



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

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

1. Updated General T&Cs

Day-to-day Medical Expenses

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

12) Glossary

Day-to-day Medical Expenses

Depending on Your plan, the benefits We provide for the range of services listed in Your Table of Benefits under Day-to-Day medical expenses. All benefits are payable per member per year unless otherwise stated.

Inpatient

We are clarifying the rule that inpatient medical treatment received during a stay in a hospital bed of at least 24 hours includes semi-private and private accommodation. The new rule now reads as follows:

12) Treatment Settings b) In-patient

Medically necessary treatment received during a stay in a hospital bed of at least 24 hours. This includes semi-private & private accommodation

Out-Patient/Day-to-day And Lifestyle Medical Expenses

We are clarifying the rule that out-patient and day-to-day medical expenses are processed in treatment date order, starting with the oldest treatment date. The rule now reads as follows:

8) e) Out-Patient/Day-to-Day and Lifestage Medical Expenses

Eligible receipts should contain: Patient name, Practitioner name and relevant associate body, date of treatment, details of the treatment provided and the amount paid. Receipts are processed in treatment date order, starting with the oldest treatment date. All claims are reviewed in line with Your Table of Benefits and T&C's and will be subject to excesses and maximums as set out in Your Table of Benefits.

Exclusions- Ophthalmic Procedures

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

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

Exclusions- Weight Reduction & Eating Disorders

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

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

2. Updated Benefit T&Cs

Definitions relating to Complementary and Alternative Medicine

We are extending the definition of an Osteopath to include members of the Irish College of Osteopathic Medicine (ICOM). The definition now reads as follows:

12) Definitions relating to Complementary and Alternative Medicine

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

Definitions relating to Chiropodist/Podiatrist

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

12) Practitioner

Chiropodist/Podiatrist

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

Screening

We are amending the benefit to remove diagnostic tests as the screening benefit is not to encompass these type of tests. The rule now reads as follows:

5) 47) Screening

If included in Your Plan, We will pay the benefit listed in Your Table of Benefits towards the cost of screening provided the screening is performed by a General Practitioner or Consultant in His/Her own rooms, in an approved Out-patient centre or a Vhi Medical Centre, as listed in the Vhi Directory of Hospitals (and Treatment Centres). Customers under the age of 18 years at their last renewal are not covered for screening.

Psychiatric Treatment

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

5) 21) Psychiatric Treatment

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

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

Maternity Yoga and Pilates Classes

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

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

Maternity Scan

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

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

Pre- and Post-natal Care

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

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

3. New Benefit T&Cs

Calendar Year

We are introducing a definition for a calendar year as some benefits are payable based on a calendar year. The new definition reads as follows:

12) Glossary

Calendar Year

The period of 365 days (or 366 days in a leap year) starting with the 1st of January and ending on the 31st of December.

Specified Diagnostic Tests

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

5) 83) Specified Diagnostic Tests

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

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

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

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

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