

International Private Medical Insurance

Insurance Product Information Document



Company: ALC Health

Product: Prima Classic - Corporate

ALC Health and alc health are trading styles of à la carte healthcare ltd. Registered in England no 4163178. Registered Office: 254 Upper Shoreham Road, Shoreham by Sea, West Sussex, BN43 6BF, United Kingdom.

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à la carte healthcare ltd is part of the IMG Group of Companies.

This Policy is underwritten by SiriusPoint International Insurance Corporation, 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.

This is your Insurance Product Information Document only and is a summary of cover. Full terms and conditions can be found in your certificate of insurance and on your declaration of insurance.

What is this type of insurance?

ALC Health's Prima Plans are International Private Medical Insurance policies providing cover for the treatment of eligible medical conditions.



What is insured?

In -Patient and Day-Patient Treatment (Overall Annual maximum £1,250,000: €1,500,000: US\$1,875,000 unless a sublimit applies)

- ✓ Accommodation
- ✓ Professional Fees, Medication and Diagnostics
- ✓ Surgical Treatment
- ✓ Emergency Treatment Outside Area of Cover
- ✓ Chronic Conditions (Acute)
- ✓ Oncology

Out-Patient Treatment (Out-patient limit of £10,000: €12,000: US\$15,000 unless a sublimit applies)

- ✓ Professional Fees, Medical and Diagnostics
- ✓ Surgical Treatment
- ✓ Chronic Conditions (Acute)
- ✓ Oncology (up to the overall annual maximum)
- ✓ Well Being Benefit

Optional Benefits Available (subject to an additional premium)

- ✓ Evacuation or Repatriation
- ✓ Dental Treatment
- ✓ Routine Pregnancy & Childbirth



What is not covered?

These are some of the core exclusions for the plan. Please refer to the Policy Wording for full exclusions and terms and conditions of this policy.

- ✗ Pre-existing conditions – subject to underwriting type
- ✗ Treatment outside your area of cover
- ✗ Experimental, unlicensed or unproven treatment
- ✗ Cosmetic surgery
- ✗ Sexually transmitted diseases/infections
- ✗ The standard exclusions that apply to the policy in addition to any personal exclusions



Are there any restrictions on cover?

- ! Cover is always subject to our eligibility criteria
- ! Cover for pre-existing conditions under this product is dependent on the underwriting type that applies to each member
- ! Some benefits have specific monetary limits we will only reimburse up to these limits. Please refer to your policy wording for full details
- ! If you select an excess, eligible benefits will only be paid once the excess amount has been deducted
- ! Eligible costs will be reimbursed subject to charges being reasonable and customary
- ! There are waiting periods for Routine Dental (optional benefit), Complications of Pregnancy, Routine Pregnancy (optional benefit) and Well-being



Where am I covered?

Depending on what area of cover you have chosen you will be covered in one of the following regions (Please refer to your Declaration of Insurance):

- ✓ Area 1: Europe (see your policy wording for the details of countries included)
- ✓ Area 2: Worldwide excluding United States of America and any USA territories
- ✓ Area 3: Worldwide



What are my obligations?

- You must pay your full annual premium, even if we agree you can pay by instalment, directly to us
- You must pay premiums due for additions to the policy by the due date on the invoice issued by us
- You must take reasonable care to provide accurate information when completing any requested forms
- You must provide the members (and their dependants if applicable) full name, gender, date of birth, nationality and country of residence
- You must ensure that all members within the group are made aware of the level of cover, medical underwriting terms, policy terms, conditions and claims procedure and any changes or alterations made
- You must inform all members of the termination or non-renewal of their cover (if applicable) under the policy
- You must ensure that the member and dependant membership cards are destroyed on termination of their coverage
- You must 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
- Please refer to General Conditions section of the corporate policy wording for a full description of your obligations
- You must follow the Assistance & Claims Procedures detailed in the policy wording and obtain pre-authorisation for treatment where required.



When and how do I pay?

You can pay Annually, Quarterly or Monthly by one of the following methods:
Bank Transfer.



When does the cover start and end?

Your cover is an annual contract for a period of 12 months. Your period of cover is detailed on your declaration of insurance.



How do I cancel the contract?

By taking out the insurance, regardless of the frequency you have selected for payment, you have agreed to be covered for the whole of the policy year.

Cancellation by us; we may at any time cancel this policy if you have:

- i. failed to pay the premium.
- ii. a change in risk which means we can no longer provide you with cover.
- iii. non-cooperation or failure to supply any information or documentation we request.