



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

Cooling off period

We have clarified the cooling off period start date from the inception/renewal of the policy. The rule now reads as follows:

2, h) The 14 day period starts from the inception date of the Policy, or 2 days after the issue date of the Policy Details, whichever is the latter. We will refund the premium paid and will seek to recover any benefit We have paid.

Renewing the Policy

Prior to your renewal we will issue you with your renewal documents which will include your premium for the upcoming renewal. The rule now reads as follows:

3 a) Your Policy will last for one year unless We agree to a shorter period. Prior to Your renewal date, We will issue you with renewal documents where We will set out the premium payable for the subsequent year. The policyholder can renew the policy by paying the premium We request. The T&Cs and your Table of Benefits in place at the Renewal Date will then apply to the Policy.

Cancellation / Termination of Policies

We have updated the heading to reflect the cancellation/termination wording. We have also clarified the cooling off period start date from the inception/renewal of the policy. The rule now reads as follows:

*Cancellation / Termination of Policies
4, f) Cancellation by the Policyholder*

At time of joining:

When the Policyholder signs up for a Policy, Vhi Healthcare will accept their instruction to cancel the Policy within 14 days. The 14 day period starts from the inception date of the Policy, or 2 days after the issue date of the Policy Details, whichever is the latter.

At renewal date:

The Policy will renew automatically on the date notified to the Policyholder on the Policy renewal documentation, unless the Policyholder contacts Us to cancel the Policy in

advance of this Renewal Date. We will accept the Policyholder's instruction to cancel the Policy within 14 days. The 14 day period starts from the renewal date of the Policy, or 2 days after the issue date of the Policy Details, whichever is the latter. After the expiration of those 14 days the Policyholder will not be in a position to either cancel or make changes to the Policy until the next Renewal Date (subject to certain exceptions – contact Us for details).

Cancellation / Termination by Us

Clarification of Our rules surrounding cancellation/termination of a policy by Us. The rule heading now reads as follows:

4, g) Cancellation / Termination by Us

We have updated our termination rule to reflect scenarios relating to negligent misrepresentation or fraudulent applications/claims. The rule now reads as follows:

4, g, iii) In the event that You make or try to make, a negligent misrepresentation or a fraudulent application or claim, which relates to Your Policy with Us or any other Health Insurance Contract, such action will constitute a breach of the Policy and We may terminate the Policy with immediate effect. We may also refuse to renew the Policy and/or refuse to pay any benefits under the Policy.

Group Schemes

We have updated the rule to also include termination of the policy. The rule now reads as follows:

10, 2, c, i) group number, employee title and name (Policyholder), address, date of birth of the Policyholder, employee number, PPS number, effective date of the Policy, date of cancellation or termination of the Policy, level of cover, premium amounts, including where relevant name, date of birth and address (if different) for their partner and/or their dependants and shall not include any personally identifiable health related data.

We have updated our termination rule to reflect scenarios relating to negligent misrepresentation or fraudulent applications and claims. The rule now reads as follows:

10, 5) In the event that a Customer makes, or tries to make, a negligent misrepresentation or a fraudulent application or claim, which relates to his/her Policy with Us or any other Health Insurance Contract, Rule 4 (g) will apply. Customers should be aware that We undertake regular audits of Claims and in all instances where negligent misrepresentation or fraud is suspected in respect of a particular claim, a full and comprehensive investigation will be carried out. In addition, We reserve the right to refer the details of any Claim submitted which is suspected to be fraudulent, to the appropriate authorities to take the appropriate action.

Claiming Timelines

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

8, c) Non-direct payment to hospital

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

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

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

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

Waiting periods

We have amended to note around waiting periods to remove reference to Vhi SwiftCare Clinic and replace with Vhi Clinical Services. This note now reads as:

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

Contact Telephone Numbers

We have amended our contact telephone numbers:

| Service | Old Contact Number | New Contact Number |
|-----------------------------------|---------------------------|---------------------------|
| <i>Vhi Customer Service</i> | <i>1890 44 44 44</i> | <i>(056) 444 4444</i> |
| <i>Vhi Second Opinion Service</i> | <i>1850 247 724</i> | <i>1800 247 724</i> |

2. Updated Benefit T&Cs

Post-natal Home Help

We no longer provide a list of home help providers. As an alternative, you can chose an accredited/reputable provider. The rule now reads as follows:

5, 30) If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of domestic home help following the birth of Your Child from an accredited/reputable Home Help provider. The charges must be incurred within 6 weeks of the birth. This benefit is payable to the Adult Customer availing of the service.

