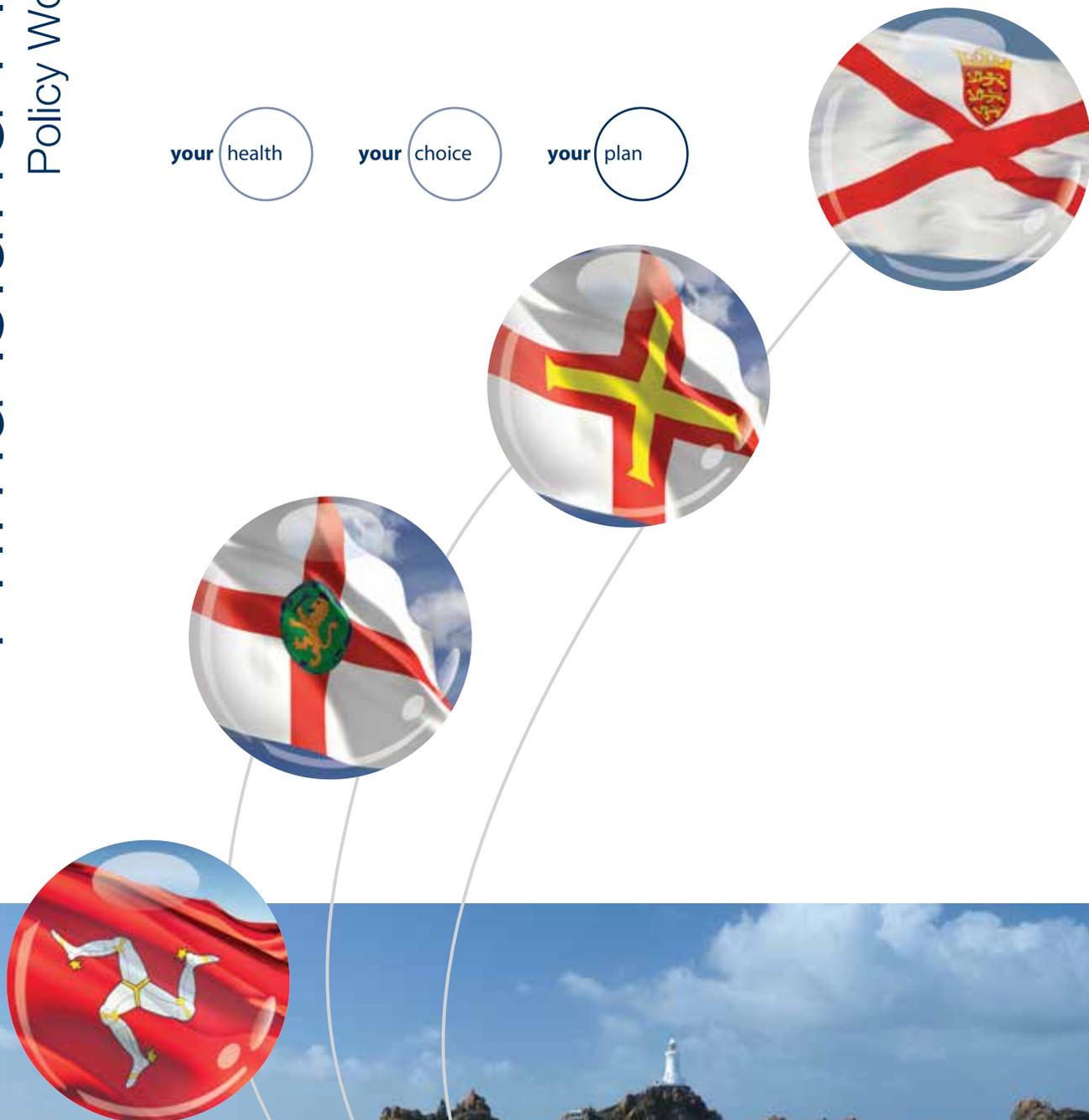


# Prima Island Plan

Policy Wording

your health      your choice      your plan



... we're different because we care

**your** health   **your** choice   **your** plan

## 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	Prima Island Plan
The overall <b>policy</b> limit is the most <b>we</b> will pay for each <b>insured person</b> in any <b>period of cover</b> . The overall <b>policy</b> limit and any monetary limits to the benefits are shown in £ Sterling.	£750,000 each year

