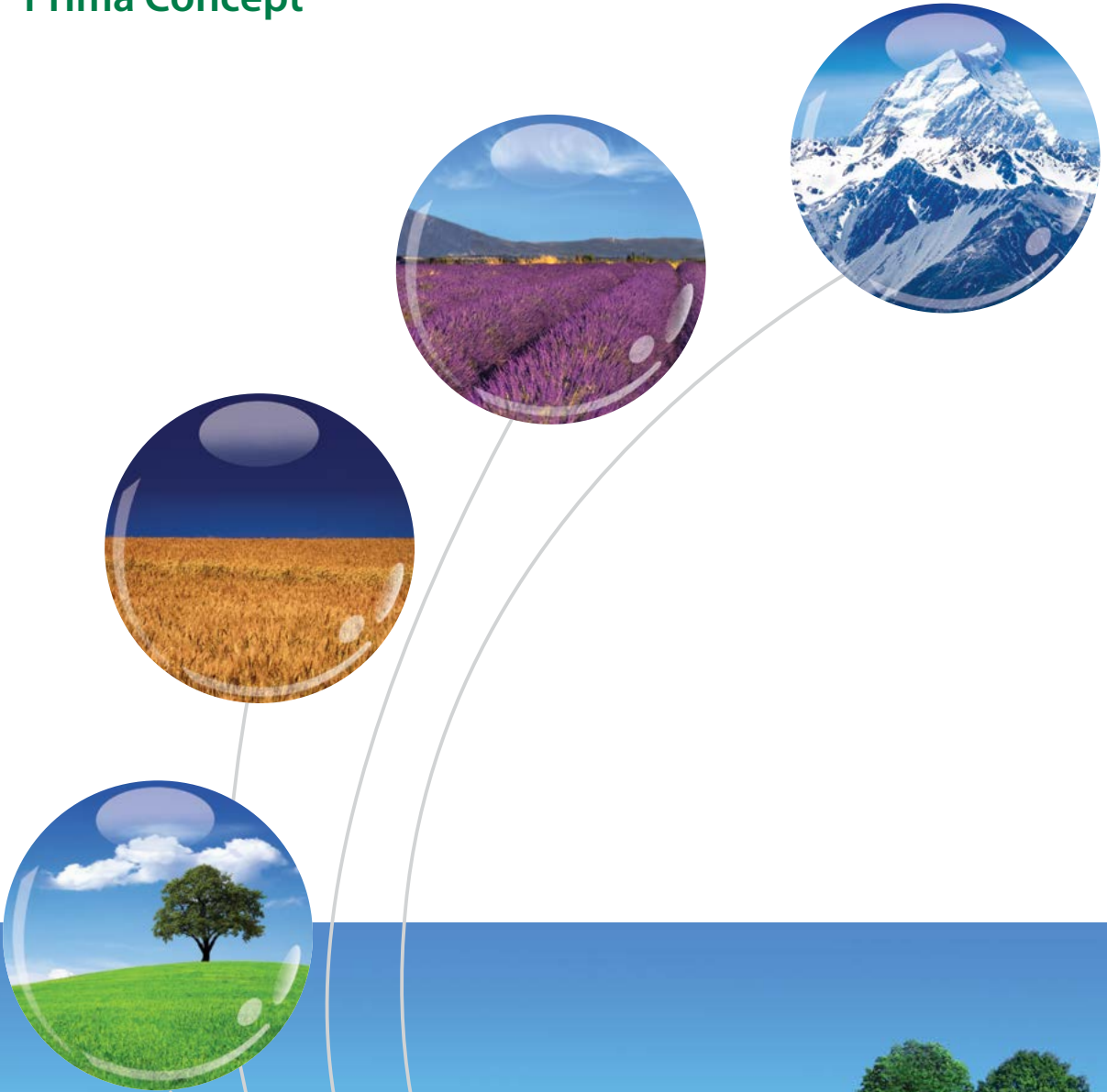


Corporate Certificate of Insurance

Prima Platinum
Prima Premier
Prima Classic
Prima Concept



... we're different because we care

Welcome to this Prima Plan Insurance Policy.

In return for payment of the premium, **we** agree to provide the **insured person**, subject to the terms and conditions contained in this **policy**, with the cover and benefits described in this **policy** for **medically necessary** eligible **treatment**.

The **Master Policy** is a legal contract among **us**, the **Assured** and the **policyholder**. This **Certificate of Insurance**, the Application Form and any **endorsements**, is an outline and evidence of the insurance provided by the **Master Policy**. This **Certificate of Insurance** does not extend or change the coverage provided by the **Master Policy**. The insurance evidenced by this **Certificate of Insurance** is subject to all terms and conditions of the **Master Policy**, including the application, and any **endorsements**. Please read the whole **policy** wording carefully and keep it in a safe place.

Certain words in this **policy** wording have a specific meaning. Wherever words appear in bold in this **policy**, they will have the meanings shown in the definitions section.

All documentation and correspondence relating to this **policy** wording will be written in English.

This **policy** is underwritten by SiriusPoint International Insurance Corporation (publ), Floor 4, 20 Fenchurch Street, London EC3M 3BY, UK, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 202912.



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Certificate of Insurance effective 01 January 2023

For **Policyholders** whose **Country of Residence** is outside of Bermuda, United Kingdom, Gibraltar and the European Economic Area (EEA).



Prima Platinum



Prima Premier



Prima Classic



Prima Concept

Level of Cover

This **policy** provides cover for the following benefits in respect of **treatment** of an **insured person** provided during the **period of cover** for a **medical condition**. All benefits, including full refunds, are conditional upon charges being **reasonable and customary**.

Overall policy limit

The overall **policy** limit is the most **we** will pay for each **insured person** in any **period of cover**. The overall **policy** limit and any monetary limits to the benefits will be determined by the currency which **you** have selected for **your policy**.

The Cover

In-patient & day-patient Treatment

(**treatment** received by an **insured person** when admitted to a **hospital** bed for an overnight stay of one (1) or more nights or as a **day-patient**)

Accommodation

Hospital accommodation in a ward, **semi-private** or **private room**.

A cash benefit is available when **you** choose to downgrade from a **private room** to a **semi-private room** or ward for eligible **treatment** received in Hong Kong.

Parent Accommodation

Room charges for one parent or legal guardian to stay with an **insured person** who is under 18 years of age whilst admitted to a **hospital** bed for an eligible **medical condition**.

Professional Fees

Specialist, medical practitioner and **qualified nurse** fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering **treatment**.

Medication

Drugs, medicines and dressings when prescribed by a **specialist** or **medical practitioner**.

Diagnostics

Diagnostic tests and procedures, including x-rays, **pathology**, computerised tomography and magnetic resonance imaging (brain and body scans).

Theatre Fees

Operating theatre fees.

Reconstructive Surgery

Reconstructive surgery required following an **accident** or following surgery for an eligible **medical condition** which occurred after **your date of entry** and which is performed within twelve (12) months of the **accident** or surgery.

Chronic Conditions - Acute

Treatment required to stabilise an **acute** episode of a **chronic** condition, including **medical practitioner** and **specialist** fees, diagnostics and **medication**.

Chronic Conditions - Routine Management

Routine management and maintenance of a **chronic** condition, including **medical practitioner** and **specialist** fees, diagnostics and **medication**.

Chronic Conditions - Palliative

Palliative treatment of a **chronic** condition.

Kidney Dialysis

Acute episode of an eligible **medical condition** which would result in the need for **Kidney Dialysis**.

Routine management, maintenance and **palliative treatment** of a **chronic** condition which requires ongoing **Kidney Dialysis**.

Oncology

All **treatment** aimed to cure cancer, manage and maintain irrecoverable cancer and **palliative treatment** during the end stages of cancer. The benefit includes oncologist and **specialist** fees, diagnostics, **medication**, radiotherapy, chemotherapy and immunotherapy.

IVF Treatment (excluding costs incurred within the first ten (10) months of your date of entry)

Up to three (3) cycles of in-vitro fertilisation where there is a medical reason why **you** are unable to conceive naturally, including **specialist** fees and **medication**. All cover under this benefit is subject to **pre-authorisation** by **us**. If it is not **pre-authorised** by **us**, then **we** reserve the right to decline the claim in full.

Organ Transplants

Transplant of any human organ in respect of costs incurred by an **insured person** to receive a donor organ. No costs incurred in locating and harvesting a donor organ are covered.

Complications of Pregnancy (excluding costs incurred within the first ten (10) months of your date of entry)

Treatment of new eligible **medical conditions** which arise during the antenatal stages of pregnancy, or which occur during the childbirth/delivery.

Prima Concept

£250,000: €300,000: US\$375,000

Prima Classic

£1,250,000: €1,500,000: US\$1,875,000

Prima Premier

£2,500,000: €3,000,000: US\$3,750,000

Prima Platinum

£5,000,000: €6,000,000: US\$7,500,000

Full Refund

£50: €60: US\$75 each night up to a maximum 15 nights

Not Covered

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Not Covered

Not Covered

Full Refund

Not Covered

Full Refund

Not Covered

Not Covered

Full Refund

Full Refund

£70: €84: US\$105 each night up to a maximum 15 nights

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Not Covered

Not Covered

Full Refund

Not Covered

Full Refund

Not Covered

Limited to £200,000: €240,000: US\$300,000

Full Refund

Full Refund

£70: €84: US\$105 each night up to a maximum 15 nights

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Limited to £50,000: €60,000: US\$75,000

Full Refund

Full Refund

Limited to £20,000: €24,000: US\$30,000

Full Refund

Not Covered

Limited to £200,000: €240,000: US\$300,000

Full Refund

Full Refund

£100: €120: US\$150 each night up to a maximum 15 nights

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Limited to £100,000: €120,000: US\$150,000

Full Refund

Full Refund

Limited to £50,000: €60,000: US\$75,000

Full Refund

Limited to £2,000: €2,400: US\$3,000 per cycle and a maximum of 3 cycles per lifetime. This benefit is subject to 50% **co-insurance**

Limited to £200,000: €240,000: US\$300,000

Full Refund

Newborn Cover - Premature Births

Cover in respect of a premature baby (i.e. where birth is prior to 37 weeks gestation) in respect of an **acute** or **chronic medical condition** requiring **in-patient treatment**. The mother named on the birth certificate must have been insured with us for at least ten (10) months prior to the birth date. All cover is subject to the **newborn** being added to the **policy** from birth and within thirty (30) days of birth.

Newborn Cover - Congenital

Cover in respect of a **newborn** baby requiring **treatment** or **palliative treatment** of a **congenital anomaly** which is diagnosed within twelve (12) months of birth. All cover is subject to the **newborn** being added to the **policy** from birth and within thirty (30) days of birth.

Physiotherapy

Physiotherapy when such **treatment** is recommended by a **specialist** and **treatment** is carried out by a **physiotherapist** and is administered during the period of stay in **hospital**.

