LifeStage Choices
Rules Terms and Conditions

Applicable to new registrations or renewals on/or after 1st January 2008
Please read and retain for future reference. Subsequent rules changes will be communicated to you at your renewal date.

1) Definitions

Accident	Bodily injury caused solely and directly by external, violent and visible means.
Accommodation	Hospital accommodation is defined as follows:
Private accommodation	A room in a private hospital which has only one bed or a Vhi Healthcare approved room 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 Vhi Healthcare approved bed in a public hospital which is a designated private bed under the Health Services (in-patient) Regulations, 1991 and in a room which contains not more than five beds.
Benefit(s)	The amount we will pay for any claim as set out in the Rules, Table of Benefits, Schedule of Benefits for Private Hospital Services, the Schedule of Benefits for Professional Fees and the Schedule of Benefits for General Practitioners.
Claim	When you ask us to pay benefits for a member included on your contract less any hospital or out-patient excess that may be applicable.
Excess	The following definitions apply to each excess:
Hospital Excess	The excess of €75 applicable to all claims* for hospital benefit for treatment carried out in a private hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan, where the subscriber/policy holder has selected the excess option as indicated on your membership details. *Except maternity benefits and certain cancer treatments (a full list of cancer treatments is available on request).
Out-patient Excess	The excesses applicable to the benefits as listed in Sections 8, 9 & 10 of the Table of Benefits.
Health insurance contract	As defined in the Health Insurance Acts.
Hospitals	The following definitions apply to hospitals:
Hospital benefit	Benefits payable for in-patient treatment, day-care and side room procedures.
Hospital charges	Charges for: (i) hospital accommodation; (ii) technical charges in a private hospital or clinic; and (iii) public hospital statutory levies.
Non-participating Hospital	A hospital listed in the Directory of Hospitals (and Treatment Centres) which does not have an agreement with us but which we recognise, so we will pay part of the hospital charges for Vhi Healthcare approved accommodation. Full details of benefits payable are available from any of our offices.
Participating Hospital	A hospital listed in the Directory of Hospitals (and Treatment Centres), which has an agreement with us on its charges and the services it provides to our members. We will pay the hospital charges for Vhi Healthcare approved accommodation and services if the member is insured under the appropriate level of cover.

Technical Charges	Charges for the use of operating theatre, radiology technical, pathology technical, radiation oncology technical, specified drugs, blood and blood products, that are set out in the Schedule of Benefits for Private Hospital Services.
Medical condition	Any disease, illness or injury.
Medically necessary	Means treatment or a hospital stay which in the opinion of our Medical Director is generally accepted by the medical profession as appropriate with regard to good standards of medical practice and is: (i) consistent with the symptoms or diagnosis and treatment of the injury or illness; (ii) necessary for such a diagnosis or treatment; (iii) not furnished primarily for the convenience of the patient, the doctor or other provider; and (iv) furnished at the most appropriate level which can be safely and effectively provided to the patient.
Membership	The following definitions apply to members:
Family member (for the purpose of out-patient cover only)	Your spouse or partner and your dependants under 18 (or under 21 if they are in full time education) who were living with you when your contract began or was last renewed.
Member	You and anybody who is named as an insured person on your membership details.
Student	A person who is a dependant of the subscriber/policy holder and is of or over the age of 18 years and under 21 years and is receiving full time education.
Subscriber/Policy Holder	The person with whom we have made the contract.
Out-patient consultation	A visit to a consultant in his/her consulting rooms for a consultation about a medical condition.
Patient	The following definitions apply to patients:
Day-patient	Medically necessary treatment received during a hospital stay in a day care bed (but which is not an overnight stay) for an approved psychiatric day care programme or a procedure listed in the surgery and procedure section of the Schedule of Benefits for Professional Fees, other than for a side room procedure.
In-patient	Medically necessary treatment received during a stay in a hospital bed of at least 24 hours.
Out-patient	(i) Medically necessary treatment which does not involve in-patient treatment, day care or side room procedures, and (ii) Consultations with complementary and alternative medicine practitioners.
Plan	Any health insurance scheme we provide which covers the cost of treatment in private accommodation or semi-private accommodation.
Practitioner	The following practitioners are recognised by Vhi Healthcare:
Audiologist	A diagnostic Audiologist who is registered with the Irish Society of Audiology or the Irish Society of Hearing Aid Audiologists.
Chiropodist/Podiatrist	A member of the British Chiropody & Podiatry Association, or the Institute of Chiropodists & Podiatrists (Rep. of Irl.), or the Irish Chiropody & Podiatry Association, or the Irish Chiropodists /Podiatrists Organisation Ltd., or the Society of Chiropodists & Podiatrists (Rep. of Irl.).
Clinical Psychologist	A member of the Psychological Society of Ireland.
Consultant	A medical practitioner who has a current full registration with the Irish Medical Council and who: (i) holds a public consultant post in the Republic of Ireland; or (ii) has held a public consultant post in the Republic of Ireland in the past and now practices within the same specialised field; or (iii) holds the necessary qualifications for a public consultant post in the Republic of Ireland together with evidence of appropriate general professional and higher specialist training to a standard required for such a post in the speciality in which he/she intends to work and has been appointed as a consultant to a Vhi Healthcare approved post in a Vhi Healthcare approved private hospital.
Non-participating consultant	A consultant who does not enter into agreement with us to accept our benefits in full settlement of his/her fees. He/she receives the standard benefit as set out in the Schedule of Benefits for Professional Fees and may or may not charge an additional fee to patients.
Participating Consultant	A consultant who enters into agreement with us to accept our benefits in full settlement of his/her fees and charges Vhi Healthcare patients accordingly.
Dental Practitioner	A dental practitioner with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/she is community based and provides dental care.
Dietician	A member of the Irish Nutrition & Dietetic Institute.
General Practitioner	A medical practitioner with a current full registration with the Irish Medical Council, who holds a primary medical qualification.
Midwife	A midwife registered on the Midwife register with An Bord Altranais.

Nurse	A nurse registered with An Bord Altranais.
Occupational Therapist	A member of the Association of Occupational Therapists of Ireland.
Optometrist	An Optometrist with a current full registration with the Opticians Board.
Orthoptist	A member of the Irish Association of Orthoptists or the British Orthoptic Society.
Physiotherapist	A member of the Irish Society of Chartered Physiotherapists.
Speech Therapist	A member of the Irish Association of Speech and Language Therapists.
Complementary and Alternative Medicine	It is advisable to discuss the suitability of a complementary or alternative therapy with a registered medical practitioner prior to commencing treatment. Visits to the following therapists are eligible for benefit:
Acupuncturist	A member of the Traditional Chinese Medicine Council, or a member of the British Acupuncture Council, or a member of the Professional Register of Traditional Chinese Medicine.
Chiropractor	A member of the Chiropractic Association of Ireland or the McTimoney Chiropractic Association of Ireland.
Osteopath	A member of the Irish Osteopathy Association or a member of the Association of Osteopaths in Ireland.
Reflexologist	A member of the Association of Irish Reflexologists or the Irish Reflexologists' Institute or the National Register of Reflexologists.
Physical Therapist	A member of the Irish Association of Physical Therapists.
Prescriptions	Drugs or Medicines prescribed by a General Practitioner, Consultant or Dental Practitioner.
Procedures	The following definitions apply to procedures:
Day care procedure	Treatment or investigation which is marked as Day Care in the Schedule of Benefits for Professional Fees and the Schedule of Benefits for Private Hospital Services.
Fixed Price Procedure	Fixed Price Procedure (FPP) is a term Vhi Healthcare uses to describe a variety of specified major complex procedures (i.e. cardiac, neurosurgery, joint replacement and cataract) when they are carried out in the Galway Clinic. Vhi Healthcare negotiates a fixed price with the Galway Clinic based on the profile of such procedures when they are carried out at this hospital. When these major complex procedures are carried out in other hospitals, they are not called FPPs and in these circumstances benefit is payable in accordance with the benefits associated with your level of cover for these hospitals, as set out in the Table of Benefits, and not as a Fixed Price Procedure.
Out-patient procedure	Treatment given to an out-patient which is listed in the Schedule of Benefits for Professional Fees or the Schedule of Benefits for General Practitioners.
Side room procedure	Treatment or investigation which is marked as side-room in the Schedule of Benefits for Professional Fees and Schedule of Benefits for Private Hospital Services and for which an extended period of recovery is not required.
Renewal date	The renewal date shown in your most recent membership details or any anniversary of that date.
Screening	Health Screening is any medical test or investigation, which is designed to identify certain characteristics, or the presence of or susceptibility to a particular disease or condition. Screening can include allergy testing, cholesterol testing, blood pressure testing, breast and smear testing. The screening must be performed by a General Practitioner or Consultant in his/her own rooms or in an approved out-patient centre.
Temporary Stay Abroad	A stay(s) outside of Ireland for any period up to but not exceeding 180 days in each calendar year.
Travel Vaccinations	Vaccinations against Hepatitis A, Hepatitis B, Typhoid, Malaria, Rabies and Oral Polio drops.
Treatment	Any medical intervention for which benefits are payable.
Vhi Healthcare	The Voluntary Health Insurance Board.
Year	The period of cover shown in your most recent membership details.
You, your	The subscriber/policy holder.