## 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 or more nights' duration or as a **day-patient**)

	Prima Island Plan
<b>Accommodation</b> <b>Hospital</b> accommodation in a ward, semi-private or private room.	Full Refund
<b>Parent Accommodation</b> Room and bed charges for one parent or legal guardian to stay with an <b>insured person</b> who is under 18 years of age, whilst admitted to a <b>hospital</b> bed.	Full Refund
<b>Professional Fees</b> <b>Specialist</b> and <b>medical practitioner</b> fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering <b>treatment</b> .	Full Refund
<b>Medication</b> Drugs, medicines, supports and appliances when prescribed by a <b>specialist</b> .	Full Refund
<b>Diagnostics</b> Diagnostic procedures, including x-rays, <b>pathology</b> , computerised tomography, PET Scan and magnetic resonance imaging (brain and body scans).	Full Refund
<b>Theatre Fees</b> Operating theatre fees.	Full Refund
<b>Reconstructive Surgery</b> Reconstructive surgery required following an <b>accident</b> or following surgery for an eligible <b>medical condition</b> which occurred after <b>your date of entry</b> and which is performed within 12 months of the <b>accident</b> or surgery.	Full Refund
<b>Chronic Conditions</b> <b>Acute</b> episodes of a <b>chronic</b> condition.	Full Refund
<b>Oncology</b> Oncologist fees, long term medication, radiotherapy and chemotherapy.	Full Refund
<b>Organ Transplants</b> Transplant of any human organ.	£100,000
<b>Physiotherapy</b> <b>Physiotherapy</b> when such <b>treatment</b> is recommended by a <b>specialist</b> and is administered during the period of stay in <b>hospital</b> .	Full Refund
<b>Psychiatric Illness</b> <b>Treatment</b> given in a recognised psychiatric unit of a hospital. All treatment under this benefit is subject to pre-authorization by us.	Full Refund to a maximum of 30 days each year
<b>Home Nursing</b> Home nursing, when medically necessary and recommended by a <b>specialist</b> immediately following release from a <b>hospital</b> bed.	Full Refund to a maximum of 20 weeks each year
<b>London Band Hospital accommodation contribution</b> Contribution payable towards <b>accommodation</b> charges for each night spent in a London Banded private hospital when <b>you</b> are insured under the Provincial scale.	£350 each night
<b>In-patient Cash benefit</b> Cash payment where <b>you</b> receive eligible <b>in-patient treatment</b> at no cost to <b>us</b> .	£120 per night subject to a maximum of 30 nights each year

## In-patient & day-patient Treatment - continued

### Prima Island Plan

#### Maternity Cash Benefit

A cash benefit is payable in respect of childbirth occurring after 18 months' continuous membership. Only one payment shall be payable in respect of multiple births.

£100 each pregnancy

#### Emergency Medical Expenses for Treatment incurred outside the Channel Islands, Isle of Man or United Kingdom mainland

Benefits are payable where the **insured person** requires emergency medical **treatment** as a result of an accident or illness whilst temporarily travelling outside of the Channel Islands, Isle of Man or United Kingdom mainland.

Within Europe Full Refund  
Outside of Europe £30,000 each year

## Out-patient Treatment

(**treatment** received in a recognised medical facility but without admission to a **hospital** bed)

### Prima Island Plan

#### Overall Limit

The maximum sum insured is the most **we** will pay for each **insured person** in any **period of cover**. The maximum sum assured and any monetary limits to the benefits are shown in £ Sterling.

£7,500 each year

#### Medical Practitioner Fees

Medical practitioner fees incurred for consultations and examinations. The benefit limits shown apply to the Island that the treatment is received in.

Full Refund - Guernsey / Alderney  
£300 each year - Jersey / Isle of Man

#### Specialist Fees

Specialist fees incurred for consultations and examinations.

Full Refund

#### Diagnostics

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

Full Refund

#### Surgical Treatment

Minor surgical procedures when carried out by a general or **medical practitioner** or **specialist**.

Full Refund

#### Chronic Conditions

**Acute** episodes of a **chronic** condition.

Full Refund

#### Oncology

Oncologist fees, long term medication, radiotherapy and chemotherapy.

Full Refund within overall policy limit of £750,000

#### Physiotherapy

**Physiotherapy** when such treatment is recommended from a **medical practitioner** or **specialist**.

£1,000 each year

#### Chiropody

**Treatment** by a **Chiropodist** without referral from a **medical practitioner**.

£250 each year

#### Complementary Treatment

**Treatment** administered by registered Chinese herbalists, chiropractors, osteopaths, homeopaths, acupuncturists, dietician (limited to 1 visit per year) and podiatrist (limited to 2 visits per year).