Rehabilitation

Rehabilitation when it is considered an integral part of **treatment**, is supervised by a **specialist** and is undertaken in a recognised **rehabilitation** unit.

Psychiatric Illness

Treatment administered by a clinical psychiatrist or psychologist, including **specialist** consultations, assessments, diagnostics and **medications** and given in a recognised psychiatric unit of a **hospital**. All **treatment** under this benefit is subject to **pre-authorisation** by us. If **treatment** is not **pre-authorised** by us, then we reserve the right to decline the claim in full.

Ancillary Charges

The purchase or rental of crutches or wheelchairs following **treatment** as an **in-patient** or **day-patient**.

Provision of **external prostheses** following **treatment** of an eligible **medical condition**.

Home Nursing

Home nursing provided by a **qualified nurse**, when **medically necessary**, recommended by a **specialist** and required as a vital part of **treatment** to aid recovery from an eligible **medical condition**, immediately following release from a **hospital in-patient** or **day-patient** stay.

Transportation

Charges for a road ambulance, or costs associated with another form of transport if a road ambulance is inappropriate, for transportation to **hospital** when the **medical practitioner** advises it is **medically necessary**.

Post Operative Cover

Out-patient treatment or consultations received within six (6) months of **hospital** discharge for an eligible **medical condition** which required **hospital** admission.

Cash Benefit

Where **hospital** accommodation and all **treatment** costs are provided in a State or Charitable **Hospital** and no claim is submitted under this **policy** for **reimbursement** of any **in-patient** costs, and providing that the **medical condition** suffered would be eligible for benefit.

Emergency Treatment Outside Area of Cover

Treatment (through a **medical practitioner** or **specialist** commencing within 24 hours of the **emergency** event), when admitted to a **hospital** bed as an **in-patient** or **day-patient**, required as result of an **accident** or the sudden beginning or worsening of a severe illness resulting in a **medical condition** that presents an immediate threat to the **insured person's** health.

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|--|---|---|---|
| Not Covered | Cover for the first 30 days of life is limited to a maximum sum insured of £10,000: €12,000: US\$15,000 each baby. Thereafter, cover will exclude any medical condition which exists at the end of the first 30 day period | Cover for the first 30 days of life is limited to a maximum sum insured of £10,000: €12,000: US\$15,000 each baby. Thereafter, cover will exclude any medical condition which exists at the end of the first 30 day period | Cover for the first 30 days of life is limited to a maximum sum insured of £20,000: €24,000: US\$30,000 each baby. Thereafter, cover will exclude any medical condition which exists at the end of the first 30 day period |
| Not Covered | £100,000: €120,000: US\$150,000 Lifetime Limit | £100,000: €120,000: US\$150,000 Lifetime Limit | £100,000: €120,000: US\$150,000 Lifetime Limit |
| Full Refund | Full Refund | Full Refund | Full Refund |
| Not Covered | Not Covered | Full Refund | Full Refund |
| Not Covered | Limited to 30 days each year | Limited to 30 days each year | Limited to 30 days each year |
| Not Covered | Limited to £500: €600: US\$750 Not Covered | Limited to £500: €600: US\$750 Not Covered | Limited to £500: €600: US\$750 Limited to £2,000: €2,400: US\$3,000 |
| Limited to 6 weeks for each condition and a maximum of 14 weeks each year | Limited to 12 weeks for each condition and a maximum of 26 weeks each year | Limited to 12 weeks for each condition and a maximum of 26 weeks each year | Full Refund |
| Full Refund | Full Refund | Full Refund | Full Refund |
| Covered under out-patient treatment | Covered under out-patient treatment | Limited to £1,500: €1,800: US\$2,250 each year unless out-patient treatment is selected | Covered under out-patient treatment |
| £100: €120: US\$150 each night up to a maximum of 30 nights | £200: €240: US\$300 each night up to a maximum of 30 nights | £200: €240: US\$300 each night up to a maximum of 30 nights | £300: €360: US\$450 each night up to a maximum of 30 nights |
| Not Covered | For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £50,000: €60,000: US\$75,000 | For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £50,000: €60,000: US\$75,000 | For trips up to a maximum of 6 weeks Maximum 42 nights each year Maximum sum insured of £50,000: €60,000: US\$75,000 |

Out-patient Treatment (OPTIONAL BENEFIT for Prima Premier)

(treatment received but without admission to a hospital bed)

| |
|---|
| Overall Limit |
| Professional Fees Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations. If you are unable to attend your medical practitioner's office for medical reasons, the consultation can be done by telephone or video conference with your medical practitioner. |
| Diagnostics Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans). |
| Surgical Treatment Minor surgical procedures when carried out by a medical practitioner or specialist. |
| Medication Drugs, medicines and dressings when prescribed by a specialist or medical practitioner, unless specified elsewhere in 'The Cover'. |
| Transportation We will pay for medically necessary travel by road ambulance to the nearest appropriate hospital accident and emergency department for eligible treatment. |
| Chronic Conditions - Acute Treatment required to stabilise an acute episode of a chronic condition, including medical practitioner and specialist fees, diagnostics and medication. |
| Chronic Conditions - Routine Management and Palliative Care Routine management and maintenance of a chronic condition, or palliative treatment of a chronic condition, including medical practitioner and specialist fees, diagnostics and medication. |
| Kidney Dialysis Acute episode of an eligible medical condition which would result in the need for Kidney Dialysis. Routine management, maintenance and palliative treatment of a chronic condition which requires ongoing Kidney Dialysis. |
| Oncology All treatment aimed to cure cancer, manage and maintain irrecoverable cancer and palliative treatment during the end stages of cancer. The benefit includes oncologist and specialist fees, diagnostics, medication, radiotherapy, chemotherapy and immunotherapy. Includes road ambulance costs for transportation to and from the out-patient unit of a hospital for the administering of this specific treatment. Purchase of wigs during active treatment of cancer which is covered by your plan. |
| Physiotherapy Physiotherapy on recommendation by a medical practitioner or specialist and where treatment is carried out by a physiotherapist. A referral from your medical practitioner or specialist is valid for six (6) months only, after which time a new referral letter would be required. If during this six (6) month period you require physiotherapy for a different medical condition, then a new referral will be required. A treatment plan from your physiotherapist will be required for review and after each ten (10) sessions. Treatments are recorded and, if required, additional information may be requested. |
| Chiropody or Podiatry Treatment by a Chiropodist or Podiatrist without referral from a medical practitioner. |
| Complementary Treatment Treatment administered by and medication prescribed by chiropractors, osteopaths, homeopaths, acupuncturists. Dietician (limited to one (1) visit per year). Recommendation by a medical practitioner or specialist is required for all complementary treatments. A referral from your medical practitioner or specialist is valid for six (6) months only, after which time a new referral letter would be required. If during this six (6) month period you require complementary treatment for a different medical condition, then a new referral will be required. A treatment plan from your therapist will be required for review and after each ten (10) sessions. |
| Traditional Chinese Medicine Chinese herbal medicine and treatment administered by a recognised traditional Chinese herbalist or practitioner. |
| Psychiatric Illness Treatment administered by a clinical psychiatrist or psychologist, including specialist consultations, assessments, diagnostics and medications. All treatment under this benefit is subject to pre-authorization by us. If treatment is not pre-authorized by us, then we reserve the right to decline the claim in full. A treatment plan from your psychiatrist or psychologist will be required for review and after every three (3) months. |

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|--|--|--|--|
| Out-patient limit of £1,500: €1,800: US\$2,250 within overall policy limit of £250,000: €300,000: US\$375,000 | Out-patient limit of £10,000: €12,000: US\$15,000 within overall policy limit of £1,250,000: €1,500,000: US\$1,875,000 | Limited to the overall policy limit of £2,500,000: €3,000,000: US\$3,750,000 | Limited to the overall policy limit of £5,000,000: €6,000,000: US\$7,500,000 |
| Full Refund within overall out-patient limit | Full Refund within overall out-patient limit | Full Refund | Full Refund |
| Full Refund within overall out-patient limit | Full Refund within overall out-patient limit | Full Refund | Full Refund |
| Full Refund within overall out-patient limit | Full Refund within overall out-patient limit | Full Refund | Full Refund |
| Limited to £200: €240: US\$300 each year within overall out-patient limit | Full Refund within overall out-patient limit | Full Refund | Full Refund |
| Not Covered | Full Refund within overall out-patient limit | Full Refund | Full Refund |
| Full Refund within overall out-patient limit | Full Refund within overall out-patient limit | Full Refund | Full Refund |
| Not Covered | Not Covered | Limited to £5,000: €6,000: US\$7,500 each year | Limited to £10,000: €12,000: US\$15,000 each year |
| Full Refund within overall out-patient limit Not Covered | Full Refund within overall out-patient limit Not Covered | Full Refund Limited to £5,000: €6,000: US\$7,500 each year | Full Refund Limited to £10,000: €12,000: US\$15,000 each year |
| Full Refund within overall policy limit of £250,000: €300,000: US\$375,000 £150: €180: US\$225 per lifetime | Full Refund within overall policy limit of £1,250,000: €1,500,000: US\$1,875,000 £300: €360: US\$450 per lifetime | Full Refund £300: €360: US\$450 per lifetime | Full Refund £500: €600: US\$750 per lifetime |
| Limited to £250: €300: US\$375 each year within overall out-patient limit | Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit | Limited to £3,000: €3,600: US\$4,500 each year | Limited to £5,000: €6,000: US\$7,500 each year |
| Not Covered | Limited to £250: €300: US\$375 each year within overall out-patient limit | Limited to £250: €300: US\$375 each year | Limited to £500: €600: US\$750 each year |
| Limited to £250: €300: US\$375 each year within overall out-patient limit | Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit | Limited to £3,000: €3,600: US\$4,500 each year | Limited to £5,000: €6,000: US\$7,500 each year |
| Limited to £250: €300: US\$375 each year within overall out-patient limit | Limited to £500: €600: US\$750 each year within overall out-patient limit | Limited to £500: €600: US\$750 each year | Limited to £1,500: €1,800: US\$2,250 each year |
| Not Covered | Not Covered | Limited to £5,000: €6,000: US\$7,500 each year | Limited to £10,000: €12,000: US\$15,000 each year |

Hormone Replacement Therapy
Medical practitioner or **specialist** consultations and prescribed **treatment** when administered for the sole purpose of treating a hormone imbalance condition.

Optical
 Eye examination carried out by an optometrist or ophthalmologist.
 Prescribed glasses and contact lenses to correct vision when **your** prescription has changed.

Well-being Benefit
 (excluding costs incurred within the first ten (10) months of purchase date of this benefit or **your date of entry**, whichever is the latter)

Hearing Test
 Annual Hearing Test carried out by a **medical practitioner**.

