

Plans A-E and Plans A-C Option

Rules - Terms and Conditions



Applicable to new registrations or renewals on/or after 1st October 2009.

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.
Benefits	The amount we will pay for any claim as set out in the Rules, your 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 excess that may be applicable.
Excess	An amount that we will deduct from your claim, as set out in your Table of Benefits.
Health insurance contract	As defined in the Health Insurance Acts.
Hospice	An independent free-standing in-patient unit providing multi-disciplinary specialist services to the terminally ill under the supervision of a consultant in palliative medicine recognised by Vhi Healthcare.
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) services provided by a private hospital or clinic (such as hospital technical charges for the use of the operating theatre, radiology and pathology); and (iii) public hospital statutory levies.
Non-participating hospital	A hospital 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 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 plan.
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:
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 Consultant	A member of the Psychological Society of Ireland. 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.
Occupational Therapist	A member of the Association of Occupational Therapists of Ireland.
Optometrist	An Optometrist with a current full registration with the Opticians Board.
Physiotherapist	A member of the Irish Society of Chartered Physiotherapists.
Speech Therapist	A member of the Irish Association of Speech and Language Therapists.
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 use to describe a variety of specified major complex procedures (i.e. cardiac and neurosurgery).
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 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.
Temporary Stay Abroad	A stay(s) outside of Ireland for any period up to but not exceeding 180 days in each calendar year.
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.

Definitions relating to Complementary and Alternative Medicine - being services not in accordance with the definition of medically necessary. 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 of Ireland, or a member of the Acupuncture Foundation Ireland, 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 Osteopathic Council of Ireland.
Physical Therapist	A member of the Register of Physical Therapists of Ireland or a member of the Irish Association of Physical Therapists or a member of the Irish Institute of Physical Therapists.
Reflexologist	A member of the Association of Irish Reflexologists or the Irish Reflexologists' Institute or the National Register of Reflexologists.

2) Contract

- a) The terms of your contract with us are in the following documents:
(i) These Rules and your 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.
- 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.
- 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 Directory of Hospitals (and Treatment Centres) 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) and 3(d). 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) 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

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.

- e) 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.
- f) If a person transfers from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 to 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).
- g) If a member has transferred from a health insurance contract with another insurer registered in Ireland under the Health Insurance Acts, 1994 to 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).
- h) 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).
- i) You can cancel your health insurance contract within 14 days of the date of issue of the Terms and Conditions of Membership. We will refund the premium you have paid and will recover from you any benefit we have paid.

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 your 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 plan, we will only pay the benefits which we would have paid if you had not changed your plan.

* 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 plan or level of cover, additional benefits will be subject to rule 4(b). If you change your plan or level of cover and wish to revert to your previous plan or level of cover, you may do so within 14 days of the date of issue of the amendment notification and we will pay the benefits which we would have paid if you had not changed your plan.

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 installments 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 to Plans A to E and Plans A to C Option with dependants who are students (as defined) 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 date after the student's 21st birthday.

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 which is covered by your plan, in private and semi-private accommodation. Details of the benefits payable are contained in your Table of Benefits. Members subscribing to Plan E will receive the full benefit in non-participating hospitals provided the rates are those normally charged by that hospital.
- b) **Professional fee benefit** We will pay consultants' or general practitioners' fees for medically necessary treatment which is covered by the Schedules of Benefits (refer 2 (d)) and is carried out in a participating or a non-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 carried out in a hospital listed in the Directory of Hospitals 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. For subscribers/policyholders and their dependants subscribing to Plan E professional fees will be paid at the higher participating rate.
- c) **Out-patient benefit** Out-patient benefit is payable for treatment as specified in Section 9 of your 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.
- 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 healthcare plan than you hold, the level of benefits payable, if any will be as outlined in your Table of Benefits. Where a hospital is listed in the Directory of Hospitals and not covered by your plan, no benefit will be payable.