Cancer Care Support Benefit

We have broadened the Cancer Care Support benefit to allow benefit for accommodation and/or travel costs. The rule now reads as follows:

5, 25) We will pay the benefit listed in Section 5 of the Table of Benefits towards one night accommodation and/or travel costs of a Customer in a hotel, hostel or B&B when a Customer travels more than 50km to receive Out-patient chemotherapy and/or Out-

patient radiotherapy treatment. We will also pay the benefit listed in the Table of Benefits towards car parking costs. The treatment must take place in a hospital listed in the Directory of Hospitals (and Treatment Centres) covered by the Plan. Travel costs are limited to public transport, taxi, hackney, petrol/diesel and car parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

Parent Accompanying Child

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

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

Cosmetic treatment

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

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

Practitioner's Family or self-performed tests or consultations

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

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

Dental Procedures and Orthodontic Treatment

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

*5, 24) Many dental procedures eligible for benefits are classified as Day Care or Side Room Procedures and many must also be authorised by Our dental advisors prior to being performed. Your Dental Practitioner will need to send a Pre-certification Form and radiological evidence to Our Claims Department for assessment by Our dental advisors. We will not pay benefits for dental/oral-surgical treatment and treatments related to functional disorders of the chewing system, including Out-patient consultations, except for those dental/oral-surgical procedures listed in the Schedule of Benefits for Professional Fees and treatments listed under the Day-to-day medical expenses or Outpatient medical expenses section of Your Table of Benefits (if included under Your Plan);
Professional fee benefit is payable for non-cosmetic osseointegrated mandibular implants only if specific criteria, as set out in the Schedule of Benefits, is satisfied in full. In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.*

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

Child Counselling

We have broadened the child counselling benefit by removing the word 'clinical' from the definition of Psychologist. The rule now reads as follows:

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

Psychologist

We have broadened the Psychologist benefit by removing the word 'clinical' from the definition of Psychologist. The rule now reads as follows:

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

Psycho-oncology Counselling

We have broadened the psycho-oncology counselling benefit by removing the word 'clinical' from the definition of Psychologist. The rule now reads as follows:

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

Psychology definition

The definition of a Psychologist has changed, to make the benefit more accessible for members. The definition now reads as follows:

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

Accommodation

Private and Semi-Private Accommodation definitions are updated to reflect single and multiple occupancy wording, under the Health Services (In-Patient) Regulations, 1991. The definition now reads as follows:

Accommodation

Hospital accommodation is defined as follows:

Private Accommodation

A room in a private hospital which has only one bed or a single occupancy room approved by Us in a public hospital which has only one bed and which is a designated private bed under the Health Services (In-Patient) Regulations, 1991.

Semi-private Accommodation

A room in a private hospital which contains not more than five beds or a multiple occupancy room approved by Us in a public hospital which contains a designated private bed under the Health Services (In-Patient) Regulations, 1991 and in a room which contains not more than five beds.

Audiologist

The accredited body name has been changed to the Irish Academy of Audiology. The definition now reads as follows:

A diagnostic Audiologist who is registered with the Irish Academy of Audiology or the Irish Society of Hearing Aid Audiologists.

Mammograms

We have broadened the benefit in relation to direct pay mammograms. Members are no longer required to meet specified clinical indications and will be covered for all mammograms (previously covered for screening only) in one of our approved Mammogram centres. The new rule now reads as follows:

18) Mammograms

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

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

HealthCheck Screen

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

HealthCheck screen

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

The new rule reads as follows:

49) Health 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. Screening can include allergy testing, cholesterol testing, breast and smear testing.

Female and Male Mental Health Counselling

We have updated the Nurture website address which relates to this benefit. The new rule now reads as follows:

69) Female and Male Mental Health Counselling

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

Foetal Screening and Maternity Scans

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

29) Foetal Screening

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

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

66) Maternity Scan

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

Vhi Digital Health Services

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

76) Vhi Digital Health Services

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

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

3. New Benefit T&Cs

Meditation App

We have included the benefit rule in relation to meditation apps. The rule reads as follows:

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

Public Hospital Statutory levy

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

8, 87) 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.