Routine Health Checks
 Tests/screenings when performed by a **medical practitioner**, that are undertaken without any clinical symptoms being present including the following examinations performed at an appropriate age interval for the early detection of illness or disease:

- Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc)
- Cardiovascular examination
- Neurological examination
- Cancer screening
- Well child test

Vaccinations
 Cost of drugs and consultations to administer all basic immunisations and booster injections required under regulation of the country in which **treatment** is being given and any **medically necessary** travel vaccinations and malaria prophylaxis.

Emergency Dental Treatment
Emergency out-patient dental **treatment** received in a dental surgery or **hospital** emergency room for the immediate relief of dental pain, including temporary fillings limited to three (3) fillings per **period of cover**, and/or the repair of damage caused in an **accident**. The **treatment** must be received within 36 hours of the **emergency** event. This does not include any form of dental prosthesis or root canal **treatment**.

Other Benefits

24/7 Medical Helpline

Access to MyALC
 Within 'MyALC' our online member area **you** will be able to:

- **Pre-authorise your treatment**
- Easily submit **your** claims
- Download a copy of **your Declaration of Insurance**
- Read secure messages from **our** claims team
- Search for a medical facility
- Obtain useful travel and security information
- Start a web chat
- Access the secure premium payment area

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|---------------|--|--|--|
| Not Covered | Not Covered | Full Refund | Full Refund |
| Not Covered | Full Refund limited to one examination each year Limited to £200: €240: US\$300 each year within overall out-patient limit | Full Refund limited to one examination each year Limited to £300: €360: US\$450 each year | Full Refund limited to one examination each year Limited to £500: €600: US\$750 each year |
| Not Covered | The total of the benefits available within the Well-being Benefit is limited to £250: €300: US\$375 each year within overall out-patient limit | The total of the benefits available within the Well-being Benefit is limited to £500: €600: US\$750 each year | The total of the benefits available within the Well-being Benefit is limited to £1,000: €1,200: US\$1,500 each year |
| Not Covered | One test each year Full Refund within Well-being limit | One test each year Full Refund within Well-being limit | One test each year Full Refund within Well-being limit |
| Not Covered | Full Refund within Well-being limit | Full Refund within Well-being limit | Full Refund within Well-being limit |
| Not Covered | Full Refund within Well-being limit | Full Refund within Well-being limit | Full Refund within Well-being limit |
| Not Covered | Full Refund within Well-being limit | Full Refund within Well-being limit | Full Refund within Well-being limit |
| Not Covered | Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit | Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit | Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit |
| Not Covered | Not Covered | Limited to £250: €300: US\$375 each year | Limited to £500: €600: US\$750 each year |
| Not Covered | Full Refund | Full Refund | Full Refund |
| Included | Included | Included | Included |
| Included | Included | Included | Included |

Routine Pregnancy & Childbirth (OPTIONAL BENEFIT)

(excluding costs incurred within the first ten (10) months of purchase date of this benefit or **your date of entry**, whichever is the latter)

Routine pregnancy and childbirth costs, including pre and postnatal check-ups, scans (maximum of three (3), one per trimester) and delivery costs for a routine vaginal delivery, assisted vaginal delivery or an **elective caesarean**.

Well Baby Examination

Paediatrician costs for the first examination or check-up of a **newborn** baby, provided the examination is made within seventy-two (72) hours of delivery.

Newborn Accommodation

Cot and nursing charges for **newborn** baby/babies (up to six (6) months of age) to stay with a mother who is admitted to **hospital** as an **in-patient**.

Cash Benefit

Where **hospital** accommodation and all costs relating to the birth of the child are provided in a State or Charitable **Hospital** and no claim is submitted for **reimbursement** of any of these costs.

Dental Treatment (OPTIONAL BENEFIT)

Dental **treatment** as shown in the table of benefits below when performed by a **Dental Practitioner** (excluding costs incurred within the first six (6) months of purchase date of this benefit or **your date of entry**, whichever is the latter other than **Accidental Damage** caused to **sound natural teeth**, which is covered immediately).

The procedures below are limited to the amounts shown and are subject to an overall maximum limit **each year** for routine dental **treatment**.

Overall Limit

Routine examination, including check-up and x-rays.

Cleaning and polishing (whether performed by a **dental practitioner** or hygienist).

Fillings (amalgam or composite material).

Diagnostics – Diagnostics test and procedures.

Extractions of teeth other than wisdom teeth.

Wisdom tooth extraction when performed in a dental surgery.

New porcelain crown/inlay.

Repair of crown/inlay.

Root canal **treatment**.

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|---------------|---|---|---|
| Not Covered | Optional pregnancy limits (for each pregnancy) <ul style="list-style-type: none"> £3,000: €3,600: US\$4,500 £5,000: €6,000: US\$7,500 | Optional pregnancy limits (for each pregnancy) <ul style="list-style-type: none"> £3,000: €3,600: US\$4,500 £5,000: €6,000: US\$7,500 £7,500: €9,000: US\$11,250 £10,000: €12,000: US\$15,000 | Optional pregnancy limits (for each pregnancy) <ul style="list-style-type: none"> £3,000: €3,600: US\$4,500 £5,000: €6,000: US\$7,500 £7,500: €9,000: US\$11,250 £10,000: €12,000: US\$15,000 £20,000: €24,000: US\$30,000 |
| Not Covered | Full Refund within the applicable pregnancy limit | Full Refund within the applicable pregnancy limit | Full Refund within the applicable pregnancy limit |
| Not Covered | Full Refund within the applicable pregnancy limit | Full Refund within the applicable pregnancy limit | Full Refund within the applicable pregnancy limit |
| Not Covered | Limited to £50: €60: US\$75 each night up to a maximum of 20 nights | Limited to £100: €120: US\$150 each night up to a maximum of 30 nights | Limited to £100: €120: US\$150 each night up to a maximum of 30 nights |

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|---------------|---|---|---|
| Not Covered | £1,000: €1,200: US\$1,500 each year | £1,000: €1,200: US\$1,500 each year | £2,000: €2,400: US\$3,000 each year |
| Not Covered | £70: €84: US\$105 each visit maximum 2 visits each year | £70: €84: US\$105 each visit maximum 2 visits each year | £100: €120: US\$150 each visit maximum 2 visits each year |
| Not Covered | £70: €84: US\$105 each visit maximum 2 visits each year | £70: €84: US\$105 each visit maximum 2 visits each year | £100: €120: US\$150 each visit maximum 2 visits each year |
| Not Covered | £70: €84: US\$105 each tooth | £70: €84: US\$105 each tooth | £100: €120: US\$150 each tooth |
| Not Covered | £300: €360: US\$450 each year | £300: €360: US\$450 each year | £500: €600: US\$750 each year |
| Not Covered | £70: €84: US\$105 each tooth | £70: €84: US\$105 each tooth | £100: €120: US\$150 each tooth |
| Not Covered | Full Refund within overall dental limit of £1,000: €1,200: US\$1,500 each year | Full Refund within overall dental limit of £1,000: €1,200: US\$1,500 each year | Full Refund within overall dental limit of £2,000: €2,400: US\$3,000 each year |
| Not Covered | £300: €360: US\$450 each tooth | £300: €360: US\$450 each tooth | £500: €600: US\$750 each tooth |
| Not Covered | £125: €150: US\$190 each tooth | £125: €150: US\$190 each tooth | £250: €300: US\$375 each tooth |
| Not Covered | £250: €300: US\$375 each tooth | £250: €300: US\$375 each tooth | £400: €480: US\$600 each tooth |

New bridge. All costs relating to fitting a new bridge, including extractions of crowns required to support the new bridge.

Repair of bridge. All costs relating to repairing a bridge, including extractions of crowns required to support the bridge.

New dentures.

Orthodontic treatment (to move teeth or adjust underlying bone) when **medically necessary** for oral health.

Dental implants to restore function or appearance following an **accident**. Notification of **treatment** must be received within five (5) days from the date of the **accident** occurring.

Emergency dental treatment for the relief of pain, being **treatment** of an abscess, cracked or broken tooth rebuild or temporary filling. The **treatment** must be received within thirty-six (36) hours of the **emergency** event.

The procedures below are not subject to the overall maximum limit **each year** for routine dental **treatment**, they are subject to the overall **policy** limit.

Accidental Damage caused to **sound natural teeth** lost or damaged in an **accident**. **Treatment** must be received within five (5) days from the date of the **accident** occurring.

Dental Surgery undertaken in a **hospital** or dental surgery by an oral and maxillofacial surgeon or surgical dentist:

Surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots.

Apicectomy.

Evacuation or Repatriation (OPTIONAL BENEFIT)

(for eligible **medical conditions** requiring immediate **emergency hospital in-patient** or **day-patient** admission only)

Evacuation
The cost of transporting an **insured person** (and one other relative/colleague to travel as escort) to the nearest appropriate medical facility for **in-patient** or **day-patient treatment** of an **accident** or **medical condition** within the **insured persons area of cover** which, in the opinion of the **appointed medical practitioner**, cannot be treated adequately locally or at the place of incident.

The method of transportation shall be the decision of the assistance company **we** have appointed to act for **us**.

Following evacuation
Hotel accommodation for escort and **insured person** when required pre and post **hospital** admission.

Return **airflight** (economy class) for the **insured person** and their escort.

Repatriation
The cost of transporting an **insured person** (and one (1) other relative/colleague to travel as escort) to their **country of nationality** or **country of residence** for **in-patient** or **day-patient treatment** of an **accident** or **medical condition** which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the assistance company **we** have appointed to act for **us**. (If the **country of nationality** or **country of residence** falls outside the geographical area covered under **your policy, treatment** and transportation costs will not be considered.)

Mortal Remains
Burial or cremation costs in the country of death or transportation of body or ashes to **country of nationality** or **country of residence**. (If the country of death, **country of nationality** or **country of residence** falls outside the geographical area covered under **your policy** costs will not be considered.)

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|---------------|--------------------------------------|--------------------------------------|---|
| Not Covered | £300: €360: US\$450 each bridge | £300: €360: US\$450 each bridge | £600: €720: US\$900 each bridge |
| Not Covered | £175: €210: US\$265 each bridge | £175: €210: US\$265 each bridge | £200: €240: US\$300 each bridge |
| Not Covered | £125: €150: US\$190 each set | £125: €150: US\$190 each set | £600: €720: US\$900 each set |
| Not Covered | Not Covered | Not Covered | £2,000: €2,400: US\$3,000 each year . This benefit is subject to a 50% co-insurance |
| Not Covered | Not Covered | Not Covered | £500: €600: US\$750 each tooth. This benefit is subject to a 25% co-insurance |
| Not Covered | £600: €720: US\$900 each year | £600: €720: US\$900 each year | £600: €720: US\$900 each year |
| Not Covered | Full Refund | Full Refund | Full Refund |
| Not Covered | Full Refund | Full Refund | Full Refund |
| Not Covered | Full Refund | Full Refund | Full Refund |

| Prima Concept | Prima Classic | Prima Premier | Prima Platinum |
|---|---|---|---|
| Full Refund | Full Refund | Full Refund | Full Refund |
| £100: €120: US\$150 each day, for each person | £200: €240: US\$300 each day, for each person | £200: €240: US\$300 each day, for each person | £400: €480: US\$600 each day, for each person |
| Full Refund | Full Refund | Full Refund | Full Refund |
| Full Refund | Full Refund | Full Refund | Full Refund |
| Limited to £5,000: €6,000: US\$7,500 | Limited to £5,000: €6,000: US\$7,500 | Limited to £5,000: €6,000: US\$7,500 | Limited to £5,000: €6,000: US\$7,500 |

Definitions

The following words or phrases have the meanings given below wherever they appear in this document, **Declaration of Insurance** and **Endorsements**.