- i) Day care procedures** Hospital benefit is payable for specified day care procedures carried out in an approved day care facility listed in the Directory of Hospitals 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 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) Fixed price procedures** We will provide the benefit set out in Section 1 of your Table of Benefits for Fixed Price Procedures. 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 Beacon Hospital, Blackrock Clinic, Mater Private Hospital and 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 your Table of Benefits, and not as a Fixed Price Procedure. 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.
- l) 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 which is covered by your plan, we will pay the benefit set out in Section 8 of your Table of Benefits.
- m) Out-patient MRI scans** If the patient attends an Approved MRI Centre that is 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', we will pay the benefits set out in Section 8 of your 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.
- In respect of 'Out-patient MRI Scans - Category 2', the benefit for 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, 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.
- n) Convalescent Care** We will pay the benefits listed in Section 5 of your Table of Benefits towards convalescent care 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 receive convalescent care 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** We will pay the benefit listed in Section 10 of your Table of Benefits towards the cost of nursing care at home for a member under 18 years of age at his/her last renewal 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** We will pay the benefits listed in Section 10 of your Table of Benefits, towards the accommodation and travel costs of a parent/guardian accompanying a child (including new born children) for up to 14 days per child per calendar year following a stay in excess of 3 days in hospital, 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 the member's plan and which is eligible for benefit; or to transfer the member between hospitals listed in the Directory of Hospitals (and Treatment Centres) where at least one hospital is covered by the member's plan; 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 Vhi Healthcare Directory of Convalescent Homes, if the stay in a convalescent home is approved; or to transfer the member from a hospital covered by your plan and listed in the Directory of Hospitals and Treatment Centres to a hospice;
 (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 the maximum number of days per member 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 and St. Patrick's Hospital, Dublin.
- 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 Schedule of Benefits, 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 Section 9 of your 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 €532.29 is payable per implant towards the cost of the implant components.
- v) PET-CT Scans** Benefit for PET-CT scans is available to members subject to the following criteria:
- Prior Approval
 - The member is referred for a PET-CT scan by a consultant
 - The PET-CT scan is carried out at Beacon Hospital, Blackrock Clinic, Galway Clinic, Mater Private Hospital, Whitfield Clinic or Hermitage Medical Clinic
 - The PET-CT scan is carried out for one of the clinical indications as specified by us to all Consultants.
- w) Out-patient Procedures** Vhi Healthcare benefit is payable for out-patient procedures carried out in an approved hospital listed in the Directory of Hospitals and which is covered by your plan. Where an out-patient procedure is carried out in a hospital listed in the Directory of Hospitals which is not covered by your plan, professional fee benefit is payable in accordance with rule 6b. Hospital charges listed within Section 9 of your Table of Benefits may be included under the out-patient scheme and are subject to the out-patient excess. No professional fee or hospital benefit is payable for Out-patient Radiotherapy carried out in a hospital listed in the Directory of Hospitals, which is not covered by your plan.

x) Cancer Care Support Benefit

We will pay the benefits listed in Section 5 of your 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 approved hospital covered by your plan. Only claims accompanied by dated receipts on headed paper will be eligible for benefit.

y) Child Counselling (only available on Plan B - Parents & Kids, Plan B Option - Parents & Kids and Plan B Excess - Parents & Kids)

We will pay the benefits listed in Section 9 of your 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.

z) Paediatrician Benefit (only available on Plan B - Parents & Kids, Plan B Option - Parents & Kids and Plan B Excess - Parents & Kids)

We will pay the benefits outlined in Section 9 of your Table of Benefits for the first visit of your child to a consultant Paediatrician within 1 year of the birth.

aa) Vhi SwiftCare Benefit (only available on Plan B - Parents & Kids, Plan B Option - Parents & Kids and Plan B Excess - Parents & Kids)

We will pay the benefit listed in Section 10 of your Table of Benefits towards the cost of an initial consultation in an approved Vhi SwiftCare Clinic for a member who is under 18 years of age at his/her last renewal date. If the patient attends a Vhi SwiftCare Clinic for an initial consultation, payment will be made directly to the centre and will not be subject to an excess.

ab) Maternity

(i) Hospital Charges

We will pay the benefits listed in Section 4a of your Table of Benefits towards the cost of hospital charges for normal confinements 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.

