Company & PMI Plans Terms & Conditions (T&Cs) Changes Explained

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

1. Updated General T&Cs

Cancellation/Termination by us:

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

4.g) Cancellation / Termination by Us

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

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

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

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

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

Day to Day Medical Expenses

We are clarifying the rule that all day-to-day benefits are payable per member per year unless otherwise stated. The rule now reads as follows:

12) Glossary
Day-to-day Medical Expenses
Depending on Your plan, the benefits We provide for the range of services listed in Your Table of Benefits under Day-to-Day medical expenses. All benefits are payable per member per year unless otherwise stated.

Inpatient

We are clarifying the rule that inpatient medical treatment received during a stay in a hospital bed of at least 24 hours includes semi-private and private accommodation. The new rule now reads as follows:

12) b) In-patient
Medically necessary treatment received during a stay in a hospital bed of at least 24 hours. This includes semi-private & private accommodation

Out-Patient/Day-to-day And Lifestyle Medical Expenses

We are clarifying the rule that out-patient and day-to-day medical expenses are processed in treatment date order, starting with the oldest treatment date. The rule now reads as follows:

8) e) Out-Patient/Day-to-Day and Lifestage Medical Expenses
Eligible receipts should contain: Patient name, Practitioner name and relevant associate body, date of treatment, details of the treatment provided and the amount paid. Receipts are processed in treatment date order, starting with the oldest treatment date. All claims are reviewed in line with Your Table of Benefits and T&C's and will be subject to excesses and maximums as set out in Your Table of Benefits.

Participation in Clinical Trials:

We are including the participation in clinical trials under our treatment abroad rule exclusions. The rule reads as follows:

6, 18) xxv) Participation in clinical trials.

2. Updated Benefit T&Cs

Addiction Treatment

We are broadening the benefit in relation to addiction treatment with the inclusion of addiction to gaming and sex/pornography. The rule now reads as follows:

5, 22) Addiction Treatment

Each customer on the Policy is entitled to addiction treatment for:
(i) Alcoholism, drug abuse or other substance abuse subject to a maximum of 91 days benefit (less any days paid for by another health insurance contract) in any five year period. The five year period is calculated as the immediate five years prior to the discharge date of any such claim;
and
(ii) Pathological gambling, gaming and sex/pornography addiction subject to the maximum number of days per Customer in any calendar year listed in Section 3, In-patient psychiatric treatment, of the Table of Benefits, less any days treatment within the same calendar year which has been paid for under any other health insurance contract.

Definitions relating to Complementary and Alternative Medicine:

We are extending the definition of an Osteopath to include members of the Irish College of Osteopathic Medicine (ICOM). The definition now reads as follows:

> *12) Definitions relating to Complementary and Alternative Medici*ne
>
> *c) A member of the Osteopathic Council of Ireland or a member of the Irish College of Osteopathic Medicine*.

Fertility Treatment

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

> *5, 60) Fertility Programme*
> *We will pay the benefit set out in Your Table of Benefits towards the following treatments in a Vhi Approved Fertility Treatment centre, as outlined in the Directory of Hospitals (and Treatment Centres);*
> *a) Initial Consultation: The benefit listed in Your Table of Benefits is payable towards Your initial consultant consultation with the approved Fertility centre.*
> *b) Fertility tests: The benefit listed in Your Table of Benefits is payable towards Fertility tests for the insured customer in an approved Fertility centre. Available Fertility tests may vary between centres.*
> *c) Egg freezing: the benefit listed in Your Table of Benefits is payable towards egg freezing for the insured female customer in an approved Fertility centre. No benefit is payable towards storage costs.*
> *d) Sperm Freezing: The benefit listed in your Table of Benefits is payable towards Sperm freezing for the insured male customer in an approved Fertility centre. No benefit is payable towards storage costs.*
> *e) IUI: The benefit listed in Your Table of Benefits is payable towards IUI (intrauterine implantation) for the insured female customer in an approved Fertility centre.*
> *f) IVF or ICSI: The benefit listed in Your Table of Benefits is payable towards IVF (In-vitro fertilisation) or ICSI (Intracytoplasmic sperm injection) for the insured female customer in an approved Fertility centre.*
> *g) Preimplantation Genetic Testing (PGT): The benefit listed in Your Table of Benefits is payable towards Preimplantation Genetic Testing in an approved Fertility centre, subject to certain clinical criteria as specified by Us to the approved Fertility centres.*
> *h) Frozen Embryo Transfer: The benefit listed in Your Table of Benefits is payable towards Frozen Embryo Transfer for the insured female customer in an approved Fertility centre.*

