

Private Client Policy Wording

Prima Europa

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



... we're different because we care

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



Prima Europa is available to residents of Bulgaria, Czech Republic, Estonia, France, Gibraltar, Hungary, Latvia, Lithuania, Poland, Portugal, Romania and Spain.
Policy Wording effective 1 June 2016

Underwritten by AXA PPP International

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**.

Maximum sum insured

 Prima Europa

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 will be determined by the currency in which **you** have selected for **your policy** i.e. € euros or £ sterling.

€16,000
£13,000

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' or as a **day-patient**).

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Overall Limit for In-patient & day-patient Treatment per insured person per period of cover.

€12,000; £10,000

Accommodation

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

Full Refund

Professional Fees

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

Full Refund

Medication

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

Full Refund

Diagnostics

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

Full Refund

Theatre Fees

Operating theatre fees.

Full Refund

Physiotherapy

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

Full Refund

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.

Full Refund

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.

€65; £50 each night up to a maximum of 10 nights

Out-patient Treatment

(**treatment** received but without admission to a **hospital** bed)

 Prima Europa

Overall Limit for Out-patient Treatment per insured person per period of cover.

€4,000; £3,000

Professional Fees

Medical practitioner, specialist and **qualified nurse** fees incurred for consultations and examinations.

Full Refund within overall **out-patient** limit

Diagnostics

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

Full Refund within overall **out-patient** limit

Surgical Treatment

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

Full Refund within overall **out-patient** limit

Out-patient Treatment (continued)



Medication

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

Limited to €65: £50 **each year** within overall **out-patient** limit

Physiotherapy

Physiotherapy on recommendation by a **medical practitioner** or **specialist**. A referral from **your medical practitioner** or **specialist** is valid for six months only, after which time a new referral letter would be required. If during this six month period **you** require physiotherapy for a different **medical condition**, then a new referral will be required.

Limited to €250: £200 **each year** within overall **out-patient** limit

Chiropody

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

Limited to €125: £100 **each year** within overall **out-patient** limit

Complementary Treatment

Chinese herbal medicine and **treatment** administered by registered Chinese herbalists, chiropractors, osteopaths, homeopaths, acupuncturists.

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 months only, after which time a new referral letter would be required. If during this six month period **you** require **complementary treatment** for a different **medical condition**, then a new referral will be required.

Limited to €250: £200 **each year** within overall **out-patient** limit

Well-being Benefit

(excluding costs incurred within the first 12 months of purchase date of this **policy** or **your date of entry**, whichever is the latter)

Optical

Eye examination carried out by an optometrist or ophthalmologist.

Prescribed glasses and contact lenses to correct vision when **your** prescription has changed.

Hearing Test

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

Routine Health Checks

Tests/screening 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

The total of the benefits available within the Well-being Benefit is limited to €250: £200 **each year** within overall **out-patient** limit

One examination **each year**

Limited to €125: £100 **each year** within the €250: £200 Well-being limit

One test **each year**

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

Dental Treatment

(excluding costs incurred within the first 6 months of purchase date of this **policy** or **your date of entry**, whichever is the latter other than **Accidental Damage** caused to sound natural teeth, which is covered immediately).

Routine Dental **Treatment**

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

Limited to €250: £200 **each year** within overall **out-patient** limit

Childbirth Cash Benefit

(excluded within the first 12 months of purchase date of this **policy** or **your date of entry**, whichever is the latter).

Limited to €125: £100 on the birth of a child and each subsequent child within overall **out-patient** limit

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**.

ACCIDENTAL DAMAGE TO TEETH

Dental **treatment** received to restore or replace sound natural teeth which have been lost or damaged as a result of an **accident**.

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).

AREA OF COVER

EU Member States.

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 **area of cover**, the **date of entry** and any endorsements that may apply.

CHIROPODIST

A practising **chiropractor** 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 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

COMMENCEMENT DATE

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

COMPLEMENTARY MEDICINE

Therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes Chinese herbal medicine, chiropractic **treatment**, osteopathy, homeopathy and acupuncture 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 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 **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** because they need a period of medical supervision but does not need to remain in **hospital** overnight.

