



## 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

#### General Conditions

We are amending the rule to confirm that out-patient procedures are not subject to the 180 day limit on your policy. The rule now reads as follows:

*5, 1) General Conditions*

*We will pay benefits for In-patient and Day-patient treatment and Side Room Procedures for a maximum of 180 days per person in any calendar year, less any days treatment within the same calendar year which has been paid under any other health insurance contract (for benefit in respect of psychiatric treatment and addiction treatment, please refer to T&Cs 5(21) and 5(22)).*

#### Payment to Doctors

We are amending the rule to advise that direct payment to doctors, including the deduction of withholding tax from benefits, applies to treatment carried out in the Republic of Ireland. The rule now reads as follows:

*8, d) PAYMENTS TO DOCTORS*

*By law, We have to pay benefits for doctors' fees directly to the doctor (except for Day-to-day medical expenses benefit) for treatment carried out in the Republic of Ireland. We also have to deduct withholding tax from the benefits We pay. We will send You details of the benefits We pay to the doctor. If You pay the doctor directly, We must still pay the benefits to the doctor and You will then have to ask the doctor for a refund of any amounts You paid.*

#### Waiting periods

We are amending the note around waiting periods to remove reference to Vhi SwiftCare Clinic and replaced 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.*

## 2. Updated Benefit T&Cs

### Cancer Care Support

We are broadening the Cancer Care Support benefit to allow for accommodation and/or travel costs and including car parking. The rule now reads as follows:

#### *5, 25) Cancer Care Support Benefit*

*We will pay the benefit listed in Section 5 of the Table of Benefits towards one night's accommodation (in a hotel, hostel or B&B) and/or travel costs (limited to public transport, taxi, hackney and petrol/diesel) of a Customer when a Customer travels more than 50km to receive Out-patient chemotherapy and/or Out-patient radiotherapy treatment. We will also pay the benefit listed in the Table of Benefits towards car parking costs. The treatment must take place in a hospital listed in the Directory of Hospitals (and Treatment Centres) covered by the Plan. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.*

### Employee Assistance Program

We are amending the benefit rule to reflect that this benefit applies for telephone counselling sessions or face to face counselling sessions. The rule now reads as follows:

#### *5, 53) Employee Assistance Programme*

*If included in Your Plan, We will pay the benefit set out in Your Table of Benefits for Structured Telephone Counselling or Face-to-Face Counselling as part of the Employee Assistance Programme, provided it is carried out by an Employee Assistance Programme Counsellor.*

### Foetal Screening and Maternity Scans

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

#### *5, 29) Foetal Screening*

*If included in Your Plan, We will pay benefit in accordance with the level of cover under Section 1 for chorionic villus sampling, amniocentesis and cordocentesis where there is a high risk of specified foetal abnormalities and where specific conditions outlined in the Schedule of Benefits for Professional Fees have been satisfied. If these conditions are not satisfied, We will pay the benefit listed in Your Table of Benefits (depending on Your Plan) towards the cost of these procedures. This benefit is also claimable for non-invasive prenatal (foetal DNA) testing. Treatment must be carried out by a General Practitioner, Consultant or Sonographer. This benefit is payable in respect of the pregnant Customer availing of the service. (See also Rule 8e).*

#### *5, 63) Maternity Scan*

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

## HealthCheck Screen

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

### *HealthCheck screen*

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

The new rule reads as follows:

### *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.*

## Mammograms

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

### *5, 18) Mammograms*

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

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

## Online Consultations

We are amending the exclusion rule to advise that online consultations provided through the Vhi Digital Health Services, via the Vhi app, are not excluded. The rule now reads as follows:

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

## Planned / Elective Treatment Abroad

We are amending the benefit rule to advise on the calendar limits which apply in relation to planned elective treatment abroad. The rule now reads as follows:

### *C) Prior Approval for Treatment Abroad*

*6, 21) We will in certain circumstances provide benefit for Your Planned Elective Treatment Abroad during a temporary stay abroad as outlined in points (i) and (ii) below.*

- (i) For surgical treatment or a diagnostic procedure that is available in Ireland, we will pay benefit for medically necessary surgical procedures and diagnostic procedures that are currently listed in the Vhi Schedule of Benefits for Professional Fees, Surgery and Procedures Section. We will pay up to the average benefit that we would have paid in respect of the same surgical procedure in Ireland under your level of cover (including professional fees). We will pay up to the maximum limit outlined in your Table of Benefits, per calendar year, as applicable to Your Plan at the time of Your treatment.*
- (ii) For a therapeutic procedure that is not available in Ireland We will pay up to the maximum limit outlined in your Table of Benefits, per calendar year, as applicable to*