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.

(ii) Consultants' Fees

We will pay part of the consultants delivery fee – as listed in the Schedule of Benefits for Professional Fees. The amount we pay will be higher for a caesarean delivery. Benefits in respect of consultants' fees are only payable where the delivery takes place in a hospital listed in the Directory of Hospitals (and Treatment Centres) and which is covered by your plan.

(iii) Home Births

We will pay a contribution up to the benefit listed in Section 4c of your Table of Benefits for medical expenses incurred for home births and home nursing by a nurse.

(iv) Post-natal Home Nursing (available on Plan B - Parents & Kids, Plan B Option - Parents & Kids and Plan B Excess - Parents & Kids)

We will pay the charges for home nursing by a nurse if we pay the charges for normal confinement, up to the benefit listed in Section 4d of your Table of Benefits, provided that they are incurred within 3 days after your delivery. The combined amount of benefit for post-natal home nursing and hospital charges cannot exceed the limit set out in Section 4d of your Table of Benefits.

ac) 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.

ad) Pre- and post-natal care

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of pre- and post-natal care provided the person giving the care is a General Practitioner, Consultant or Midwife.

ae) Consultant consultations

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a consultant consultation, excluding maternity and the 1st visit to a Consultant Paediatrician.

af) Clinical Psychologist

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a Clinical Psychologist.

ag) Hearing Test

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a hearing test provided the test is carried out by an Audiologist.

ah) Public Hospital Out-patient levy

We will pay the benefit listed in Section 9 of your Table of Benefits in respect of the public hospital out-patient levy.

ai) Optical

We will pay up to the benefit applicable, as listed under Section 9 of your 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.

aj) Out-patient Mental Health Treatment

We will pay the benefit listed in Section 9 of your Table of Benefits towards the cost of a mental health therapy session in an approved Out-patient Mental Health Centre.

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 7 of your Table of Benefits, per temporary stay abroad inclusive of all professional fees. You may also claim for expenses listed under Section 9 of your 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 7 of your 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 7 of your 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 / Out-patient Department of a hospital. All other medical expenses can be claimed in accordance with Section 9 of your 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 (above 4000 metres), 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
- 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
- In the case of war, civil disturbance and terrorism, where we do not deem it safe to send our medical repatriation staff into the area where the patient is staying

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 MultiTrip 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 and routine or preventative medical examinations, including screenings, bone density scans and check-ups.
- c) Treatment which is not intended to cure or alleviate a medical condition.
- d) Long term nursing care and maintenance.
- e) Hearing or sight tests (except those specified in your Table of Benefits), hearing aids, spectacles, contact lenses, 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 eating disorders or weight reduction other than anorexia nervosa, bulimia nervosa and those bariatric surgery procedures listed in the Schedule of Benefits for Professional Fees.
- j) Alternative medicine: Cover is provided only for alternative therapies as specified in your Table of Benefits. However, no cover is provided for other alternative therapies, which include but are not limited to aromatherapy, homeopathy, reflexology 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 your Table of Benefits.
- m) Nursery fees.
- n) Any charge for special nursing in hospital.
- o) Any charge made for a medical report.
- p) Treatment or tests given by a practitioner to his/her wife/husband, children or parents.
- q) Expenses for which the member is not liable.
- r) Expenses which you are entitled to recover from a third party.
- s) Cosmetic treatment and treatment of any complications arising from 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.
- t) Ophthalmic procedures for correction of short-sightedness, long-sightedness or astigmatism.

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 direct 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 and doctors. We will send you details of the benefits we have paid. The Directory of Hospitals 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 Section 9 of your Table of Benefits as a lump sum at the end of each year. 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.

