, trading as Vhi Healthcare, an insurance intermediary registered in Ireland, with registration number 474622 and regulated by the Central Bank of Ireland. Vhi Healthcare DAC registered office is Vhi House, Lower Abbey Street, Dublin 1, Ireland. This can be verified at: <https://registers.centralbank.ie>

Vhi Healthcare DAC provides all services relating to the sale and general administration of the policy including the issue of documents and collection of premiums.

Vhi Healthcare is tied to Collinson Insurance Europe Limited for Vhi International Health Insurance. Vhi Healthcare DAC receives a portion of the premium to manage your Policy. Vhi Healthcare DAC is not obliged, either contractually or otherwise, to introduce a minimum level of business to Collinson Insurance Europe Limited.

Who handles claims, complaints and customer service?

CIEL appointed Collinson Insurance Solutions Europe Limited (CISEL) of Kells Enterprise and Technology Centre, Cavan Road, Kells, Co. Meath, A82 E1C6, Ireland to provide all services relating to Claims, complaints and assistance services. CISEL is an entity licenced and authorised in Malta by the Malta Financial Services Authority with a registration number C89980, and registered address 3rd Floor, Development House, St Anne Street, Floriana FRN 9010, Malta.

Vhi Healthcare DAC provides all services relating to the sale and general administration of the policy including the issue of documents and collection of premiums. Vhi Healthcare DAC also handles customer service and complaints specifically related to the sales process.

Who provides the emergency assistance services?

CIEL appointed Collinson Insurance Services Limited (CISL) to provide the assistance services. CISL is an entity incorporated in England, authorised and regulated by the Financial Conduct Authority to act as an Insurance Agent. Registration number: FRN 311883; Registered address: Sheencroft House, 10-12 Church Road, Haywards Heath, RH16 3SN, England.

IMPORTANT CONTACT DETAILS

For any queries on the sale and administration of Your policy You should contact:

Telephone lines open: Monday to Friday 08:00 to 19:00 GMT Saturday 09:00 to 15:00 GMT

Telephone Number: **+353 56 775 3200**

Email: **internationaladmin@vhi.ie**

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

For all Your claims queries You should contact:

The claims department can be contacted 6 days a week Monday to Friday 08:00 to 20:00hrs GMT and 08:00 to 18:00hrs GMT on Saturdays

Claims Line Option 2: **+353 46 9077377**

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

Email: **vhi.international@collinsongroup.com**

Vhi International Health Insurance Claims Department, Collinson Insurance Solutions Europe Limited, Kells Enterprise and Technology Centre, Cavan Road, Kells, County Meath. A82 E1C6 Ireland.

EMERGENCY Assistance

Call 24/7 on the Medical Assistance Line Option 1: **+353 46 9077377**

USA call Toll Free Option 1: **1 800 852 7747**

HOW TO CLAIM

Claims Process

Outpatient Claims <i>e.g. GP, medication, Physio visits</i>	Direct Pay for Medical Treatment <i>e.g. For inpatient treatment You are having</i>	Emergency <i>e.g. Unexpected accidents or illness</i>
Pay yourself and Claim online	Pre-authorisation at least 14 days in advance	Call as soon as possible but within 48 hours
▼ Go to https://vhiinternational.claimhere.ie/en/support/home	▼ Pre-authorisation is necessary if Your Physician recommends further treatments or a hospital admission. Contact Claims Line Option 2: + 353 46 907 7377 USA call Toll Free Option 2: 1 800 852 7747	▼ Call 24/7 on the Medical Assistance Line Option 1: +353 46 9077377 USA call Toll Free Option 1: 1 800 852 7747
▼ Go to: register Your claim online	▼ A case manager will talk You through the process and what is required to support You throughout Your treatment	▼ Tell us the nature of the illness or injury, what hospital You are in
▼ Submit Your Claim	▼ We will need a medical report and estimate of costs to validate Your treatment	▼ We need the name and contact details of the hospital and doctor so that we can ensure You are being correctly treated
▼ If eligible, we will pay Your claim to Your stated bank account	▼ We will notify Your provider with pre-authorisation if Your treatment is eligible	▼ If You are admitted, we will need a medical report and estimate of costs to validate Your treatment
	▼ We will guarantee the costs to Your provider	▼ We will guarantee the costs to Your provider
	▼ We will pay Your provider directly	▼ We will pay Your provider directly

How We pay Your Claim

We aim to pay You within 10 days of receiving Your Claim and all the necessary supporting information.

We can pay You by bank transfer, so please make sure Your correct and up-to-date bank details are on the claim form. Please be aware that We cannot be held responsible for any costs charged by banks for currency conversion.

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 at the invoice date.

You must reimburse Us within one month of Our request where We have paid out any costs or expenses on any Insured Person's behalf which are not covered under this policy.

How the Excess is applied

Where Your policy includes an Excess, it will be applied to each Insured Person for each Period of Insurance as stated on Your Table of Benefits.

DEFINITIONS

Definitions used in this policy and the other documentation which forms part of Your policy have specific meanings which are defined below. For Your convenience 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 event that occurs unintentionally and usually results in harm, injury, damage or loss.

Act of Terrorism

An event that has been declared an act of terrorism by the Irish government or by the government of the country where the event happened. This includes a terrorist attack that involves the use of nuclear, chemical or biological devices or a cyber-attack.

Acute

A Medical Condition of rapid onset resulting in severe pain or symptoms. It lasts a short time and is likely to respond quickly to Medical Treatment.

Amateur

Participation in sports and activities in a non-professional capacity. The sport must not be the main occupation of the member, and no payment is received by the member.

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

A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue, as diagnosed by a Medical Practitioner.

Carrier

A scheduled or chartered aircraft, coach or boat licensed to carry passengers for hire.

Claim

A request by You for coverage or compensation under this Policy.

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 percentage share of Eligible Costs which You are responsible for paying.

Complications of Pregnancy and Childbirth

For the purposes of this policy 'Complications of Pregnancy and Childbirth' shall only 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 caesarean 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.

Date of Entry

The date that this insurance cover first starts for each Insured Person. This is shown as the first date in the Period of Insurance on Your Membership Certificate.

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.
- child, step-child, legally adopted child or child where the Principal Insured is their legal guardian.

The child must be 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.

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.

Designated Person

The person who represents Your interests in an emergency case where You do not have the capacity (for example if you are unconscious) to make Your own decisions. This is usually Your next of kin.

Early Return

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

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 for the immediate relief of pain where natural teeth were lost or damaged as a result of an accident caused by an impact outside the mouth.

Emergency Department Care

Medical Treatment given in an Emergency Department to evaluate and treat Acute Medical Conditions whether resulting from an accident or the sudden onset of an Illness. It should be 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

Medical expenses for an emergency transportation to move an Insured Person who is suffering from a Critical Medical Condition to the nearest suitable Hospital. The nearest suitable Hospital may not necessarily be in the Insured Person's Designated Overseas Country. Costs must be approved by Us.

Emergency Medical Treatment

Immediate Medical Treatment for an illness or injury that, according to a Medical Practitioner,

- cannot reasonably be delayed until Your return to Your Designated Overseas Country, 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 before any benefits are paid under Your Policy. Where applicable, Your Policy will show the amount of Excess on Your Table of Benefits. The Excess is applied on a per person per Period of Insurance basis. The Excess is deducted from the value of Your Claim.

Excursion

A short journey or outing for leisure purposes (including field Trips) that is not the sole purpose of Your holiday.

Experimental Treatment

Any treatment which is experimental, unproven and is not scientifically recognised by the official government control agency of the country where the treatment is due to be received.

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: Europe
- Area 2: Worldwide excluding USA and Caribbean
- Area 3: Worldwide

AREA 1 - EUROPE - You are covered in the countries listed below, except those listed in Table 1		
Albania	Greece	Netherlands
Andorra	Greenland	Norway
Austria	Hungary	Poland
Belarus	Iceland	Portugal
Belgium	Isle of Man	Republic of Ireland
Bosnia Herzegovina	Italy	Romania
Bulgaria	Latvia	Serbia
Channel Islands	Liechtenstein	Slovakia
Croatia	Lithuania	Slovenia
Cyprus	Luxembourg	Spain
Czech Republic	Macedonia	Sweden
Denmark	Madeira	Switzerland
Estonia	Malta	Turkey
Finland	Mediterranean Islands (all)	United Kingdom
France	Moldova	Vatican State
Germany	Monaco	
Gibraltar	Montenegro	

AREA 2 - WORLDWIDE EXCLUDING USA AND CARIBBEAN - <i>You are covered in the countries worldwide, except those listed below and listed in Table 1</i>	
Anguilla	Grenada
Antigua & Barbuda	Guadeloupe
Aruba	Guyana
Bahamas	Haiti
Barbados	Jamaica
Bermuda	Martinique
Bonaire	Puerto Rico
Caribbean islands (all others)	St Kitts-Nevis
Caymen Islands	St Lucia
Cuba	St Vincent
Curacao	Suriname
Dominica	Trinidad and Tobago
Dominican Republic	Turks and Caicos
Dutch Antilles (including St Maarten)	United States of America
French Guiana	Virgin Islands

AREA 3 - WORLDWIDE - You are covered in countries worldwide except those listed in Table 1

TABLE 1 - You are not covered in the following countries		
Afghanistan	Iraq	Occupied Palestinian Territories
Belarus	Israel	Russia
Burkina Faso	Lebanon	Sierra Leone
Cameroon	Liberia	Somalia
Central African Republic	Libya	Sudan
Democratic Republic of the Congo	Mali	Sudan South
Eritrea	Mozambique	Syria
Ethiopia	Myanmar	Ukraine
Guinea	Niger	Yemen
Guinea-Bissau	Nigeria	
Iran	North Korea	

Health Insurance Plan

A private inpatient plan underwritten by an Irish licensed insurer that provides cover for private and/or semi-private hospital accommodation; in hospital consultation services as a private patient and other cover overseas, including maternity, mental health 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 in the country where it is located, to give sick or injured people medical or surgical treatment.

