



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

In line with the Consumer Insurance Contracts Act (2019), the T&Cs changes applicable to your upcoming renewal are shown below. A benefit terms and conditions change only impacts you if the benefit is available on your plan, as outlined in your Table of Benefits.

1. Updated General T&Cs

Exclusions- Ophthalmic Procedures

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

7) (xx) Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism (Unless specified in Your Table of Benefits)

Exclusions- Weight Reduction & Eating Disorders

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

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

Contract

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

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

2. Updated Benefit T&Cs

Definitions relating to Chiropodist/Podiatrist:

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

12) Practitioner

Chiropodist/Podiatrist

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

Definitions relating to Counsellor :

We are updating the definition of Counsellor to include the Irish Fertility Counsellors Association (IFCA). The definition now reads as follows:

Counsellor

A chartered member of the Psychological Society of Ireland (PSI) or a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); The Irish Council for Psychotherapy (ICP), Irish Fertility Counsellors Association (IFCA) . It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.

Definitions relating to Psychotherapist :

We are updating the definition of Psychotherapist to include the Irish Fertility Counsellors Association (IFCA). The definition now reads as follows:

Psychotherapist

A chartered member of the Psychological Society of Ireland (PSI) or a practitioner registered with one of the following bodies; Irish Association of Counselling and Psychotherapy (IACP); The Irish Council for Psychotherapy (ICP), Irish Fertility Counsellors Association (IFCA) . It is advisable to discuss the suitability of the counselling service with a registered medical practitioner prior to commencing treatment and to satisfy yourself as to their qualifications.

Psychiatric Treatment

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

5) 21) Psychiatric Treatment

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

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

Maternity Yoga and Pilates Classes

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

5) 60) Maternity Yoga and Pilates Classes

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

Maternity Scan

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

5) 61) Maternity Scan

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits for a maternity scan at any stage of pregnancy, carried out by a General Practitioner, Consultant Obstetrician or Sonographer. This benefit is payable in respect of the pregnant Customer availing of the service. (See also Rule 8e).

Pre- and Post-natal Care

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

5) 28) Pre- and Post-natal Care

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

Hospital Benefit

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

6) Hospital Benefit

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

Professional Fee Benefit

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

7) Professional Fee Benefit

We will pay Consultant or General Practitioner fees for medically necessary treatment which is covered by the Schedules of Benefits and is carried out in a participating hospital. If a Consultant or General Practitioner is non-participating, We will pay the standard benefit as set out in the Schedules of Benefits

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

Maternity

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

27) Maternity

(i) Hospital Charges

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

Baby Swim Classes

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

62) Baby Swim Classes

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

Baby Massage Classes

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

34) Baby Massage Classes

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

Cancer Care Support Benefit

We are updating the rule for the Cancer Care Support Benefit to include electric vehicle charging. The Rule now reads as follows:

26) Cancer Care Support Benefit

We will pay the benefit listed in Section 5 of the Table of Benefits towards one night's accommodation (in a hotel, hostel or B&B) and/or travel costs (limited to public transport, taxi, hackney and petrol/diesel/electric vehicle charging) of a Customer when a Customer travels more than 50km to receive Out-patient chemotherapy and/or Out-patient radiotherapy treatment. We will also pay the benefit listed in the Table of Benefits towards car parking costs. The treatment must take place in a hospital listed in the Directory of Approved Medical Facilities covered by the Plan.

Claims accompanied by dated receipts on headed paper will be eligible for benefit with the exception of Electric Vehicle charging costs. For electric vehicle charging costs, we will calculate the benefit payable based on a set rate per kilometre as determined by Vhi and the total distance travelled by you for treatment. The distance allowed for travel will be determined using the fastest route on AA Route Planner. The current benefits rate payable is available at vhi.ie. For Hybrid Vehicles, you may only claim under the electric vehicle charging benefit or the petrol/diesel benefit once per treatment.

Vhi Core Services

We are updating the rule for Vhi Core Services to remove reference to HealthCheck@Home as the service is no longer available. The new rule reads as follows:

41) Vhi Core Services

iv. Health Screening

We will pay the benefit listed in Your Table of Benefits towards the cost of a HealthCheck Screen in a Vhi Medical Centre in a 24 month period provided We determine it to be medically appropriate. This 24 month period begins on the date that the screening tests are performed. Customers under the age of 18 years at their last renewal are not covered for screening.

3. New Benefit T&Cs

Specified Diagnostic Tests

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

5) 83) Specified Diagnostic Tests

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

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

SELFCheck™ Testing Kits purchased Online

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

85) SELFCheck™ Testing Kits purchased Online

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

General Conditions

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

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

Laser Eye Surgery

We are introducing a new rule for Laser Eye Surgery and the criteria applicable for the benefit. The new rule reads as follows:

*86) Laser Eye Surgery
If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of Laser Eye surgery for vision correction. Benefit is only payable for members aged 18 years and over at the time of treatment. Benefit is payable per eye and only claims accompanied by a dated receipt on headed paper indicating the eye treated will be eligible for benefit.*

4. New General T&Cs

Electronic Banking

We are introducing a new rule under section 8 to provide clarity in regard to Claims Payments made by SEPA. The new rule reads as follows:

8(i) When claims payments are made by SEPA (Single Euro Payment Area) transfer, you must ensure that the BIC and IBAN provided on your claim form or when You use Our Snap and Send Claiming System, are accurate and correct. Vhi cannot be held liable for any inaccuracies in the bank details that are provided to Us and It will be your sole responsibility to recover any misdirected funds.

5. General T&Cs which are no longer applicable

10. General (8)- Availability of Accommodation

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

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

6. Benefit T&Cs which are no longer applicable

Non-participating Hospital

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

Non-participating Hospital

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

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

If you have any questions, please call us on **(056) 444 4444**.

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.