If referred by a medical practitioner £550 each year (aggregate maximum)

If referred by a specialist Full Refund

#### Psychiatric Illness

**Specialist** consultations, assessments and **treatment**. All **treatment** under this benefit is subject to pre-authorisation by **us**.

£1,000 each year

## Evacuation or Repatriation

(for conditions requiring immediate emergency **hospital in-patient** admission only)

### Prima Island Plan

#### Emergency Medical Evacuation

The cost of transporting an **insured person** (and one other relative/colleague to travel as escort) to the nearest appropriate medical facility for **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.

**Pre-authorisation is required by us.**

Full Refund

#### Following Emergency Medical Evacuation

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

£75 per day to a maximum of 40 nights each year

#### Return Flight

Return air flight (economy class) for an insured person and their escort following eligible in-patient **treatment**.

Full Refund

#### Emergency Medical Repatriation

The cost of transporting an **insured person** (and one other relative/colleague to travel as escort) to their **country of residence** for **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.

**Pre-authorisation is required by us.**

Full Refund

#### Mortal Remains

Burial or cremation costs in the country of death where the insured person's death occurs outside of the insured person's **country of residence** or the transportation of body or ashes to the **insured person's** normal **country of residence**.

£5,000

## Transportation

### Prima Island Plan

#### Off Island Transportation

Off Island transportation to the United Kingdom mainland from the Channel Islands or the Isle of Man or inter-island of a non-emergency nature and where the journey is required wholly out of medical necessity.

One parent or legal guardian to accompany an insured child under the age of 18 years.

All transportation costs are limited to commercial transport.

£200 each journey

£200 each journey

#### Off Island Accommodation

Accommodation charges for the insured person will be reimbursed where it can reasonably be demonstrated that flight times and specialist appointment times preclude a return to Jersey, Guernsey, Alderney, Isle of Man or Isle of Sark on the same day of the appointment.

£75 per night

#### Road Ambulance

Ambulance charges for transportation to **hospital** or costs associated with another form of transport if an ambulance is inappropriate, where the journey is required wholly out of medical necessity resultant from **in-patient** or **day-patient treatment** or as a result of a medical emergency.

Full Refund

## Other Benefits

### Prima Island Plan

24/7 Medical Helpline

Included

## Definitions

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

### ACCIDENT

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

### 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.

### ACUPUNCTURIST

A state approved Practitioner included in the register.

### ADVICE

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

### APPOINTED DOCTOR

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 Channel Islands, Isle of Man and United Kingdom mainland.

### BIRTH INJURY

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

### CERTIFICATE OF INSURANCE

The certificate 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.

### CHIROPODIST

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

### CHRONIC

A **medical condition** which has at least one 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

Benefit is limited to the eligible cost of treatment for **acute** condition. That is such **treatment** which aims to return **you** to the state of health **you** were in prior to suffering the condition or which leads to your full recovery. This includes short-term medical intervention to treat unexpected complications or exacerbations of a **chronic** condition.

### COMMENCEMENT DATE

The date shown on the **Certificate 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 Chinese herbal medicine, chiropractic **treatment**, osteopathy, homeopathy, acupuncture, and dietician and podiatry **treatment** as practiced by approved therapists.

### CONGENITAL ANOMALY

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

### COUNTRY OF RESIDENCE

The country in which **you** normally live at the time of the **commencement date** or at each subsequent **renewal date**, which shall be limited to Jersey, Guernsey, Alderney, Isle of Man or the Isle of Sark.

### DATE OF ENTRY

The date shown on the **Certificate 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 because they need a period of medical supervision but does not need to remain in **hospital** overnight.

### DEPENDANTS

A spouse or adult partner and/or unmarried children, step-children, legally adopted children and foster children who are under 21 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 30 days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

### 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 necessary **treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.

### GUARANTEE OF PAYMENT

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

### HOSPITAL

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

### IN-PATIENT

An **insured person** who is admitted to a **hospital** bed and out of medical necessity is required to stay for one or more nights.