Illness

Any sickness, disease, disorder or alteration in an Insured Person's state of health under investigation and/or diagnosed by a Physician.

Inpatient

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.

Insured Event

An event which happens during the Period of Insurance for which the Insured Person can Claim benefit under this policy.

Insured Person

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

Insurer/We/Us/Our

Collinson Insurance Europe Limited, Development House, St. Anne Street, Floriana FRN 9010, Malta (Company No. C 89977).

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.

Loss of Sight

Total and irrecoverable loss of sight in one or both eyes; this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Major Medical Intervention

- Surgery involving a surgical procedure under general or spinal/vertebral anaesthesia (excluding childbirth) which requires a minimum Inpatient hospital admission of 3 days.
- Eligible Medical Treatment for an accident or medical condition which requires a minimum Inpatient hospital admission of 7 days.
- Chemotherapy or radiotherapy treatment which requires a Day-Care or Inpatient 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 Inpatient 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 managing a Medical Condition, Bodily Injury, or Illness.

Membership Certificate

The document issued with 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 traveler's cheques.

Outpatient

Medical Treatment provided which does not involve admission to Hospital either on an Inpatient or Day-Care basis. Medical Treatment is given by or on the recommendation of a Physician.

Overall Maximum Benefit

This is the maximum amount of money We will pay in total for of all benefits available under all the sections of the policy. All benefits are payable to each Insured Person during 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 to provide temporary relief of symptoms rather than to cure the Medical Condition's symptoms.

Period of Insurance

The period of cover as stated in Your Membership Certificate.

Permanent Total Disablement

A diagnosed disability which has lasted for at least 12 months from which Our Chief Medical Officer confirms You will never recover, and which prevents You from carrying out any gainful occupation for which You are fitted by training, education or experience.

Personal Luggage

Items usually carried or worn by travellers for their individual use during a Trip.

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, Dentist.

He/she must be qualified and recognised by the regulation of the country where Medical Treatment is provided and who is practicing within the scope of his/her license and training.

Physiotherapy

Medical Treatment recommended by a Physician as being medically necessary to treat a Medical Condition or Bodily Injury. Medical Treatment must be provided by a licensed physiotherapist.

Policyholder

The individual who pays or agrees to pay the appropriate premium on behalf of each Insured Person. 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 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 has received treatment (including Prescription Drugs), or where symptoms have shown prior to the Insured Person's Date of Entry.

Prescription Drugs

Medications and drugs whose sale and use are legally restricted to the order of a Physician.

Principal Insured

The lead individual named on the Membership Certificate.

Rehabilitation

Medical Treatment received in a registered rehabilitation centre, following an eligible Inpatient admission to Hospital. The treatments are to enable the process of recovery from Bodily Injury or Illness, which consists of a combination of two or more therapies.

Repatriation

Medically necessary expenses of transportation and medical care to return an Insured Person to the Home Country or Designated Overseas Country.

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 out with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.

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 details the amounts that You can claim for each benefit that apply to the Plan Type You have selected.

Travel Documents

Travel tickets, accommodation, and other usable holiday vouchers, driving licenses, passports, and green cards.

Trip

A journey that takes place during the Period of Insurance which is :

- Your initial outward journey to Your Designated Overseas Country and Your final journey to Home Country

OR

- A minimum of 2 nights paid accommodation has been pre-booked prior to departure. This applies to inside and outside Your Designated Overseas Country.

OR

- Pre-booked transportation where the return date is more than 2 days after the departure date. This applies to inside and outside Your Designated Overseas Country.

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.

Waiting Period

A duration during which We will not pay benefits for an Insured Person until they have been insured continuously for a minimum period.

Winter Sports

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

You/Your

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

WHAT IS COVERED AND WHAT IS NOT COVERED

Refer to Your Table of Benefits for the monetary amounts applicable to all the below benefits:

Medical and Hospital Benefits	
What is covered	What is not covered (<i>all Medical and Hospital Benefits</i>)
We will pay all Eligible Costs for an inpatient or Day-Care hospital admission or Emergency Medical Treatment. When Your consultant recommends You need to be admitted to Hospital, We will pay for the consultant fees. Hospital accommodation in a single bedded room, intensive care accommodation all hospital medical facilities, nursing, theatre charges, Medical Treatment and services ordered by a Physician including surgeons, anaesthetists' and Physicians' fees, diagnostic procedures, Physiotherapy and Prescribed Drugs and medicines.	Medical Treatment for any Medical Condition for which Waiting Periods exist. Please refer to the section on Waiting Periods for Pre-Existing Medical Conditions. Where Your Inpatient treatment has lasted more than 12 months. Any Claim directly or indirectly arising from the failure, breakdown, or malfunction of any electronic or mechanical item of medical/surgical equipment of any kind. Accommodation and Medical Treatment costs in a hospital where the admission is arranged wholly or partly for domestic reasons. Corrective surgery for long or short-sightedness.
Surgical appliances or prostheses used by the Medical Practitioner during surgery.	Surgical appliances or prostheses for cosmetic purposes unless required as a direct result of an accident, or surgery for cancer which has occurred during the Period of Insurance.
Inpatient Medical Treatment for psychiatric, mental, and psychological disorders for up to 30 nights per Period of Insurance, where shown in Your Table of Benefits.	Inpatient Medical Treatment for psychiatric, mental, and psychological disorders on Level 1.
Inpatient Rehabilitation for up to 13 weeks per Period of Insurance.	Rehabilitation which is not under a Physician's supervision. Rehabilitation where it is not received immediately following eligible Inpatient treatment. Rehabilitation received on a Day-Care or Outpatient basis.
Inpatient Cash Benefit will be paid for each night for up to 30 nights in a state-run public hospital where the Medical Treatment was received free of any charge.	Any Inpatient Medical Treatment where an Inpatient Cash Benefit is paid. Any Inpatient Cash Benefit where costs for Inpatient treatment have been paid.
Nursing at Home medical care given by a qualified nurse at home, under the direction of a Physician.	Nursing at Home services where not under the direction of a Physician. Nursing at Home services that are not medically necessary. Nursing at Home services that do not immediately follow Inpatient treatment. Services for domestic activities. Nursing at Home charges for Mental illness, psychiatric or psychological disorders.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Medical and Hospital Benefits	
Policy Conditions	
All hospital treatments will need to be medically validated. We need an up-to-date medical report which outlines the medical condition or need to investigate a condition and the planned treatment or investigations.	