ACCIDENT

A sudden, unexpected or unforeseen event resulting in an identifiable physical injury to an **insured person**.

ACCIDENTAL DAMAGE TO TEETH

An accidental injury to **sound natural teeth** which have been lost, damaged or dislodged.

ACUTE

A **medical condition** that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or **accident**, or which leads to **your** full recovery.

ADVICE

Any consultation or discussion with a **medical practitioner** or **specialist**, including check-ups and the issue of any prescriptions (including repeat prescriptions).

APPLIANCE

Prosthetic or surgical appliance required as an integral, vital part of **treatment**. **We** will pay for a spinal support, knee brace or air cast or any other similar appliance when confirmed as **medically necessary** and an essential part of a surgical operation or **treatment**.

APPOINTED MEDICAL PRACTITIONER

A **medical practitioner** chosen by **us** to advise **us** on **your medical condition** and need for the **evacuation** or **repatriation** service.

AREA OF COVER

The area to which **your** cover is restricted. The available areas are as defined below and **your** selection will be specified on **your Declaration of Insurance**.

Area 1 - Europe - (see back page)

Area 2 - Worldwide excluding United States of America and any USA territories

Area 3 - Worldwide (excluding **Prima Concept**)

If **you** are a USA passport holder, and **you** select this Area, **your** cover in the USA will be restricted to the first ninety (90) days in aggregate spent there during any one **policy** year.

Assured

Means Conyers Trust Company (Bermuda) Limited, as Trustee of the Global Medical Services Group Insurance Trust, Richmond House, 12 Par-La-Ville Road, Hamilton HM 08, Bermuda.

BIRTH INJURY

A deformity or **medical condition** which is caused during childbirth.

CERTIFICATE OF INSURANCE

Means this document as issued to **you**, that describes and provides an outline and evidence of eligible coverages and benefits payable to, or for the benefit of **you** under the insurance contract, which includes the **Master Policy**, application, **Declaration of Insurance** and any **Endorsements**.

CHIROPODIST

A practising **chiroprapist** who is registered and legally licensed to practise chiropody in the country where **treatment** is provided.

CHRONIC

A **medical condition** which has at least one (1) of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, check ups, examinations or tests
- It needs ongoing or long-term control or relief of symptoms

COMMENCEMENT DATE

The date shown on the **Declaration of Insurance** on which the cover provided by this **policy** starts.

COMPLEMENTARY TREATMENT

Therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes chiropractic **treatment**, osteopathy, homeopathy, dietician and acupuncture **treatment** as practiced by approved therapists.

COMPLICATIONS OF PREGNANCY

Complications of pregnancy covered under this **policy** are: pre-eclampsia, miscarriage, threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb, still birth, heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage), afterbirth left in the womb after delivery of the baby (retained placental membranes) and complications following any of the above conditions.

CO-INSURANCE

The percentage of the total value of incurred expenses for which the **insured person** is responsible.

CONGENITAL ANOMALY (Birth Defects)

An intra-uterine development of an organ or structure that is abnormal with reference to form, structure or position.

CORRECTIVE DEVICE

A device for treating a **medical condition**, for example a C-pap machine or a wearable defibrillator such as a life vest.

COUNTRY OF NATIONALITY

The country for which **you** are a passport holder.

COUNTRY OF RESIDENCE

The country in which **you** normally live at the time of the **commencement date** or at each subsequent **renewal date**.

DATE OF ENTRY

The date shown on the **Declaration of Insurance** on which an **insured person** was first covered under this **policy**.

DAY-PATIENT

An **insured person** who is admitted to a **hospital** bed in a ward, **semi-private** or **private room** because they need a period of medical supervision but does not need to remain in **hospital** overnight.

DECLARATION OF INSURANCE

The document giving details of the **policyholder**, the **insured persons**, the **period of cover**, the **date of entry** and the level of cover and any **endorsements** that may apply.

DENTAL PRACTITIONER

A person who is registered and is legally licensed to practise dentistry in the country where **treatment** is provided.

DEPENDANTS

A spouse or adult partner and/or unmarried children, step-children, legally adopted children and foster children who are under 25 years of age, permanently living with **you** or in full-time education. Children will be accepted from birth, provided that **we** receive notification of their arrival within thirty (30) days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

ELECTIVE CAESAREAN

A caesarean section operation for delivery of a baby, which is not as a type of medical intervention, necessity or recommendation.

EMERGENCY

The sudden onset of a serious and unexpected **acute medical condition** or injury requiring immediate medical **treatment**, that without **treatment** commencing within 24 hours of the **emergency** event could result in death or serious damage to bodily function.

ENDORSEMENT

Any change to terms and conditions agreed by **us** that can extend or restrict cover.

EVACUATION OR REPATRIATION

Moving **you** to another **hospital** which has the necessary medical facilities either in the country where **you** are taken ill or in another nearby country (evacuation) or bringing **you** back to **your** principal **country of residence** or **your** home country (repatriation). The service includes any **medically necessary treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.

EXPERIMENTAL

Any **treatment** that includes completely new and/or untested drugs, procedures or services, or the use of which is for a purpose other than the use for which they have previously been approved by the regulatory body in the country where **you** are receiving **treatment**; new drug procedures or service combinations; and/or alternative therapies which are not internationally accepted standards of current medical practice. In the absence of demonstrable regulatory approval of a drug, procedure or service in the country where **treatment** is being obtained, the drug, procedure or service must have been approved by the U.S. Food and Drug Administration (FDA).

EXTERNAL PROSTHESIS

An artificial device that replaces a missing body part and is worn externally.

FOETAL SURGERY

Treatment given or undertaken on a foetus whilst in the womb.

GUARANTEE OF PAYMENT

A formal notice provided by the claims handlers, to guarantee the payment of an agreed invoice cost to a **medical practitioner**, **specialist** or **hospital** subject to any terms and conditions specified.

Definitions - continued

HOSPICE

An establishment which is legally licensed as a **hospice** or **hospital** under the laws of the country in which it is located where palliative end of life care is provided.

HOSPITAL

An establishment which is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is located.

HORMONE REPLACEMENT THERAPY (HRT)

Treatment given to treat a hormone imbalance condition.

IN-PATIENT

An **insured person** who is admitted to a **hospital** bed in a ward, **semi-private** or **private room** and out of **medical necessity** is required to stay for one (1) or more nights.

INSURED PERSON/YOU/YOUR

You and/or the **dependants** named on the **Declaration of Insurance** who are covered under this **policy**.

INTENSIVE CARE

Treatment in a defined **intensive care** unit, intensive therapy unit, high dependency unit or coronary care unit, which provides constant monitoring after surgical operation or illness.

IVF

In-vitro fertilisation. A cycle is the removal of the egg, fertilisation and then the implantation of the embryo into the womb of an **insured person**.

LIFE EVENT

Any of the following:

- The birth of a baby
- A new spouse/adult partner living with **you**
- A child of the new spouse/adult partner
- A step-child living with **you**
- Legal adoption of a child
- Fostering of a child

KIDNEY DIALYSIS (Haemodialysis)

Treatment that filters and purifies the blood using a dialysis machine.

MASTER POLICY

The **policy** issued by **us** to the **assured** which details the level of cover provided by **us** to the **insured person** as detailed in this **Certificate of Insurance**.

MEDICAL CONDITION

Any **accident**, injury, illness or disease, including **psychiatric illness**.

MEDICAL PRACTITIONER

A legally licensed doctor, physician or **specialist** recognised by the law of the country where **treatment** is provided and who, in rendering such **treatment**, is practising within the scope of his/her licensing and training, and who holds primary degrees in medicine or surgery as recognised by the World Health Organisation.

MEDICALLY NECESSARY/MEDICAL NECESSITY

Treatment prescribed by a **medical practitioner** or **specialist** necessary to evaluate, diagnose or treat a **medical condition** or its symptoms which is deemed to be appropriate for **your medical condition** and is not considered to be **experimental**, unlicensed or unproven, which as determined by **us** are:

- in accordance with generally accepted and published standards of medical practice, as determined by **us** where necessary
- clinically appropriate, in terms of type, frequency, extent, site and duration and thought to be effective for the patient's **medical condition**
- not primarily for the patient's or **specialist's** convenience
- no more costly than an alternative service(s), at least as likely to produce the same therapeutic or diagnostic results
- received through an appropriate medical facility and admission type, for example, **in-patient**, **day-patient** or **out-patient**

We do not pay for **treatment**, which in **our** view, does not fall within this definition or is being undertaken solely at **your** request.

MEDICATION

Drugs, medicines and dressings (including prostheses when used as an integral part of a surgical procedure) prescribed by a **medical practitioner** or **specialist** and used in accordance with the prescription. This also includes consumables used in an operating theatre and/or **hospital** admission.

MEMBER

A person covered by this **policy**.

NEWBORN

A **newborn** infant, or neonate, is a child under the age of thirty (30) days.

ONCOLOGY

The field of medicine devoted to cancer **treatment** including the use of medicines (immunotherapy/chemotherapy), surgery and radiation (radiotherapy).

ORGAN TRANSPLANT

The surgical procedures to perform a transplant of an organ.

ORTHODONTIC

Affecting structure, function, development or appearance of teeth, upper or lower jaw or oral cavity.

OUT-PATIENT

An **insured person** who receives **treatment** but who is not required to be admitted to a **hospital** bed.

PALLIATIVE TREATMENT

Treatment given to an **insured person**, the primary purpose of which is only to offer temporary relief of symptoms, rather than to cure, stop, reverse or delay progression of the **medical condition** causing the symptoms.

PATHOLOGY

Tests carried out to help determine or assess the nature of disease and the changes in structure and functions brought about by disease.

PERIOD OF COVER/EACH YEAR

The period of time for which cover is provided. This is specified on the **Declaration of Insurance**. This will normally be a twelve (12) month period starting from the **commencement date** or **renewal date**.

PHYSIOTHERAPIST

A person who is qualified to practice physiotherapy, has full registration under the Medical Acts specialising in physiotherapy and is registered and legally licensed in the country where **treatment** is provided.

