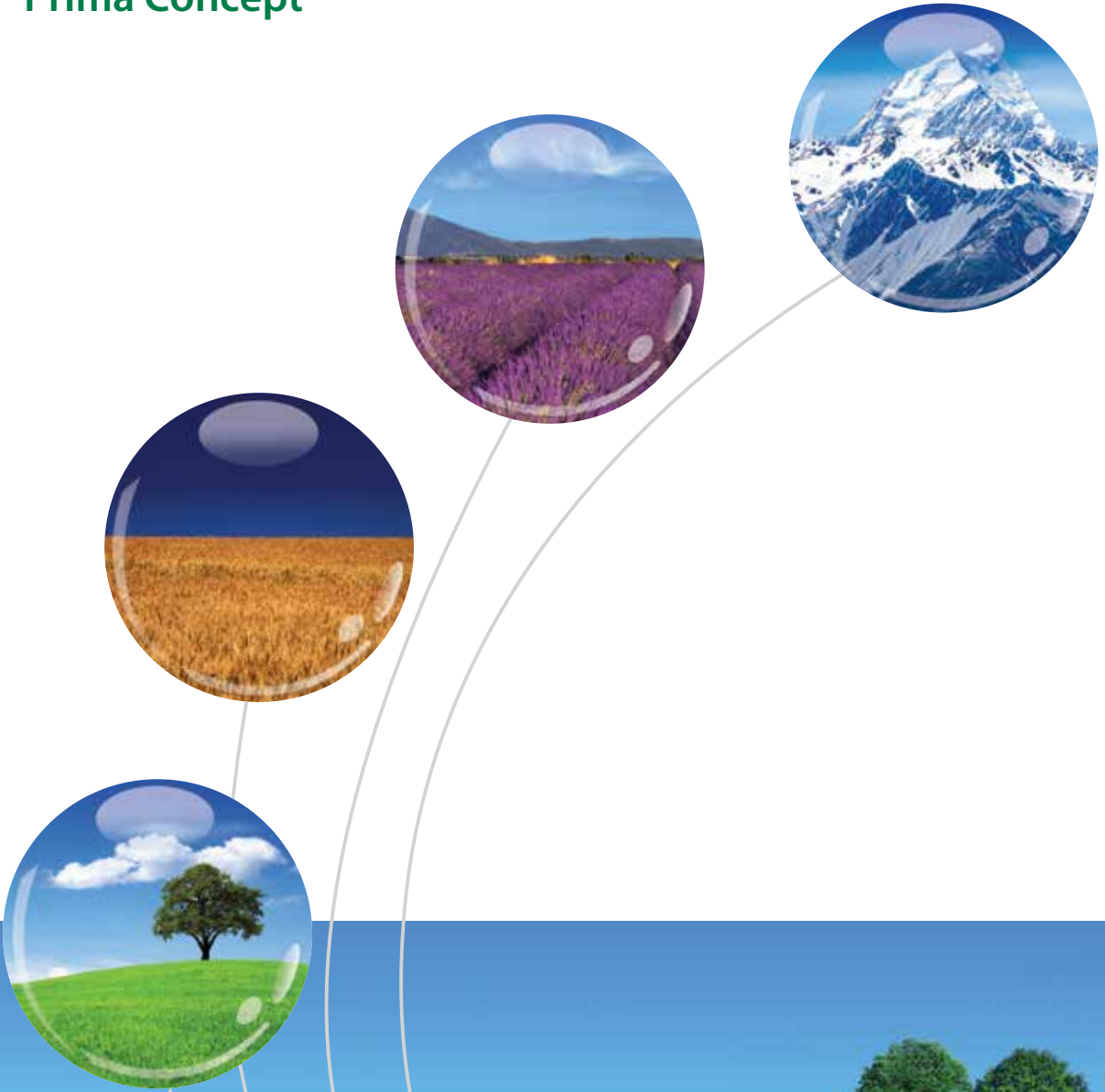


# Private Client Policy Wording

Prima Platinum  
Prima Premier  
Prima Classic  
Prima Concept



... we're different because we care

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

Policy Wording effective 1 June 2017



**Prima Platinum**



**Prima Premier**



**Prima Classic**



**Prima Concept**

## Level of Cover

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

### Overall policy limit

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

## The Cover

### In-patient & day-patient Treatment

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

#### Accommodation

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

#### Parent Accommodation

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

#### Professional Fees

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

#### Medication

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

#### Diagnostics

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

#### Theatre Fees

Operating theatre fees.

#### Reconstructive Surgery

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

#### Chronic Conditions

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

#### Chronic Conditions

Routine management and maintenance of a **chronic** condition.