 - Please note that receipts will not be returned following assessment of your claim. Therefore, you may wish to retain copies prior to submission.
 - We will deduct an annual excess (as specified in Section 9 of your Table of Benefits) from the eligible expenses of each member insured on the policy.
- f) If you or another member are entitled to claim under any other insurance policy for all or any of the costs, charges or fees for which you are insured under this contract, our liability shall apply as excess of, and not as contributory with such other insurance. When making a claim you must tell us if you have other insurance.
- g) If the renewal period is less than one year, the limits and excess applied to some benefits during this period are proportionally reduced.

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 all 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, address, date of birth, RSI number and Vhi Healthcare policy number 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.
- k) The availability of semi-private or private accommodation is determined by the hospitals and is outside the control of Vhi Healthcare.

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 not 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.

APPROVED MRI CENTRES	IN-PATIENT MRI SCANS	OUT-PATIENT MRI SCANS	REFERRAL TYPE COVERED
Aut Even Hospital, Kilkenny	✓	Category 1	Consultant and GP
Beacon Hospital, Dublin	✓	Category 2	Consultant and GP
Beaumont Hospital, Dublin	✓	Category 2	Consultant and GP
	✓	Category 1	Consultant* *Established oncology patients of Beaumont Hospital only
Blackrock Clinic, Dublin	✓	Category 1	Consultant
	✓	Category 2	GP
Bon Secours Hospital, Cork	✓	Category 2	Consultant and GP
Bon Secours Hospital, Dublin	✓	Category 2	Consultant and GP
Cappagh National Orthopaedic Hospital, Dublin	✓	Category 2	Consultant and GP
Charlemont Clinic, Dublin	✓	Category 1	Consultant and GP
Charter Medical Group, Dublin	✓	Category 1	Consultant and GP
Children's University Hospital, Temple Street, Dublin	✓	Category 2	Consultant and GP
Galway Clinic	✓	Category 1	Consultant
	✓	Category 2	GP
General Hospital, Letterkenny	✓	Category 2	Consultant and GP
Hermitage Medical Clinic, Dublin	✓	Category 1	Consultant and GP
Mater Misericordiae Hospital, Dublin	✓	Category 2	Consultant and GP
Mater Private Hospital, Dublin	✓	Category 1	Consultant
	✓	Category 2	GP
Mid-Western Regional, Limerick	✓	Category 1	Consultant
	✓	Category 2	GP
MRI Centre, Barringtons Hospital, Limerick	✓	Category 1	Consultant and GP
MRI Centre Galway Ltd., Bon Secours Hospital	✓	Category 1	Consultant and GP
MRI Unit, Clane Hospital	✓	Category 1	Consultant and GP
MRI Unit, Mercy University Hospital, Cork	✓	Category 1	Consultant and GP
MRI Centre, Our Lady of Lourdes General Hospital, Drogheda	✓	Category 2	Consultant and GP
MRI Ireland at Mayo General Hospital	✓	Category 2	Consultant and GP
MRI Ireland at Portiuncula Hospital	✓	Category 2	Consultant and GP
MRI Ireland at Sligo General Hospital	✓	Category 1	Consultant and GP
MRI Centre Tralee Ltd, Bon Secours Hospital	✓	Category 1	Consultant and GP
MRI Centre Tullamore, Tullamore General Hospital	✓	Category 2	Consultant and GP
Northwood Imaging, Dublin	✓	Category 1	Consultant and GP
Our Lady's Children's Hospital, Crumlin	✓	Category 2	Consultant and GP
Scancor Ltd, in Cork University Hospital	✓	Category 1	Consultant and GP
Sports Surgery Clinic, Santry Demesne, Santry	✓	Category 2	Consultant and GP
St. James's Hospital, Dublin	✓	Category 2	Consultant and GP
St. Vincent's Private Hospital, Dublin	✓	Category 2	Consultant and GP
St. Vincent's University Hospital, Dublin	✓	Category 2	Consultant and GP
The Adelaide & Meath Hospital, Dublin incorporating the National Children's Hospital, Tallaght	✓	Category 2	Consultant and GP
Trans Specialists Ltd, South Infirmary, Cork	✓	Category 1	Consultant and GP
University College Hospital, Galway	✓	Category 2	Consultant and GP
Waterford Regional Hospital	✓	Category 2	Consultant and GP
Whitfield Clinic, Waterford	✓	Category 2	Consultant and GP