Outpatient Benefits	
What is covered	What is not covered (<i>all Outpatient Costs</i>)
We will pay consultation fees for the services of a General Practitioner, Specialist, Physician, Physiotherapist. Diagnostic tests and investigations including ECGs, pathology, histology. Radiology, X-rays, MRI/CT/PET scans.	Preventative examinations or preventative diagnostic tests, treatments or medicines of any kind. Health check-ups or any other types of treatment, tests, diagnostics, where there are no symptoms. Remedial/deep tissue massage, sports massage or occupational therapy including Pilates. Vaccinations other than mentioned in the Wellness Section.
Ongoing treatment and general check-ups for diagnosed medical conditions.	Preventative treatment and general check-ups, where the condition has not been diagnosed by a Physician.
Prescribed medicines and dressings.	Medicines and dressings which can be obtained 'over the counter' without a prescription.
Herbal and Chinese medicines prescribed by a licensed practitioner.	Medicines prescribed by an unlicensed practitioner.
Treatment for the following complementary medicines: Chiropractic, Osteopathic, Acupuncture, Homeopathic, Ayurvedic treatment.	Treatment by an unlicensed therapist.
Vitamins and minerals for the treatment of a diagnosed medical condition when prescribed by Your Physician.	Vitamins and minerals (other than when prescribed by Your Physician).
Minor Surgical Procedures requiring local anaesthesia undertaken in a GP's/Physician's consulting room.	
The hire or purchase of appliances such as crutches, walkers, wheelchairs and basic orthopaedic prostheses and equipment.	Electric wheelchairs and mobility scooters.
Consultations to treat a mental health condition either by a GP, a Psychiatrist or a clinical Psychologist.	More than the number of consultations stated on Your Table of Benefits.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Emergency Medical Treatment (outside Geographical Area)	
What is covered	What is not covered
We will cover the costs of Emergency Medical Treatment in a Hospital, emergency room or casualty department.	Any Claim where the Insured Person is travelling with the intention of obtaining Medical Treatment or consultation abroad. Emergency Medical Treatment received after You have been outside Your Geographical Area for 60 days, across all trips in any one period of insurance. Travelling against medical advice. Treatment where the Insured Person has engaged in manual work in conjunction with any profession, business or trade during the Trip.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Cancer Care	
What is covered	What is not covered
Costs from the date an Insured Person is diagnosed as suffering from Cancer, for all and any treatment received including Inpatient, day-care, Outpatient treatment including consultations, diagnostic tests, scans, investigations, prescribed medicines, dressings, chemotherapy and radiotherapy. Routine management and palliative treatment will be assessed and paid for under this Section of Your policy.	
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Ambulance and Emergency Evacuation	
What is covered	What is not covered (all Ambulance and Emergency Evacuation costs)
Local Ambulance Services to or between Hospitals.	Costs of an ambulance after Your Emergency Medical Treatment or Inpatient Medical Treatment is complete.
Emergency Evacuation & Transport Costs of transporting You with a medical escort, where necessary, to the nearest suitable Hospital in Your Designated Overseas Country. If the treatment is not available in Your Designated Overseas Country, We will transport You to a nearby treating country for treatment. Costs of returning You to Your Designated Overseas Country afterwards.	Transportation costs where the Hospital admission was not covered under this policy. Costs of any 'search and/or rescue' operations to find an Insured Person. Evacuation/transfer from any offshore structure or sea going vessel to shore. Evacuation costs resulting from ineligible Medical Treatment. Evacuation costs for security reasons. Evacuation costs where Our Chief Medical Officer has not approved the evacuation. Transportation costs to a country not included in Your Geographical Area unless approved by Our Chief Medical Officer.
Repatriation to Home Country: Costs of transporting You with a medical escort, where necessary, to Your Home Country: • Once Your condition is stable • Where Your Repatriation is medically appropriate and necessary Provided that: You are receiving Inpatient Medical Treatment and have been admitted for more than 7 consecutive nights, Or Where there is a high risk of re-admission to Hospital, Or Where there is a diagnosis of a terminal medical condition, Where We consider that it is appropriate to do so, and has been authorised by the Chief Medical Officer.	Costs where the repatriation was not covered under this policy. Repatriation costs that have not been approved by the Chief Medical Officer.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Ambulance and Emergency Evacuation

Policy Conditions

All Evacuations must be deemed as medically necessary and subject to the approval and direction of Our Chief Medical Officer. We would consider moving You where the local hospital does not have the range of specialties, by request of the local doctor where he/she deems a higher level of care is required, or Our medical team are concerned the local care is not adequate.

Our Physicians will arrange for the assisting medical team and appropriate resources to be used to ensure an Insured Person's safety during the Emergency Medical Transfer, Evacuation or Repatriation.

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.

Following any evacuation to Your Home Country, cover under this policy shall cease entirely from the date You arrive in Your Home Country.

Maternity Benefits

What is covered

What is not covered (*all Maternity Benefits*)

Level 1 or as stated on Your Table of Benefits

Ectopic Pregnancy, abnormal cell growth in the womb i.e. Hydatidiform Mole, miscarriage requiring surgical intervention. Other conditions arising from pregnancy or childbirth that can also develop when not pregnant.

Any costs relating to pregnancy and childbirth other than treatments listed in What is Covered.

Genetic testing benefit on Level 1.

Level 2 or 3 or as stated on Your Table of Benefits

Costs for the treatment of Complications of Pregnancy and Childbirth on or after the date of diagnosis of the complication, including:

- All pre-natal care, antenatal check-ups and tests for the mother.
- Delivery costs, including one midwife to attend the delivery.
- Post-natal care for the mother.
- Initial paediatric check-up.
- Up to €2,000 per year for genetic testing.

Any expenses for pregnancy incurred in the first 10 months from the start date of Your policy. Please refer to Maternity Benefits Policy Conditions below.

Any costs for termination of pregnancy on non-medical grounds.

Claims caused where You have travelled by air when You are 28 weeks or more pregnant.

Additional Cover on Level 2 and 3 or on specific Table of Benefits

The costs of:

- normal pregnancy and childbirth.
- vitamins and minerals, when prescribed by Your Physician.
- an elective Caesarean Section.
- a planned home birth or planned birth in a midwife-led unit.

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), doulas and birth companions.

Vitamins and minerals (other than when prescribed by Your Physician).

Medical treatment for any form of assisted reproduction (including in vitro fertilisation); and any complications of the assisted reproduction treatment.

Payment for the transfer to Hospital for the purposes of routine childbirth.

For a planned home birth or a midwifery led unit birth:

- Up to 10 pre-natal midwife visits/appointments.
- Antenatal check-ups and tests for the mother.
- Delivery costs, including one midwife to attend the delivery.
- Postpartum home visits from a midwife for up to 10 days following the birth.

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 leading up to the delivery date.
- is going against medical advice.

For the newborn: delivery, initial and 6-week paediatric check-ups.

Additional Cover on Level 2 and 3 or on specific Table of Benefits <i>continued</i>	
Genetic Screening or testing relating to the pregnancy for the parents when recommended by Your Physician.	Genetic screening or testing not recommended by Your Physician. Genetic screening before or after the pregnancy. Screening for any person not insured under the policy.
Maternity Cash Benefit – We will pay a cash benefit on the birth of each child provided no costs for Your treatment have been paid under the Maternity benefit.	Where the Insurer has paid for any complications of childbirth, normal pregnancy and childbirth or planned home birth or newborn check-ups.
	Anything mentioned in the General Exclusions. Any sport, in the “what is not covered” hazardous activities list.

Maternity Benefits
Policy Conditions
Maternity Benefits apply per policy year. 10 month Waiting Period applies. If You have been continuously covered by a Health Insurance Plan Your Waiting Periods will be reduced by the amount of time covered on the Plan.

Congenital Conditions Benefits	
What is covered	What is not covered (<i>all Maternity Benefits</i>)
All Eligible Costs for a Congenital Abnormality within the first 2 months from birth.	
After the first 2 months from birth: We will pay for Medical Treatment for Congenital Abnormality or illness for each separate unrelated Medical Condition up to the benefit limit on Your Plan.	Costs over the benefit limit in Your Table of Benefits.
	Anything mentioned in the General Exclusions. Any sport, in the “what is not covered” hazardous activities list.

Additional Transportation and Accommodation Benefits	
What is covered	What is not covered (<i>all Additional Transportation and Accommodation Benefits</i>)
If a child under 18 is hospitalised, We will pay for one parent to stay with the child. Where hospital accommodation is not available, We will pay for reasonable costs for the parent to stay in a nearby hotel.	Parental Accommodation if the child is not the Insured Person. Accommodation costs other than the cost of the room. Air travel costs in excess of a return economy/tourist class air fare. Any air travel costs in excess of a one-way economy/tourist class air fare for each child to be repatriated.

Additional Transportation and Accommodation Benefits	
What is covered	What is not covered (all Additional Transportation and Accommodation Benefits)
Following an Insured Person requiring an Emergency Medical Transfer, Evacuation or Repatriation:	
Patient accompaniment: Reasonable travelling costs, for one adult to travel to the location where the Insured Person is hospitalised. Accommodation costs, as detailed in Your Table of Benefits, for up to 10 nights for the accompanying friend or close relative, to stay with or near, the Insured Person while hospitalised.	
Unsupervised child: Reasonable travelling costs for an adult to travel to, and look after, an Insured Person's child/children where they have been left unsupervised in their Designated Overseas Country because of this Insured Event. or Reasonable travelling costs for the child/children to be brought to a specified destination to be looked after. In this event, We will include the reasonable travelling costs for an adult to travel to the Designated Overseas Country to collect the child/children.	Costs for children over the age of 18 years.
If the Insured Person requiring an Emergency Medical Transfer, Evacuation or Repatriation is outside their Designated Overseas Country at the time of the event:	
Accompanying adult with children: Reasonable travelling costs for the Insured Person's child/children and one adult to accompany the Insured Person. Reasonable travelling costs for the return journey for the child/children and adult to their Designated Overseas Country.	Child/children and/or adult who are not travelling with the Insured Person at the time of this Insured Event.
If the Insured Person requires Medical Treatment that is not available in their Designated Overseas Country:	
Reasonable travelling costs for the Insured Person to travel to the nearest suitable Hospital in a nearby country for treatment.	Where there is suitable diagnostic and Outpatient treatment in Your Designated Overseas Country.
Reasonable accommodation costs for up to 3 nights per admission for the Insured Person to stay in the treating country, either before or after Outpatient or Inpatient treatment if You cannot travel immediately.	Accommodation costs if You are fit to fly and flights are available for Your return home.
Travelling costs to Your Home Country for planned treatment:	
We will pay a contribution towards travel costs if You choose to return to Your Home Country for a Major Medical Intervention.	Travelling costs where the treatment is not a Major Medical Intervention.
Compassionate Travel Costs:	
Reasonable travelling costs if You must return to Your Home Country or Designated Overseas Country to attend a funeral of a Close Relative or if they have been hospitalised with a life-threatening condition.	If Your Close relative is over 75 years of age.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Policy Conditions	
Reasonable travelling costs are deemed to be an economy/tourist class return air/train fare. Reasonable accommodation costs are deemed to be a room with an ensuite in a Bed & Breakfast or three-star hotel.	