2) Contract

a) The terms of your contract with us are in the following documents:
(i) These Rules and Table of Benefits; (ii) The Directory of Hospitals (and Treatment Centres); (iii) The Directory of Approved MRI Centres; (iv) The Directory of Convalescent Homes; (v) The Schedule of Benefits for Private Hospital Services; (vi) The Directory of Consultants; (vii) The Schedule of Benefits for Professional Fees; (viii) The Schedule of Benefits for General Practitioners; and any amendment or variation made from time to time as per Rule 2(g).

b) In the Directory of Consultants, we list the consultants who are participating consultants.

c) In the Schedule of Benefits for Private Hospital Services, we set out the benefits we will pay for private hospital services and the rules we will apply to the payment of these benefits. Copies are available for inspection by members on Vhi Healthcare premises.

d) In the Schedule of Benefits for Professional Fees, we set out the benefits we will pay to the consultants and general practitioners for each kind of treatment and the rules we will apply to the payment of these benefits. Copies are available for inspection by members on Vhi Healthcare premises.

e) In the Schedule of Benefits for General Practitioners, we set out the benefits we will pay to general practitioners for procedures and the rules we will apply to the payment of these benefits.

f) In the Directory of Convalescent Homes, we list the convalescent homes which are eligible for benefit. The most up-to-date Directory of Convalescent Homes is available on our website - www.vhi.ie. Copies are available on request.

g) We may change these directories and schedules during the year. The most up-to-date Directory of Hospitals is available on our website – www.vhi.ie. We will tell you about changes to the directories of hospitals at least four weeks beforehand by publishing a notice in the major national daily newspapers. If you want to cancel your contract because of any such change, you can do this by writing to us within four weeks of the date we publish notice of the change.

h) We will pay any benefits we are required to pay under the Health Insurance Acts and any regulations thereunder, even if any part of your contract indicates otherwise.

3) Joining Vhi Healthcare

a) Additional people may be included on your contract at any time. If you apply to include your child on your contract within 13 weeks of his/her birth, we will insure him/her from the date of birth and we will not apply rules 3(c) & 3(f). Subscribers/policy holders who enrol their new born children within 13 weeks of the child's date of birth will not be charged any additional subscription for that child until the first or next renewal date after his/her birth.

b) You can only make other changes to your contract at renewal date.

c) If a member has an accident after he/she is included, we will pay benefits for the treatment needed. However, for other treatment, we will pay benefits if it is carried out after the member has been insured continuously for a minimum period of time, called a waiting period. The waiting period is as follows:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	WAITING PERIOD
Under 55	26 weeks
55 to 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy - related conditions	52 weeks

d) The benefits listed in Section 8 of the Table of Benefits will not be subject to a waiting period.

e) For those benefits listed in Sections 9 and 10 of the Table of Benefits that are subject to an out-patient excess, we will only pay the benefits for the expenses incurred after the following waiting period has expired:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	WAITING PERIOD
Under 50	None
50 - 54	26 weeks
55 - 64	52 weeks
65 or over	104 weeks
Maternity or pregnancy - related conditions	52 weeks

For those benefits listed in Section 10 of the Table of Benefits that are not subject to an out-patient excess, the waiting periods as outlined in Rule 3 (c) will apply.

f) No benefits are payable for medical conditions the date of onset of which is determined on the basis of medical advice to have been prior to the date the member was included on the contract, unless the member has been insured continuously for a minimum period of time. The minimum period is as follows:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	MINIMUM PERIOD
Under 55	5 years
55 - 59	7 years
60 or over	10 years

This rule is applicable to all benefits other than those outlined in Sections 8 & 9 of the Table of Benefits as well as those benefits in Section 10 that are subject to an out-patient excess.

When determining whether a medical condition pre-exists membership it is important to note that it is the date of onset of the condition that is considered rather than the date upon which the member becomes aware of the condition, as medical conditions may be present for some time before giving rise to symptoms or being diagnosed.

g) If there is a break of more than 13 weeks in a person's health insurance contract with us or another insurer registered under the Health Insurance Acts, the application will be treated as a new application for membership.

h) If a person transfers from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 - 2003, benefits will only be payable up to the level of cover offered by that contract. Additional benefits will be subject to Rule 4(b).

i) If a member has transferred from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 - 2003, the time he/she was insured under the other contract will be offset against the normal joining conditions (waiting period, pre-existing illness and maternity). For additional benefits listed in Sections 9 & 10 of the Table of Benefits, please refer to Rule 4(c).

j) The Scheme is intended for people resident in Ireland and only people resident in Ireland are eligible to join the Scheme. Please refer to Rule 7(b).

4) Renewing the contract

a) Your contract will last for one year unless we agree to a shorter period. At the renewal date, you can renew your contract by paying the premium we request. The Rules and the Table of Benefits in place at the renewal date will then apply to your contract.

b) You can change your level of cover at your renewal date. If you change your cover (i.e. subscribe for additional benefits) and you or any of the members included on the contract receive treatment during the following two years* for a medical condition which, in the opinion of our Medical Director, you already had on the renewal date on which you changed your level of cover, we will only pay the benefits which we would have paid if you had not changed your level of cover.

* Five years for those aged 65 years or over, or 52 weeks for maternity or pregnancy related conditions.

When determining whether a medical condition pre-exists an upgrade in cover it is important to note that it is the date of onset of the condition that is considered rather than the date upon which the member becomes aware of the condition, as medical conditions may be present for some time before giving rise to symptoms or being diagnosed.

c) If you change your level of cover and subscribe for the additional benefits listed in Sections 9 or 10 of the Table of Benefits, a waiting period will apply to those benefits that are subject to an out-patient excess. We will only pay the benefits for the expenses incurred after the following waiting period has expired:

MEMBER'S AGE WHEN HE/SHE IS INCLUDED	WAITING PERIOD
Under 50	None
50 to 54	26 weeks
55 to 64	52 weeks
65 or over	104 weeks

d) The benefits listed in Section 8 of the Table of Benefits will not be subject to a waiting period should you change your level of cover.

5) Subscriptions

a) You must pay your subscription within 15 days after it becomes due. Otherwise, we will not pay any benefits and will cancel your contract. The subscriber/policy holder is responsible for ensuring payments are made.

b) For members who pay by salary deduction, the translation of annual premia into monthly or weekly instalments may result in the collection of marginally more or less than the annual premium as a result of rounding to the nearest cent.

c) Subscribers/policy holders with dependants who are students may apply for a discount on their annual subscription. The student subscription rate will apply from the date of application for new members, and from the next renewal date (following application for the student rate) for existing members. The student rate will automatically revert to the adult rate with effect from the next renewal after the student's 21st birthday.

d) The benefits listed under Level 1 of Section 9 – Day-to-Day Medical Expenses of the Table of Benefits are automatically included under your plan, unless you have subscribed for the additional benefits under Level 2 and paid the appropriate additional premium.

6) Benefits

a) Hospital Benefit Hospital benefit is payable for in-patient treatment in a participating or non-participating hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan, in private and semi-private accommodation. Details of the benefits payable are contained in the Table of Benefits at the back of this Rules document.

b) Professional fee benefit We will pay consultant or general practitioner fees for medically necessary treatment which is covered by the Schedule of Benefits for Professional Fees (refer 2(d)) and is carried out in a participating or a non-participating hospital. If a consultant is a non-participating consultant, we will pay the standard benefit as set out in the Schedule of Benefits for Professional Fees (even if your treatment is provided on

an emergency basis), and you may have to pay an additional amount yourself. If the treatment 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.

c) Out-patient benefit Out-patient benefit is payable for treatment as specified in Sections 8, 9 & 10 of the Table of Benefits.

d) General conditions We will pay benefits for in-patient and day-patient treatment, side room procedures and out-patient procedures, for a maximum of 180 days per member 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 substance abuse, please refer to Rules 6(r) and 6(s)).

e) The benefits which we will pay will depend on the terms of your contract on: (i) the first day of a hospital stay or (ii) the date of the treatment if the member is not staying in hospital.

f) If the benefits do not cover the full cost of the treatment, the member is responsible for any balance.

g) We will pay the actual amount the member is charged or the benefits payable under the contract, whichever is lower.

h) If you use hospital accommodation which requires a higher level of cover than you hold under your plan, the level of benefits payable will be as outlined in the Table of Benefits at the back of this Rules document. Where a hospital is not listed in the Directory of Hospitals (and Treatment Centres), no benefit will be payable.

i) Day care procedures Hospital benefit is payable for specified day care procedures carried out in a Vhi Healthcare approved day care facility listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan. If the day care procedures are performed in an in-patient setting (private, semi-private or public ward) the approved day care charges only are payable. If it is medically necessary for the member to receive the treatment as an in-patient, we will pay the full benefits for the hospital charges in accordance with the level of cover under your plan.

