

# International Private Medical Insurance

## Insurance Product Information Document



Company: ALC Health

Product: Prima Premier - Corporate

ALC Health and alc health are trading styles of à la carte healthcare ltd. Registered in England no 4163178. Registered Office: Chanctonfold Barn Chanctonfold Horsham Road Steyning West Sussex BN44 3AA United Kingdom.

à la carte healthcare ltd is authorised and regulated by the Financial Conduct Authority (FCA No 311496).

ALC Health (Hong Kong) Ltd is a wholly owned subsidiary of à la carte healthcare limited. Registered in Hong Kong No 2399505 and by the Insurance Agents Registration Board (No. 17975427).

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This is your Insurance Product Information Document only and is a summary of cover. Full terms and conditions can be found in your policy wording and on your certificate 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 £2,500,000: €3,000,000: US\$3,750,000 unless a sublimit is detailed)**

- ✓ Accommodation
- ✓ Parent Accommodation
- ✓ Professional Fees, Medication and Diagnostics
- ✓ Theatre Fees
- ✓ Reconstructive Surgery
- ✓ Chronic Conditions (Acute)
- ✓ Chronic Conditions (Routine Management, Maintenance & Palliative) – Limited to £20,000: €24,000: US\$30,000
- ✓ Oncology
- ✓ Organ Transplants - £200,000: €240,000: US\$300,000 lifetime limit
- ✓ Complications of Pregnancy
- ✓ New-born Cover - Premature Births – Limited to £10,000: €12,000: US\$15,000
- ✓ New-born Cover – Congenital - £100,000: €120,000: US\$150,000 lifetime limit
- ✓ Physiotherapy
- ✓ Rehabilitation
- ✓ Psychiatric Illness – Limited to 30 days each year
- ✓ Ancillary Charges – Limited to £500: €600: US\$700
- ✓ Home Nursing – Limited to 12 weeks for each condition and a maximum of 26 weeks each year
- ✓ Transportation
- ✓ Post-Operative Cover - Limited to £1,500: €1,800: US\$2,250 each year unless out-patient treatment is selected
- ✓ Cash Benefit - £200: €240: US\$300 for 30 nights
- ✓ Emergency Treatment Outside Area of Cover £50,000: €60,000: US\$75,000 – maximum 42 nights each year



#### What is insured?

**Out-Patient Treatment (Optional Benefit subject to an additional premium. Limited to the overall annual maximum unless a sublimit is detailed)**

- ✓ Professional Fees, Diagnostics, Surgical Treatment and Medication
- ✓ Chronic Conditions (Acute)
- ✓ Chronic Conditions (Routine Management, Maintenance & Palliative) – Limited to £5,000: €6,000: US\$7,500
- ✓ Oncology
- ✓ Physiotherapy – Limited to £3,000: €3,600: US\$4,500
- ✓ Chiropractic – Limited to £250: €300: US\$375
- ✓ Complementary Treatment – Limited to £3,000: €3,600: US\$4,500
- ✓ Traditional Chinese Medicine – Limited to £500: €600: US\$750
- ✓ Psychiatric Illness – Limited to £5,000: €6,000: US\$7,500
- ✓ Hormone Replacement Therapy
- ✓ Optical – Limited to £200: €240: US\$300
- ✓ Well-being Benefit - £500: €600: US\$750
- ✓ Vaccinations – Limited to £250: €300: US\$375
- ✓ Emergency Dental Treatment

#### Evacuation or Repatriation

**(Optional Benefit subject to an additional premium)**

- ✓ Evacuation or Repatriation
- ✓ Mortal Remains



## What is insured?

### Dental Treatment

**(Optional Benefit subject to an additional premium. – overall annual maximum £1,000: €1,200: US\$1,500 unless sublimit applied)**

- ✓ Routine Dental Treatment - sublimit applies
- ✓ Emergency Dental Treatment £600: €720: US\$900
- ✓ Accidental Damage
- ✓ Dental Surgery

### Routine Pregnancy & Childbirth

**(Optional Benefit subject to an additional premium)**

- ✓ Routine Pregnancy & Childbirth – Optional Limits available
- ✓ Well Baby Examination
- ✓ New-born Accommodation
- ✓ Cash Benefit - £100: €120: US\$150 max 30 nights



## 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
- ✗ Genetic deformities, birth injuries or birth defects
- ✗ Genetic testing
- ✗ Experimental, unlicensed or unproven treatment
- ✗ Costs of providing or fitting any external prostheses
- ✗ Cosmetic treatment
- ✗ Treatment relating to alcohol or drug abuse
- ✗ Treatment required as a result of war, terrorism, unless you are an innocent bystander
- ✗ IVF
- ✗ Self-inflicted injury or suicide



## What is not covered?

- ✗ Spinal supports, knee braces and air casts including provision of external prostheses during active treatment of cancer
- ✗ Treatment arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act
- ✗ Any treatment of, or related to, or caused by, eating disorder of any kind
- ✗ Treatment not detailed under 'what is insured'
- ✗ Treatment outside your area of cover
- ✗ Treatment or diagnostic procedures of injuries arising from an engagement in professional sports
- ✗ Contamination by radioactivity, biological or chemical agents
- ✗ Sexual dysfunction
- ✗ Any venereal disease or any other sexually transmitted disease
- ✗ Investigations into and treatment for hair loss and any replacement unless the loss of hair is due to cancer treatment. Wigs are not covered
- ✗ Investigations, diagnostics and treatment directly or indirectly arising from or connected with male or female birth control and any form of infertility or assisted reproduction



## 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, Well-being and Routine Pregnancy (if this optional benefit has been selected)



## 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 Certificate of Insurance):

- ✓ Area 1: Europe (see your policy wording for the details of countries included)
- ✓ Area 2: Worldwide excluding USA
- ✓ 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



## When and how do I pay?

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



## 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 certificate 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.

Please refer to corporate policy wording section Cancellation and Fraud for a full description of the terms and conditions.