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 30 days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

DOCTOR

A **doctor** is a **medical practitioner**, **physician** or **specialist** who is licensed to practise where the **treatment** is provided.

FOETAL SURGERY

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

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**.

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.

LIFE EVENT

Any of the following:

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

MEDICAL CONDITION

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

MEDICAL PRACTITIONER

A **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.

MEDICATION

Drugs, medicines and corrective devices (including prostheses when used as an integral part of a surgical procedure) prescribed by a **medical practitioner** or **specialist**.

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.

Definitions

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 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 **Certificate of Insurance**. This will normally be a twelve (12) month period starting from the **commencement date** or **renewal date**.

PHYSICIAN

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

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.

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**.

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.

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**.

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.

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**.

SHORT PERIOD RATES

A method of calculating premium due for a **period of cover** which allows for the initially high administration costs incurred by **us** in issuing documents to be recovered. The current short period rating table is available on request from **us**.

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.

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 the General Exclusions on page 5, **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 Home Nursing.

Out-patient Treatment

The following exclusions will apply in addition to the General Exclusions on page 5. **We** do not cover the following :

- 1 Any costs not incurred as an **out-patient** in a **hospital** or recognised medical facility.
- 2 Any **treatment** for cosmetic pedicures, surgical footwear including but not limited to corrective footwear eg. corn plasters, insoles, dressings etc.

- 3 Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition**.
- 4 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 **policy** or during the first six months of **your** purchase of this **policy** or **date of entry** whichever is the latter. 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 **policy**) or **date of entry** whichever is the latter.
- 5 Dental procedures other than those specified below:
 - Routine examination, including check-up and x-rays
 - Cleaning and polishing (whether performed by a **dental practitioner** or hygienist)
 - Fillings (amalgam or composite material)
 - Extractions
 - Wisdom tooth extraction when performed in a dental surgery
 - New porcelain crown/inlay
 - Repair of crown/inlay
 - Root canal treatment
 - New bridge
 - Repair of bridge
 - New dentures

Exclusions Specific to Each Section of Cover - continued

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| <p>6 Dentures where a set or sets have been worn previously.</p> <p>7 Orthodontic treatment of any kind.</p> <p>8 Gingivitis, periodontitis or gum disease of any kind.</p> <p>9 Apicectomy.</p> | <p>10 Implants.</p> <p>11 Dental Surgery undertaken in a hospital (Including surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots).</p> |
|---|---|

General Exclusions

These exclusions apply to the whole of this insurance.

- 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:
- consulted a **medical practitioner** or **specialist** for medical **treatment** or **advice**; or
 - suffered symptoms; or
 - 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 you have the following pre-existing condition:	We will not pay for treatment of the following specified related 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

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**.

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| <p>2 Any costs relating to Reconstructive Surgery.</p> <p>3 Chronic conditions.</p> <p>4 After diagnosis, any costs relating to the following conditions; heart, stroke, oncology (cancer) and kidney dialysis.</p> <p>5 Any costs relating to Organ Transplants.</p> <p>6 Rehabilitation.</p> <p>7 Psychiatric illness.</p> <p>8 Treatment of a newborn baby when birth/delivery takes place prior to 37 weeks gestation.</p> | <p>9 Hormone Replacement Therapy (HRT) or bone densitometry.</p> <p>10 Vaccinations.</p> <p>11 Any costs associated with routine pregnancy or childbirth including terminations on non-medical grounds, elective caesarean section, foetal surgery, birth injuries or congenital anomalies.</p> <p>12 Allergy testing.</p> <p>13 Evacuation or Repatriation costs including mortal remains.</p> <p>14 Any costs associated where the insured person has been involved in hazardous activities.</p> <p>15 Hereditary or congenital anomalies, genetic deformities, birth injuries or birth defects.</p> <p>16 Treatment for, or arising from, deafness caused by a congenital anomaly or ageing.</p> <p>17 Experimental, unlicensed or unproven treatment, regardless of whether they are medically recommended or prescribed.</p> <p>18 Treatment when performed by a medical practitioner or specialist who is in any way related to the insured person.</p> <p>19 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 / hospice where the hospital / hospice has effectively become the insured person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.</p> <p>20 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.</p> <p>21 Treatment which is not medically necessary or which may be considered a matter of personal choice.</p> <p>22 Costs of providing or fitting any external prostheses, corrective devices or appliances.</p> <p>23 Treatment for any illness, diseases or injuries arising from ear or body piercing and tattooing.</p> <p>24 Treatment for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.</p> <p>25 Corrective surgery for sight defects. However, we will pay for eye surgery following an accident.</p> <p>26 Treatment to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK), photorefractive keratectomy (PRK), macular degeneration and similar conditions. However, we will pay for corrective sight surgery consequent of an accident.</p> |
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General Exclusions - continued