Repatriation of Mortal Remains / Local Cremation / Burial Benefits	
What is covered	What is not covered
If the Insured Person requiring an Emergency Medical Transfer, Evacuation or Repatriation is outside their Designated Overseas Country at the time of the event:	
If an Insured Person dies outside of their Home Country or Designated Overseas Country 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: The costs of transporting Your mortal remains from the country where death occurred to the country in which the funeral is to take place. A contribution towards the cost of a coffin. Reasonable travelling costs for up to two Insured Persons or Close Relatives, who were already accompanying You, to attend the funeral. Cremation: • Contribution towards the cost of cremation in the country where death occurred. • Costs of the transportation of the funeral urn back to the country chosen by Your next-of-kin. • Reasonable travel costs for up to two persons to accompany the funeral urn. or Burial: • Contribution towards the costs of burial in the country where death occurred.	Any funeral costs not related to the burial (e.g. religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food or beverage). Payment of any burial costs if an Insured Person dies in their Home Country or Designated Overseas Country.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Policy Conditions	
Reasonable travelling costs are deemed to be an economy/tourist class return air/train fare.	

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

Dental Benefits	
What is covered	What is not covered
Accident Only (Level 1, 2 and 3):	
Emergency examination, diagnostics and immediate/temporary relief of severe pain, as a result of an accident caused by an impact outside the mouth.	Any treatment not carried out at the point of the initial emergency examination appointment. Any treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate tooth protection or head protection was not being worn. An accident caused by anything other than impact outside the mouth. Any treatment received after 72 hours of the time and date of the accident occurring.
Accident and Wisdom Teeth Removal Only (Level 2):	
What is covered	What is not covered Level 2
In addition to the benefits available on Level 1:	
Extraction of wisdom teeth (in Hospital or a dental surgery).	Extraction of wisdom teeth during the first 4 months from the start date of Your policy.
All Treatment (Level 3 Or When Optional Dental Cover has been purchased):	
What is covered	What is not covered
In addition to the benefits available on Level 1 and 2:	
Preventative Dental Treatment Two annual check-up, two annual visits to the hygienist, x-rays including scaling and polishing.	Treatment for periodontitis (e.g. deep cleaning). Dental treatment performed in a hospital setting.
What is covered	What is not covered Level 1
Routine Dental Treatment Including x-rays, molds, fillings (including temporary), tooth extractions and treatment for the relief of an infection caused by a tooth including prescribed medications.	Where You have not had all necessary treatment, Your Dentist has recommended before the start date of Your Dental cover. The cost of precious metals in any dental procedures. All forms of dental guards including night guards, mouth guards, anti-bruxism guards, sports guards and dental retainers. Orthodontics treatment of any kind. The cost of dentures. Any artificial material implanted or grafted into or onto bone or soft tissue, including implant procedures and associated fixtures, or surgical removal of implants.
Major Restorative Dental Treatment Root canal treatment, new or repairs to porcelain crowns, new or repairs to bridgework.	
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Wellness Benefits	
What is covered	What is not covered
Cover on Level 2 and 3 or on specific Table of Benefits or purchased as an optional audio-visual add-on	
The following benefits apply only where cover is stated on Your Table of Benefits: Optical Benefit We will pay towards the cost of: i) one annual eye/vision test. ii) prescription glasses or contact lenses prescribed by an Optician or Ophthalmologist.	Corrective surgery for long or short sightedness.
Cover on Level 2 and 3 or on specific Table of Benefits or purchased as an optional audio-visual add-on	
Audiology Benefit 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.	Hearing aid maintenance, service, administrative and battery replacement.
Child Vaccinations Benefit We will pay for all routine and preventative vaccinations for insured children under age 10.	Any vaccinations and/or medicines for the purposes of foreign travel.
Cover on Level 3 or on specific Table of Benefits	
Preventative Cancer Screening Benefit We will pay for the following tests which are undertaken purely for cancer screening: cervical smear tests, mammograms, prostate, colon, and testicular examinations.	Any tests/examinations not mentioned as being covered. Any screening test/examination during the first 12 months from an Insured person's Date of Entry to this policy except where Waiting Periods are served on a Health Insurance Plan.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Hazardous Activities Amateur, Non-Professional Sports

What is covered – Amateur Level Only			What is not covered
Abseiling	Gymnastics	Roller Blading (Line Skating)	BASE Jumping
American Football	Hang-gliding (tandem with expert instructor)	Roller Hockey/Street Hockey	Bobsleigh
Archery	Heptathlon	Rowing (inland/coastal)	Boxing
Athletics	Hiking (under 6000 metres altitude)	Rugby	Canyoning
Baseball	Horse Riding (basic riding only using natural gaits of walk, trot, canter/lope, and gallop)	Safari (when with a guide on an organised tour, no guns)	Cave Diving
Basketball	Hot Air Ballooning	Sand Yachting	Flying aircraft activities except whilst travelling as a fare-paying passenger on a licensed aircraft
BMX Cycling	Hurling	Scuba Diving (max. Depth 30 metres, qualified with open water PADI or BSAC)	Heli-skiing
Bungee Jumping	Ice Hockey	Skate Boarding	High Diving
Canoeing (on lakes, rivers or on the sea inside territorial waters, but not white-water canoeing)	Jet Boating	Skydiving (tandem with expert instructor)	Horse Jumping, Horse Racing of any kind, Hunting on Horseback, Point-to-Point, Polo, Rodeo, Steeple-Chasing
Caving (not solo) with expert instructor)	Jet Skiing	Snorkelling	Hunting/Shooting
Clay Pigeon Shooting	Kayaking (inside territorial waters)	Snow Mobile	Luge
Cricket	Kite Surfing/Landboarding/Buggy	Squash	Micro-lighting
Cross Country Running	Lacrosse	Surfing	Motor Sports
Curling	Marathons	Tennis	Mountain Climbing or Mountaineering, at any height, which requires the use of ropes and/or guides
Cycling	Motor/Power Boating	Tobogganing	Olympic-style Weightlifting, Powerlifting and Bodybuilding
Dry Skiing	Motorcycling (no racing)	Trekking (under 6000 metres altitude)	Parasailing
Electrical Bikes and Scooters	Mountain Biking (on or off road)	Triathlon	Para-skiing
Fell Running	Mountain Boarding	Volleyball	Quad Biking
Fencing	Off-piste Skiing or snowboarding (with a guide)	Wake Boarding	Racing of any kind other than on foot
Field Hockey	Orienteering	War Games (non-armed forces)	Safari with guns
Flying as a fare-paying passenger on a licensed aircraft	Paintballing	Water Polo	Sea canoeing outside of territorial waters
Fishing (Fresh water and deep sea)	Parachuting	Water Skiing	Shark Feeding/Cage Diving
Football	Paragliding (tandem with expert instructor)	White or Black Water Rafting (grades 1 to 4 only)	Skeleton
Gaelic Football	Parascending	Windsurfing	Ski-jumping, Racing or Stunting
Glacier Skiing (with a guide)	Potholing (not solo)	Winter Sports	Wrestling, Karate and any form of Martial Arts or unarmed combat
Gliding (recreational use)	Rock or Cliff Climbing and Scrambling	Yachting (crewing inside territorial waters)	Yachting outside territorial waters
Go Karting		Zorbing/Hydrozorbing	Any other specially hazardous pursuits or activity not listed
Golf			

SUPPORT SERVICES

Vhi NurseLine 24/7

If You have a medical problem and would like advice or information, You can access the Vhi NurseLine 24 hours a day, 365 days a year by calling:
Tel: +353 56 775 3289.

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 want clear answers and may not know where to turn.

You can access Our remote medical second opinion service at no additional cost to You. You can get advice from the top medical minds at world-leading medical centres. The independent health consultants can give You a second opinion on Your diagnosis and 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 claims number: Tel: + 353 46 907 7377, Monday to Saturday from 8am to 8pm GMT.