- **✓ In-patient MRI Scans:** Covered in accordance with the plan held as part of a medically necessary stay in a participating hospital listed in the Directory of Hospitals (and Treatment Centres).
- **Out-patient Category 1:** Full cover for agreed MRI Charges.
- **Out-patient Category 2:** Agreed MRI charges may be claimed upon receipt of paid accounts and are subject to an excess of €125 per scan. Refer Section 8 of your Table of Benefits.
- **Category 1 providers** (as indicated in the Directory) will be open at a minimum from Monday to Friday for eight hours each day.
- * **Established oncology patient of the hospital** - direct payment reimbursement to the Hospital for established oncology patients of Beaumont Hospital applies to referrals from Oncologists in addition to Consultants of other disciplines where there is a diagnosis of cancer and where the MRI scan is required for the treatment of the patient's cancer.

This Directory is subject to change. 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

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)

Thoracic aortic disease

Abnormal aortic contour or size on chest X-ray, differentiation of mediastinal mass vs. vascular abnormality, to rule out aortic dissection, aneurysm, leaking thoracic aneurysm, exclude aortic source of peripheral embolisation, Valsalva aneurysm, Marfan's syndrome and aorta annular actasia, after therapy of aortic dissection of aortic arch anomalies, coarctation, following aortic angioplasty, peri-aortic abscess or infection

Pericardial disease

To assess pericardial thickness and detection of metastases, for diagnosing pericarditis and constriction, for diagnosing effusion and tamponade

External or internal masses, pathology of lung and pleura

Chest wall and mediastinal tumor invasion of the lung and pleura, lipoma, intracavity tumors, and differentiation of tumour from thrombus, assessment of vascular invasion, hilar assessment, and paracardial/cardiac invasion, pleural diseases

Pathology involving surrounding structures

To evaluate intrinsic abnormalities of the pulmonary arteries, including central thrombi, aneurysms, stenoses, occlusions, dissection, and extra-vascular disease involving the pulmonary arteries

Assessment of ventricular dysplasia

Congenital heart disease

Pulmonary atresia, severe obstruction to the right ventricular outflow tract, complex cyanotic heart disease, pulmonary venous anomalies, after surgery for correction of congenital heart disease

Cardiac function, morphology, and structure

After it has been determined that echocardiogram is inconclusive

Sudden cardiac death screening

Screening of first degree relatives (mother, father, brother, sister or child) of an individual who has experienced sudden cardiac death under 30 years of age following initial screening by ECG, echocardiogram and holter monitoring that has identified unusual results

Diseases of the large veins

Acquired and congenital abnormalities of the superior vena cavae, inferior vena cavae, and portal venous system (e.g. vena caval thrombus, differentiation of tumour thrombus and blood clot of the vena cava, superior vena caval syndrome, superior vena caval invasion or encasement by lung or mediastinal tumours, diagnosis of Budd-Chiari syndrome, and diagnosis of caval anomalies)

Valvular heart disease

After it has been determined that ECG and doppler studies are inconclusive

To demonstrate complications of infarction

Formation of an aneurysm, mural thrombus formation, to demonstrate regional wall motion or wall thickening abnormalities of a damaged left ventricle

Others

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

Placenta Accreta / Percreta

Adenomyosis - Pre-procedural planning for uterine artery embolisation for fibroids

Assessment of fistulae/abscesses in patients with established Crohn's disease following discussion with a multi-disciplinary team

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

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 – 6pm Monday – Friday
9am – 3pm Saturday

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



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