



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

Day-to-day Medical Expenses

We are updating the day-to-day medical expenses definition/rule to make it clearer that benefits are payable per member per year unless otherwise stated. The rule /benefit definition 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.

In-patient

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) Treatment Settings 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 Lifestyle 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.

Exclusions- Ophthalmic Procedures

We are updating the exclusion we hold for types of Ophthalmic Treatments and we are removing the exclusion for lens extraction for prevention or treatment of glaucoma. The rule now reads as follows:

7) (xx) Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism

Exclusions- Weight Reduction & Eating Disorders

We are updating the exclusion we hold for Weight Reduction & Eating Disorder treatment and we are removing the exclusion for treatment of Eating Disorders. The rule now reads as follows:

7) (ix) Treatment or programmes for weight reduction other than bariatric surgery procedures listed in the Schedule of Benefits for Professional Fees

Contract

We are updating the rule for changes in the participation status of a hospital to clarify that should a contract cease with a hospital, a period of non-participation no longer applies and the hospital will move straight to off-directory. The rule now reads as follows:

e) In the event where the contract between a participating hospital (or treatment centre) and Vhi is terminated for any reason other than the closure of that hospital or treatment centre, We will publish a notice in the media and the Hospital will be removed from Our Directory of Approved Medical Facilities. Should this change occur, no benefit shall be payable.

2. Updated Benefit T&Cs

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 Medicine

c) A member of the Osteopathic Council of Ireland or a member of the Irish College of Osteopathic Medicine.

Definitions relating to Chiropodist/Podiatrist:

We are updating the definition of a Chiropodist/Podiatrist to reflect the renaming of The Society of Chiropodists of Ireland to Podiatry Ireland. The definition now reads as follows:

12) Practitioner

Chiropodist/Podiatrist

A member of the British Chiropody & Podiatry Association, or the Institute of Chiropodists & Podiatrists (Rep. of Irl.), or the Irish Chiropodists/Podiatrists Organisation Ltd., or Podiatry Ireland

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.

Psychiatric Treatment

We are updating the rule we hold for Psychiatric Treatment to include the National Eating Disorders Recovery Centre (NEDRC) as an approved provider for Approved Day Care Programmes. The rule now reads as follows:

5) 21) Psychiatric Treatment

(i) We will only pay for In-patient Psychiatric Treatment in a psychiatric hospital listed in the Directory of Approved Medical Facilities or an approved psychiatric unit of a hospital listed in the Directory of Approved Medical Facilities and which is covered by Your Plan for the maximum number of days per Customer in any calendar year listed in Section 3 of Your Table of Benefits, less any days treatment within the same calendar year which has been paid under any other health insurance contract; and

(ii) We will pay for day care Psychiatric Treatment for approved day care programmes in St. John of God Hospital, Stillorgan, St. Patrick's Hospital, Dublin, Lois Bridges, Dublin, The National Eating Disorder Recovery Centre, Dublin and Hampstead Hospital, Dublin.

Maternity Yoga and Pilates Classes

We are updating the rule we hold for Maternity Yoga and Pilates Classes to remove the criteria of either before or up to 6 months after the birth of Your Child. The rule now reads as follows:

5) 60) Maternity Yoga and Pilates Classes

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits for 'maternity yoga' or 'maternity pilates' classes carried out by a qualified instructor. This benefit is payable in respect of the insured female Customer availing of the service. (See also Rule 8e).

Maternity Scan

We are updating the rule we hold for Maternity Scan to update the approved practitioners for claiming this benefit. The rule now reads as follows:

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

Pre- and Post-natal Care

We are updating the rule we hold for Pre- and Post-Natal Care to update the approved practitioners for claiming this benefit. The rule now reads as follows:

5) 28) Pre- and Post-natal Care

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of pre-and post-natal care incurred by the insured pregnant female, provided the person giving the care is a General Practitioner, Consultant, Sonographer or Midwife. The maximum benefit, as set out in Your Table of Benefits, can be claimed once per pregnancy.

Hospital Benefit

We are updating the rule for Hospital Benefit to remove reference to non-participating hospitals. The rule now reads as follows:

6) Hospital Benefit

Hospital benefit is payable for In-patient treatment in a participating hospital listed in the Directory of Approved Medical Facilities and which is covered by Your Plan, in private and semi-private accommodation. Details of the benefits payable for participating hospitals are contained in Your Table of Benefits.