Counselling and Wellbeing support

Insured Persons have access to a variety of wellbeing resources through our partner Telus, which include:

- 24/7 access to confidential support via worldwide access centre.
- Structured goal-oriented counselling (Telephonic, Video or Face-to-face*) with a certified counsellor up to 5 sessions, per issue, per year, per covered individual.
- Confidential support for Legal and Financial issues (limited to research and referral).
- Access to digital wellness platform (LifeWorks) providing access to a variety of tools and resources.

* Availability of face-to-face counselling varies by country

To access the EMAP, please dial +1 905 886 3605 or visit www.one.telushealth.com for additional access methods. or

Download the **Telus Health One** application (iOS or Android). On the Wellness Website a Dialog box gives other region and language options – choose United Kingdom. Go to the Login - Username: **vhi-ipmi** - Password: **emap**.

Online Health Services

There are several services available to You online via the Vhi App.

1. You may use the **Online Doctor** for up to 6 consultations per policy year which can help with Your routine health issues.
Online Doctor services are not suitable for emergencies, urgent conditons or for treating children under 2 years of age, as this may delay treatment.
2. You may access **Online Speech and Language therapy** to support:
 - Language difficulties
 - Delayed development or neurological conditions
 - General speech difficulties
 - Voice disorders
 - Social skills
 - Swallowing difficulties.
3. You may access **Online Dietician** consultations for assessment of Your diet and Lifestyle and give dietary advice. Common issues the dietician can help manage include:
 - Weight management
 - Heart disease, high blood pressure, high cholesterol
 - Diabetes/ pre-diabetes
 - Queries during pregnancy
 - Inflammatory bowel disease
 - Kidney disease
4. You may access **Online Physiotherapy**. The physiotherapist can provide diagnosis and advice for a range of conditions including:
 - Back, neck, upper limb and lower limb disorders
 - Soft tissue injuries
 - Advice on injury prevention and rehabilitation exercises
 - Support and advice on health and lifestyle issues to help with rehabilitation and wellbeing

TRAVEL BENEFITS

Where travel benefits are included in Your policy or purchased as an add on, as shown in Your table of benefits, the following section applies:

Cover will be limited for any Trip up to a maximum of a total of 60 days in any one Period of Insurance. The following benefits and services provided to each Insured Person will operate in respect of each Trip.

We will pay You up to the amount shown on the Table of Benefits per Insured Person per Trip.

Cancellation or Early Return

The Cancellation or Early Return benefit will operate from Your Date of Entry.

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 of which You were unaware at the time You booked the Trip and/or purchased this policy.

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

Cancellation or Early Return	
What is covered	What is not covered (all Cancellation or Early Return benefits)
Cover is provided for the following changes in circumstances: The death, injury, or illness of: - You - A Close Relative - A travelling companion or their immediate relative - A person You are planning to stay with or their Close Relative - A Physician advises against travel due to Your underlying health conditions - A Physician advises against travel due to Your travelling companion's underlying health conditions. Where you have had to cut short Your Trip we will pay costs of pre-paid return travel and accommodation for Your Trip including the return journey to Your Designated Overseas Country. You 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. Cover applies as a direct result of Strike or Industrial Action, 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. Cover applies as a direct result of Strike or Industrial Action, 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. If You are made redundant and You qualify for redundancy payment under current legislation. 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.	Refundable costs for travel and accommodation. Where Your Travel Agent can provide an alternative holiday arrangement. Costs on behalf of a travelling companion not named on this policy. The cost of pre-booked Excursions, activity entrance fees and tickets or theme park tickets. Any Claim 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. Any costs in respect of any unused pre-paid travel costs when We have paid to repatriate You. 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. The cost of any fare paid to a scheduled airline in the event of the financial failure of that airline. 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 call up for Jury service or subpoenaed (other than in a professional or advisory capacity). Change of plans due to Your financial circumstances. Any Cancellation, Early Return or Trip Interruption caused by work commitment or amendment of Your holiday entitlement by Your employer. Any costs relating to quarantining in Your Home Country. Any Claim arising from a volcanic eruption (including volcanic ash being carried by the wind). Any costs relating to taxes, air passenger duty and other surcharges levied by the airline or carrier. A Trip solely within Your Designated Overseas Country unless a minimum of 2 nights paid accommodation have been pre-booked prior to departure.

Cancellation or Early Return	
What is covered	What is not covered (all Cancellation or Early Return benefits)
Your compulsory quarantine. 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 with whom You are travelling. After You have booked Your Trip and the Department of Foreign Affairs (DFA) recommends that You avoid the country or area You have planned to visit. Complications of Pregnancy and Childbirth as certified by Your Physician.	If at the time You Booked Your Trip, the Department of Foreign Affairs direct a status of a) "Do Not Travel" b) "Avoid non essential Travel" to a country that you are planning to travel, or if You are planning to Travel to any of the countries in Table 1. (page 7). Any cancellation or administration charges incurred in obtaining any supporting documentation. Any Claim for loss of enjoyment of holiday, time-share maintenance fees, holiday property bonds or points. Any claim caused directly or indirectly by an epidemic or pandemic with the exception of COVID 19. Any Claim that is the direct result of a regulation, or action of a government restricting travel such as locking down an area, out-lawing travel, shutting borders or revoking visas. Early Return where You have not booked a return journey. Claims where a medical certificate has not been obtained from the attending Physician abroad confirming it was necessary to cut short the Trip.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Policy Conditions	
Early Return Claims will be calculated from the date of the return to the Designated Overseas Country or home country from which the Trip commenced. If You need to return home early, you should contact Us on +353 46 907 7377 first before You travel back, so We can authorise any additional travel and accommodation expenses. If Your journey is cancelled by the Carrier, You must produce to Us written documentation provided by the Carrier, specifying the reason for the cancellation. If You have had to cancel Your Trip because the person You are travelling with or plan to stay with or a Close Relative is ill, we need written confirmation by a Physician that the non insured person was not seriously ill in hospital or receiving palliative care at the time of booking the Trip. There was no reason to expect that their state of health to deteriorate so much that you would need to cancel. 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. Your Cancellation or Early Return must be necessary and unavoidable in order for You to Claim. 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. If You are claiming only for loss of deposit, the Excess is reduced to €15 per Insured Person per Claim.	
Documents needed to support Your Claim for Cancelling Your Trip, or Early Return	
• Confirmation of all cancellation(s) including any refunds already given • Medical reports / medical certificate • Booking invoice • Death certificates • Invoices and receipts for Your expenses • Receipts or confirmation of any payments you have made • A letter from Your employer proving Your redundancy • A police report for any lost/stolen travel document.	

Extended Stay	
What is covered	What is not covered
Where you have a valid Claim under 'Medical and Hospital Benefits' and 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: • Additional travelling and accommodation costs incurred by You on the return journey of Your Trip. • Additional travel and accommodation costs incurred by persons staying with and accompanying You if it is medically necessary for You to be accompanied on the return journey of Your Trip. • Additional travelling and accommodation costs for one person to travel out to You and accompany You on the return journey of Your Trip if medically necessary and You do not have an accompanying adult.	Any travel costs in excess of a one-way fare for each person to be returned to the country in which Your Trip commenced, unless medically necessary. Accommodation costs other than the cost of the room(s). Claims arising where You were not an admitted Inpatient of a Hospital on or before the date of the original scheduled return journey of Your Trip.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Policy Conditions	
You must contact Us before arranging any travel or accommodation. Reasonable travelling costs are deemed to be an economy/tourist class air/train fare. Reasonable accommodation costs are deemed to be a room with an ensuite in a Bed & Breakfast or three-star hotel. Costs classified as medically necessary must be approved by Our Chief Medical Officer.	
Documents needed to support Your Claim for cancelling Your trip, or Early Return	
• Confirmation of all cancellation(s) including any refunds already given • Medical reports / medical certificate • Booking invoice • Receipts or confirmation of any payments you have made	

Missed Departure	
What is covered	What is not covered
If during a Trip, You arrive at the airport, port, train or coach too late to commence or continue the journey, as a result of: • Mechanical breakdown or road traffic accident involving the car in which You are travelling. • Cancellation, delay, or diversion of scheduled public transport due to adverse weather conditions, Strike or Industrial Action or mechanical breakdown or accident or shortage of crew. • An accident or breakdown on a motorway or dual carriage way that You are travelling on which causes an unexpected delay. We will pay for reasonable additional travel and accommodation expenses incurred to reach the booked destination by the most direct alternative route.	Any Claim arising from actual or planned Strike or Industrial Action which was public knowledge at the time You either booked the Trip or purchased this policy. Withdrawal from service of the aircraft, sea vessel, coach or train on which You are booked to travel, by order or recommendation of any regulatory authority. Additional costs where the scheduled public transport operator has offered reasonable alternative travel arrangements. Any Claim arising from a volcanic eruption (including volcanic ash being carried by the wind), earthquake, or tsunami. Any claim caused directly or indirectly by an epidemic or pandemic with the exception of COVID 19.
The policy Excess does not apply under this Section.	Anything mentioned in the General Exclusions. Any sport, in the “what is not covered” hazardous activities list.
Policy Conditions	
You must allow sufficient time to arrive at Your departure point. You must adhere to recommended check-in times on travel tickets. When planning Your connections: You must plan to leave enough time between arriving at Your connection point and departing for the next leg of Your journey, which should be at least the minimum amount of time recommended by Your transport provider for transfer. You must obtain written confirmation from the Carrier stating the period and reason for the delay. If You are claiming after the breakdown or accident involving the car in which You are travelling, the documents needed to support Your claim are: • Police or motoring authorities report stating any delay and the cause • Provide proof of vehicle recovery or repair • Proof of the costs of additional accommodation and transport.	