PODIATRIST

A practising **podiatrist** who is registered and legally licensed to practice podiatry in the country where **treatment** is provided.

POLICY

Means the contract of insurance between **you** and **us**. It consists of this **Certificate of Insurance**, the **Declaration of Insurance**, the application and any **Endorsements**.

POLICY EXCESS

The specified monetary amount payable by an **insured person** in respect of expenses incurred before any benefit is paid under this **policy**. The **policy excess** applies per person per **policy** year and is applied to **in-patient**, **day-patient** and **out-patient** medical and associated expenses only. The **policy excess** does not apply to Well-being, vaccinations and optical benefits.

POLICYHOLDER

The person, entity or company with whom **we** have contracted this **policy** and who is principally responsible for payment of the premiums, including any **sub-groups** who are also covered by this **policy**.

PRE-AUTHORISATION/PRE-AUTHORISED

A service provided by the claims handlers, to a claimant to confirm **policy** cover before committing to any costs or **treatment**.

PRIVATE ROOM

A standard single room in a **hospital** with a private bathroom and for the exclusive use of a patient. Cover is for a standard **private room** only. Suites, VIP, premium, deluxe, executive **private rooms** (or similar) are not covered.

PRE-EXISTING

Any **medical condition** for which, within the five (5) years prior to **your date of entry** as shown on **your Declaration of Insurance**, **you**:

- had experienced and/or suffered from any signs or symptoms, whether investigated or not;
- had sought or received **advice**;
- had been recommended to have or had received medical **treatment**, including lifestyle changes and special diets, drugs, medication and injections; or
- to the best of **your** knowledge, **you** were aware **you** had.

PROFESSIONAL SPORTS

Engaging in or training in any sport for which a salary or monetary payment is received, including grants or sponsorship (unless these are travel costs only). This includes players, trainers and coaches.

PSYCHIATRIC ILLNESS

Treatment of a mental disorder carried out by a clinical psychologist/psychiatrist. A disorder which affects the mind, mental function or emotions associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

Definitions - continued

QUALIFIED NURSE

A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body, within the country where **treatment** is provided.

REASONABLE AND CUSTOMARY

Charges which are, based upon all the information and data available to **us**, not excessive for the type of **treatment** provided, in the location received and given by the specific treating **medical practitioner**.

Note that, in certain circumstances, **we** will have agreed charges with specific **hospitals** or medical facilities for particular procedures and accommodation and that this data will be considered by **us** as part of determining what is a **reasonable and customary** charge.

We may verify the fees with a government health department or other independent third party if necessary.

RECONSTRUCTIVE SURGERY

Surgery that is **medically necessary** to restore function or appearance after a disfiguring **accident** or as a result of an eligible **medical condition**.

REHABILITATION

Treatment given with the aim of restoring health and mobility after injury or illness to a state in which an **insured person** can be self-sufficient.

REIMBURSEMENT

A process provided by the claims handlers, to repay to claimants any sums paid by them in respect of eligible claims under this **policy**.

RENEWAL DATE

Twelve (12) calendar months from the **commencement date** or from the previous **renewal date**.

RESIDENTIAL CARE

Care provided for people who may need assistance with day to day tasks such as washing or dressing but don't require more specialist nursing care or support; also described as assisted living facilities, board and care homes, or rest homes.

SEMI-PRIVATE ROOM

A standard room in a **hospital** which is not exclusive and which may be shared with other patients. Suites, VIP, premium, deluxe, executive private rooms (or similar) are not covered.

SOUND NATURAL TEETH

A **sound natural tooth** that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally.

SPECIALIST

A **medical practitioner** who (1) holds a substantive consultant appointment in the relevant speciality in a National Health Service **hospital**, or (2) has held a substantive consultant appointment which **we** accept as being of equivalent professional status, or (3) is recognised as such by the statutory bodies of the relevant country in which **treatment** is being given.

SUB-GROUP

An entity or company related to the **policyholder** and insured by the same **policy**.

TERRORISM

An act, including for example the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

TREATMENT

Any **medically necessary** surgical procedure or medical intervention required to evaluate, monitor, diagnose, relieve, cure or provide relief of a **medical condition**.

WE/OUR/US

à la carte healthcare limited trading as ALC Health on behalf of SiriusPoint International Insurance Corporation (publ), as the Underwriters of this **policy** as detailed in the **Declaration of Insurance** and/or any appointed claims handlers, agents or managers.

Exclusions Specific to Each Section of Cover

In-patient & day-patient Treatment

The following exclusions apply to **In-patient & day-patient Treatment**. As well as General Exclusions, **we** do not cover the following:

- Any costs not incurred as an **in-patient** or **day-patient** in a **hospital** or recognised medical facility except for home nursing.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs associated with routine pregnancy & childbirth, unless Routine Pregnancy & Childbirth has been selected.

Applicable to Prima Concept

- Any costs associated with routine pregnancy & childbirth.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs associated with any form of dental **treatment**, unless Dental **Treatment** has been selected (including gingivitis, periodontics or gum disease of any kind).

Applicable to Prima Concept

- Any costs relating to dental **treatment** (including gingivitis, periodontics or gum disease of any kind).
- Any costs associated with **evacuation or repatriation** unless **Evacuation or Repatriation** has been selected.
- The **policy excess** specified on the **Declaration of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs incurred in locating a replacement organ or obtaining a donor organ, costs for the removal of the organ from the donor, transportation costs and all associated administration costs in respect of an **organ transplant**, costs of removing an organ from **you** to transplant into another person, and any resulting complications.

Applicable to Prima Concept

- Any costs relating to **organ transplants**.

Applicable to Prima Premier

- Where **Out-patient Treatment** has been selected, cover in respect of post-operative **treatment** is deleted from **In-patient & Day-patient Treatment**.
- Any cost relating to **Complications of Pregnancy** incurred during the initial ten (10) months of cover. Conception may take place during this initial period, but only costs incurred after the period will be considered for **reimbursement**.

Out-patient Treatment

(Optional Benefit under **Prima Premier only**)

If **Out-patient Treatment** has been selected the following exclusions will apply in addition to General Exclusions. **We** do not cover the following:

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs associated with routine pregnancy & childbirth, unless Routine Pregnancy & Childbirth has been selected.

Exclusions Specific to Each Section of Cover - continued

Applicable to Prima Concept

- Any costs associated with routine pregnancy & childbirth.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs associated with any form of dental **treatment**, (including gingivitis, periodontics or gum disease of any kind), unless Dental **treatment** has been selected or **treatment** is covered under **Emergency Dental Treatment**. If Dental **Treatment** option has been selected **Emergency Dental Treatment** is not applicable. Any benefits payable will be paid under the Dental **Treatment** Benefit.

Applicable to Prima Concept

- Any costs relating to dental **treatment** (including gingivitis, periodontics or gum disease of any kind).

- The **policy excess** specified on the **Declaration of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.

- Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition**, unless agreed in writing by **us**.

- Any **treatment** for cosmetic pedicures, surgical footwear, for example, corrective footwear, corn plasters, insoles, dressings etc.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs incurred under the Well-being benefit for the initial ten (10) months of cover from purchase date of the **out-patient** benefit or **date of entry**, whichever is the latter.

Routine Pregnancy & Childbirth

(Optional Benefit under **Prima Platinum, Prima Premier and Prima Classic only**)

If Routine Pregnancy & Childbirth has been selected the following exclusions will apply to this benefit in addition to General Exclusions. **We** do not cover the following:

- Any costs incurred for the initial ten (10) months of cover from purchase date of this benefit or **date of entry**, whichever is the latter. Conception may take place during this initial period, but only costs incurred after the period will be considered for **reimbursement**.
- Antenatal and postnatal classes, and non-medical practitioners for example, Doulas, Coaches, Nanny etc.
- Midwifery costs when not associated with the childbirth / delivery.
- Treatment** consequent from the well-baby examination, unless the **newborn** is added within thirty (30) days of birth to the **policy** as an **insured person**.
- Antenatal 3D and 4D ultrasound scans.

Dental Treatment

(Optional Benefit under **Prima Platinum, Prima Premier and Prima Classic only**)

If Dental **Treatment** has been selected the following exclusions will apply in addition to General Exclusions. **We** do not cover the following:

- Dental costs incurred within the first six (6) months from the purchase date of this benefit or **date of entry** whichever is the latter (excluding **Accidental Damage to Teeth**).
- Dental procedures other than those specified in 'The Cover' section.
- Gingivitis, periodontitis or gum disease of any kind.

- The cost of any precious metals (excluding gold) used in any dental procedure.

- Any dental **treatment** which was recommended by **your dental practitioner** or that **you** were aware (or ought reasonably to have been aware) required **treatment** before **you** purchased this benefit or during the first six (6) months of **your** purchase of this benefit. In the event of a claim, **you** may be required to provide evidence that **you** have completed all necessary dental work recommended prior to **your** purchase of this benefit.

- Dental surgery when not performed by an oral and maxillofacial surgeon or surgical dentist.

- Dentures where a set or sets have been worn previously.

Applicable to Prima Premier and Prima Classic

- Orthodontic treatment** of any kind.
- Implants.

- Sealants and fluoride **treatment**.

Evacuation or Repatriation

(Optional Benefit under **Prima Platinum, Prima Premier, Prima Classic and Prima Concept**)

If **Evacuation or Repatriation** has been selected the following exclusions will apply in addition to General Exclusions. **We** do not cover the following:

- Travel and subsequent accommodation costs unless specifically agreed by **us**, or **our** appointed assistance company, in writing prior to travel. Any costs incurred without **our** prior agreement shall not be considered for **reimbursement**.
- The cost of any airline tickets other than economy class, unless **we** have provided written approval in advance of the date of travel.
- Burial and cremation costs shall not include the costs of a religious practitioner, floral tributes, musical provision, headstones or food and beverages.
- Any costs incurred where the death has occurred within the **insured person's country of nationality**.
- Any costs incurred as a result of engaging in any sports or activity as a professional or taking part in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than ten (10) metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hangliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- Moving **you** from a ship, oil-rig platform or similar off-shore location.
- We** will not be liable in respect of the overseas **evacuation or repatriation** service for:
 - Any failure to provide the overseas **evacuation or repatriation** service or for any delays in providing it, unless the failure or delay is caused by **our** negligence (including that of the international assistance company **we** have appointed to act for **us**), or of agents appointed by either party.
 - Failure or delay in providing the overseas **evacuation or repatriation** service if:
 - by law the overseas **evacuation or repatriation** service cannot be provided in the country in which it is needed; or
 - the failure or delay is caused by any reason beyond **our** control including, for example, strikes and flight conditions.
 - Injury or death caused while **you** are being moved unless it is caused by **our** negligence or the negligence of anyone acting on **our** behalf.

General Exclusions

These exclusions apply to the whole of this insurance. Each section also has its own exclusions.