### INSURED PERSON/YOU/YOUR

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

### MEDICAL CONDITION

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

### MEDICAL PRACTITIONER

A general **medical practitioner** who holds primary degrees in medicine or surgery as recognised by the World Health Organisation and who is legally licensed to practise in the country where **treatment** is provided. Benefit is limited to the Islands of Jersey, Guernsey, Alderney and Isle of Man.

## Definitions- continued

### MEDICATION

**In-patient** drugs, medicines and corrective devices (including prostheses when used as an integral part of a surgical procedure) prescribed by a **specialist**.

**Out-patient medication** is restricted to active **treatment** of Cancer in respect of drug **treatments** that are given for prolonged periods of time and will be covered for a period of up to 12 months or the period of the license, whichever is the shorter. The time limit starts from when the **insured person** first started receiving the drug however it may have been funded.

### OFF ISLAND TRANSPORTATION

Flight wholly as a result of medical necessity to other Channel Islands or the United Kingdom mainland and where the States are not providing this service. All costs are limited to commercial transportation and subject to pre-authorisation by us.

### ONCOLOGY

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

### ORGAN TRANSPLANT

The surgical procedures to perform a transplant of an organ. Cover payable under this benefit has a Lifetime Limit.

### OUT-PATIENT

An **insured person** who receives **treatment** at a recognised medical facility but who is not required to be admitted to a **hospital** bed. All benefits are limited within the overall **out-patient** limit excluding oncology which is limited to the overall policy limit.

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

### PHYSIOTHERAPIST

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

### POLICY

The contract which details the level of cover provided. The application form, **Certificate of Insurance** and this **policy** wording incorporating the **policy** terms and conditions form part of the contract.

### 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 excess does not apply to **out-patient medical practitioner** fees.

### POLICYHOLDER

The person or company with whom **we** have contracted this **policy** and who is principally responsible for payment of the premiums.

### PRE-AUTHORISATION/PRE-AUTHORISED

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

### PSYCHIATRIC ILLNESS

**Treatment** of a mental disorder carried out by a clinical psychologist. The disorder must be 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).

### 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, in **our** view, and 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 **doctor**.

### 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, Healix International, to repay to claimants any sums paid by them in respect of eligible claims under this **policy**.

### RENEWAL DATE

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

### SPECIALIST

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

### TREATMENT

Any medically necessary surgical procedure or medical intervention required to cure or provide relief of an **acute medical condition**.

### WE/OUR/US

à la carte healthcare limited t/a ALC Health on behalf of AXA PPP International as the underwriters of this **policy** as detailed in the **Certificate of Insurance** and/or Healix Health Services Ltd t/a Healix International as the appointed claims managers.

### UK MAINLAND

United Kingdom mainland not including the Channel Islands or the Isle of Man.

## Exclusions

### In-patient & day-patient Treatment

The following exclusions will apply in addition to General Exclusions. We do not cover the following:

- 1 Any costs not incurred as a **day-patient** or **in-patient** in a **hospital** or recognised medical facility.
- 2 Any costs associated with routine pregnancy & childbirth.
- 3 Any costs associated with any form of dental **treatment**.
- 4 The **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.
- 5 Any costs associated with curative treatment or follow up of non emergency treatment outside of the United Kingdom mainland, Channel Islands or Isle of Man.
- 6 Any costs incurred in locating a replacement organ, removal of the organ from the donor, transportation costs and all associated administration costs in respect of an **organ transplant**.
- 7 Any costs associated with **rehabilitation**.
- 8 **Treatment** of a newborn baby when birth/delivery takes place prior to 37 weeks gestation.
- 9 Costs associated with routine management or **palliative treatment** in respect of a **chronic** condition requiring **in-patient treatment** for each **period of cover**. **Treatment** of acute exacerbations are covered up to the maximum sum insured.

### Out-patient Treatment

The following exclusions will apply in addition to General Exclusions below. **We** do not cover the following:

- 1 Any costs not incurred as an **out-patient** in a **hospital** or recognised medical facility.
- 2 Any costs associated with routine pregnancy & childbirth.
- 3 Any costs associated with any form of dental **treatment**.
- 4 The **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.
- 5 Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition**.
- 6 Any **treatment** for cosmetic pedicures, surgical footwear including but not limited to corrective footwear e.g. corn plasters, insoles, dressings etc.
- 7 **Treatment** which is deemed by **our** medical advisors to be routine management or **palliative treatment** in respect of a chronic condition requiring **out-patient treatment** for each **period of cover**. **Treatment** of **acute** exacerbations are covered up to the maximum sum insured.

