



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

The T&Cs changes applicable to your upcoming renewal are shown below. These changes impact you if the benefit is available on your plan, as outlined in your Table of Benefits.

1. Existing 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) and 4, f) *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.*

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

Clarification of Our rules surrounding cancellation/termination of a policy by the policyholder. We've 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.

Transport Costs

We have broadened the 'Transport Costs' rule to allow benefit for terminally ill members who wish to return home from hospital for end-of-life care. The rule now reads as follows:

5,20, ii) If the ambulance/intermediary ambulance is used: to transfer a Customer, who is an In-patient of a hospital, between hospitals listed in the Directory of Hospitals and Treatment Centres (the 'Directory') where at least one hospital is covered by the Plan; or to transfer the Customer from a hospital covered by Your Plan and listed in the Directory to an MRI Centre listed in the Directory; or to transfer the Customer to a convalescent home listed in the Directory of Convalescent Homes, if the stay in a convalescent home is approved; or to transfer the Customer from a hospital covered by the Plan and listed in the Directory to a hospice; or from a facility listed in the Directory to home in respect of end-of-life care;

Post-natal Home Help

We no longer provide a list of home help providers. As an alternative, you can choose 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.

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.

Fertility Programme

We have expanded the Fertility programme rule in line with the new benefits allowed for an Initial Consultation, Fertility Tests, Frozen Embryo Transfer and Pre-implementation Genetic Testing. The rule now reads as follows:

5, 64) If included in Your Plan, We will pay the benefit set out in Your Table of Benefits towards, an Initial Consultation and Fertility Tests, Egg and Sperm freezing (where carried out separate to an IVF or ICSI cycle), IUI (intrauterine insemination) and either IVF (in vitro fertilisation) or ICSI (intracytoplasmic sperm injection), Frozen Embryo Transfer, Pre-implementation Genetic Testing provided it is carried out in a Vhi participating Fertility Treatment Centre as outlined in the Directory of Hospitals (and Treatment Centres). Pre-implementation Genetic Testing is subject to eligibility criteria (available on our website)

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.

Updated rule

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.

Updated rule

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.

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.

Excesses

We have updated our excess definition to clarify the differences between the excess types. The definition now reads as follows:

Excesses

Excesses may form part of Your policy and these are set out in Your Table of Benefits. An excess is the first part of any insurance claim that You have to pay.

Hospital Excess

A hospital excess is an amount that You have to pay for a private hospital claim.

Day-to-Day / Out-patient Annual Excess

An annual excess is an amount that is deducted from the amount payable to You.

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.

Psychologist

The definition of a Psychologist is 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.

2. New T&Cs

New claiming process

We have included a new rule in relation to the separate claiming processes where a health insurance and dental policy are both held. In such circumstances, the claims data from Your Dental claim will be shared with Us for a separate adjudication to determine any eligible benefit under Your Health Insurance Policy. The rule now reads as follows:

8, e) We may put in place separate claims process arrangements with certain customers who are part of a Group Scheme and who also hold a Vhi Dental Plan that covers dental costs in addition to those covered under a Policy with Us. Such separate claims process arrangements will involve the collection and processing of claims data under a Vhi Dental Plan and the subsequent sharing of this data with Us for separate adjudication for any eligible benefit under the terms and conditions of the Policy. In such circumstances the claimant will receive separate benefit statements from Us and Collinson Insurance Solutions Europe Limited in respect of any eligible benefits under the Vhi Dental Plan and/or the Vhi Policy. You will be notified separately if this arrangement applies to you.

Psychotherapy and Counselling

We have included a new rule, for Psychotherapy and Counselling and their associated registered bodies. The rule now reads as follows:

5, 85) 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).

3. T&Cs no longer applicable

Vhi VisionCare

The Vhi VisionCare benefit has been removed from your plan as the provider no longer operates in the Republic of Ireland. As a result, the following rule and definitions have been removed:

5, 66) If included in Your Plan, We will pay the benefit listed in Your Table of Benefits for a comprehensive eye exam carried out by a VSP Eye-care professional and/or a Vhi VisionCare E-screen which can be accessed through Vhi.ie/myvhi. The comprehensive eye exam must be carried out by a VSP Eye-care professional listed on the Vhi VisionCare network of providers

The VisionCare E-screen, provided by Vhi in partnership with VSP, is a visual display unit (VDU) screen delivered online to a work station or appropriate personal device.

A VSP eye-care professional network provider is a registered member of the VSP eye-care professional network in Ireland. Please see Vhi.ie for details.

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.