j) Side room procedures Hospital benefit is payable for side room procedures carried out in a Vhi Healthcare approved hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan. If it is medically necessary for the member to receive the treatment as a day-patient or as an in-patient, we will pay the full benefits for the hospital charges in accordance with the level of cover under your plan.

k) Out-patient Procedures Vhi Healthcare benefit is payable for out-patient procedures carried out on an out-patient basis. Where an out-patient procedure is carried out in a hospital which is not covered by your plan, professional fee benefit is in accordance with Rule 6(b), however hospital charges are not eligible for benefit. No benefit is payable for Out-patient Radiotherapy carried out in a hospital, which is not covered by your plan.

l) Fixed Price Procedures Hospital Benefit under each plan in respect of Fixed Price Procedures is as follows:
Forward Plan - 100% First Plan & First Plan *Plus* - 0% Family Plan & Family Plan *Plus* - 0%
Under First Plan, First Plan *Plus*, Family Plan & Family Plan *Plus*, no benefit is payable for Fixed Price Procedures even if:
a) it is a result of an emergency; or b) ongoing care during a planned admission results in charges for an unplanned FPP; or c) charges arising for complications directly as a result of an FPP during the same or subsequent hospital stays; or d) the admission is subsequent to a previous non FPP admission for which benefit was paid.
A detailed list of these procedures is available on request. It is important to note that these procedures are available in hospitals other than the Galway Clinic. However, when they are carried out in other hospitals they are not called Fixed Price Procedures and in these circumstances benefit is payable in accordance with the benefits associated with your level of cover for these hospitals, as set out in the Table of Benefits, and not as a Fixed Price Procedure.

m) MRI (magnetic resonance imaging)

We will pay the benefits set out in the Table of Benefits for an MRI scan subject to the following conditions:

(i) The member is referred for an MRI scan by a consultant or general practitioner in the Centres listed for cover for consultant or general practitioner referrals or where the member is referred for an MRI scan by a consultant to a Centre which is listed for cover for consultant referrals only; and

(ii) The MRI scan is carried out in an approved MRI centre listed in the Directory of Approved MRI Centres; and

(iii) The MRI scan is to investigate or rule out certain medical conditions. A list of the approved clinical

indications for which benefit is payable appears at the back of this Rules document.

n) Convalescence

We will pay the convalescence benefits listed in Section 4 of the Table of Benefits where each of the following is satisfied in full:

(i) If the consultant decides and our Medical Director agrees, that it is necessary for medical reasons for a member to stay in a Convalescent Home.

(ii) If the stay in the Convalescent Home is immediately after a medically necessary stay in hospital which is eligible for Vhi Healthcare benefit, even if the hospital is not covered by your plan.

(iii) If the member occupies single room accommodation in a Convalescent Home listed in Vhi Healthcare's Directory of Convalescent Homes.

o) Child nursing (available on the Family Plan and Family Plan *Plus* only)

We will pay the benefit listed in Section 10 of the Table of Benefits for the cost of nursing care at home for a member who is under 18 years of age at his/her last renewal date if his/her general practitioner or consultant decides that, for medical reasons, the member needs to receive care following a stay in a hospital of at least 5 days. This nursing care must commence within two weeks of their discharge from hospital and must be completed within six weeks of their discharge. The person giving the care must be a nurse registered with An Bord Altranais.

p) Parent accompanying child (available on the Family Plan and Family Plan *Plus* only)

We will pay the benefits listed in Section 10 of the Table of Benefits towards the accommodation and travel costs of a parent/guardian accompanying a child (including new born children), who is under 14 years at their last renewal date, during that child's hospital admission. The benefit is only payable where the child has received medically necessary treatment that is eligible for Vhi Healthcare benefit. The claiming member must be a parent/guardian of the child insured with Vhi Healthcare. Accommodation costs are limited to hotel, B&B, hostel and hospital accommodation. Travel costs are limited to public transport, taxi, hackney and car parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

q) Transport costs

We will pay for the cost of an ambulance/intermediary ambulance where each of the following is satisfied in full:

(i) If the doctor certifies that it is medically necessary because the member is seriously ill or disabled

(ii) If the ambulance/intermediary ambulance is used: – to transfer the member to a hospital listed in the Directory of Hospitals (and Treatment Centres) covered by your plan and which is eligible for benefit; or to transfer a member between hospitals where at least one of the hospitals is covered by your plan and listed in the Directory of Hospitals (and Treatment Centres); or to transfer the member from a hospital covered by your plan and listed in the Directory of Hospitals and Treatment Centres to an MRI Centre listed in the Directory of Approved MRI Centres; or – to transfer the member to a convalescent home listed in the Directory of Convalescent homes, if the stay in a convalescent home has been approved.

(iii) If Vhi Healthcare benefit is payable in respect of treatment received by the member in the hospital, MRI Centre or convalescent home, to or from which the ambulance/intermediary ambulance transported the member.

(iv) If the ambulance/intermediary ambulance company is approved by Vhi Healthcare.

The payment of ambulance/intermediary ambulance costs does not guarantee the eligibility for benefit of other charges relating to your claim.

Where the doctor determines that the most appropriate level of transport required is a taxi, benefit will be payable directly to the hospital from which the patient is transferred, subject to criteria (ii) and (iii) above.

r) Psychiatric treatment

(i) We will only pay for in-patient psychiatric treatment in a psychiatric hospital listed in the Directory of Hospitals (and Treatment Centres) or an approved psychiatric unit of a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan for a maximum of 100 days per member in any calendar year, 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 and St. Patrick's Hospital, Dublin. (Please contact us for further details).

s) Substance abuse

Each member on your policy is entitled to a maximum of 91 days benefit (less any days paid for by another Health Insurance Contract) for alcoholism and drug abuse in any five year period. The five year period is calculated as the immediate five years prior to the discharge date of any such claim.

t) Breast reduction Benefit for breast reduction is subject to prior approval and payable only if specific criteria, as set out in the Schedules of Benefits for Professional Fees and Private Hospital Services, are satisfied in full.

u) Dental treatment Many dental procedures eligible for Vhi Healthcare benefits are classified as day care or side room procedures and many must also be authorised by our dental advisors prior to being performed. Your dental practitioner will need to send a Pre-certification Form and radiological evidence to our Claims Department for assessment by our dental advisors.

(i) We will not pay benefits for dental/oral-surgical and orthodontic treatment and treatments related to functional disorders of the chewing system, including out-patient consultations, except for those dental/oral-surgical procedures listed in the Schedule of Benefits for Professional Fees and the treatment listed under out-patient benefits in Sections 8 and 9 of the Table of Benefits; and

(ii)Professional fee benefit is payable for non-cosmetic osseointegrated mandibular implants only if specific criteria, as set out in the Schedule of Benefits, is satisfied in full. In addition, a grant-in-aid of €469.80 is payable per implant towards the cost of the implant components.

v) Return Home Benefit (available on the First Plan & First Plan *Plus* only)

We will pay the benefit listed in Section 10 of the Table of Benefits, towards travel costs incurred by a member on their discharge from hospital to their home. The benefit is only payable following a medically necessary stay in hospital of at least 5 days which is eligible for Vhi Healthcare benefit. Travel costs are limited to public transport, taxi, hackney and car parking costs. Only claims accompanied by dated receipts on headed paper will be eligible for benefit. The benefit is subject to a maximum of 3 claims per calendar year.

w) Child Counselling (available on the Family Plan and Family Plan *Plus* only)

We will pay the benefits listed in Section 10 of the Table of Benefits for eight child counselling visits in the year, for a member who is under the age of 16 at their last renewal date and who is referred by a General Practitioner or Consultant to a Clinical Psychologist as defined.

x) Travel Vaccination (available on the First Plan, First Plan *Plus* and Forward Plan only)

We will pay the benefits listed in Section 10 of the Table of Benefits for travel vaccinations (as defined) provided by a General Practitioner or Consultant.

y) Paediatrician Benefit (available on the Family Plan and Family Plan *Plus* only)

We will pay the benefit outlined in Section 10 of the Table of Benefits for the first visit of your child to a Consultant Paediatrician within 1 year of the birth.

z) Baby Massage Classes Benefit (available on the Family Plan and Family Plan *Plus* only)

We will pay the benefit outlined in Section 10 of the Table of Benefits for baby massage classes carried out by members of the International Association of Infant Massage for your child in the year of the birth.

aa) Benefit for PET-CT scans is available to members subject to the following criteria:

i. Prior Approval; and
ii. The member is referred for a PET-CT scan by a consultant; and
iii. The PET-CT scan is carried out at:
   a) The Galway Clinic, Whitfield Clinic and Hermitage Medical Clinic on an out-patient or in-patient basis or
   b) Either the Beacon Hospital, the Blackrock Clinic or the Mater Private Hospital on an out-patient basis or
   c) Either the Beacon Hospital, the Blackrock Clinic or the Mater Private Hospital where the patient is an in-patient of another hospital that is covered by your plan and for which hospital benefit is payable; and
iv. The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants.