### Evacuation or Repatriation

The following exclusions will apply in addition to General Exclusions below. **We** do not cover the following:

- 1 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.
- 2 The cost of any airline tickets other than economy class, unless **we** have provided written approval in advance of the date of travel.
- 3 Burial and cremation costs shall not include the costs of a religious practitioner, floral tributes, musical provision, headstones or food and beverages.
- 4 Any costs incurred where the death has occurred within the **insured person's country of residence**.
- 5 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 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hanggliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- 6 Moving **you** from a ship, oil-rig platform or similar off-shore location.
- 7 **We** will not be liable in respect of the overseas **evacuation or repatriation service** for:
  - a 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.
  - b 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, but not limited to, strikes and flight conditions.
  - c 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 policy.

1 Any **medical condition** or specified related condition for which **you** have received **medical treatment**, had symptoms (whether investigated or not) or sought **advice** in the 5 years prior to **your date of entry** (pre-existing **medical condition**). However, after a continuous period of 2 years as an **insured person**, all pre-existing conditions will become eligible for benefit provided **you** have not:

- a. consulted a **medical practitioner** or **specialist** for **medical treatment** or **advice**; or
- b. suffered symptoms; or
- c. taken **medication** (including drugs, medicines, special diets or injections) for that condition for a continuous period of two years after the **date of entry**.

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

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

In some circumstances **you** may have joined on different terms to those described above and **you** will find those terms on **your Certificate 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.

- 2 Hereditary or **congenital anomalies**, genetic deformities, **birth injuries** or birth defects.
- 3 **Treatment** for, or arising from, deafness caused by a congenital abnormality or ageing.
- 4 Elective caesarean section deliveries and **treatment** consequent upon such deliveries.
- 5 Antenatal classes.
- 6 Midwifery costs.
- 7 **Foetal surgery treatment** given or undertaken on a foetus whilst in the womb.
- 8 **Treatment** consequent from the well-baby examination, unless the newborn is added within 30 days of birth to the **policy** as an **insured person**.

- 9 Experimental, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.
- 10 **Treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.
- 11 **Treatment** received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a **hospital** where the **hospital** has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 12 Cosmetic **treatment**, obesity, 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**.
- 13 Costs of providing or fitting any external prostheses, corrective devices or appliances.
- 14 **Treatment** for any illness, diseases or injuries arising from ear or body piercing and tattooing.
- 15 **Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.
- 16 Routine physical examinations including gynaecological investigations and tests, inoculations, vaccinations and other preventative medicines and tests. Routine hearing tests and the provision of hearing aids. However, **we** will pay for corrective sight surgery consequent of an **accident**.
- 17 **Treatment** to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
- 18 Claims for any supplements or substances which are available naturally. This includes, but is not limited to: vitamins, minerals and organic substances except where prescribed under **complementary treatment**.
- 19 Investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control, infertility and any form of assisted reproduction.
- 20 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.
- 21 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 22 **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, attachment disorder, adjustments disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.

## General Exclusions - continued

- 23 Speech therapy is only eligible for reimbursement in the context of diagnosed physical impairment, such as, but not limited to, 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.
- 24 Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes but is not limited to the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.
- 25 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.
- 26 **Treatment** for dependency on or abuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse or addiction.
- 27 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 28 Self-exposure to needless danger, except in an attempt to save a human life.
- 29 **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, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the **insured person** sustains bodily injury whilst an innocent bystander.
- 30 **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.
- 31 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 32 **Treatment** required as a result of failure to seek or follow medical advice.
- 33 Costs and expenses incurred where an **insured person** has travelled against medical advice.
- 34 Travel costs to and from medical facilities (including parking costs) for eligible **treatment**, except any travel costs covered under transportation, **Evacuation or Repatriation** benefit.
- 35 Any costs incurred outside the **area of cover** except as shown in the benefits table.
- 36 **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.
- 37 Losses not incurred within the **period of cover** and claims submitted later than 6 months after the end of the **period of cover** (unless this was not reasonably possible).
- 38 **Medical practitioner** fees for the completion of a Claim Form, telephone consultations, or other administration charges.
- 39 **Treatment** or diagnostic procedures of injuries arising from an engagement in professional sports.

## General Conditions

These conditions apply to all sections of this insurance.

### 1 Policy Term

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

### 2 Premium Payment

Premiums are payable monthly, quarterly or annually and are due to be paid by 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 shall warrant 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.