- Any **medical condition** for which, within the five (5) years prior to **your date of entry** as shown on **your Declaration of Insurance, you:**
 - had experienced and/or suffered from any signs or symptoms, whether investigated or not;
 - had sought or received **advice**;
 - had been recommended to have or had received **medical treatment**, including lifestyle changes and special diets, drugs, medication and injections; or
 - to the best of **your** knowledge, **you** were aware **you** had.

If **your pre-existing** condition is one of those shown below, **we** will also exclude **treatment** for the specified conditions as detailed in the table below:

| If you have the following pre-existing condition: | We will not pay for treatment of the following specified conditions: |
|--|---|
| have been diagnosed with diabetes | <ul style="list-style-type: none"> Diabetes Ischaemic heart disease Cataract Diabetic retinopathy Diabetic renal disease Arterial disease Stroke |
| are currently undergoing treatment for raised blood pressure (hypertension) | <ul style="list-style-type: none"> Raised blood pressure (hypertension) Ischaemic heart disease Stroke Hypertensive renal failure |
| are under investigation, having treatment or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test | <ul style="list-style-type: none"> Any disorder of the prostate |

Pre-existing medical conditions or specified conditions (as detailed in the table above) may become eligible for benefit after a continuous period of two (2) years cover under the **policy** provided that, having followed all **medical advice, you** have not:

- experienced and/or suffered from any signs or symptoms, whether investigated or not;
- sought or received **advice**;
- been recommended to have, or have received **medical treatment**, including lifestyle changes and special diets, drugs, medication and injections.

If **you** do not complete the first two (2) year period, **you** will have to wait until **you** have completed a continuous period of two (2) years when none of these apply before **we** consider covering **your pre-existing medical condition** or specified condition (as detailed in the table above). **You** must ensure **you** follow **medical advice** provided to **you** in relation to **your** condition, even if this means **you** will be unable to obtain cover.

In some circumstances **you** may have joined on different terms to those described above and **you** will find those terms on **your Declaration of Insurance**. For example, if **you** have joined from another insurer **we** may have transferred the medical underwriting terms from **your** previous policy for **medical conditions** that existed prior to **you** joining that policy.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Congenital anomalies** (except where covered under **Newborn Cover** – Congenital), genetic deformities/disorders or **birth injuries**.

Applicable to Prima Concept

- Congenital anomalies**, genetic deformities/disorders or **birth injuries**.

- Foetal surgery.**
- Costs for genetic testing, except where **medically necessary** to establish targeted cancer **treatment** eligible under the **Oncology** benefit.
- Treatment** for, or arising from, deafness caused by ageing, and the provision of hearing aids.
- Treatment** for any illness, diseases or injuries arising from a procedure that is not covered under this **policy**.
- Experimental**, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.

- Home visits, unless they are **medically necessary** following the sudden onset of an **acute** eligible illness, which renders the insured incapable of visiting their **medical practitioner**. The **medical practitioner's** visit must take place within 24 hours of the start of the condition.
- Treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.
- Investigations into and **treatment** solely relating to the loss of hair and any hair replacement. Wigs are not covered except under the **Oncology out-patient** benefit.
- Treatment** received in health hydros, nature cure clinics, spas or similar establishments, or **treatment** for **residential care** or private beds registered as a nursing home attached to facilities such as **hospices, hospitals** or **residential care** homes, where the facility has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- Cosmetic **treatment**, any **treatment** for obesity, and any form of weight loss **treatment**, removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated **treatment** costs consequent of such **treatment**.
- Treatment** which is not **medically necessary** or which may be considered a matter of personal choice which includes termination of a pregnancy when not **medically necessary** or medically recommended.
- Tests or **treatment** for all sleep related disorders such as sleep apnoea, snoring, insomnia and any other sleep related breathing problem.
- Any **treatment** carried out by a plastic surgeon, whether or not for medical/psychological purposes. **We** will only consider the cost of a plastic surgeon where eligible under the **reconstructive surgery** benefit, and where the treating **medical practitioner** confirms that a plastic surgeon is the most appropriate **specialist** to perform surgery for an eligible **medical condition**. **We** will only cover the initial reconstruction.
- Costs of providing or fitting any **external prostheses, corrective devices** or **appliances** (except where covered as shown under the definition **appliance** or under the Prima Platinum benefit Ancillary Charges for **external prostheses**).
- Treatment** for any illness, diseases or injuries arising from ear or body piercing and tattooing.
- Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor. Costs of removing living cells or living tissues from **you** to implant or re-implant into another person, and any related complication due to such a procedure.

Applicable to Prima Classic

- Vaccinations and inoculations.

Applicable to Prima Concept

- Routine physical examinations, including gynaecological investigations and tests, vaccinations and inoculations and other preventative medicines and tests without clinical symptoms being present. Routine hearing tests and the provision of hearing aids.

Applicable to Prima Platinum and Prima Premier

- Preventative **treatment** or health checks where there are no symptoms unless eligible under Well-being or Vaccinations benefit. Tests undertaken only to detect if a person has had a specific **medical condition**, but where there are no symptoms present and/or there is no intention to treat or monitor the condition are not covered.

Applicable to Prima Classic

- Preventative **treatment** or health checks where there are no symptoms unless eligible under Well-being benefit. Tests undertaken only to detect if a person has had a specific **medical condition**, but where there are no symptoms present and/or there is no intention to treat or monitor the condition are not covered.

Applicable to Prima Concept

- Preventative **treatment** or health checks where there are no symptoms. Tests undertaken only to detect if a person has had a specific **medical condition**, but where there are no symptoms present and/or there is no intention to treat or monitor the condition are not covered.

General Exclusions - continued

- Disorders of refraction and accommodation of the eye/lens including **treatment** to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) and photorefractive keratectomy (PRK), macular degeneration and similar conditions or provision of aids such as glasses and contact lenses unless eligible under Optical benefits. However, **we** will pay for corrective sight surgery consequent of an **accident**.
- Claims for any supplements or substances which are available naturally. This includes, for example, vitamins, minerals and organic substances except where prescribed under **Complementary Treatment** or when prescribed by a **specialist** or **medical practitioner** to treat an eligible **medical condition**.
- Drugs and medicines purchased without prescription from a **specialist** or **medical practitioner**. Nutritional supplements and any drugs, medicines or products that can be obtained without prescription (i.e. over-the-counter), for example, cough medicine, paracetamol, special infant formula, mouth wash, sunscreen and cosmetic products even if they were medically recommended and/or prescribed or acknowledged as having therapeutic effects.

Applicable to Prima Platinum

- Investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control (including insertion and removal of contraceptive devices and all other contraceptives), even when medically recommended, and any form of infertility or assisted reproduction except as covered under the **IVF** benefit.

Applicable to Prima Premier, Prima Classic and Prima Concept

- Investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control (including insertion and removal of contraceptive devices and all other contraceptives), even when medically recommended, infertility and any form of assisted reproduction.

- Treatment** directly related to surrogacy whether **you** are acting as surrogate, or are the intended parent.
- Investigations, diagnostics and **treatment** of impotence, sexual dysfunction or any consequence thereof, **treatment** for sterilisation or fertilisation, vasectomy or other sexually related conditions or gender reassignment.
- Treatment** directly or indirectly associated with sexually transmitted infections, including preventative medications. Investigations and **treatment** for cancer caused by the long-term consequences of human papilloma virus infection will not be deemed sexually transmitted for the purposes of this exclusion.
- We** do not cover **treatment** for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, obsessive-compulsive personality disorder, attachment disorder, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- Speech therapy is only eligible for **reimbursement** in the context of a diagnosed physical impairment, such as, for example, nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). **We** do not pay for speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.
- Developmental delays/disorders including learning delays/disorders, learning difficulties, behavioural, speech and voice problems as well as physical development problems.
- Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes for example, the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.
- Costs which arise from or are directly or indirectly caused by an attempt at suicide or bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour.
- Treatment** for dependency on or abuse or misuse of alcohol, drugs or any other addictive substances, and addictive conditions of any kind. This includes misuse of prescription medications, and any injury or illness arising directly or indirectly from such abuse, misuse or addiction.

- Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- Costs which arise from or are directly or indirectly caused by self-exposure to needless danger, except in an attempt to save a human life.
- Treatment** directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, martial law or state of siege or attempted overthrow of government.
- Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
- Terrorism**, riot, strike or civil commotion unless the insured person sustains bodily injury whilst as an innocent bystander.
- Costs directly or indirectly resulting from the use of nuclear, chemical, biological or radioactive material as a weapon, whether such involves an explosive sequence(s) or not.
- Expenses incurred because of complications directly caused by an illness, injury, **treatment** or other medical procedures for which cover is excluded or limited under **your policy**.
- Treatment** required as a result of failure to seek or follow **medical advice**.
- Costs and expenses incurred where an **insured person** has travelled against **medical advice**.
- Travel costs to and from medical facilities (including parking and taxi costs) for eligible **treatment**, other than any travel costs covered under transportation or **Evacuation or Repatriation** benefit.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- Any costs incurred outside **your area of cover** other than eligible **emergency treatment** costs covered under the **in-patient & day-patient** 'Emergency Treatment Outside of Area of Cover' benefit. **We** will not cover any costs associated with curative **treatment** or follow-up of **emergency treatment** outside **your area of cover** or travel costs to return to **your area of cover**.

Applicable to Prima Concept

- Any costs incurred outside **your area of cover**. **We** will not cover any costs associated with curative **treatment** or follow-up of **emergency treatment** outside **your area of cover** or travel costs to return to **your area of cover**.

- Treatment** costs which are incurred outside of the **period of cover** or after termination of the **policy** for whatever reason, including non-renewal and non-payment of premium.
- Losses not incurred within the **period of cover** and claims submitted later than six (6) months after the end of the **period of cover** (unless this was not reasonably possible).
- Costs relating to the completion of claim forms and any other documents, or any other administration or registration costs.
- Treatment** or diagnostic procedures of injuries arising from an engagement in **professional sports**.
- Treatment** that is not specified under 'The Cover' or where 'Optional Benefits' have not been selected, or costs that exceed the limits stated.

Applicable to Prima Concept

- Treatment** of a **newborn** baby when birth/delivery takes place prior to 37 weeks gestation.

- Any costs that exceed **reasonable and customary** for the type of **treatment** provided, in the location it is received in and given by a specific **medical practitioner**.
- Charges incurred for overdue payment of invoices.
- We** will not pay any claim under this **policy** which will result in **us** being exposed to any sanction, prohibition or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

General Conditions

These conditions apply to all sections of this insurance.

1 Policy Term

The **policy** is an annual contract and is effective for twelve (12) months from the **commencement date**. The **policy** can be renewed **each year** on the **renewal date**, subject to the **policy** terms, conditions and premium rates in force at the time and as notified to **you** in **your** renewal invitation.