ab) Optical. We will pay up to the benefit applicable, as listed under Section 9 – Day-to-Day Medical Expenses of the Table of Benefits, for eye tests and/or prescription spectacles and contact lenses in each 2 year period. Eye tests must be carried out by an Optometrist registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi Healthcare.

ac) Cancer Care Support Benefit

We will pay the benefits listed in Section 4 of the Table of Benefits towards the accommodation costs of a member in a hotel, hostel or B&B when a member travels to receive out-patient chemotherapy and/or out-patient radiotherapy treatment in a Vhi Healthcare approved hospital covered by your plan. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

7) Cover outside Ireland

Treatment outside Ireland

a) We will only pay for emergency treatment a member receives outside Ireland if he/she needs such emergency treatment because of an unexpected illness or accident that arises during a temporary stay abroad. We will pay up to the plan amounts outlined in Section 6 of the Table of Benefits, per temporary stay abroad. You may also claim for expenses listed under Sections 8 and 9 of the Table of Benefits. All eligible benefits associated with emergency or prior approved treatment abroad will be issued by Vhi Healthcare in euro, with the exchange rate from the European Central Bank being applied to all charges as at the date of the patient's admission/treatment, where applicable.

b) Only members resident in Ireland for at least 180 days each calendar year are eligible for cover outside Ireland and or repatriation in accordance with Rules 7(a), 7(c) & 7(d). Where a member intends to travel abroad for longer than 180 days, Vhi Assist or any other Vhi insurance benefit will not be available in respect of medical treatment abroad.

c) We will in certain circumstances, subject to prior approval and satisfaction in full of specified criteria, pay a benefit if the member travels abroad to get treatment, as outlined in section (i) and (ii) below:

(i) For surgical procedures* that are currently available in Ireland we will pay up to the benefit that we would have paid in respect of the same surgical procedure, including professional fees, in Ireland for your level of cover up to a maximum of the plan amounts specified in Section 6 of the Table of Benefits.

**as per the current Vhi Healthcare Schedule of Benefits for Professional Fees, Surgery and Procedures Section*

(ii) For treatment that is not available in Ireland we will pay up to the plan amounts specified in Section 6 of the Table of Benefits, unless a reasonable alternative treatment is available here in which case the benefit will be as outlined in (i) above.

The member will be liable for all costs that arise above the benefit payable, including all travel and accommodation expenses. The benefit will only be paid out once the treatment has been received and the member submits the relevant completed Claim Form with all required documentation.

Vhi Assist

d) Provided that Vhi Assist are contacted immediately by the member, we provide the following additional services to members who require emergency treatment following an unexpected illness or accident while on a temporary stay abroad:

i) A direct payment facility in respect of the benefits referred to in paragraph (a) above where the treatment is received as an inpatient or in the A&E / Outpatient Department of a hospital. All other medical expenses can be claimed in accordance with Sections 8 and 9 of the Table of Benefits.

ii)
- A 24 hour emergency telephone service
- Medical Advice and information on your case
- A service to assist members in replacing written prescriptions
- Maintaining regular contact with the attending medical providers and monitoring of the member's ongoing care where necessary, if he/she is hospitalised
- Making contact with the member's doctor in Ireland and immediate family, as well as his/her employer if required.

iii) Where possible, Vhi Assist can also recommend a local hospital where members will be able to receive appropriate treatment.

iv) Repatriation cover is available, if after a member has been treated, the attending doctor advises and our Medical Director agrees that it is necessary for medical reasons to transport him/her back to Ireland for further treatment. This benefit is available only where all arrangements are made under Vhi Assist.

v) Repatriation for further medical treatment will also be arranged by Vhi Assist if the patient is deemed stable and fit to fly by their attending doctor and our Medical Director agrees.
The use of an air ambulance to repatriate patients will only be considered where it is deemed by the attending doctor and our Medical Director agrees that it is not medically appropriate for the patient to be accommodated on a commercial flight.

vi) A companion, who is with the patient when their illness occurs and accompanies them during repatriation, will be covered up to a maximum of €1,000 in additional travel expenses for returning to Ireland themselves.

vii) A further €1,000 is available for additional accommodation costs incurred by a companion who is with the member when illness occurs and remains with the member while they are hospitalised, beyond their scheduled return date to Ireland. These expenses (if approved by Vhi Assist) must be paid by the member and claimed from Vhi Healthcare on their return to Ireland. Receipts must be provided in order to support all claims for this benefit and no benefit is available in respect of day-to-day expenses once the member has been discharged from hospital. Such expenses should be claimed under a member's travel insurance.

viii) If a member dies during a temporary stay abroad, Vhi Assist will arrange the return of their remains to Ireland.

ix) Where a child/children under 14 years are travelling with a member who requires repatriation, we will arrange and pay necessary additional costs to return the child/children home or continue to their destination specified by the member, up to a

total maximum of €1,000 per child. We will also arrange and pay the travel costs of one adult to accompany the child/children up to a maximum of €1,000.

(e) If a case is being managed by Vhi Assist, the member must indicate at the outset whether they hold separate travel insurance in respect of their trip abroad.

(f) Where you have made contact with Vhi Assist regarding your treatment abroad, the file reference provided to you at that time **must** be quoted in all subsequent dealings with Vhi Healthcare in relation to your treatment.

(g) You must also notify Vhi Healthcare in writing if you instigate any action against a third party following an accident abroad. Please refer to section 12 of this booklet for further details.

Emergency Treatment Abroad Form

(h) While Vhi Assist will provide the option of direct payment to medical providers treating members abroad, the providers may not always accept such arrangements and therefore we cannot guarantee direct payment.

(i) If direct payment is not accepted, the member should submit their receipts on their return to Ireland to Vhi, together with a completed part 1 & 2 of the 'Treatment Abroad Form', which is available from any of our offices or at www.vhi.ie. The medical details will be submitted directly to us through Vhi Assist.

(j) For cases not managed by Vhi Assist, we will require a fully completed 'Treatment Abroad Form' to be submitted in support of your claim for emergency hospital treatment abroad. The medical information on this claim form must be completed in English.

Exclusions

(k) Vhi Assist services or any other Vhi insurance benefit in respect of treatment abroad, will not be available for any of the following:

- Injuries caused during mountaineering, motor competitions or professional sports
- Injuries you receive while breaking the law
- Injuries caused by air travel unless you are a passenger on a licensed aircraft operated by an airline
- Treatment of illnesses or injuries which are caused directly or indirectly by war, civil disturbance or any act of terrorism
- Routine Dental Treatment *(Expenses in respect of Emergency Dental treatment can be included in an annual claim under the terms of a member's Out-Patient cover)*
- For routine maternity or pregnancy related conditions
- If the member travels against medical advice
- If the member travels abroad to get treatment
- For Convalescence or Rehabilitation services

Repatriation services under Vhi Assist will not be available for any of the following:

- Illnesses or Accidents arising from drinking alcohol or taking drugs
- Deliberately injuring yourself
- Any nervous or psychiatric condition

Vhi Assist does not take the place of travel insurance and we recommend that you buy travel insurance before you go abroad. You may wish to consider Multi Trip from Vhi Healthcare.

Also, where a member intends to travel abroad for longer than 180 days in any calendar year, we recommend that you buy separate insurance cover for your trip. You may wish to consider Global from Vhi Healthcare.

Please see www.vhi.ie or contact one of our offices for further details of our treatment abroad procedure.

8) Exclusions

In addition to cover limitations mentioned elsewhere, we will not pay benefits for any of the following:

a) Treatment which is not medically necessary treatment.

b) Vaccinations other than those specifically covered by your plan.

c) Treatment which is not intended to cure or alleviate a medical condition.

d) Long term nursing care and maintenance.

e) Hearing aids and dentures, or orthodontic appliances (such as braces).

f) Contraceptive measures or their reversal.

g) Any investigation or treatment relating to infertility carried out in the first twelve months of membership.

h) Any treatment which is in any way related to artificially assisted reproduction.

i) Treatment or programmes for weight reduction or eating disorders other than anorexia nervosa and bulimia nervosa.

j) Alternative medicine: Cover is provided only for alternative therapies as specified in Section 9 of the Table of Benefits. However, no cover is provided for other alternative therapies, which include but are not limited to aromatherapy, homeopathy and spinology.

k) Experimental drugs and treatments.

l) Psychologists' fees, other than those specifically covered by your plan, as defined and listed in these Rules and Table of Benefits where applicable.
m) Nursery fees.
n) Any charge for special nursing in hospital.
o) Any charge made for a medical report.
p) Treatment of illnesses or injuries which are caused directly or indirectly by war, civil disturbance or any act of terrorism.
q) Treatment or tests given by a practitioner to his/her wife/husband, children or parents.
r) Expenses for which the member is not liable.
s) Expenses which you are entitled to recover from a third party.
t) Cosmetic treatment - unless it is needed (i) to restore the member's appearance after an accident or (ii) because the member was severely disfigured at birth.
u) Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism.
v) No benefit is payable for any in-patient or out-patient charges incurred in a hospital or treatment centre which is not listed in the Directory of Hospitals (and Treatment Centres) while a patient is receiving treatment in an approved hospital or treatment centre unless otherwise stated.