### 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 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 one month prior to the **renewal date** to **your** last known address. Failure to receive notice for whatever reason shall not invalidate the change.

### 5 Change of Risk

The **policyholder** must inform **us** as soon as reasonably practical of any material change relating to any **insured person** covered under this **policy** which may affect information given in connection with the original application. This includes any information as documented on the Application Form which may have altered prior to the **commencement date** of the **policy**.

### 6 Cancellation & Fraud

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 the **policyholder** is only available during a 14 day cooling off period which commences on the day that the contract is concluded or the day that the full **policy** terms and conditions

## General Conditions - continued

are received, whichever is the later. The 14 day cooling off period also applies from each **renewal date**. If the **policy** is cancelled during the 14 day cooling off period **we** will return any premium paid for the **policy**, less any foreign exchange costs incurred in the transactions and providing no claims have been paid in relation to the **period of cover** before cancellation (being no more than 14 days cover). **We** also reserve the right to make an administration charge of up to £50 (or Euro/US\$ equivalent depending on the **policy** currency) to cover the cost of document issue.

If the **policyholder** does not cancel the **policy** during the 14 day cooling off period the **policy** will continue for the full annual term, unless **we** exercise **our** right to cancel the **policy** under the below clause.

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

**We** may at any time cancel this **policy** if any **insured person** has:

- a. misled **us** by mis-statement; or
- b. submitted a claim which is, in any respect, false, fraudulent, intentionally exaggerated and/or, if fraudulent means/devices have been used by **you** or **your dependants** or anyone acting on **your** or their behalf to obtain benefit under this **policy**. **We** will not pay any benefits for that claim. The amount of any claim settlement made to **you**, before the fraudulent act or omission was discovered, will become immediately repayable to **us**.

In these circumstances the contract will be considered void ab initio. No premium will be refunded.

- c. Relocated to a territory where **we** are unable to provide cover under this **policy**. In these circumstances a pro-rata refund of premium will be allowed, less any foreign exchange charges.
- d. Been accepted into a recognised state or public insurance scheme in their country of residence which means this **policy** is no longer needed. In these circumstances a refund of premium will be allowed calculated on **short period rates**. The refund will be made after deduction of applicable foreign exchange charges.
- e. Failed to pay any premium on the due date. In these circumstances **we** reserve the right to pursue the **policyholder** for recovery of any outstanding premium and costs **we** incur.

### 7 Governing law

**You** and **we** are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply.

### 8 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.

### 9 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.

### 10 Third Party Rights

Only the **policyholder** and **we** have legal rights under this **policy** and 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**.

### 11 International Sanctions

**We** and other service providers will not provide cover or pay claims under this **policy** if doing so would expose **us** or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, United Kingdom, United States of America or under an United Nations resolution. If a potential breach is discovered, where possible **we** will advise **you** in writing as soon as **we** can.

### 12 Changing your level of cover

If **you** effect **Out-patient Treatment** at a **renewal date** after **your date of entry**, any existing **medical condition** or related condition will be limited to **In-patient Treatment** only.

### 13 Adding a Newborn Child

Children will be accepted from birth without the need for medical underwriting, provided that **we** receive notification of their arrival within 30 days from birth. Please ensure **you** submit **your** request in writing to **us** at: sales@alhealth.com. Notification received after this period will result in children being accepted for cover from the date of such notification.

### 14 Contacting Dependants

If **we** need to make contact in relation to a **dependant** on **your policy** (e.g. where further information is required to process a claim), the **policyholder**, acting for and on behalf of the **dependant**, will be contacted by **us** and asked to provide the relevant information. Similarly, all information in relation to any person covered by the insurance **policy**, for the purpose of administering claims, will be sent directly to the **policyholder**.

### 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 total cost of the **treatment**, 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.

## Assistance & Claims Procedure

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

### POLICY DOCUMENTS

Within **your policy** pack **you** will have **your Certificate 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.

### MEMBERSHIP CARDS

We also supply personalised memberships cards to every **insured person**, which provides **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.