- 27 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**.
- 28 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), infertility and any form of assisted reproduction.
- 29 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.
- 30 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 31 **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, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 32 Speech therapy is only eligible for reimbursement in the context of a 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.
- 33 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.
- 34 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.
- 35 **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.
- 36 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 37 Costs which arise from or are directly caused by self-exposure to needless danger, except in an attempt to save a human life.
- 38 **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.
- 39 **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.
- 40 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 41 **Treatment** required as a result of failure to seek or follow medical **advice**.
- 42 Costs and expenses incurred where an **insured person** has travelled against medical **advice**.
- 43 Travel costs to and from medical facilities (including parking and taxi costs) for eligible **treatment**, other than any travel costs covered under transportation.
- 44 Any costs incurred outside the **area of cover**.
- 45 **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.
- 46 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).
- 47 **Medical practitioner** fees for the completion of a Claim Form or other administration charges.
- 48 **Treatment** or diagnostic procedures of injuries arising from an engagement in **professional sports**.
- 49 **Treatment** for any illness, diseases or injuries arising from a procedure that is not covered under this **policy**.
- 50 Costs for genetic testing.
- 51 **Treatment** directly related to surrogacy whether **you** are acting as surrogate, or are the intended parent.
- 52 Nutritional supplements including but not limited to special infant formula and cosmetic products even if medically recommended or prescribed or acknowledged as having therapeutic effects.
- 53 Investigations into and treatment for loss of hair and any hair replacement. Wigs are not covered.

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 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 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 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 Change of Risk

The **policyholder** must inform **us** as soon as reasonably practical of any change relating to 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 which may have altered prior to the **commencement date** of the **policy**.

All **dependants** are required to be added at the same time as the **policyholder** or at renewal. A **dependant** can subsequently join with a different start date to the **policyholder** if one of the **Life Events** has occurred.

7 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 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 bank charges, 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:

- misled **us** by mis-statement; or
- 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, 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.

- 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.
- 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.
- 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.

No premium will be refunded under any circumstances where claims have been made under the **policy** in the current period of insurance.

8 Governing Law

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

9 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.

10 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.

11 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**.

12 International Sanctions

We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, United Kingdom, United States of America or under a United Nations resolution. If **you** or a **dependant** are directly or indirectly subject to economic sanctions, including sanctions against **your country of residence**, **we** reserve the right to immediately end cover and/or stop paying claims on **your policy**, even if **you** have permission from a relevant authority to continue cover or premium payments under a **policy**. In this case, **we** can cancel your **policy** or remove **you** and any **dependants** immediately without notice, but will then tell **you** if **we** do this. If **you** know that the **policyholder**, **you** or a **dependant** are on a sanctions list or subject to similar restrictions **you** must let **us** know within 7 days of finding this out.

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: privateclient@alchealth.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**.

General Conditions - continued

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.

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.

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 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
Tel: +44 (0) 20 3764 0760
Fax: +44 (0) 20 3764 0761
Email: 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

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
Tel: +44 (0) 20 3764 0760
Fax: +44 (0) 20 3764 0761
Email: 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 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
Tel: +44 (0) 20 3764 0760
Fax: +44 (0) 20 3764 0761
Email: 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 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.

Assistance & Claims Procedure - continued

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 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) 20 7964 0500 or email complaint.info@financial-ombudsman.org.uk

Website: 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.

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**.

ALC Health's register number is 311496

AXA PPP International's register number is 202947

This information can be checked by visiting the FCA register which is on their website 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.alchealth.com



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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).