9) Claims

In-patient treatment, day care, side room and out-patient procedures

a) We will only pay benefits when we receive a claim form completed and signed by the member and the member's doctor, and the original invoices or receipts.
- You sign the claim form a) to confirm that the details on the form are correct and b) to authorise the doctors/hospitals to supply the information requested, including copies of your medical records, if requested.

b) If we have a direct payment arrangement with a non-participating hospital, the hospital will send the claim form and invoices directly to us. Hospital invoices must be in a format specified by us. If they are not, we may be unable to calculate your exact benefit for hospital charges in which case we will calculate the benefit due to the hospital as best we can from the information supplied, and we will pay this amount direct to the hospital. We will send you details of the benefits we have paid. The Directory of Hospitals (and Treatment Centres) shows the hospitals with which we have a direct payment arrangement.

c) If we do not have a direct payment arrangement with the hospital, you must send us a claim form completed and signed by the member and the member's doctor, together with the relevant invoices.
- Hospital invoices must be in a format specified by us. If they are not, we may be unable to calculate your exact benefit for hospital charges in which case we will calculate the benefit due to you as best we can from the information supplied, and we will pay this amount.
- Payment of that estimate will be a complete discharge of our obligations to you.
- You must do this within six months of the date the treatment started.
- We will then pay the benefits for the hospital charges to you.
- You must use all the benefits we pay to you for the services for which you are claiming.

d) By law, we have to pay benefits for doctors' fees direct to the doctor (except for out-patient benefit). 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 direct, 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.

e) Out-patient cover
- We will pay benefits for eligible expenses listed in Sections 8, 9 and 10 of the Table of Benefits which are subject to an out-patient excess as a lump sum at the end of each year. However, if you have large expenses during the year, you may submit up to a maximum of one claim per quarter (based on your renewal date and subject to the relevant waiting period). We will only pay the benefits when you send us a claim form which you have completed and signed, together with receipts. You must do this within three months of the end of the year.
- For those benefits listed in Section 10 of the Table of Benefits which are not subject to an out-patient excess, you must send us a claim form completed and signed by the member together with the relevant receipts. The benefit will be issued to the subscriber/policy holder and may be claimed at any time during the calendar year.
- Please note that receipts will not be returned following assessment of your claim. Therefore, you may wish to retain copies prior to submission.

f) If you or another member are entitled to claim under any other insurance policy for any of the costs, charges or fees for which you are insured under this contract, we will pay only our rateable proportion of these costs. When making a claim you must tell us if you have other insurance.

10) Disputes

a) If there is a dispute about whether we should pay all or part of a claim or you have any other complaints, you may refer the dispute to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 (Tel: (01) 6620899) to decide on the matter. The decision of the Financial Services Ombudsman is binding on all the parties, but where one party is dissatisfied with the decision it may be appealed to the High Court.

b) If you do not wish to avail of the procedure outlined in rule 10(a) you may refer your dispute directly to the Courts.

11) General

a) When you deal with us, you are acting for all the members who are included on your contract.

b) We will send any letters and notices about your contract, by ordinary post, to the address which you give us. So, you must tell us if you change your address.

c) The member must notify Vhi Healthcare immediately of any change to their policy or circumstances which could alter the assumptions on which the contract is based or which are material to same.

d) If any member makes, or tries to make, a dishonest application or claim we have the right to: (i) refuse to renew his/her membership; or (ii) cancel his/her membership immediately. We also have the right to refuse to pay any benefits for the member.

e) If you ask us to remove a member from your contract, we have the right to tell the member that he/she is no longer covered.

f) To pay your benefits, we may have to provide some of your membership details to the hospital, on a strictly confidential basis. We may also have to obtain copies of your medical records from the hospital/doctors concerned and this information will be treated in strict confidence.

g) If you use Assist, we have to provide some of your membership details to an international assistance company, also on a strictly confidential basis. The assistance company will in turn give us details of the member's illness or injury. This information will be held on the assistance company's computer. It will only be used to provide Assist services and benefits.

h) We will pay your benefits in euro.

i) Your contract is governed by the laws of Ireland.

j) In accordance with the Health(Provision of Information) Act, 1997, Vhi Healthcare provides government agencies responsible for national health screening programmes with the name and address of members of a requested demographic. No other information about our members is released. Vhi Healthcare also fully complies with the requirements of all Data Protection legislation.

12) Third Party Claims

a) As outlined in Rule 8(s) expenses which are recoverable from a third party, are excluded from benefit, however:

b) Legal Action/Proceedings

Where a claim is submitted to Vhi Healthcare in respect of treatment required as a result of an injury caused through the fault of another person and where you propose to pursue a legal claim against that party, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years):

(i) complete in full and sign the injury section of the claim form which includes an undertaking to include all benefit paid by Vhi Healthcare in any claim against the third party responsible for causing the injury and

(ii) submit a fully completed undertaking, which will be relied on by Vhi Healthcare once a copy of the Authorisation Form is received from the Personal Injuries Assessment Board, refer to rule 12(d) from your solicitor in the form prescribed by Vhi Healthcare:-
"In consideration of Vhi discharging the eligible hospital and medical expenses of my/our client, I /we hereby undertake to include as part of my/our client's claim the monies so paid by Vhi (details of which will be supplied to us by Vhi) and subject to any court order to the contrary, to repay to Vhi – out of the proceeds that come into our hands – all such monies paid by Vhi"

(iii) notify Vhi Healthcare in writing if it is proposed that the case will be settled and

(iv) provide Vhi Healthcare with full written details of any settlement.

c) No Legal Action/Proceedings

Where a claim is submitted to Vhi Healthcare in respect of treatment you require as a result of an injury caused through the fault of another person, and you do <u>not</u> propose to pursue a claim against the third party and, in the view of our legal advisers, expenses are recoverable from that party, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years):

(i) complete in full and sign the injury section of the claim form which includes an undertaking to include all benefit paid by Vhi Healthcare in any claim which may subsequently be made against the third party responsible for causing the injury and

(ii) immediately notify Vhi Healthcare in writing of the instigation of any such claim and to repay the benefit paid by Vhi Healthcare in full, subject to any court order to the contrary.

d) Personal Injuries Assessment Board

Where you make your application to the Personal Injuries Assessment Board ("PIAB"), Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the injury section of the claim form. This undertaking provided by you also authorises Vhi Healthcare to provide the PIAB with details of all monies paid by Vhi Healthcare relating to your application, and for the PIAB to release to Vhi Healthcare details of the PIAB assessment in relation to the monies paid by Vhi Healthcare. Where the PIAB decides that the case is more appropriately dealt with by the court, due to some legal dispute and issues a letter of Authorisation, Vhi Healthcare will rely on the undertaking that has been provided by your solicitor, in accordance with 12b(ii) above, and a copy of the Authorisation from PIAB to proceed to the courts.

e) Criminal Injuries Compensation Tribunal Claims

If you are pursuing a claim through the Criminal Injuries Compensation Tribunal, Vhi Healthcare will pay benefit in accordance with these rules provided that you (or the subscriber/policy holder if you are under 18 years) complete in full and sign the injury section of the claim form and provide Vhi Healthcare with a copy of the written confirmation from the Criminal Injuries Compensation Tribunal. The undertaking provided by you also authorises Vhi Healthcare to seek details of any settlement directly from the Criminal Injuries Compensation Tribunal and for the Criminal Injuries Compensation Tribunal to release this information to us. In circumstances where such a case is unsuccessful, Vhi Healthcare will not seek a refund of the benefit paid.

f) Threshold Amount

Undertakings and refunds will not be sought if the total eligible benefit payable in respect of an accident does not exceed the threshold amount of €1,000. However if subsequent claims are submitted in respect of the same incident, which would increase the total benefit payable to €1,000 or more, an undertaking must be completed.

g) Unsuccessful/Withdrawn Claims

If a claim against a third party is not successful or is withdrawn, Vhi Healthcare will not seek a refund of the benefit paid provided that you arrange for full written details of the case to be supplied by your solicitor to the satisfaction of Vhi Healthcare outlining the reasons why the case was unsuccessful or was discontinued.

h) Disclosure

It is the responsibility of a member to disclose to Vhi Healthcare full details of any action to be pursued against a third party in relation to any incident/accident in respect of which Vhi Healthcare has paid benefit. Failure to do so will result in the refusal of any subsequent claims relating to the accident/incident.

This Table of Benefits should be read in conjunction with the Terms and Conditions applicable to your chosen level of cover. Details of any joining restrictions that may be applicable to the benefits covered by your chosen level of cover are outlined under the headings "Joining Vhi Healthcare" & "Renewing the contract" in these Rules.