Child Developmental Assessment

We have included the benefit rule in relation to Child Developmental Assessment. The rule reads as follows:

5, 86) Child Developmental Assessment

We will pay the benefit listed in your Table of Benefits towards the cost of a child developmental assessment or neurodevelopmental assessment (for Autism Spectrum

Disorder, Developmental Delay, Attention Deficit Hyperactivity Disorder, Developmental Coordination Disorder or Dyspraxia, Learning Disability, Intellectual disability, Speech Delays, Sensory Processing Disorders) for a customer who is under the age of 18 at their last renewal. The benefit is only payable where the assessment is carried out by any of the following: General Practitioner, Consultant, Psychologist, Speech and Language Therapist, Occupational therapist.

Vhi Core Services

We have introduced a number of new benefits and definitions which apply for the Vhi 360 Centre in Carrickmines. These rules and definitions read as follows:

5, 43) Vhi Core Services

i. Urgent Care

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

Please note that it is only possible to claim benefits once i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance Plan.

ii. Vhi Paediatric Clinic

We will pay the benefit listed in Your Table of Benefits towards the cost of an initial consultation with a Paediatric Consultant and follow-up treatment with our Paediatrics team. Please note that it is only possible to claim benefits once i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance plan. Vhi Paediatric Clinics are located within Vhi 360 Health Centres.

iii. 360 Health Clinics

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

Please note that it is only possible to claim benefits once i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance Plan.

iv. Health Screening

We will pay the benefit listed in Your Table of Benefits towards the cost of a HealthCheck Screen in a Vhi Medical Centre in a 24 month period provided We determine it to be medically appropriate. This 24 month period begins on the date that the screening tests are performed. Customers unable to attend a Vhi Medical Centre for a Health Screening can be offered Vhi HealthCheck@Home, which includes a range of health tests that can be carried out safely at home as an alternative/substitute. Customers under the age of 18 years at their last renewal are not covered for screening.

5, 44) Vhi Personalised Follow up package

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

5, 45) Vhi Additional follow on visits/care

i. Consultant and Specialist led care

We will pay the benefit listed in Your Table of Benefits towards the cost of a consultation (and diagnostics if medically necessary) with a Consultant or Specialist in a Vhi 360 Health Centre. Please note that it is only possible to claim benefits once i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance Plan

ii. Primary Care visits

We will pay the benefit listed in Your Table of Benefits towards the cost of a visit (and diagnostics if medically necessary) with a primary care practitioner in a Vhi 360 Health Centre or Vhi SwiftCare Clinic. Please note that it is only possible to claim benefits once i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance Plan.

5, 46) Vhi 360 Health Centre Diagnostics

We will pay the benefit listed in Your Table of Benefits towards the cost of diagnostic tests (X-ray or ultrasound scan) in a Vhi 360 Health Centre or Vhi SwiftCare Clinic following a General Practitioner referral. Please note that it is only possible to claim benefits once i.e. no benefit will be payable for shortfalls submitted against any other part of Your health insurance Plan.

Vhi Specialist

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

1. Benefit T&Cs which are no longer applicable

We have removed the below benefits as they are no longer offered on any plan:

5, 32) New Born Baby Programme

If included in Your Plan, We will pay the benefit listed in your Table of Benefits towards the cost of a new born baby programme in Vhi SwiftCare Clinics, Dublin in the first 3 months after the birth.

5, 36) Child Check-Up

If included in Your Plan, we will pay the benefit listed in Your Table of Benefits towards the cost of a general paediatric visit in Vhi SwiftCare Clinics, Dublin for a Customer who is under the age of 16 at their last renewal or a developmental check-up in Vhi SwiftCare Clinics, Dublin for a Customer who is under the age of 5 at their last renewal.

5, 52) Emergency Care Programme

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

Your policy Terms & Conditions, Table of Benefits and Directory of Hospitals contain full details of all your cover.

If you have any questions, please call us on **(056) 444 4444**.

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