### CLAIMS DEPARTMENT CONTACT DETAILS

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

**Online:** [www.alchealth.com/claims.htm](http://www.alchealth.com/claims.htm)  
**Tel:** +44 (0) 20 3764 0760  
**Fax:** +44 (0) 20 3764 0761  
**Email:** [ALCclaims@healix.com](mailto:ALCclaims@healix.com)  
**Post:** ALC Heath Claims Team  
Healix House Esher Green  
Esher Surrey KT10 8AB  
United Kingdom

### HOW TO MAKE A CLAIM

Please note that on **your** membership card **you** will find **your policy** and customer number. Full details of how to make a claim can be found on **our** website [www.alchealth.com/claims.htm](http://www.alchealth.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** **you** may go to **your doctor** or **specialist** for consultations or **treatment** and submit **your** claim for **reimbursement**. **You** will need to complete a claim form which **you** can send together with **your** invoices and receipts and any additional medical information that has been provided to **you**.

**Online:** [www.alchealth.com/claims.htm](http://www.alchealth.com/claims.htm)  
**Tel:** +44 (0) 20 3764 0760  
**Fax:** +44 (0) 20 3764 0761  
**Email:** [ALCclaims@healix.com](mailto:ALCclaims@healix.com)  
**Post:** ALC Heath Claims Team  
Healix House Esher Green  
Esher Surrey KT10 8AB  
United Kingdom

Please note that if **you** follow this process there may be occasions when **we** need more detailed medical information in order to establish that **your policy** with ALC Health provides **you** with cover for the **treatment** **you** have received.

On these occasions **we** will send **you** a Medical Certificate for completion by your treating **doctor** or **we** may, with **your** written permission, contact **your** usual family **doctor**, treating **doctor** or **specialist** directly. **You** can also download a Medical Certificate from our website at [www.alchealth.com/claims.htm](http://www.alchealth.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 doctor** 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 doctor** or **specialist** by calling us on

+44 (0) 20 3764 0760

We will confirm how much **you** are able to claim and what **you** should do next. **You** will be given a Claim Reference Number and if **your** claim is eligible and pre-authorised by **us**, **you** will also receive a copy of the **Guarantee of Payment** we send to the **doctor, specialist** or **hospital**. **You** can send any invoices and receipts and any additional medical information that has been provided to **you**, quoting **your** Claim Reference Number.

**Online:** [www.alchealth.com/claims.htm](http://www.alchealth.com/claims.htm)  
**Tel:** +44 (0) 20 3764 0760  
**Fax:** +44 (0) 20 3764 0761  
**Email:** [ALCclaims@healix.com](mailto:ALCclaims@healix.com)  
**Post:** ALC Heath Claims Team  
Healix House Esher Green  
Esher Surrey KT10 8AB  
United Kingdom

### 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** at least FIVE WORKING DAYS prior to admission or **treatment** appointment.

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

+44 (0)20 3764 0760

Alternatively **you** can go to **our** website at [www.alchealth.com/claims.htm](http://www.alchealth.com/claims.htm) and request **pre-authorisation** by completing the online submission form.

Once **we** have confirmed that **your** claim is eligible under **your policy**, **we** will issue a **Guarantee of Payment** to the **doctor** or **hospital** and send **you** a copy.

**Your doctor** or **hospital** will send **your** invoices to **us** for payment. **We** will make direct payment to them and will send **you** a statement to confirm that this has been done.

In some circumstances, **you** may need to pay for the eligible **treatment** directly. In these cases, please forward **your** paid accounts directly to **us** by post, fax, email attachment or online submission and **we** will send the payment (and statement) to **you** instead. Please ensure that **you** include **your** Claim Reference Number on any correspondence and **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)20 3764 0760 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.

In the event of an emergency admission **you** may unfortunately, not be in a position to notify **us**. Please therefore do ensure that **you** carry **your** membership card at all times. **Hospitals** may need to have access to this and will, where necessary, check **your** personal belongings to discover it.

It is also a good idea to ensure a relative, close friend or colleague is aware of **your** medical insurance arrangements.

## Complaints

ALC Health is the product provider, AXA PPP International is the underwriter (i.e. the insurance company) and Healix International (a trading style of Healix Health Services Ltd.) manages the claims under this **policy**.

**We** all aim to provide **you** at all times with a high standard of service but **we** acknowledge that there may be times when **you** may be unhappy with **us**. If **we** are unable to resolve matters to **your** satisfaction and **you** wish to make a complaint please contact **us**:-

The Managing Director, ALC Health, Chanctonfold Barn, Horsham Road, Steyning, West Sussex, BN44 3AA, United Kingdom, or email [managingdirector@alchealth.com](mailto:managingdirector@alchealth.com) or telephone +44 (0)1903 817970

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.