SECTION 1

Hospital charges (in participating hospitals)	**Benefits (as a percentage of the hospital charges)**				
Plan	**First Plan**	**Family Plan**	**First Plan *Plus***	**Family Plan *Plus***	**Forward Plan**
a) Public hospitals					
Day care & Side room	Full cover	Full cover	Full cover	Full cover	Full cover
Semi-private accommodation	Full cover	Full cover	Full cover	Full cover	Full cover
Private accommodation	Full cover	Full cover	Full cover	Full cover	Full cover
b) Private Hospitals and Treatment Centres					
Group 1 (other than for certain investigations and treatments referred to below)					
Day care & Side room & Out-patient procedures & Out-patient Radiotherapy (refer to Rule 6k)	60%	60%	Full cover	Full cover	Full cover
Semi-private accommodation	50%	50%	Full cover	Full cover	Full cover
Private accommodation	50% Semi-private rate + 50% technical charges	50% Semi-private rate + 50% technical charges	Semi-private rate + 100% technical charges	Semi-private rate + 100% technical charges	Full cover
c) Certain investigations & treatments – herein referred to as Fixed Price Procedures (contact us for details of these)					
Galway Clinic	0%	0%	0%	0%	Full cover

Notes:

1) 'Semi-Private Rate' means the amount which the hospital would have charged if the member had stayed in semi-private accommodation.
2) The availability of semi-private or private accommodation is determined by the hospitals and is outside the control of Vhi Healthcare.
3) Group 1 hospitals and treatment centres are identified in the Directory of Hospitals (and Treatment Centres).
4) Where the hospital excess option is applicable, as indicated on your membership details, hospital charges in a private hospital will be subject to the hospital excess.
5) We will provide benefit in the Galway Clinic for medically necessary treatment in accordance with the terms and conditions of your chosen plan. The exception is Fixed Price Procedures (as defined) for which cover is limited to Forward Plan members. For all other plans, no benefit is payable for FPPs even where such a procedure is required as a result of a) an emergency, or b) ongoing care during a planned admission results in charges for an unplanned FPP; or c) charges arising for complications directly as a result of an FPP during the same or subsequent hospital stays; or d) the admission is subsequent to a previous non-FPP admission for which benefit was paid. A full list of FPPs is available from Vhi Healthcare offices on request. If you are in any doubt about the level of cover payable in respect of any procedure or treatment, we recommend that you contact us prior to admission.

SECTION 2

Consultants' Fees	All plans
In-patient treatment **Day-care procedures** **Side room procedures** **Out-patient procedures**	For In-patient treatment, Day Care Procedures and Side Room Procedures specified in the Vhi Healthcare Schedule of Benefits for Professional Fees, we will pay the charge in full if the consultant is a participating consultant. If the consultant is non-participating, we will pay the Standard benefit as set out in the Schedule of Benefits for Professional Fees and you may have to pay an additional amount to the consultant yourself. The standard benefit is lower than the benefit we will pay to a participating consultant. If you contact us, we will tell you whether or not a consultant is a participating consultant. If the hospital is not covered by your Plan, benefit will not be payable for the consultants' fees. For Out-patient Procedures, we will pay the benefits specified in the Schedule of Benefits for Professional Fees in accordance with Rule 6 (b), even if the hospital is not covered by your plan. No Professional fee is payable for Out-patient Radiotherapy if the hospital is not covered by your plan. The same benefits apply to treatment carried out by a general practitioner which is listed in the Schedule of Benefits for General Practitioners.

SECTION 3

Maternity	All plans
a) Hospital charges:	Members are fully covered for up to 3 days hospital charges for a normal confinement subject to the following limits: **Plan** / **Public Hospital Benefit** / **Private Hospital Benefit** First Plan/First Plan *Plus* — Full Cover — €2,100 Family Plan/Family Plan *Plus* — Full Cover — €3,250 Forward Plan — Full Cover — €2,100 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. Hospital benefits listed in Section 1 will also be payable for a caesarean delivery.
b) Consultants' Fees:	We will pay part of the consultant delivery fee - as listed in the Schedule of Benefits for Professional Fees. The amount we will pay is higher for a caesarean delivery. We will also pay the benefits listed in the Schedule of Benefits for Professional Fees for: •the anaesthetist's fee for giving an epidural; •consultants' fees for in-patient pathology tests; and •a paediatric consultation.
	Benefits in respect of maternity for hospital charges and consultants' fees are only payable where the delivery takes place in a hospital listed in the Directory of Hospitals and which is covered by your plan
c) Home births:	A contribution is payable for medical expenses incurred for home births and home nursing by a nurse for up to three days following the birth up to the following limits: **Plan** / **Benefit** First Plan/First Plan *Plus* — €2,100 Family Plan/Family Plan *Plus* — €3,250 Forward Plan — €2,100
d) Post Natal Home Nursing:	If we pay the charges for a normal confinement for only one or two nights, we will pay the charges for home nursing by a nurse, incurred within 3 days after your delivery, up to the following limits: **Plan** / **Following 1 night stay** / **Following 2 nights stay** First Plan/First Plan *Plus* — Not applicable — Not applicable Family Plan/Family Plan *Plus* — €1,100 — €550 Forward Plan — Not applicable — Not applicable
	The combined amount of benefit for post natal home nursing and hospital charges cannot exceed the limit set out in section 3a

SECTION 4			
Convalescence	**First Plan/First Plan *Plus*** Maximum daily benefit	**Family Plan/Family Plan *Plus*** Maximum daily benefit	**Forward Plan** Maximum daily benefit
Convalescent home charges for up to the first 14 nights only, in single room accommodation in convalescent homes listed in Vhi Healthcare's Directory of Convalescent homes.	€30	€30	€100
Cancer Care Support	We will pay for one night's accommodation up to €100, for each treatment, to a maximum of €1,500 per calendar year.		

SECTION 5			
Transport costs	**First Plan/First Plan *Plus***	**Family Plan/Family Plan *Plus***	**Forward Plan**
a) Ambulance costs (see rule 6q)	Full Cover	Full Cover	Full Cover
b) Taxi costs (see rule 6q)	Full Cover	Full Cover	Full Cover

SECTION 6			
Treatment outside Ireland Benefit is payable per temporary stay abroad inclusive of all professional fees.	**First Plan/First Plan *Plus*** Up to €100,000	**Family Plan/Family Plan *Plus*** Up to €100,000	**Forward Plan** Up to €100,000

SECTION 7

A list of approved clinical indications for MRI scans for which the following benefits are payable appears at the back of this Rules document.

In-patient MRI scans

If the patient, during the course of a medically necessary stay in a participating hospital listed in the Directory of Hospitals (and Treatment Centres) which is covered by your plan and for which hospital benefit is payable, has an eligible MRI scan performed in an approved MRI centre listed in the Directory of Approved MRI Centres and covered by your plan, we will provide benefit for the MRI charges, in accordance with the level of cover under the patient's plan in the admitting hospital. We will provide full cover for the consultant's fee if he/she is participating.

Out-patient MRI scans

- We will provide full cover for MRI charges under all plans if the patient attends an Approved MRI Centre listed as 'Out-patient MRI Scans – Category 1' in the Directory of Approved MRI Centres.
- If the patient attends an Approved MRI Centre that is listed in the Directory of Approved MRI Centres as 'Out-patient MRI Scans – Category 2', and which is covered by your plan, the hospital charges and the consultant's fee (if applicable) for all plans, can be included under all plans as part of an out-patient benefit claim under Section 8 of the Table of Benefits, and the appropriate out-patient excess will apply. The consultant's fee is subject to a maximum of the participating benefit listed in the Vhi Healthcare Schedule of Benefits for Professional Fees.
- If the patient attends an Approved MRI facility that is listed in the Directory of Approved MRI Centres as 'Out-patient MRI Scans - Category 3' a maximum of €200 for all plans can be included as part of an out-patient benefit claim and the appropriate out-patient excess will apply.
- If the patient attends as an out-patient, an Approved MRI Centre that is not listed in the Directory of Approved MRI Centres as 'Out-patient MRI Scans - Category 1', 'Out-patient MRI Scans - Category 2', or 'Out-patient MRI Scans - Category 3', no benefit is payable for either the hospital charge or the consultant's fee for all plans.

Out-patient CT scans

- If the patient attends the Advanced Radiology Centre for out-patient CT scans (with GP or Consultant referral) payments will be made directly to the centre and will not be subject to an excess.

SECTION 8			
Out-patient Cover	**First Plan/First Plan *Plus***	**Family Plan/Family Plan *Plus***	**Forward Plan**
a) Out-patient MRI Scans (Category 2 and 3 only)	Refer Section 7		
b) Home nursing (excluding post-natal home nursing when eligible under Section 3).	When medically necessary, up to €40 a day to a maximum of €800 per member per year. The person giving the nursing care must be a nurse.	When medically necessary, up to €40 a day to a maximum of €800 per member per year. The person giving the nursing care must be a nurse.	When medically necessary, up to €40 a day to a maximum of €800 per member per year. The person giving the nursing care must be a nurse.
c) Vhi Healthcare approved medical and surgical appliances	Contact us to find out whether any particular appliance is eligible for benefit. A list of approved appliances is available on request.		
d) Emergency dental treatment immediately following an accident	Up to €500 per accident	Up to €500 per accident	Up to €500 per accident
Annual excess for Individual policy	€125	€125	€125
Annual excess for Family policy	€250	€250	€250
Annual Policy Limit	€6,500	€6,500	€6,500

Notes:

1. Where there is only 1 person insured on a policy, we will deduct an individual policy excess from the total eligible expenses.
2. Where family members (as defined) are insured on the same or different policies within the LifeStage Choices range of Plans, we will deduct the excess for a Family policy excess from the total eligible expenses.
3. The eligible expenses of those over 21 years or over 18 years if not in full time education, may not be included with those of family members insured on the same or different policies within the LifeStage Choices range of plans, and an individual policy excess will apply to those expenses.