2 Premium Payment

Premiums can either be payable monthly, quarterly or annually and are due to be paid on or before the **commencement date** or **renewal date**. However, as **your policy** is an annual contract **you** are responsible for the whole years' premium even if **we** have agreed that **you** may pay by a monthly or quarterly premium. Failure to make payment may result in suspension of cover or termination of the **policy** without notice. Reinstatement upon subsequent receipt of funds may result in the application of General Exclusion 1 with effect from the date of reinstatement. No **insured person** shall have automatic right to continue the cover with **us**. Please refer to the Payment Terms & Conditions.

Payment for additions to the **policy** must be received by the due date on **our** invoice. If the premium is not received by **us** on or before the due date, cover may be deemed null and void without further notice.

3 Taxes

We reserve the right to reflect any changes in insurance premium tax or other government levies as may be imposed upon **us**.

4 Intermediary

We may deal with the **policyholder's** brokers or intermediaries directly in negotiating, advising and assisting with the insured benefits under this **policy**.

5 Alterations

At each **renewal date**, **we** reserve the right to alter or discontinue the benefits, terms, conditions and premiums of this **policy** and **we** shall notify **you** of such changes at least 21 days prior to the **renewal date** to **your** last known address. If **you** fail to receive such notice for whatever reason this shall not invalidate the change.

6 The Policyholder will

- a. ensure that all **members** within the group are made aware of the level of cover, medical underwriting terms, **policy** terms, conditions and claims procedure. All waiting periods as defined in the **policy** terms and conditions will be applicable to the **members** and the **dependants** unless otherwise agreed by **us**.
- b. ensure that all **members** are made aware of any changes or alterations to the **policy**, level of cover, **policy** terms and conditions.
- c. pay premiums, including taxes and government levies as may be applicable, to **us** on or before or on the due dates pursuant to and arising from the **policy** terms and conditions including the payment terms and conditions. For the avoidance of doubt, premiums should be paid directly to **us** by the **policyholder** and not through a broker or an intermediary.
- d. inform all **members** of the termination or non-renewal of their cover (if applicable) under the **policy**.
- e. ensure that the **member** and **dependant** membership cards are destroyed on termination of their coverage.
- f. disclose all material facts and circumstances of the **members** and their **dependants** where required by **us** for medical underwriting purposes.
- g. notify **us** as soon as practicably possible by written notice in the event that **you** wish to deal with **us** on a direct basis where the **policyholder** deals through an appointed insurance broker or intermediary or wishes to appoint a new insurance broker or intermediary.
- h. pay for and assume all and any liability for **out-patient treatment** that has been procured by any **member** or **dependant**, which is not covered by the **policy** terms and conditions and/or which has not been authorised by **us**. The **policyholder** may at its discretion meet the liability or pass such liability on to the **member**.
- i. pay for and assume all and any liability for any **treatment** that has been procured by or provided to any **member** or **dependant** who is no longer eligible for cover, irrespective of whether such **treatment** has been **pre-authorised** by **us** or not.

- j. provide to **us** in writing within five (5) business days of the commencement of the **policy** the following information in respect of the **members**:
 - The name of each person, including eligible **dependants**;
 - The date of birth of each person, including eligible **dependants**;
 - The gender of each person, including eligible **dependants**;
 - The nationality of each person, including eligible **dependants**;
 - The **country of residence** of each person, including eligible **dependants**;
 - The date the **member** joined the company;
 - The category (level of cover) each **member**, including eligible **dependants** are to be added.
- k. ensure that a **member** will join the scheme when they first become eligible. If a **member** is added at a time other than when first eligible, **we** reserve the right to offer different underwriting terms and will require a completed medical declaration.
- l. ensure that an eligible **dependant** will join the scheme at the same time as the **member** joins. A **dependant** can subsequently join with a different start date to the **member** if one (1) of the **Life Events** has occurred, within thirty (30) days of the **Life Event** occurring. **Newborn** children will be accepted from birth without the need for medical underwriting, provided that **we** receive notification of their arrival within this period. If a **dependant** is requested to be added outside the **Life Event** **we** reserve the right to offer different underwriting terms and will require a completed medical declaration.
- m. shall advise **us** in writing confirming which category (level of cover) a new **member** is joining, provide all the details outlined under j above and whether transferring their current medical underwriting from an existing medical insurer.
- n. notify all additions or deletions of **members** and/or their eligible **dependants** within 28 days of the effective date of their addition and/or deletion. A pro rata addition or return of premium will be calculated.

7 Change of Risk

The **policyholder** must inform **us** as soon as practicably possible of any change relating to the **member** or any **insured person** covered under this **policy**. Such change may affect information given in connection with the original application. This may include any information as documented on the Application Form or supporting documents provided which may have altered prior to the **commencement date** or the **renewal date** of the **policy**.

A change of cover, plan, **policy excess** or benefit can only be requested at the **renewal date** of the **policy**. **We** are under no obligation to agree to a requested change and any change may be subject to new underwriting terms and conditions.

The **area of cover** may be changed during the **policy** term if the **member** is moving **country of residence** or spending large amounts of time outside the existing **area of cover**, or if the group company relocates to another country or state, subject to underwriting terms and conditions. The change in the **area of cover** will apply until the next **renewal date**.

All and any transfers from existing medical insurance coverage after the **commencement date** of the **policy** will be subject to underwriting terms and conditions and are at **our** discretion.

8 Cancellation

Cancellation by **you** - This is an annual **policy**. Whatever payment terms are selected by the **policyholder** and accepted by **us**, the agreed annual premium is due and the **policyholder** agrees to pay.

Cancellation by **us** - **We** will not cancel this **policy** because of eligible claims made by any **insured person**.

We are entitled to cancel this **policy**, if there is a valid reason to do so, including for example:

- (i) any failure by **you** to pay the premium; or
- (ii) a change in risk which means **we** can no longer provide **you** with insurance cover; or
- (iii) non-cooperation or failure to supply any information or documentation **we** request, such as details of a claim; by giving **you** fourteen (14) days' notice in writing.

General Conditions - continued

9 Governing Law

The contract of insurance between the **policyholder** and **us**, as evidenced by the **Master Policy** and this **Certificate of Insurance**, shall be deemed issued, finalized and made in Bermuda. Sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Hamilton, Bermuda, for which the **policyholder** expressly consents. The subjects, risks and benefits of insurance covered by the **Master Policy** and evidenced by this **Certificate of Insurance** are not intended or considered by **us** to be resident, located, or performed in any particular country, jurisdiction, state or political subdivision. Bermuda law shall govern all rights and claims raised under the **Master Policy**, as evidenced by this **Certificate of Insurance**.

10 Policy Language

This **policy** is written in English and all other information and communications to **you** relating to this **policy** will also be in English unless **we** have agreed otherwise in writing. Where **policy** documents or other documents are provided in a language other than English for convenience, the English language version will take precedence in the event of any dispute.

11 Other Insurance

If there is any other insurance **policy** covering any of the same benefits as provided by this **policy**, **you** must disclose or ensure that the relevant **insured person** discloses the same to **us**. **We** shall not be liable to pay or contribute more than **our** rateable proportions.

12 Third Party Rights

This **policy** is an agreement between **us** and the **policyholder**. It is not intended that any clause or term of this policy should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person, including any **dependant**. However this does not affect any right of a third party which exists or is available apart from that Act.

13 Economic Sanctions

We will not cover any person as an **insured person** if such cover would result in **us** being exposed to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or United States of America.

14 Claims Contact & Information

All communication in respect of claims made under this **policy** will be with the **member** and/or the **dependant**. For claims relating to **dependants**, all communication will be with the **dependant** if they are aged over sixteen (16) years of age at the time of the communication, unless permission has been given to the **member** by the **dependant** that claims communication can be with the **member**. Where **we** agree to provide claims information (whether for premium calculation purposes or otherwise) **we** will provide general claims data only, to the **policyholder** and/or their appointed intermediary.

15 Foreign Exchange Adjustments

Foreign Exchange Adjustments on claim payments - **we** will pay the cost of **treatment** in the currency incurred. **We** will use the foreign exchange rates available to **us** on the date of **treatment** to determine the benefit level available. **We** will calculate the cost of the **treatment**, incurred in the **policy** currency, including any foreign exchange charges and will deduct the total sum from the amount of benefit available and will notify **you** of the amount of benefit remaining (if any) in the **policy** currency. Note that in some circumstances, depending on currency movements over which **we** have no control, this may result in there being insufficient benefit available to fully pay for the **treatment** received.

16 Policy Suitable for Use

You should ensure that this **policy** will cover **you** in **your country of residence**, as some countries require residents to take out health cover through a local provider or to hold cover which meets certain compulsory requirements. The cover offered by **us** may not meet these country specific requirements and therefore additional cover may be necessary.

17 Evidence Required

You must provide any relevant information **we** ask for to support **your** claim and in the event that **we** do not receive this information **we** may reject or withhold payment until the information **we** require has been received.

18 Fraud

If **you**, or anyone acting for **you**, makes a fraudulent claim, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, **we**:

- (a) will not be liable to pay the claim; and
- (b) may recover from **you** any sums paid by **us** to **you** in respect of the claim; and
- (c) may by notice to **you** treat this **policy** as having been terminated with effect from the time of the fraudulent act.

If **we** exercise **our** right under (c) above:

- (i) **We** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this **policy** (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
- (ii) **We** need not return any of the premium paid.

19 Information You Have Given Us

In deciding to accept this **policy** and in setting the terms including premium **we** have relied on the information which **you** have provided to **us**. **You** must take care when answering any questions **we** ask by ensuring that any information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with untrue or misleading information **we** will have the right to:

- (a) treat this **policy** as if it never existed;
- (b) decline all claims; and
- (c) retain the premium.

If **we** establish that **you** carelessly provided **us** with untrue or misleading information **we** will have the right to:

- (i) treat this **policy** as if it never existed, refuse to pay any claim and return the premium **you** have paid, if **we** would not have provided **you** with cover;
- (ii) treat this **policy** as if it had been entered into on different terms from those agreed, if **we** would have provided **you** with cover on different terms;
- (iii) reduce the amount **we** pay on any claim in the proportion that the premium **you** have paid bears to the premium **we** would have charged **you**, if **we** would have charged **you** more.

We will notify **you** in writing if (i), (ii) and/or (iii) apply.

If there is no outstanding claim and (ii) and/or (iii) apply, **we** will have the right to:

- (1) give **you** thirty (30) days' notice that **we** are terminating this **policy**; or
- (2) give **you** notice that **we** will treat this **policy** and any future claim in accordance with (ii) and/or (iii), in which case **you** may then give **us** thirty (30) days' notice that **you** are terminating this **policy**.

If this **policy** is terminated in accordance with (1) or (2), **we** will refund any premium due to **you** in respect of the balance of the **Period of Cover**.