*Your Plan at the time of Your treatment, unless a reasonable alternative therapeutic procedure is available here in which case the benefit will be as outlined in (i) above. (iii) For medically necessary hospital admissions for follow-up assessments that are not available in Ireland, following a therapeutic procedure eligible for benefit in accordance with (ii), We will pay up to the maximum limit outlined in your Table of Benefits, per calendar year, as applicable to Your Plan at the time of Your treatment.*

*6, 22) If You wish to apply for benefit for Your planned elective treatment abroad, We require a fully completed Prior Approval Application form by Your Irish based referring Consultant.*

### **Vhi Digital Health Services**

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

*5, 71) Vhi Digital Health Services*

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

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

## **3. New Benefit T&Cs**

### **Neurodiversity Assessment**

We are introducing a new benefit for a neurodiversity assessment. The rule reads as follows:

*80) Neurodiversity assessment*

*We will pay the benefit listed in your Table of Benefits towards the cost of a neurodiversity 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). 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.*

### **Out-patient Mental Health Treatment**

We are introducing a new benefit for a mental health assessment. The new benefit rule reads as follows:

*5, 46) Out-patient Mental Health Treatment*

*(i) We will pay the benefit listed in Your Table of Benefits towards the cost of a mental health assessment, in an approved Out-patient Mental Health Centre, in a 24 month period, i.e. 24 months from the date that treatment is first received.*

### **Psychologist / Counsellor / Psychotherapist**

We are introducing a new benefit combining Psychologist / Counsellor / Psychotherapist visits. The new rule reads as follows:

*5, 81) Psychologist / Counsellor / Psychotherapist:*

*If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of a Psychologist, Counsellor or Psychotherapist as defined. Only claims accompanied by a dated receipt on headed paper will be eligible for benefit.*

The new definitions read as follows:

*Psychologist*

*A chartered member of the Psychological Society of Ireland (PSI). It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.*

*Counsellor*

*A chartered member of the Psychological Society of Ireland (PSI) or a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); The Irish Council for Psychotherapy (ICP). It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.*

*Psychotherapist*

*A chartered member of the Psychological Society of Ireland (PSI) or a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); The Irish Council for Psychotherapy (ICP). It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.*

**Vhi Core Services**

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

**5, 41) Vhi Core Services**

*i. Urgent Care*

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

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

*ii. Vhi Paediatric Clinic*

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

*iii. 360 Health Clinics*

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

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

*iv. Health Screening*

*We will pay the benefit listed in Your Table of Benefits towards the cost of a HealthCheck Screen in a Vhi Medical Centre in a 24 month period provided We determine it to be medically appropriate. This 24 month period begins on the date that the screening tests*

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

**5, 42) Vhi Personalised Follow up package**

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

**5, 43) Vhi Additional follow on visits/care**

*i. Consultant and Specialist led care*

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

*ii. Primary Care visits*

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

**5, 44) Vhi 360 Health Centre Diagnostics**

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

**Vhi Specialist**

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

## **1. Benefit T&Cs which are no longer applicable**

We are removing the below benefits as these services are no longer available 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.*

*55) Emergency Care Treatment*

*If included in Your Plan, We will cover any charges incurred during Your initial consultation in an approved Vhi SwiftCare Clinic for a sports injury.*

*You must present to the Vhi SwiftCare Clinic within 48 hours of receiving the sports injury.*

We are removing the below benefits and definitions as they have been replaced by new benefit rules/definitions, as advised above (see New Benefit T&Cs):

*5, 37) Child Counselling:*

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

*5, 41) Psychologist:*

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

*5, 68) Female and Male Mental Health Counselling*

*If included in Your Plan, We will pay the benefit listed in Your Table of Benefits for mental health counselling sessions provided by 'Nurture' ([www.nurturehealth.ie/](http://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](http://Vhi.ie) for further details. (See also Rule 8e).*

*5, 73) Psycho-oncology Counselling:*

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

*5, 83) Psychotherapy and Counselling*

*If included in Your Plan, we will pay the benefits listed in your Table of Benefits for Psychotherapy and Counselling when the service is provided by a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); Psychological Society of Ireland (PSI); The Irish Council for Psychotherapy (ICP).*

*Psychologist*

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

We are removing the below benefit as has been replaced by the Neurodiversity Assessment benefit:

*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.*

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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