The most important thing for **us** is to help resolve **your** concerns as quickly as possible. **We** will do all **we** can to resolve **your** complaint by the end of the next business day. If **we** can't do this, **we** will contact **you** within five working days to acknowledge **your** complaint and explain the next steps.

**We** will issue **our** final response within eight (8) weeks from when **you** originally contacted **us**. However, **we** will respond sooner than this if **we** are able to.

If it looks as though **our** review of **your** complaint will take longer than this, **we** will let **you** know the reasons for the delay and will keep **you** informed and updated.

### The Financial Ombudsman Service

ALC Health and AXA PPP International are regulated firms (see below) and if they cannot respond fully to **your** complaint within eight weeks, or **you** are unhappy with their final response, **you** can refer **your** complaint to the Financial Ombudsman Service for an independent review. The Financial Ombudsman Service will only consider **your** complaint once they have issued a final response, or if eight weeks has passed since **you** first notified them of **your** complaint.

The Financial Ombudsman Service, Exchange Tower, London E14 9SR, United Kingdom. Telephone +44 (0) 845 080 1800 or email [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## Regulatory Protection

ALC Health is authorised and regulated by the Financial Conduct Authority (FCA). AXA PPP International is authorised by the Prudential Regulation Authority (PRA) and regulated by the FCA.

ALC Health's register number is 311496

AXA PPP International's register number is 202947

The FCA was established by government to provide a single statutory regulator for financial services. The FCA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system. The FCA have set out rules which regulate the sale and administration of general insurance which **we** must follow when **we** deal with **you**.

This information can be checked by visiting the FCA register which is on their website [www.fca.org.uk](http://www.fca.org.uk) or by contacting the FCA on +44 (0)20 7066 8348.

**We** provide advice and information only on **our** own products.

## How is my personal data protected?

Please ensure that **you** show the following information to others covered under **your policy**, or make them aware of its contents.

**We** will deal with all personal information supplied in the strictest confidence as required by the Data Protection Act 1998. Personal and sensitive personal information may be sent in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area.

The same duty of confidentiality is required of any third parties to whom the administration of **your policy** may be subcontracted to, including those based outside the European Economic Area.

Information about **you** and any **dependants** covered by **your policy**, supplied by **you**, those **dependants**, medical providers or **your** employer (if applicable) will be held and used to provide the services set out under the terms of this **policy**, administer **your policy** and develop customer relationships and services. In certain circumstances medical service providers (or others) may be asked to supply further information.

When **you** provide information about **dependants** **we** will take this as confirmation that **you** have their consent to do so. As the **policyholder** is acting on behalf of any **dependants** covered by this **policy**, all correspondence about the **policy**, including any claims correspondence, will be sent to the **policyholder** unless **you** advise otherwise.

**We** may share details of the value and types of claims between **us**, whilst respecting every person's right to medical confidentiality and privacy. This is to enable **us** to assess the value and effectiveness of the cover and **our** services. Where **you** give **us** permission to do so, **we** may also share the medical details of **your** claims between **us** and applicable third parties as permitted by law.

There is a legal requirement, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. Information will be disclosed to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, the General Medical Council or other relevant regulatory body will be notified about any issue where there is reason to believe a medical practitioner's fitness to practice may be impaired. If **you** have agreed ALC Health may use the information **you** have provided to contact **you** by post, telephone or electronically with details of other products and services.

With **your** agreement some of **your** details may also be shared with other ALC Health Group companies and other carefully selected companies based in the European Economic Area to enable them to contact **you** about their products and services.

If **you** change **your** mind please contact the ALC Health team or write to us at the address on the back of this Policy Wording otherwise **we** will assume that, for the time being, **you** are happy to be contacted in this way.



# www.primaislandplan.co.uk

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AXA PPP International is a trading name of AXA PPP healthcare limited. Registered office: 5 Old Broad Street, London EC2N 1AD. Registered in England and Wales. Registered number in England 3148119. AXA PPP International is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA).

Healix International is a trading style of Healix Health Services Ltd. Registered in England no 3945478. Registered office: 30 Upper High Street, Thame, Oxon, OX9 3EZ.

ALC Health is a trading style of à la carte healthcare Ltd. Registered in England no 4163178. Registered office: Chanctonfold Barn, Chanctonfold, Horsham Road, Steyning, West Sussex BN44 3AA. à la carte healthcare limited is authorised and regulated by the Financial Conduct Authority (FCA).