Travel Delay	
What is covered	What is not covered
If the departure of any flight, sea crossing, coach or train journey forming part of Your Trip 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 up to the amount shown on Your Table of Benefits OR You can choose instead to abandon Your Trip and submit a cancellation Claim up to the maximum shown on Your Table of Benefits. 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 towards the cost of buying a replacement ticket up to the amount shown on Your Table of Benefits.	Any Claim arising from actual or planned Strike or Industrial Action which was public knowledge at the time You either booked the Trip or purchased this policy. Withdrawal from service of the aircraft, sea vessel, coach or train on which You are booked to travel, by order or recommendation of any regulatory authority. You should direct any Claim to the transport operator involved. Any Claim arising from a volcanic eruption (including volcanic ash being carried by the wind), earthquake, or tsunami. 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. Any claim arising directly or indirectly from an epidemic or pandemic with the exception of COVID-19.
The policy Excess does not apply under this Section.	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Policy Conditions	
All cover under this section applies to each Insured Person per Trip. If You suffer delays, You must obtain written confirmation from the Carrier stating the amount of time 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 cover 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.	

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 each Insured Person once Your flight is delayed for one hour or more. Full terms and conditions, FAQ's and details on how to register Your flight can be found on www.vhi.loungeaccess.ie

Personal Luggage	
What is covered	What is not covered
If, in the course of a Trip, Your Personal Luggage is damaged, stolen, destroyed or lost. 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 as per the table below. 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.	Personal Luggage or Valuables left unattended where you or anyone travelling with you, who has Your authority to be in control of Your personal baggage, are not in full view of Your property, or are not able to stop a third party from taking or interfering with Your property. 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. 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 • If no forcible or violent means have been used by an unauthorised person to gain entry into the vehicle • Losses from a roof or boot luggage rack (other than losses of camping equipment, which remain covered under this Section) Electrical or mechanical breakdown or manufacturing fault of the article insured. Wear and tear, denting or scratching. Confiscation or detention by customs or other lawful officials and authorities. Dentures; securities; stamps or documents of any kind; including driving licences; theme park/Excursion tickets; musical instruments; glass; china; antiques; pictures; pedal cycles and accessories; hearing aids; coupons; samples or merchandise or business goods or specialised equipment relating to a trade or profession. Loss, theft or damage to vehicles, accessories and vehicle keys. Sports gear whilst in use.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.
Policy Conditions	
You must take reasonable steps to protect Your personal property from loss, theft or damage. 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. If You cannot provide satisfactory proof of ownership a lower maximum amount of 50% of the one article benefit will be paid and may delay the assessment of Your Claim. You must report any loss to the local police, to the Carrier, Your hotel or accommodation management or to the tour operator representative as appropriate within 24 hours of the incident. We will require a copy of this report.	

Depreciation Table						
Age of Property	Clothing and Personal Effects	Jewellery	Electronic Equipment	Cosmetics, Toiletries & Perfumes	Gadgets	Winter Sports or Golf Equipment
0 - 1 month	0	0	0	50%	0	5%
1 - 6 months	5%	0	5%	50%	5%	10%
6 - 12 months	10%	0	10%	50%	10%	15%
1 - 2 years	15%	5%	20%	60%	20%	35%
2 - 3 years	20%	10%	30%	70%	30%	55%
3 - 4 years	25%	15%	40%	80%	40%	70%
4 - 5 years	30%	20%	50%	90%	50%	80%
6 years +	40%	25%	60%	95%	60%	100%

Luggage Delay	
What is covered	What is not covered
If Your luggage is delayed by the Carrier on the outward journey of a Trip for a period in excess of 12 hours. The purchase of essential items.	Any Claim relating to luggage delayed at any other time during Your Trip or on Your return journey.
The policy Excess does not apply under this Section.	Anything mentioned in the General Exclusions.
Policy Conditions	
You must provide receipts and a report from the Carrier confirming the length of the delay – otherwise no payment will be made. Any amounts paid under this section will be deducted from the Limit of any Claim made under the Personal Luggage Section.	

Money and Travel Documents	
What is covered	What is not covered
We will pay up to an amount shown in Your Table of Benefits, 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. We will pay up to the amount on Your Table of Benefits for a temporary passport in order that You can complete Your Journey. We will pay up to the amount on Your Table of Benefits to replace other travel documents. We will pay up to the amount shown in Your Table of Benefits for 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 during a Trip.	Shortages or loss due to error, omission, depreciation in value, or confiscation or detention by customs or other lawful officials and authorities. Travel Documents that can be replaced by the issuer, at no additional cost to the member. The cost of obtaining a replacement passport once You have returned to either Your Home Country or Designated Overseas Country.
The policy Excess does not apply under this Section.	Anything mentioned in the General Exclusions.
Policy Conditions	
You must report any loss to the local police, to the Carrier, Your hotel or accommodation management, tour operator representative or Embassy as appropriate within 24 hours of the incident. We will require a copy of this report. 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.	

Legal Expenses

This section will cover legal costs up to the sum insured to undertake a civil action for damages if someone else causes You bodily Injury or death while You are on a Trip.

What is covered	What is not covered
Reasonable and necessary legal costs to undertake a civil action, up to the sum insured.	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 public transport provider. Actions between Insured Persons, or actions pursued to obtain satisfaction of a judgement or legally binding decision. Any advice or any Claim arising in connection with a Trip taken within Your home country. Any expenses spent before obtaining our agreement to pursue legal action. Any Claim arising as a result of You driving a motor vehicle, riding a motorcycle or mechanically assisted bicycle, without the relevant full Irish vehicle licenses. Any Claim where You are not insured under a motor insurance policy valid in the country of incident and are not following the local safety laws. Any Claim relating to Quad bikes and ATV's or electronic scooters as a driver or a passenger. Any claim where the legal costs and expenses are likely to be greater than the expected amount of compensation. Any claim where the legal costs and expenses are changeable depending on the outcome of the claim. The costs of any appeal. Anything Not Covered in the Personal Accident, Personal Liability and Legal exclusions.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list.

Policy Conditions

- You must obtain Our agreement to pursue the legal action if You are claiming under this section before You start proceedings.
- We will consider agreeing to pursue legal action where We believe there is a reasonable likelihood of a successful legal claim.
- We shall have complete control over the legal proceedings, though You have the right not to agree to use the Lawyers We propose.
- 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 happening.
- Lawyers appointed must be qualified to practise in the country where the event happened or the defendant's country of residence.
- If We cannot agree on which Lawyer to nominate, We will ask the relevant national law society to choose a suitably qualified party to represent You. While this process is on-going, We will appoint a Lawyer to protect Your interests.
- If You are awarded damages, all sums advanced by Us will be repaid out of the damages once You have received payment.
- We can choose 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.

Personal Liability	
What is covered	What is not covered
This section will cover You if during a Trip You are involved in an accident which results in You becoming legally responsible to pay Your compensation for: • Accidental Bodily Injury that solely and directly results in one of the outcomes listed below, which arises within 12 months of the date of Accidental Bodily Injury: • Death Or • Loss of Limb Or • Loss of Sight Or • Permanent Total Disablement to a party other than a Close Relative or a travelling companion; and / or • Accidental loss or damage to property, which is not owned by You, a Close Relative or a travelling companion.	Any fines or exemplary damages (this means they are aimed at punishing the person responsible rather than awarding compensation). Claims made by Your Close relatives or people who work for You. Claims resulting from: • Your work or involvement in paid or unpaid manual work of any kind. • Where You do not wear the appropriate safety gear or follow the generally accepted safety measures to take part in any sport or activity. • You taking part in any activity where this policy excludes Personal Liability cover. • You owning or occupying any land or building, unless You are occupying temporary holiday accommodation, not owned by You. • You owning, handling, riding or looking after any animal; or • You owning, possessing or using a firearm, a horse drawn, mechanical, motorised or towed vehicle, a waterborne vessel or craft (except manually propelled watercraft), an aircraft of any description, including unpowered flight and drones. • You engaging in willful or malicious acts. • Any agreement unless liability would have existed without that agreement. Liability arising due to a contractual agreement which would not exist in law if such an agreement had not been made. Property belonging to You or held in trust by You. Trips taken just in Your Home Country.
The policy Excess does not apply to this section.	Anything mentioned in the General Exclusions. Any sport, in the “what is not covered” hazardous activities list. Any sport listed in the Personal Liability and Person Accident “what is not covered” hazardous activities list.
Policy Conditions	
You must not admit liability or promise to make payment without Our prior written consent.	