#### Chronic Conditions

**Palliative treatment** of a **chronic** condition.

#### Oncology

Oncologist fees, radiotherapy and chemotherapy.

#### IVF Treatment

All **treatment** under this benefit is subject to pre-authorization by **us**. If **treatment** is not pre-authorized by **us**, then **we** reserve the right to decline the claim in full.

#### Organ Transplants

Transplant of any human organ.

#### Complications of pregnancy

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

#### Newborn Cover - Premature Births

Cover in respect of a premature baby (i.e. where birth is prior to 37 weeks gestation) in respect of an **acute** or **chronic medical condition** requiring **in-patient treatment**. One of the parents named on the birth certificate must have been insured with **us** for at least 11 months prior to the birth date. All cover is subject to the newborn being added to the **policy** within 30 days of birth.

#### Newborn Cover - Congenital

Cover in respect of a newborn baby requiring **treatment** of a **congenital anomaly**. All cover is subject to the newborn being added to the **policy** within 30 days of birth.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
£250,000: €300,000: US\$375,000	£1,250,000: €1,500,000: US\$1,875,000	£2,500,000: €3,000,000: US\$3,750,000	£5,000,000: €6,000,000: US\$7,500,000
Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Limited to £20,000: €24,000: US\$30,000	Limited to £50,000: €60,000: US\$75,000
Not Covered	Not Covered		Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Not Covered	Limited to £2,000: €2,400: US\$3,000 per cycle and a maximum of 3 cycles per lifetime. This benefit is subject to 50% co-insurance
Not Covered	£200,000: €240,000: US\$300,000 Lifetime Limit	£200,000: €240,000: US\$300,000 Lifetime Limit	£200,000: €240,000: US\$300,000 Lifetime Limit
Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Cover for the first 30 days of life is limited to a maximum sum insured of £10,000: €12,000: US\$15,000 each baby. Thereafter, cover will exclude any <b>medical condition</b> which exists at the end of the first 30 day period	Cover for the first 30 days of life is limited to a maximum sum insured of £10,000: €12,000: US\$15,000 each baby. Thereafter, cover will exclude any <b>medical condition</b> which exists at the end of the first 30 day period	Cover for the first 30 days of life is limited to a maximum sum insured of £20,000: €24,000: US\$30,000 each baby. Thereafter, cover will exclude any <b>medical condition</b> which exists at the end of the first 30 day period
Not Covered	£100,000: €120,000: US\$150,000 Lifetime Limit	£100,000: €120,000: US\$150,000 Lifetime Limit	£100,000: €120,000: US\$150,000 Lifetime Limit

#### Physiotherapy

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

#### Rehabilitation

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

#### Psychiatric Illness

**Treatment** given in a recognised psychiatric unit of a **hospital**. All **treatment** under this benefit is subject to pre-authorization by **us**. If **treatment** is not pre-authorized by **us**, then **we** reserve the right to decline the claim in full.

#### Ancillary Charges

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

Spinal supports, knee braces and aircasts including provision of external prostheses during active **treatment** of cancer.

#### Home Nursing

Home nursing when medically necessary and recommended by a **specialist** immediately following release from a **hospital** bed.

#### Transportation

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

#### Post Operative Cover

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

#### Cash Benefit

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

#### Emergency Treatment Outside Area of Cover

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

### Out-patient Treatment (OPTIONAL Benefit for Prima Premier)

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

#### Overall Limit

#### Professional Fees

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

#### Diagnostics

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

#### Surgical Treatment

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

#### Medication

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

#### Chronic Conditions

Acute episodes of a **chronic** condition.

Routine management, maintenance and **palliative treatment** of a **chronic** condition.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Full Refund	Full Refund
Not Covered	Limited to 30 days <b>each year</b>	Limited to 30 days <b>each year</b>	Limited to 30 days <b>each year</b>
Not Covered	Limited to £500: €600: US\$750 Not Covered	Limited to £500: €600: US\$750 Not Covered	Limited to £500: €600: US\$750 Limited to £2,000: €2,400: US\$3,000
Limited to 6 weeks for each condition and a maximum of 14 weeks <b>each year</b>	Limited to 12 weeks for each condition and a maximum of 26 weeks <b>each year</b>	Limited to 12 weeks for each condition and a maximum of 26 weeks <b>each year</b>	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund
Covered under <b>out-patient treatment</b>	Covered under <b>out-patient treatment</b>	Limited to £1,500: €1,800: US\$2,250 <b>each year</b> unless <b>out-patient treatment</b> is selected	Covered under <b>out-patient treatment</b>
£100: €120: US\$150 each night up to a maximum of 30 nights	£200: €240: US\$300 each night up to a maximum of 30 nights	£200: €240: US\$300 each night up to a maximum of 30 nights	£300: €360: US\$450 each night up to a maximum of 30 nights
Not Covered	For trips up to a maximum of 6 weeks Maximum 42 nights <b>each year</b> Maximum sum insured of £50,000: €60,000: US\$75,000	For trips up to a maximum of 6 weeks Maximum 42 nights <b>each year</b> Maximum sum insured of £50,000: €60,000: US\$75,000	For trips up to a maximum of 6 weeks Maximum 42 nights <b>each year</b> Maximum sum insured of £50,000: €60,000: US\$75,000