Genetic Testing for Cancer – Hereditary Cancer Risk Assessment

We are clarifying the requirement of having a GP or Consultant referral in order to access to service. The rule now reads as follows:

> *5, 73) Genetic Testing for Cancer - Hereditary Cancer Risk Assessment*
> *If included in Your Plan, We will pay the benefit set out in Your Table of Benefits towards an initial visit with Our designated specialist in cancer genetics provided it is carried out in a Vhi Genetic Testing Centre for Cancer Risk as outlined in the Directory of Hospitals (and Treatment Centres). Please note that in order to access this service a referral is required from a GP or Consultant.*

New parents' Food Pack

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

> *5, 66) New Parents Food Pack*
> *If included in Your or Your newborn Child's Plan, We will pay the benefit listed in Your Table of Benefits for a nutritional food pack provided to new parents.*
> *To access this benefit, simply contact Us to register Your new Child on Your policy and We will provide You with Your voucher code. This benefit is available up to 1 year after the birth and is only claimable once per child.*

Screening

We are amending the benefit to remove diagnostic tests as the screening benefit is not to encompass these type of tests. The rule now reads as follows:

> *5) 47) Screening*
> *If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of screening provided the screening is performed by a General Practitioner or Consultant in His/Her own rooms, in an approved Out-patient centre or a Vhi Medical Centre, as listed in the Vhi Directory of Hospitals (and Treatment Centres). Customers under the age of 18 years at their last renewal are not covered for screening.*

3. New Benefit T&Cs

Calendar Year

We are introducing a definition for a calendar year as some benefits are payable based on a calendar year. The new definition reads as follows:

> *12) Glossary*
> *Calendar Year*
> *The period of 365 days (or 366 days in a leap year) starting with the 1st of January and ending on the 31st of December.*

Flu vaccinations

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

> *5, 84) Flu vaccinations*
> *If included in Your plan, We will pay the benefit listed in Your Table of Benefits for flu vaccinations administered by a General Practitioner, Consultant, Nurse or Pharmacist.*

Intrauterine system (IUS) hormonal coil

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

> *5, 84) Intrauterine system (IUS) hormonal coil*
> *If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of an Intrauterine system (IUS) hormonal coil where the coil/system*

is either a Mirena, Jaydess or Kyleena Intrauterine System. Treatment must be carried out by a General Practitioner, Consultant or Nurse.

Medical & Surgical Appliances

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

5, 83) Vhi Healthcare approved Medical and Surgical Appliances
If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of Vhi Healthcare's list of approved Medical and Surgical Appliances. Some of these appliances may require a specific referral letter to confirm medical necessity. The list of eligible appliances may change from time to time, so please contact us for details of the most up to date list.

4. Benefit T&Cs which are no longer applicable

Cancer Check

We are removing the rule for cancer check as the service is no longer applicable on any plan.

5, 55) Cancer Check

We will pay the benefit listed in Your Table of Benefits towards the cost of a cancer check, in a 24 month period provided We determine it to be medically appropriate, subject to it being provided in a Vhi Medical Centre, as listed in the Directory of Hospitals (and Treatment Centres). This 24 month period begins on the date that the check is performed. Customers under the age of 18 at their last renewal are not covered for this benefit

Heart Check

We are removing the rule for Heart Check as the service is no longer applicable on any plan.

5, 54) Heart Check

We will pay the benefit listed in Your Table of Benefits towards the cost of a heart check, in a 24 month period provided We determine it to be medically appropriate, subject to it being provided in a Vhi Medical Centre, as listed in the Directory of Hospitals (and Treatment Centres). This 24 month period begins on the date that the check is performed. Customers under the age of 18 at their last renewal are not covered for this benefit.

Online Consultations with a practitioner exclusion

We are removing the online consultations exclusion as cover, if applicable to your plan, is no longer restricted to the Vhi digital health services.

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

Public Hospital Statutory Levy

We are removing the rule relating to the public hospital statutory levy as this levy has been abolished and the benefit is no longer applicable.

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

Your policy Terms & Conditions, Table of Benefits and Directory of Hospitals contain full details of all your cover.
If you have any questions, please call us on **(056) 444 4444.**

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