20 Right to Recovery

- (a) If **we** over-pay any claim for benefits under this **policy** for any reason, **we** shall have the right to a prompt refund and to recover the amount of over-payment from the **insured person**, or the third party to whom the over-payment was made, as the case may be.
- (b) If the **insured person**, or the relevant third party, does not promptly make any such refund to **us**:
 - (i) **We** may reduce or deduct the amount due from any future claim under this **policy**;
 - (ii) **We** may cancel this **policy** or the **insured person's policy** by giving 30 days notice in writing to the **insured person** or **policyholder's** last known mailing address or e-mail address.

21 Claims Liability

Payment of a claim is not necessarily an indication of **our** acceptance of liability for the claim or confirmation that further costs for the same **medical condition**, or any **related medical** condition will be met.

Assistance & Claims Procedure

Please follow the guidelines below to help us process your claims properly and efficiently.

POLICY DOCUMENTS

Within your policy pack you will have your Declaration of Insurance which tells you the plan you have selected, who is insured under your policy, which benefits you have chosen, and your policy excess. Also any Special Endorsements applicable to your cover will be noted on your Declaration of Insurance.

MEMBERSHIP CARDS

We also supply personalised membership cards to every insured person, which includes our essential contact numbers and addresses. This means that you and your family are only a phone call away from help. We suggest you keep your card with you at all times.

Please note you will find your policy and customer numbers on your membership card. These should be used to register on our online member area at: www.alhealth.com/claims.htm on 'MyALC'.

MyALC

Within 'MyALC', our online member area, you will be able to:

- Pre-authorise your treatment
- Easily submit your claims
- Download a copy of your Declaration of Insurance
- Read secure messages from our claims team
- Search for a medical facility
- Obtain useful travel and security information
- Start a web chat
- Access the secure premium payment area

HOW TO MAKE A CLAIM

Full details of how to make a claim can be found online at 'MyALC' www.alhealth.com/claims.htm

OUT-PATIENT TREATMENT - Reimbursement

Please note that all out-patient treatment relating to psychiatric illness requires pre-authorisation (see below) and we reserve the right to decline the claim in full if treatment is not pre-authorised.

For all other out-patient treatment, there is no obligation for you to seek pre-authorisation. You may go to your medical practitioner or specialist for consultations or treatment and submit your claim for reimbursement. You will need to complete a claim form which you can submit online together with your invoices and receipts and any additional medical information that has been provided to you.

Please note that if you follow this process there may be occasions when we need more detailed medical information to establish that your claim is eligible for cover.

On these occasions we will send you a Medical Certificate for completion by your treating medical practitioner or we may, with your written permission, contact your usual family medical practitioner, treating medical practitioner or specialist directly. You can also download a Medical Certificate from our website at www.alhealth.com/claims.htm to take with you to your appointment.

You will need to complete part of the form and then pass it to your medical practitioner or specialist to complete their section before submitting to us by fax, post, email or online.

OUT-PATIENT TREATMENT – Pre-authorisation

If you wish to confirm in advance that your out-patient treatment is covered, you can pre-authorise your claim before you visit your medical practitioner or specialist by calling us on:

Request online via 'MyALC'

+44 (0) 330 333 6686 or by using the relevant local or free phone numbers detailed on the back of your membership card.

We will confirm how much you are able to claim and what you should do next. If your claim is eligible for cover and pre-authorised by us, you will be given a pre-authorisation number. You will also receive a copy of the Guarantee of Payment we may send to the medical practitioner, specialist or hospital. Where possible, please apply for pre-authorisation at least FIVE WORKING DAYS prior to your appointment.

You can send any invoices and receipts and any additional medical information that has been provided to you, quoting your pre-authorisation number online via 'MyALC'.

PLANNED IN-PATIENT & DAY-PATIENT TREATMENT

All in-patient and day-patient treatment must be pre-authorised.

If treatment is not pre-authorised by us, we reserve the right to decline your claim.

If your treatment is subsequently proven to be covered under the terms and conditions of your policy, we will pay only 50% of eligible benefits.

Please ensure that you apply for pre-authorisation of planned in-patient & day-patient treatment at least FIVE WORKING DAYS prior to the admission or treatment appointment. Please see below in relation to Emergency Admissions.

You can pre-authorise your claim before you visit your medical practitioner or specialist or hospital by calling us on

+44 (0) 330 333 6686

or emailing: preauthorisation@alhealth.com

Alternatively you can go to our website at www.alhealth.com/claims.htm and request pre-authorisation by completing the online submission form.

Once we have confirmed that your claim is eligible, where possible, we will issue a Guarantee of Payment to the medical practitioner, specialist or hospital and you will also receive a copy. Your medical practitioner, specialist or hospital should send their invoices to us for payment along with a copy of the Guarantee of Payment, we can then arrange to make direct payment to them and will send you a statement to confirm this has been done. Please ensure you allow us to settle all agreed treatment directly with the hospital so we can ensure costs are reasonable and customary.

In some circumstances, you may need to pay the medical practitioner, specialist and/ or hospital upfront for the eligible treatment directly. In these cases, once we have confirmed that your claim is eligible, you must forward your paid accounts directly to us by online submission at 'MyALC' or post, fax, email attachment or online submission and we will send the payment (and statement) to you instead. Please ensure that you include your pre-authorisation number on any correspondence and that your registered bank account details are up to date.

EMERGENCY ADMISSIONS

If you have an emergency situation and require immediate admission to hospital, our specialist team are there to support you. You can contact them on +44 (0) 330 333 6686 or you can ask someone to call them on your behalf.

If possible, please make sure that when you are admitted to hospital you give them your membership card as this will help us to deal with them directly.

We recommend that you ensure a relative, close friend or colleague is aware of your medical insurance arrangements and that you carry your membership card at all times. In the event of an emergency admission where you are not in a position to notify us, hospitals may need access to this and will, where necessary, check your personal belongings to discover it.

CLAIMS DEPARTMENT CONTACT DETAILS

All claims queries, pre-authorisation requests and document uploads can be submitted:

Online: www.alhealth.com/claims.htm

Tel: +44 (0) 330 333 6686

Fax: +44 (0) 330 333 6687

Email: claims@alhealth.com

Post: ALC Health Claims Team
PO Box 1114
Cardiff CF111 1UL
United Kingdom

Complaints

à la carte healthcare limited trading as ALC Health is the product provider. SiriusPoint International Insurance Corporation (publ) UK Branch is the underwriter. Claims are managed by a claims handling company appointed by ALC Health.

We aim to always provide a high standard of service but there may be times when you are unhappy with us. If we are unable to resolve matters to your satisfaction and you wish to make a complaint please contact us using one of the following:

Post: The Quality Assurance Team, ALC Health, PO Box 1114 Cardiff, CF11 1UL, United Kingdom

Phone: +44 (0) 330 333 6686

Email: qualityassurance@alhealth.com

To help us resolve your complaint, please supply the following information:

- Your name and membership details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have already seen.

We want to resolve your concerns as quickly as possible and will do all we can to resolve your complaint within 72 hours. If we can't do this, we will contact you within five (5) working days to acknowledge your complaint and explain the next steps.

Should you remain dissatisfied following the final written response, you may be eligible to refer your case to the Department of Consumer Affairs Bermuda using the details given below. You have six (6) months from the date of our final response to refer your complaint to the Department of Consumer Affairs Bermuda. This does not affect your right to take legal action.

Department of Consumer Affairs Bermuda
D. Rego Building, 3rd Floor
75 Reid Street
Hamilton HM 12
<https://www.gov.bm/how-file-complaint-against-business>

Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are

not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

Area of Cover

AREA 1 EUROPE

(Europe is defined as: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia & Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan).

How is my personal data protected?

This is only a summary of ALC's policies regarding **your** personal information. For a complete explanation of how **we** gather, use and protect **your** personal information and **your** corresponding rights, please review **our** complete Privacy Policy, which is available at <https://www.alchealth.com/privacy.htm>

We will deal with all personal information supplied by **you** in the strictest confidence as required by the General Data Protection Regulation.

When **you** provide data processing consent, **we** will process **your** personal information in order to provide the services **you** have purchased, including to administer claims, and to receive **member** communications, in accordance with **our** Privacy Policy. If **you** provide marketing consent, **we** will send **you** relevant information and future marketing materials regarding products or services in which **you** may have interest, and for all other purposes set forth in **our** Privacy Policy. **You** may withdraw **your** consent at any time.

By providing marketing consent, **we** may gather information about **you** from third parties to help **us** identify insurance products and services in which **you** may have interest, and share information with third parties, such as web analytics tools, in order to send **you** relevant information and future marketing materials, and for all other purposes set forth in **our** Privacy Policy. **You** may withdraw **your** consent at any time.

We may share **your** information with third parties who provide services on **our** behalf to help with **our** business activities. These companies are authorised to use **your** personal information only as necessary to provide these services to **us**. When **we** share information with these other companies to provide services for **us**, they are not allowed to use it for any other purpose and must keep it confidential. These services may include:

- Adjudicating and managing the claims process
- Payment processing to healthcare providers
- Providing customer service

In certain situations, ALC Health may be required to disclose personal data in response to lawful requests by public authorities, including to meet national security or law enforcement requirements.

Fair Processing Notice

This Privacy Notice describes how SiriusPoint International Insurance Corporation (publ) (for the purpose of this notice "**we**", "**us**" or the "**Insurer**") collect and use the personal information of **insureds**, claimants and other parties (for the purpose of this notice "**you**") when **we** are providing **our** insurance and reinsurance services.

The information provided to the **Insurer**, together with medical and any other information obtained from **you** or from other parties about **you** in connection with this **policy**, will be used by the **Insurer** for the purposes of determining **your** application, the operation of insurance (which includes the process of underwriting, administration, claims management, analytics relevant to insurance, rehabilitation and customer concerns handling) and fraud prevention and detection. **We** may be required by law to collect certain personal information about **you**, or as a consequence of any contractual relationship **we** have with **you**. Failure to provide this information may prevent or delay the fulfilment of these obligations.

Information will be shared by the **Insurer** for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in

respect of **your** personal information. Because **we** operate as part of a global business, **we** may transfer **your** personal information outside the European Economic Area for these purposes.

You have certain rights regarding **your** personal information, subject to local law. These include the rights to request access, rectification, erasure, restriction, objection and receipt of **your** personal information in a usable electronic format and to transmit it to a third party (right to portability).

If **you** have questions or concerns regarding the way in which **your** personal information has been used, please contact: DPOLondon@siriuspt.com.

We are committed to working with **you** to obtain a fair resolution of any complaint or concern about privacy. If, however, **you** believe that **we** have not been able to assist with **your** complaint or concern, **you** have the right to make a complaint to the relevant Information Commissioner's Office.

For more information about how **we** process **your** personal information, please see **our** full Privacy Notice at: <https://www.siriuspt.com/legal/website-privacy-policy-final.pdf>

www.alchealth.com



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