SECTION 9 DAY-TO-DAY MEDICAL EXPENSES	ALL PLANS	
The following level of benefits is applicable, as indicated on your membership details.	**Level 1**	**Level 2**
a) General Practitioner Visits	Up to €20 per visit to a maximum of 25 visits per member per year.	Up to €30 per visit to a maximum of 25 visits per member per year.
b) Consultant consultations (excluding maternity and the 1st visit to a Consultant Paediatrician when eligible under section 10)	Up to €60 per visit to a maximum of 25 visits per member per year.	Up to €75 per visit to a maximum of 25 visits per member per year.
c) Pathology - consultants' fees	Up to €60 per referral in an approved out-patient centre.	Up to €75 per referral in an approved out-patient centre.
d) Radiology - consultants' fees for professional services	Up to €60 per procedure.	Up to €75 per procedure.
e) Pathology, radiology or other diagnostic tests (Refer Section 7 for out-patient MRI benefits)	50% of agreed charges in an approved out-patient centre (see Directory of Hospitals and Treatment Centres) up to €500 per member per year.	75% of agreed charges in an approved out-patient centre (see Directory of Hospitals and Treatment Centres) up to €1,000 per member per year.
f) Pre- and post-natal care carried out by a GP, consultant or midwife	Up to €250 in the year of the birth.	Up to €350 in the year of the birth.
g) Dental Practitioner Visits	Up to €20 per visit to a maximum of 25 visits per member per year.	Up to €30 per visit to a maximum of 25 visits per member per year.
h) Physiotherapist Visits	Up to €20 per visit to a maximum of 25 visits per member per year.	Up to €30 per visit to a maximum of 25 visits per member per year.
i) Chiropodists/Podiatrists, Dieticians, Occupational Therapists, Speech Therapists & Orthoptists Visits	Up to €20 per visit to any of these practitioners to a maximum of 12 combined visits per member per year.	Up to €30 per visit to any of these practitioners to a maximum of 12 combined visits per member per year.
j) Acupuncturists, Chiropractors, Osteopaths, Physical Therapists & Reflexologists Visits	Up to €20 per visit to any of these practitioners to a maximum of 12 combined visits per member per year.	Up to €30 per visit to any of these practitioners to a maximum of 12 combined visits per member per year.
k) Optical - Eye Tests and Glasses/Contact Lenses.	Up to €55 per member in each 2 year period.	Up to €100 per member in each 2 year period.
l) Hearing Test - to be carried out by an Audiologist.	Up to €20 per member in each 2 year period.	Up to €30 per member in each 2 year period.
m) Screening Members under the age of 18 years of age at their last renewal are not covered for screening.	Up to €100 per member in each 2 year period.	Up to €200 per member in each 2 year period.
n) Prescription Costs	No Cover	€30 per member per year
o) Accident & Emergency Cover In respect of the public hospital out-patient levy.	€60 per visit per member for up to a max of 2 visits per member per year.	€60 per visit per member for up to a max of 2 visits per member per year.
Annual excess for Individual and Family Policies	**€1**	**€1**

SECTION 10			
Lifestages Benefits	**First Plan/First Plan *Plus***	**Family Plan/Family Plan *Plus***	**Forward Plan**
a) Screening In addition to the Benefit applicable in Section 9	Not Applicable	Not Applicable	Additional €150 per member in each 2 year period.
b) Travel Vaccinations Provided by General Practitioner or Consultant	Up to €60 per member per year	Not Applicable	Up to €60 per member per year
c) Pre- and post-natal care carried out by a GP, consultant or midwife	Not Applicable	Additional €150 per child in the year of the birth	Not Applicable
d) Child Counselling Cover Where the services are provided by a Clinical Psychologist as defined	Not Applicable	€30 per visit up to maximum of 8 visits per child per year	Not Applicable
e) Return Home Benefit* For travel expenses incurred on discharge from hospital to home (refer rule 6v)	Up to €100 per claim to a maximum of 3 claims in a calendar year	Not Applicable	Not Applicable
f) Child Nursing*	Not Applicable	We will pay up to €100 a day for a maximum of 28 days per calendar year	Not Applicable
g) Parent accompanying a child* Maximum benefit paid to parent accompanying a child for up to 14 days per child (including new born children) per calendar year following a stay in excess of 3 days in hospital	Not Applicable	We will provide a maximum daily benefit of up to €100 from day 4 onwards. No benefit is available for the first 3 days.	Not Applicable
h) Paediatrician Benefit For the first visit to a Consultant Paediatrician	Not Applicable	Up to €75 to a max of 1 visit per child within one year of the birth.	Not Applicable
i) Baby Massage Classes For classes carried out by members of the International Association of Infant Massage	Not Applicable	Up to €100 per child in the year of the birth.	Not Applicable
Annual excess for Individual and Family Policies	€1	€1	€1

***These benefits are not subject to an excess**

Directory of Hospitals (and Treatment Centres)

PARTICIPATING HOSPITALS

Only hospitals that do not have a direct-payment arrangement with us are listed in bold.

HOSPITALS (AND TREATMENT CENTRES)		HOSPITAL CLASSIFICATION
CAVAN	General Hospital, Cavan	PUB
CLARE	Bushypark Treatment Centre, Ennis	▲ Group 1
	Cahercalla Community Hospital	✕ Group 1
	Mid Western Hospital, Ennis	PUB
CORK	Bon Secours Hospital	Group 1
	Cork University Hospital	PUB
	Erinville Hospital	PUB
	General Hospital, Bantry	PUB
	General Hospital, Mallow	PUB
	Marymount Hospice	PUB
	Mercy University Hospital	PUB
	Millbrook Hospital, Bandon	✕ Group 1
	Shanakiel Hospital	Group 1
	South Infirmary/Victoria University Hospital Ltd	PUB
	St. Finbarr's Hospital	PUB
	St. Mary's Orthopaedic Hospital	PUB
	Shandon Street Hospital	● Group 1
	Tabor Lodge, Belgooly	✕▲ Group 1
DONEGAL	General Hospital, Letterkenny	PUB
DUBLIN	Auralia Hospital	● Group 1
	Beaumont Hospital (incorporating St. Joseph's Hospital, Raheny)	PUB
	Bon Secours Hospital, Glasnevin	Group 1
	Cappagh National Orthopaedic Hospital	PUB
	Children's University Hospital, Temple Street	PUB
	Connolly Hospital, Blanchardstown	PUB
	Coombe Women's Hospital	PUB
	Hampstead Private Hospital, Glasnevin	✕ Group 1
	Hermitage Medical Clinic	Group 1
	Highfield Private Hospital, Drumcondra	✕ Group 1
	Incorporated Orthopaedic Hospital, Clontarf	PUB
	Mater Misericordiae Hospital	PUB
	Mount Carmel Hospital	Group 1
	M.S. Care Centre, Rathgar	Group 1
	National Maternity Hospital, Holles St.	PUB
	Northbrook Clinic (Dental/Oral)	● Group 1
	Our Lady's Hospice, Harold's Cross	PUB
	Our Lady's Children's Hospital	PUB
	Peamount Hospital	PUB
	Rheumatology Rehabilitation Our Lady's Hospice, Harold's Cross	PUB
	Rotunda Hospital	PUB
	Royal Vicotria Eye and Ear Hospital	PUB
	Rutland Centre, Templeogue	✕▲ Group 1
	Sports Surgery Clinic	Group 1
	St. Columcille's Hospital, Loughlinstown	PUB
	St. Edmundsbury Private Hospital, Lucan	Group 1
	St. James's Hospital	PUB
	St. John of God Hospital, Stillorgan	✕ Group 1
	St. Luke's Hospital, Rathgar	PUB
	St. Michael's Hospital, Dun Laoghaire	PUB
	St. Patrick's Hospital	✕ Group 1
	St. Vincent's University Hospital, Elm Park	PUB
	St Vincent's Private Hospital, Herbert Ave.	Group 1
	St. Vincent's Hospital, Fairview	PUB
	Stanhope Street (Out-patient treatment program covered under all plans)	◆
	The Adelaide & Meath Hospital, Dublin incorp. the National Children's Hospital, Tallaght	PUB
GALWAY	Bon Secour Hospital, Galway	Group 1
	Galway Clinic	Group 1
	Portiuncula Hospital, Ballinasloe	PUB
	Regional Hospital, Merlin Park	PUB
	University College Hospital, Galway	PUB

