



Vhi International Terms & Conditions (T&Cs)

Changes Explained

The purpose of this document is to show changes to the Terms & Conditions applicable to your upcoming renewal. These changes will only impact you if the benefit is available on your plan, as outlined in your Table of Benefits.

1. Changes to existing T&Cs

Personal Luggage

We have broadened the rule to allow benefit for items hired, loaned or entrusted to you. The rule now reads as follows:

Items usually carried or worn by travellers for their individual use during a Trip.

Claims Notification

We have removed the time limit required to notify us of a claim. The rule reads as follows:

You must notify Us as soon as possible of any incident which may give rise to a Claim

General Exclusions No. (20)

We've updated the exclusions list, providing more clarity on hazardous activities. For the full list, please refer to Section 7, Number 20 of your Terms & Conditions.

Adding or Removing your dependants

We have extended the time period, allowing up to 90 days to add a newborn baby to your Vhi International policy without affecting the waiting periods. The relevant section of the rule now reads as follows:

All Newborns should be added to the policy within 90 days otherwise waiting periods will apply.

Fraudulent and Unfounded Claims

We have updated the rule to reflect the actions we may take, if a claim contains false or misleading information. The rule reads as follows:

If a claim contains information that is false or misleading in any material respect and you either know that it is false or misleading or consciously disregard whether it is false or misleading, or a claim is otherwise fraudulent in any respect, we may:

- a. refuse to pay the claim;*
- b. avoid your Policy, in which case cover under your Policy shall be treated as having terminated with effect from the date on which the fraudulent claim was submitted;*
- c. not return any of the premiums paid under the Policy*

Amendment to the EMAP service

The EMAP service provided by Morneau Shepell are adopting the company 'Lifeworks's' branding and access to Lifeworks website and App. New wording has been amended in the T's & C's to reflect the change of provider although this is just a rebrand. The service remains the same.

Removal of the Chronic Benefit

Chronic illnesses are now to be assessed under normal outpatient or inpatient medical treatment. There is no distinction between acute or chronic on any level of cover. The outpatient limits have been increased on Level 2 and Level 3 to ensure that no one with a chronic condition is at a disadvantage from the change. Please refer to your Table of Benefits for full details of cover.

Mental Health

All references to 'Psychiatric' treatment have been renamed to 'Mental Health'. The number of visits covered for Mental Health Treatment has increased and are now referenced in the Table of Benefits and not in the policy wording. Please refer to your Table of Benefits for full details of cover. Online Mental Health consultations were previously excluded, these are now covered.

Dental Add-on

The Dental cover is an optional add-on for Level 1 and Level 2 members. There will be an increase in dental check-ups, scale and polish. Please refer to your T's & C's for details of the benefit. This increase in cover will also apply to Level 3 members who have the Dental add-on automatically included.

Maternity

The maternity benefit has increased on Level 2 and Level 3. Please refer to your Table of Benefits for full details of cover. Maternity cash benefit wording has been amended so that the benefit can be claimed if there are no paid claims in relation to a Maternity claim on the policy, as per below.

c) Maternity Cash Benefit – We will pay a cash benefit on the birth of each child provided no Claim has been either made or paid in relation to Your pregnancy under this or any other Section of this Policy. This benefit does not apply to Level 1.

Additional Transportation and Accommodation Benefits

'Section 6 Additional Transportation and Accommodation Benefits' has been reworded to clarify the cover provided for transport costs and accommodation costs as per below:

In the circumstances where the insured person had to be evacuated cover for:

- 1. An accompanying adult*
- 2. Unsupervised children*

In the circumstances where the insured person got sick abroad cover for

- 1. An accompanying adult*
- 2. Unsupervised children*

And for the insured where diagnostic facilities are not available where they live

There is no change in cover. Please refer to your T's & C's for full details.

AIDS/HIV Benefit

There is now cover for HIV on Level 1 and Level 2. The benefit limit is detailed in the Table of Benefits.

Cancellation or Curtailment

The wording for the cancellation or curtailment benefit has been amended to show the travel benefit applies from the date of entry of the policy.

Changes of Circumstances

Under the changes in circumstances of the cancellation or curtailment section of the policy T's & C's references to the Irish Government have been changed to Department of Foreign Affairs (DFA).

Travel Exclusion

Exclusion 11 has been amended as follows:

Any costs incurred where the Insured Person has travelled to a country or specific area which the Department of Foreign Affairs (DFA) have advised against travelling

General Exclusions

Exclusion 5

Medical treatment for compulsive disorder is now covered. Reference to compulsive disorder removed from exclusion 5.

Exclusion 38

Medical treatment for Anorexia and Bulimia now covered. Exclusion 38 has been amended to reflect this:

Weight loss or weight problems (unless it is relating to Anorexia or Bulimia) whether or not for psychological purposes

Exclusion 45

Exclusion 45 has been amended to include the directive of DFA Ireland rather than any country, amendment as follows:

Any costs incurred where the Insured Person has travelled to a country or specific area which the Department of Foreign Affairs (DFA) have advised against traveling

2. New Terms & Conditions

Vhi Online Doctor Benefit

We have included a new rule for members to access the Vhi Online Doctor via the Vhi App. The rule reads as follows:

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards consultations with the Vhi Online Doctor service which can be accessed via the Vhi app. Please note that the Vhi Online Doctor will not offer treatment/diagnosis for children under 2. Under 2's may only be seen for general 'non-treatment' advice

Level 1 – Out-patient costs

We have included cover for routine treatment for a chronic medical condition, under the out-patient benefits for members with Level 1 cover. Please refer to your Table of Benefits for full details of cover.

Cover for Coronavirus testing

We have included cover for Coronavirus testing, where it is required for a hospital admission or treatment/consultation with your Physician, under the relevant benefits on your Vhi International policy. We've also included new Coronavirus general exclusions, as follows:

- *Coronavirus testing where it is not required for a hospital admission or is not for treatment by or consultation with a Physician.*
- *Coronavirus testing when symptoms are not present, unless the treating Physician has referred you for a test.*

Travel Exclusion

A new travel exclusion has been added as follows:

19. There is no cover available where the cancellation or disruption is the direct result of a regulation, or action of a government restricting travel such as locking down an area, outlawing travel, shutting borders or revoking visas. For example, we do not cover you where the reason for you to cancel your trip is if a government has applied any sort of travel restriction in your home country or abroad

General Exclusions

A new exclusion has been added, where cover is not offered if a person sustains injuries as a result of operating a vehicle illegally.

54. Any claims relating to injuries as a result of an Insured Person driving a vehicle where You do not have the appropriate license to operate the vehicle and/or where You are not legally allowed to.

Eligibility for Membership

The wording for eligibility has been expanded as follows:

This policy is designed for purchase by Irish residents who are living or working abroad for a period of more than six months. For the purpose of this policy, an Irish resident is considered to be a person who has been resident in Ireland within the previous 24 months at the time of purchase. Only such people (including dependants) that comply with these conditions are eligible for cover under a Vhi International Policy.

Proof of a return flight has been removed as a condition of eligibility also.

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

If you have any questions relating to benefits on your plan, please call us on **046 907 7377**.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi International Health Insurance is underwritten by Collinson Insurance Europe Limited. Collinson Insurance Europe Limited and Collinson Insurance Solutions Europe Limited are authorised by the Malta Financial Services Authority in Malta and are regulated by the Central Bank of Ireland for conduct of business rules.