Professional Fee Benefit

We are updating the rule for Hospital Benefit to remove reference to non-participating hospitals. The rule now reads as follows:

7) Professional Fee Benefit

We will pay Consultant or General Practitioner fees for medically necessary treatment which is covered by the Schedules of Benefits and is carried out in a participating hospital. If a Consultant or General Practitioner is non-participating, We will pay the standard benefit as set out in the Schedules of Benefits (even if Your treatment is provided on an emergency basis), and You may have to pay an additional amount Yourself. If the treatment is not covered by Your Plan or is carried out in a hospital which is not covered by Your Plan, benefit for Consultant or General Practitioner fees will not be payable. However, professional fee benefit as set out in the Schedule of Benefits for Professional Fees is payable for Out-patient procedures with the exception of Out-patient radiotherapy.

Maternity

We are updating the rule for Maternity to remove reference to Non-Participating hospitals. The rule now reads as follows:

27) Maternity

(i) Hospital Charges

We will pay the benefits listed in Section 4 of Your Table of Benefits towards the cost of hospital charges for normal confinements in a participating hospital listed in the Directory of Approved Medical Facilities and which is covered by Your Plan, in private and semi-private accommodation. If there are significant medical complications arising from the pregnancy or delivery which necessitate a stay in hospital, We will pay the hospital benefits as listed in Section 1 of Your Table of Benefits. If there are significant medical complications arising from the pregnancy or delivery which necessitate a stay in hospital, We will pay the hospital benefits as listed in Section 1 of Your Table of Benefits

Baby Swim Classes

We are updating the rule for Baby Swim Classes to clarify that this benefit is claimable under your child's plan. The rule now reads as follows:

62) Baby Swim Classes

If included on Your Child's Plan, we will pay the benefit listed in the Table of Benefits for baby swim classes up to 1 year after the birth. This benefit is payable in respect of an insured Child availing of the service. (See also Rule 8e).

Baby Massage Classes

We are updating the rule for Baby Massage Classes to clarify that this benefit is claimable under the parents' plan. The rule now reads as follows:

34) Baby Massage Classes

If included in Your Plan, we will pay the benefit listed in Your Table of Benefits for baby massage classes carried out by members of the International Association of Infant Massage for Your Child up to 1 year after the birth. This benefit is payable in respect of an insured Adult availing of the service. (See also Rule 8e).

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.

Specified Diagnostic Tests

We are introducing a new rule for Specified Diagnostic Tests to define where these tests can be carried out and the list of eligible tests that are claimable. The new rule reads as follows:

5) 83) Specified Diagnostic Tests

We will pay the benefit listed in Your Table of Benefits for Specified Diagnostic Tests carried out on an Out-patient basis by a GP, Consultant, Nurse or in a Medical Facility listed in the Vhi Directory of Approved Medical Facilities. Specified Diagnostic Tests are as follows;

- ECG (Electrocardiograph)*
- Cardiac Stress Tests*
- Holter Monitor*
- Cardiac Event Monitor*
- Blood Pressure Monitor*
- EEG (Electroencephalogram).*

SELFCheck™ Testing Kits purchased Online

We are introducing a new rule for SELFCheck™ Testing Kits purchased Online to define the brand of test kits eligible for benefit, where they must be purchased and other criteria applicable for the benefit. The new rule reads as follows:

85) SELFCheck™ Testing Kits purchased Online

We will pay the benefit listed in Your Table of Benefits towards the cost of a SELFCheck™ Home Self Testing Kit when purchased through any online pharmacy. This benefit is available to insured members over the age of 18 only. We do not take responsibility for the findings of a SELFCheck™ Home Self Testing Kit test and all follow-ups should be conducted by You with a qualified medical practitioner.

General Conditions

We are introducing a new rule under General Conditions to provide clarity on how the availability of accommodation within a hospital is managed. The new rule reads as follows:

6) The availability of semi-private or private accommodation is determined by the hospitals and is outside of Our control. Some facilities may solely provide one type of accommodation (i.e. Some facilities may have private or semi-private accommodation only). Should this be the case, shortfalls may apply to hospital charges for accommodation which requires a higher level of cover.

4. General T&Cs which are no longer applicable

10. General (8)- Availability of Accommodation

We are removing the rule under Section 10. General regarding the availability of semi-private and private rooms as this will now be held in the benefits section to provide greater clarity. This rule will be removed from our terms & conditions under Section 10 General (8).

8) The availability of semi-private or private accommodation is determined by the hospitals and is outside of Our control.

5. Benefit T&Cs which are no longer applicable

Non-participating Hospital

We are removing the rule for definition of a Non-participating Hospital as hospitals can no longer be non-participating with Vhi. This rule will be removed from our terms & conditions under Section 12 Glossary- Non-Participating Hospital.

Non-participating Hospital

A hospital which We no longer have an agreement with but is listed as non-participating in the Directory of Approved Medical Facilities, so We will pay benefit based on the charges previously approved by Us. This is based on the most recent participating agreement We held with the hospital. In the event of a hospital being listed as non-participating We will pay Your claim on a non-direct payment basis.

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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