Personal Accident	
What is covered	What is not covered
The amount shown in the Table of Benefits will be payable to You or Your legal representative if during a Trip You suffer accidental Bodily Injury that solely and directly results in one of the outcomes listed below, which arises within 12 months of the date of accidental Bodily Injury: 1. Death Or 2. Loss of Limb Or 3. Loss of Sight Or 4. Permanent Total Disablement	If Your disablement is caused by mental or psychological trauma not involving Your Accidental Bodily Injury. If Your death or disability occurs after 12 months from the date of Your Accidental Bodily Injury. Any Claim arising from an activity where Personal Accident cover is excluded. Any Claim arising as a result of You driving a motor vehicle, riding a motorcycle or mechanically assisted bicycle, without the relevant full Irish vehicle license. Any Claim where You are not insured under a motor insurance policy valid in the country of the incident and are not following the local safety laws. Any Claim relating to Quad bikes and ATV's.
	Any Claim where the Insured Person does not wear the appropriate safety gear or follow the generally accepted safety measures to take part in any sport or activity.
	Anything mentioned in the General Exclusions. Any sport, in the "what is not covered" hazardous activities list. Any sport listed in the Personal Liability and Person Accident "what is not covered" hazardous activities list.
Policy Conditions	
You must be able to supply a medical report or a death certificate to validate Your Claim.	

Personal Accident and Personal Liability Hazardous Activities List

What is not covered

American Football	Handball	Parachuting
Safari	Horse Riding	Para-gliding
Archery	Hot Air Ballooning	Parascending
Bungee Jumping	Hurling	Potholing
Canoeing	Ice Hockey	Rock or cliff climbing and scrambling
Caving	Jet Boating	Roller Hockey/Street Hockey
Clay Pigeon Shooting	Jet Skiing	Rowing
Dry Skiing	Kayaking	Rugby
Fencing	Kite Surfing/Landboarding/Buggyng	Sailboarding
Field Hockey	Lacrosse	Snow Mobile
Fishing	Marathons	Surfing
Flying (as a fare-paying passenger on a licensed aircraft)	Motorcycling	Tobogganing
Football	Electrical Scooters	Wake Boarding
Gaelic Football	Motor/Power Boating	War Games
Glacier Skiing	Mountain Biking	Water Skiing
Go Karting	Mountain Boarding	White or black water rafting
Gymnastics	Off-piste Skiing or Snowboarding	Zorbing/Hydrozorbing
Hang-gliding	Paintballing	

GENERAL EXCLUSIONS APPLICABLE 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 costs for:

1. Expenses not specifically stated in this policy as being insured.
2. Any costs incurred after expiry of any Period of Insurance for any Insured Person.
3. Any payment which exceeds the Overall Maximum Benefit.
4. Expenses You would have otherwise had to pay if the event which gave rise to a Claim had not occurred.
5. Intentional, fraudulent, illegal, criminal actions or deliberate misuse or manipulation of the policy to get claims paid.
6. Deliberate display or disregard for the Insured Person's own safety.
7. A Pre-Existing Medical Condition for which a Waiting Period applies.
8. The costs of all Medical Treatment for which You have specifically travelled or taken up residence outside Your Home Country.
9. The costs of all Medical Treatment for which You have specifically travelled or taken up residence outside Your Geographic Area, without our authorisation.
10. Medical Treatment from the date You have been repatriated to Your Home Country.
11. Inpatient treatment in respect of any one Insured Event more than a combined total of 12 months during Your Vhi International membership.
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 form of contraception, sterilisation or its reversal (including vasectomy).
14. Treatment of fertility and impotence other than investigations to diagnose the cause.
15. Medical Treatment for gender reassignment.
16. Chronic or end stage renal failure which requires regular or long-term renal dialysis.
17. Medical Treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissue whether provided by a donor or Yourself.
18. 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.
19. Genetic screening of any type including screening linked to an eligible medical condition unless explicitly covered under the Maternity Benefits.
20. Speech therapy unless it is necessary as part of Rehabilitation treatment.
21. Any Claims for treatment relating to snoring or sleeping disorders, such as sleep apnea.
22. Preventative mastectomy.
23. Treatment or programmes for weight reduction or eating disorders except for anorexia nervosa or bulimia nervosa.
24. Medicines purchased without a Physician's prescription.
25. Experimental treatment or experimental drug therapy.
26. Treatment provided by an unlicensed Physician, including any consequences resulting directly or indirectly from the treatment.
27. 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.
28. Any Medical Treatment or accommodation costs for a hospital or medical institution stay which, in the opinion of Our Medical Officer, is consistent with long term care.
29. Any Claim for treatment, including medication or the ongoing monitoring of learning conditions, neurodevelopmental conditions, behavioral conditions, or physical developmental conditions, including but not limited to dyslexia, ADHD (attention deficit hyperactivity disorder), autism and dyspraxia.
30. Medical Treatment performed by a Physician who is a Close Relative of the Insured Person.
31. Any Claim directly or indirectly arising from alcoholism, drug/narcotic/intoxicant use or dependency, or any other addictive condition.
32. Any Claim where alcohol or drug/narcotic/intoxicant use has directly or indirectly contributed to illness or injury. As evidenced by one of the following:
 - a. a medical practitioner stating that your alcohol consumption has caused or actively contributed to your injury or illness.
 - b. a witness report from a 3rd party or a police incident report.
 - c. your own admission.
33. Any Claim caused by needless self-exposure to peril, except in an attempt to save human life.
34. Any Claim caused by deliberate self-inflicted injury, suicide, or attempted suicide.

- 35. Any deliberately careless or deliberately negligent act or omission by You.
- 36. Any Claim arising from an Insured Person's occupation as a professional sportsperson.
- 37. Any Claim arising from an Insured Person engaging in mining, commercial diving, working as a steeple jack.
- 38. Any claim occurring in a work location where the Insured Person could fall more than 20 feet.
- 39. Any Claim from Your employment in commercial marine or offshore work, oil or gas industries.
- 40. Any claims incurred whilst You are working on construction sites.
- 41. Any 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.

Please call Us if You are in doubt as to whether Your occupation will be covered.

- 42. Any Claim relating to injuries as a result of an Insured Person driving a vehicle where You do not have the appropriate license to operate the vehicle and/or where You are not legally allowed to.
- 43. Any Claim for Treatment for any disease, illness or injury resulting from, natural disasters, war, riot, revolution, acts of terrorism, epidemics or pandemics put under the control of the local public health authorities, if one or more of the following apply:
 - you have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place
 - you were an active participant
 - you have displayed a disregard for personal safety
- 44. Any costs which in the opinion of Our Physicians are unnecessary or which are in excess of the usual reasonable and customary charges in the area where the expense was incurred.
- 45. Cosmetic treatment/ reconstructive surgery/removal of fat (including for psychological reasons) or the consequences of such treatment unless the treatment is needed to restore function or appearance after a disfiguring Accident or Cancer treatment which occurred from Your Date of Entry.
- 46. Any Claim where You have exceeded 179 days in Your Home Country.
- 47. Any Claim occurring if You have travelled against the advice of a Medical Practitioner.
- 48. Any Claim when You are more than 60 days outside of Your Geographic Area of cover.
- 49. Any Claim resulting from Your inability to travel due to an Insured Person's failure to hold, obtain or produce a valid passport and/or any required visa (with the exception of claims for Emergency Medical Transfer, Evacuation or Repatriation).
- 50. 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), inconvenience, distress, loss of earnings, bank and credit card charges.
- 51. 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.
- 52. Any Claim arising from war-like activities (whether declared or not), an 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.

GENERAL POLICY CONDITIONS

Eligibility for Membership

This policy is designed to be sold to persons who are living or working abroad for a period of more than six months if they are either:

- Irish residents and their dependants (For the purpose of this policy, an Irish resident is considered to be a person who has been resident in Ireland within the previous 24 months at the time of purchase).
- or
- Employees of Irish registered companies where the policy is funded by the employer via payroll.

Only these persons (including Dependants) that comply with these conditions are eligible for cover under a Vhi International policy.

Conditions of Acceptance

- a) 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.
- b) You must answer all questions that We ask, as part of Your application, honestly and carefully at all times. Failure to take reasonable care in relation to the information You provide to Us could result in Your policy being cancelled and any Claim You make may not be paid or may be reduced.
- c) 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 or employment status. We may wish to apply special terms, exclusions or premium increases to reflect any exceptional circumstances regarding Your application.
- d) You and Your insured Dependants must be covered under the same policy and Plan Type providing identical cover and benefits.
- e) You cannot purchase this Policy where You are intentionally travelling to or taking up residence in a country, to access or fast track Medical Treatment.

Age Limitations

Newly insured applicants are eligible for insurance cover provided they are under age 65 on 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 on their Date of Entry (or under age 25, and in full time further education at their Date of Entry).

