



HealthSteps 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. 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:

3, g) and 4, e) 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:

4, 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 by Us

We have updated our cancellation rule to remove reference to the recovery section which related to losses and expenses that we may have incurred due to a breach in your policy. The rule now reads as follows:

5, b) The Policyholder (or authorised person - see section 10) must pay the premium when it becomes due for the duration of the Policy. The Policyholder is responsible for ensuring payments are made.

In the event that payment of Your premium does not commence in accordance with the payment terms of the Policy, We reserve the right to cancel the Policy and We will not pay any benefits.

In the event of non-payment in accordance with the payment terms of the Policy during the course of Your Policy term, such non-payment will constitute a breach of the Policy. In such circumstances, We reserve the right to cancel the Policy and no further benefits will be paid for that Policy term.

Group Schemes

We have updated the rule to also include termination of a 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.

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:

10, 6) If any Customer makes, or tries to make, a negligent misrepresentation or a fraudulent application or claim, which relates to his/her Policy with Vhi or any other Health Insurance contract, We have the right to:

- (i) refuse to renew his/her membership;*
- (ii) terminate his/her membership immediately.*

Claiming Timelines

We have extended the time limit for you to claim your non-direct payment claims and your out-patient / day to day / lifestage medical expenses. The rules now read as follows:

11, c) Non-Direct Payment (other HealthSteps benefits)

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 at 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.

11, f) 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 use Our Snap and Send Claiming system. 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.

Contact Telephone Numbers

We have amended our contact telephone numbers:

Service	Old Contact Number	New Contact Number
Vhi Customer Service	1890 44 44 44	(056) 444 4444

Appendix 1: Approved Out-Patient Centres

We have updated the names of Euromedic in Northwood and Euromedic in Cork.

2. Updated Benefit T&Cs

Dentures

The rule has been updated to exclude cover for dentures. The rule now reads as follows:

8, l) *Dentures or orthodontic treatment and appliances (such as braces).*

Practitioner's Family or self-performed tests or consultations

The rule has been updated to exclude treatment, tests or consultations by a family member or on his/her self. The exclusion rule now reads as follows:

8, h) *Treatment, tests or consultations given by a practitioner to his/her wife/husband, children, parents or himself/herself.*

Cosmetic treatment

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

8, q) *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.*

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.

Your policy Terms & Conditions and Table of Benefits 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.