HOSPITALS (AND TREATMENT CENTRES)		HOSPITAL CLASSIFICATION
KERRY	Bon Secours Hospital, Tralee	Group 1
	Kerry General Hospital, Tralee	PUB
	Talbot Grove Centre	✕▲ Group 1
KILDARE	Clane Hospital	Group 1
	General Hospital, Naas	PUB
KILKENNY	Aislinn Treatment Centre, Ballyragget	✕▲ Group 1
	Aut Even Hospital	Group 1
	Lourdes Orthopaedic Hospital, Kilcreene	PUB
	St. Luke's Hospital, Kilkenny	PUB
LAOIS	Midland Regional Hospital, Portlaoise	PUB
LEITRIM	Our Lady's Hospital, Manorhamilton	PUB
LIMERICK	Barringtons Hospital, Limerick	● Group 1
	Cuan Mhuire, Bruree	✕▲ Group 1
	Limerick Regional Maternity Hospital, Ennis Rd	PUB
	Mid-Western Regional Orthopaedic Hospital	PUB
	Mid-Western Regional Hospital, Dooradoyle	PUB
	Milford Hospice	PUB
	St. John's Hospital	PUB
LOUTH	County Hospital, Dundalk	PUB
	Drogheda Cottage Hospital	PUB
	Our Lady of Lourdes Hospital, Drogheda	PUB
MAYO	Mayo General Hospital, Castlebar	PUB
	Hope House, Addiction Residential Treatment Centre, Foxford	✕▲ Group 1
MEATH	Our Lady's Hospital, Navan	PUB
MONAGHAN	General Hospital	PUB
OFFALY	Midland Regional Hospital, Tullamore	PUB
ROSCOMMON	County Hospital	PUB
SLIGO	General Hospital	PUB
	St. Joseph's Hospital, Garden Hill	✕ Group 1
TIPPERARY	Aiséirí Centre, Cahir	✕▲ Group 1
	Mid-Western Regional Hospital, Nenagh	PUB
	Our Lady's General Hospital, Cashel	PUB
	South Tipperary General Hospital, Clonmel	PUB
WATERFORD	Waterford Regional Hospital	PUB
	Whitfield Clinic	Group 1
WESTMEATH	Midland Regional Hospital, Mullingar	PUB
	St. Francis Private Hospital, Ballinderry	Group 1
WEXFORD	Aiséirí Centre, Roxborough	✕▲ Group 1
	General Hospital	PUB
	Ely Hospital	PUB
WICKLOW	Forest Treatment Centre	✕▲ Group 1
NORTHERN IRELAND		
	Daisy Hill Hospital, Newry	PUB
	North West Independent Hospital, Ballykelly	Group 1
	Altnagelvin, Derry	PUB
	Ulster Independent Clinic, Belfast	✕ Group 1
	Royal Victoria Hospital, Belfast	PUB

Approved out-patient centres

Charlemont Clinic (Radiology & Pathology Units), Dublin.
Claymon Laboratories, Dublin.
Merlin Park Imaging Centre, Galway.
Northwood Imaging, Dublin.
Also, the out-patient departments of all participating private hospitals are approved out-patient centres.

Mid Western Radiation Oncology, Limerick*
UPMC Whitfield Cancer Centre, Waterford*
* Covered for eligible out-patient radiotherapy services.

Non-Participating Hospitals

The hospitals listed below are non-participating. Full details of benefits payable are available from any of our offices.

DUBLIN **Kylemore Clinic, Ballybrack**

CODES	
Group 1 Private Hospital	**Group 1**
Public Hospital	**PUB**
Approved Out-Patient Centre	◆
Stand Alone Day Care Unit	●
Covered for Specified Treatment programmes only	▲
Full cover applies instead of the Semi-private rate (50% cover for those who subscribe to First Plan & Family Plan)	✕

Directory of approved MRI Centres

This Directory is subject to change. In specified Centres, benefit is payable for consultant referrals only. The most up to date version along with comprehensive information on cover arrangements, opening times and contact details for all MRI Centres is most readily available at the web address www.vhi.ie/mri A hardcopy version of the Directory of MRI Centres is also available on request.

List of Clinical Indications for MRI Scans*

* We recommend that if members are referred for an MRI scan and have any query about cover, they should phone Vhi Healthcare to confirm that the scan is eligible for benefit.

Head (including MRA if performed)

For exclusion, further investigation and monitoring of:

Tumour of the brain or meninges
Skull base or orbital tumour
Acoustic neuroma
Pituitary tumour
Inflammation of the brain or meninges
Encephalopathy
Encephalitis
Suspect leukodystrophies
ENT problems – following consultation with a Radiologist
Demyelinating disease of the brain
Congenital malformation of brain or meninges
Venous sinus thrombosis
Screening of intracranial aneurysm in the following high risk individuals:
(a) Positive family history, defined as two or more first degree relatives with subarachnoid haemorrhages:
(b) Patients with polycystic kidney disease

For further investigation and monitoring of:

Head trauma
Epilepsy
Stroke
Post-operative follow-up after brain surgery

Ophthalmic

For further investigation of:

Suspected intra-orbital or visual pathway lesions
Dysthyroid eye disease
Diplopia

Spine

For exclusion, further investigation and monitoring of:

Tumour of the CNS or meninges
Inflammation of the CNS or meninges
Demyelinating disease
Spinal cord compression (acute)
Congenital malformations of the spinal cord, cauda equina or meninges
Syrinx – congenital or acquired
Myelopathy

For further investigation and monitoring of:

Cervical radiculopathy with neurological signs
Thoracic radiculopathy with neurological signs
Lumbar radiculopathy with neurological signs
Spinal canal stenosis
Previous spinal surgery
Trauma

For investigation of:

Any cause of spinal disease in pregnancy

Musculoskeletal System

For exclusion, further investigation and monitoring of:

Tumour arising in bone or other connective tissue
Infection arising in bone or other connective tissue
Osteonecrosis
Derangement of the hip, knee, ankle, shoulder, elbow or wrist joints or their supporting structures
Sacro-iliac joints in the following circumstances:
1. There is a suspicion of the presence of ankylosing spondylitis and
2. Patients have negative or inconclusive plain radiography films of the sacro-iliac joints and
3. Patients are HLA B27 positive

For further investigation and monitoring of:

Slipped upper femoral epiphysis
Post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age
Complex cases of juvenile dermatomyositis
Gaucher's disease

For diagnosis of:

Juvenile dermatomyositis by guiding biopsy

Cardiovascular System (including MRA if performed)

For further investigation and monitoring of:

Congenital heart disease
Tumour of the heart or a great vessel
Aortic dissection/aneurysm
Abnormality of thoracic aorta
Post operative aortic graft infection or dehiscence
For further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome

Abdomen

Characterisation of liver lesions when an ultrasound report is suggestive of haemangioma

For post operative evaluation of:

Perineal abscess
Perineal fistula
Assessment of the inferior vena cava in patients with known solid renal tumour
MR urography (MRU) in patients with urographic contrast allergy
MR urography in pregnancy

(Continued)

(Continued)

Magnetic Resonance Cholangiopancreatography (MRCP)
For further investigation of:
Pancreatic and biliary disease where conventional methodology has not revealed the definitive diagnosis and ERCP is considered undesirable

Magnetic Resonance Angiography (MRA)
For exclusion or further investigation of:
Stroke
Carotid and vertebro-basilar disease
Carotid or vertebral artery dissection
Intracranial aneurysm
Intracranial arteriovenous malformation
Venous sinus thrombosis
Vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium
Obstruction of the superior vena cava, inferior vena cava or a major pelvic vein
Peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities
For exclusion of:
Renal artery stenosis post renal transplant
Renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered

Body
For further investigation and monitoring of:
Malignant soft tissue tumours for diagnosis and staging
For further investigation of:
Congenital uterine or anorectal abnormality

Breast
For the detection of:
Breast cancer - where mammogram and/or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations)
Pre-operative evaluation of patients with:
Invasive lobular carcinoma
Multi-focal or multi-centric diseases and
Age less than 40yrs

Other Exceptions
As notified to the Vhi Medical Director and approved for benefit by Vhi Healthcare

Voluntary Health Insurance Board

An Bord Árachais Sláinte Shaorálaigh

Postal Address: IDA Business Park, Purcellsinch,
Dublin Road, Kilkenny.

Telephone Number: **CallSave 1850 44 44 44**
Lines open: 8am – 8pm Monday – Friday
9am – 2pm Saturday

Website: www.vhi.ie
E-mail: info@vhi.ie

Vhi HEALTHCARE

Dublin	Vhi House, Lower Abbey Street, Dublin 1. Fax (01) 799 4091
Cork	Vhi House, 70 South Mall, Cork. Fax (021) 427 7901
Dun Laoghaire	35/36 Lower George's Street, Dun Laoghaire, Co. Dublin. Fax (01) 619 7456
Galway	Vhi House, 10 Eyre Square, Galway. Fax (091) 564 307
Kilkenny	IDA Business Park, Purcellsinch, Dublin Road, Kilkenny. Fax (056) 776 1741
Limerick	Gardner House, Charlotte Quay, Limerick. Fax (061) 310 361

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Note: A4 version of this document available at website or on request.