Cooling-off period

If this policy does not meet Your requirements, then please send written cancellation instructions to Vhi within 30 days of the Date of Entry of Your Period of Insurance — this date is shown on Your Membership Certificate.

Email: internationaladmin@vhi.ie

Postal Address:

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

Once you cancel the policy within 30 days Vhi International will give You back all the premium You have paid. The contract of insurance will be cancelled from the beginning.

We can only refund Your premium if no Claim has been sent to Us or pre-authorisation of expenses given between the Date of Entry and the requested date of cancellation.

Renewal

As a condition of renewal, the Policyholder must be able to show one of the following upon request. If You cannot supply a document, We will be unable to renew Your policy:

- Work Contract date.
- Course end date.
- Visa validity date.
- 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 Policyholder's name (e.g. property tax).
- Evidence that the Principal Insured is employed by an Irish registered company paid from their payroll.

Declaration and Changes

- a) The Principal Insured must immediately inform Vhi administration department of any change in the information relating to each Insured Person's Irish address, Designated Overseas Country or Irish Residency status.
- b) 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. In all instances, the Principal Insured will receive all policy documentation. If any details outlined in Your documentation are incorrect, please notify Vhi immediately.

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, payment of the required premium and acceptance by our underwriters.
- b) No premium shall be charged for the addition of a newborn child as an Insured Person on the policy until the first renewal following the newborn child's date of birth. All Newborns must be added to the policy within 90 days otherwise Waiting Periods will apply.

Please note: Submission of a Claim under Section 4 Maternity Benefits does not constitute formal notification for the newborn child to be added to the policy. You need to contact Vhi Administration on +353 56 775 3200 as soon as possible.

- c) Adding or removing Dependants from the Policy will be made from the date that written notification is received.
- d) When removing a Dependand, 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, a pro-rata refund of the unexpired portion of any premium will be paid.
- e) If a change results in a premium adjustment of less than or equal to €10, no refund will be made because of the cost of administration.

Period of Insurance

Where the insurance has been arranged by:

- An individual member, subject to payment of the required premium, this policy will remain in force for a period of up to one year from the Date of Entry and is renewable for successive one-year periods at the prevailing terms, premium rates and benefits.
- An employer, the Period of Insurance for each employee or member will be as shown on their Membership Certificate. Your insurance will run from the date on which You join the plan until the following renewal of Your group scheme.

An example of waiting periods being reduced:

If You have been insured on an Irish Health Insurance plan for 2 years before joining Vhi International, then You have another 3 years before you can claim for a Pre-existing Medical Condition.

In this example if You have a Maternity claim the 10 months waiting period has already been served on Your Health Plan and You can avail of the benefits.

Waiting Periods for Pre-Existing Medical Conditions

A Waiting Period of 5 years will apply to Pre-Existing Medical Conditions for all newly Insured Persons from their Date of Entry. The Waiting Period shall be reduced by any period of continuous and uninterrupted cover under this policy. This will apply to all sections of the policy.

A Waiting Period of 4 months will apply to all known or planned inpatient treatment from the Date of Entry.

A Waiting Period of 10 months will apply to Maternity Benefits.

All Waiting Periods shall be reduced by any period of continuous and uninterrupted membership of a Health Insurance Plan.

Changing Your Plan Type

- a) You must contact Vhi to change Your Plan Type which can be done 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 Benefits, 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.

Changing Your Geographic Area of Cover

- a) You must contact Vhi to change Your Geographic Area at any time during the Period of Insurance. You should ensure you have the correct Geographic Area cover and pay the appropriate premium.

Cancelling the policy

- a) If Your entire policy is to be cancelled the Policyholder or Principal Insured must make this request one month prior to the date cancellation is required.
- b) When You intend to return to Your Home Country for a stay of over 179 days You must cancel Your policy.
- c) 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.

- d) We require a minimum of 6 months premium regardless of when You decide to cancel Your policy.
- e) If this policy has been taken out by an employer on behalf of its employees, and 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 unless We are advised by Your employer to continue cover.
- f) If a cancellation results in a premium adjustment of less than or equal to €10, no refund will be made.

Once this policy has been cancelled for whatever reason, Our liability will immediately cease.

Termination of the policy

The Policy shall terminate 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) If a claim is found to be fraudulent in any way, this policy shall become void, meaning it no longer exists, from the date of the fraudulent claim and the premium paid will be lost. Any benefits received by you for any claim found to be fraudulent, must be repaid to us. We may inform the Police of the circumstances.
- c) Where You have submitted a Claim under the Repatriation Benefit of this policy, cover will cease from the completion of the Repatriation.

If We are prohibited or decide not to continue to underwrite this type of insurance, We shall give the Policyholder not less than 45 Days' notice in writing prior to the next renewal date.

Once this policy has been terminated for whatever reason, Our liability will immediately cease.

Death of the Principal Insured

If Your spouse is insured under this policy, they will automatically become the Principal Insured for the remainder of the Period of Insurance, should You die.

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 (with the exception of Claims submitted under the Personal Accident benefit).
- 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 Date of Entry without a refund of premium.

Subrogation

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

- a) We are entitled to take over any rights in the defence or settlement of any Claim and to take proceedings in Your name for Our benefit against another party. 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.
- b) If at the time of the loss or damage there is any other indemnity or insurance which wholly or partly covers the same occurrence, the underwriters shall not be liable to pay or contribute towards the loss or damage except in excess of the sums recovered or recoverable under the other indemnity or insurance.
- c) This does not apply where the other party is a family member or a cohabitant unless the conduct of the other person that gave rise to the loss was serious or tantamount to willful misconduct.

Governing Law

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

Our help and intervention depends on 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.

Sanctions

We are unable to cover any provider claims or specific reimbursement claims paid that would expose us to any sanction, prohibition or restriction under United Nations resolutions, 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 Vhi.ie or one can be requested from Vhi at any time.

What to do if You have a complaint about Our Service

If Your complaint relates to the way Your policy was sold to You or regarding information about Your policy, please contact:

Complaints team,

Vhi Healthcare,
IDA Business Park,
Purcellsinch,
Dublin Road,
Kilkenny,
R95 WKK6.

Telephone: **+353 (0) 56 444 444**

Email: **info@vhi.ie**

Any written correspondence should be headed 'COMPLAINT' and You should include copies of supporting material.

If Your complaint relates to a claim or to the assistance services You received, please contact:

Vhi International Customer Relations Team,

Collinson Insurance Solutions Europe Limited,
Kells Enterprise and Technology Centre,
Cavan Road,
Kells,
County Meath,
A82 E1C6,
Ireland.

Email: **cielcomplaints@collinsoninsurance.com**

We will provide You with an acknowledgement of Your complaint within 5 working days. 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 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 which can advise You on how to proceed further and may be able to help in resolving Your complaint.

Financial Services and Pensions Ombudsman

Address:

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

Tel: **+353 (0) 1 567 7000**

Website: **www.fspo.ie**

Financial Services and Pensions Ombudsman (FSPO) | Ireland

FSPO is an independent, fair and impartial service that helps resolve complaints against regulated financial service providers and pension providers. Alternatively, You can contact the Office of the Arbiter for Financial Services in Malta:

Address:

Office of the Arbiter for Financial Services,
N/S in Regional Road,
Msida,
MSD1920,
Malta

Online form: **<https://financialarbiter.org.mt/oafs/enquiry>**

Tel: **+356 212 492 45**

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.



For Emergency Medical Treatment, please contact:

24-hour Medical Assistance Option 1: +353 46 9077377
For members in the USA call Toll Free Option1: 1 800 852 7747
The Emergency Medical Assistance department can be contacted 24/7

For claims queries and pre-authorisation, please contact:

Customer Service Line Option 2: +353 46 9077377
For members in the USA call Toll Free Option 2: 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,
Kells Enterprise and Technology Centre,
Cavan Road,
Kells,
County Meath,
A82 E1C6
Ireland.

The claims department can be contacted 6 days a week Monday to Friday 08:00 to 20:00hrs GMT and 08:00 to 18:00hrs GMT on Saturdays.

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

Telephone: +353 56 775 3200
Email: internationaladmin@vhi.ie
Address: Vhi Healthcare,
IDA Business Park,
Purcellsinch,
Dublin Road,
Kilkenny,
Ireland.

Our administration department can be contacted Monday to Friday 08:00 to 19:00 GMT and 09:00 to 15:00 GMT on Saturdays.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland.
Vhi Healthcare is tied to Collinson Insurance Europe Limited for Vhi International Health Insurance which is underwritten by Collinson Insurance Europe Limited. Collinson Insurance Europe Limited and Collinson Insurance Solutions Europe Limited are authorised by the Malta Financial Services Authority in Malta and are regulated by the Central Bank of Ireland for conduct of business rules.
Support Services are delivered by Vhi Health and Wellbeing, Mediguide and Telus respectively. The services are not insurance products regulated by the Central Bank of Ireland.