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
<b>Out-patient</b> limit of £1,500: €1,800: US\$2,250 within overall <b>policy</b> limit of £250,000: €300,000: US\$375,000	<b>Out-patient</b> limit of £10,000: €12,000: US\$15,000 within overall <b>policy</b> limit of £1,250,000: €1,500,000: US\$1,875,000	Limited to the overall <b>policy</b> limit of £2,500,000: €3,000,000: US\$3,750,000	Limited to the overall <b>policy</b> limit of £5,000,000: €6,000,000: US\$7,500,000
Full Refund within overall <b>out-patient</b> limit	Full Refund within overall <b>out-patient</b> limit	Full Refund	Full Refund
Full Refund within overall <b>out-patient</b> limit	Full Refund within overall <b>out-patient</b> limit	Full Refund	Full Refund
Full Refund within overall <b>out-patient</b> limit	Full Refund within overall <b>out-patient</b> limit	Full Refund	Full Refund
Limited to £200: €240: US\$300 <b>each year</b> within overall <b>out-patient</b> limit	Full Refund within overall <b>out-patient</b> limit	Full Refund	Full Refund
Full Refund within overall <b>out-patient</b> limit Not Covered	Full Refund within overall <b>out-patient</b> limit Not Covered	Full Refund Limited to £5,000: €6,000: US\$7,500 <b>each year</b>	Full Refund Limited to £10,000: €12,000: US\$15,000 <b>each year</b>

### Oncology

Oncologist, **specialist**, **qualified nurse** fees, radiotherapy and chemotherapy. Includes road ambulance costs for transportation to and from the **out-patient** unit of a **hospital** for the administering of this specific **treatment**.

### 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.

### Chiropody

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

### Complementary Treatment

**Treatment** administered by chiropractors, osteopaths, homeopaths, acupuncturists.

Dietician (limited to 1 visit per year).

**Podiatrist** (limited to 2 visits per year).

Recommendation by a **medical practitioner** or **specialist** is required for all **complementary treatments**. A referral from your **medical practitioner** or **specialist** is valid for six 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.

### Traditional Chinese Medicine

Chinese herbal medicine and **treatment** administered by a recognised traditional Chinese herbalist or practitioner.

### Psychiatric Illness

**Specialist** consultations, assessments, **treatment** and **medication**. All **treatment** under this benefit is subject to pre-authorisation by **us**. If **treatment** is not pre-authorised by **us**, then **we** reserve the right to decline the claim in full.

### Hormone Replacement Therapy

**Medical practitioner** or **specialist** consultations and prescribed patches or implants when administered for the sole purpose of treating a hormone imbalance condition.

### Optical

Eye examination carried out by an optometrist or ophthalmologist.

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

### Well-being Benefit

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

#### Hearing Test

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

#### Routine Health Checks

Tests/screenings 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



Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Full Refund within overall <b>policy</b> limit of £250,000: €300,000: US\$375,000	Full Refund within overall <b>policy</b> limit of £1,250,000: €1,500,000: US\$1,875,000	Full Refund	Full Refund
Limited to £250: €300: US\$375 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £1,500: €1,800: US\$2,250 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £3,000: €3,600: US\$4,500 <b>each year</b>	Limited to £5,000: €6,000: US\$7,500 <b>each year</b>
Not Covered	Limited to £250: €300: US\$375 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £250: €300: US\$375 <b>each year</b>	Limited to £500: €600: US\$750 <b>each year</b>
Limited to £250: €300: US\$375 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £1,500: €1,800: US\$2,250 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £3,000: €3,600: US\$4,500 <b>each year</b>	Limited to £5,000: €6,000: US\$7,500 <b>each year</b>
Limited to £250: €300: US\$375 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £500: €600: US\$750 <b>each year</b> within overall <b>out-patient</b> limit	Limited to £500: €600: US\$750 <b>each year</b>	Limited to £1,500: €1,800: US\$2,250 <b>each year</b>
Not Covered	Not Covered	Limited to £5,000: €6,000: US\$7,500 <b>each year</b>	Limited to £10,000: €12,000: US\$15,000 <b>each year</b>
Not Covered	Not Covered	Full Refund	Full Refund
Not Covered	Full refund limited to one examination <b>each year</b> Limited to £200: €240: US\$300 <b>each year</b> within overall <b>out-patient</b> limit	Full refund limited to one examination <b>each year</b> Limited to £200: €240: US\$300 <b>each year</b>	Full refund limited to one examination <b>each year</b> Limited to £500: €600: US\$750 <b>each year</b>
Not Covered	The total of the benefits available within the Well-being Benefit is limited to £250: €300: US\$375 <b>each year</b> One test <b>each year</b> Full Refund within Well-being limit  Full Refund within Well-being limit	The total of the benefits available within the Well-being Benefit is limited to £500: €600: US\$750 <b>each year</b> One test <b>each year</b> Full Refund within Well-being limit  Full Refund within Well-being limit	The total of the benefits available within the Well-being Benefit is limited to £1,000: €1,200: US\$1,500 <b>each year</b> One test <b>each year</b> Full Refund within Well-being limit  Full Refund within Well-being limit
Not Covered	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit

#### Vaccinations

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

#### Emergency Dental Treatment

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

### Other Benefits

#### 24/7 Medical Helpline

#### The Blood Care Foundation

Providing screened blood and sterile equipment in emergency situations anywhere in the world.

#### Access to ALC World

Our online library of medical facilities and country security information from around the world.

### Routine Pregnancy & Childbirth (OPTIONAL BENEFIT)

(excluding costs incurred within the first 11 months of purchase date of this benefit or **your date of entry**, whichever is the latter)

**Routine pregnancy** and childbirth costs, including pre and postnatal check-ups, scans and delivery costs for a natural birth or an **elective caesarean**.

#### Well Baby Examination

Paediatrician costs for the first examination or check-up of a newborn baby, provided the examination is made within 24 hours of delivery.

#### Newborn Accommodation

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

#### Cash Benefit

Where **hospital** accommodation and all pregnancy and childcare costs are provided in a State or Charitable **Hospital** and no claim is submitted under this section of the **policy** for any reimbursement of any costs.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Not Covered	Not Covered	Limited to £250: €300: US\$375 each year	Limited to £500: €600: US\$750 each year
Not Covered	Full Refund	Full Refund	Full Refund

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Included	Included	Included	Included
Included	Included	Included	Included
Included	Included	Included	Included

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

## Dental Treatment (OPTIONAL BENEFIT)

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

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

Overall Limit

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

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

Fillings (amalgam or composite material).

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.

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

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

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

The procedures below are not subject to the overall maximum limit **each year** for 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.

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

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

Apicectomy.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Not Covered	£1,000: €1,200: US\$1,500 <b>each year</b>	£1,000: €1,200: US\$1,500 <b>each year</b>	£2,000: €2,400: US\$3,000 <b>each year</b>
Not Covered	£70: €84: US\$105 each visit maximum 2 visits <b>each year</b>	£70: €84: US\$105 each visit maximum 2 visits <b>each year</b>	£100: €120: US\$150 each visit maximum 2 visits <b>each year</b>
Not Covered	£70: €84: US\$105 each visit maximum 2 visits <b>each year</b>	£70: €84: US\$105 each visit maximum 2 visits <b>each year</b>	£100: €120: US\$150 each visit maximum 2 visits <b>each year</b>
Not Covered	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth	£100: €120: US\$150 each tooth
Not Covered	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth	£100: €120: US\$150 each tooth
Not Covered	Full refund within overall dental limit of £1,000: €1,200: US\$1,500 <b>each year</b>	Full refund within overall dental limit of £1,000: €1,200: US\$1,500 <b>each year</b>	Full refund within overall dental limit of £2,000: €2,400: US\$3,000 <b>each year</b>
Not Covered	£300: €360: US\$450 each tooth	£300: €360: US\$450 each tooth	£500: €600: US\$750 each tooth
Not Covered	£125: €150: US\$190 each tooth	£125: €150: US\$190 each tooth	£250: €300: US\$375 each tooth
Not Covered	£250: €300: US\$375 each tooth	£250: €300: US\$375 each tooth	£400: €480: US\$600 each tooth
Not Covered	£300: €360: US\$450 each bridge	£300: €360: US\$450 each bridge	£600: €720: US\$900 each bridge
Not Covered	£175: €210: US\$265 each bridge	£175: €210: US\$265 each bridge	£200: €240: US\$300 each bridge
Not Covered	£125: €150: US\$190 each set	£125: €150: US\$190 each set	£600: €720: US\$900 each set
Not Covered	Not Covered	Not Covered	£2,000: €2,400: US\$3,000 <b>each year</b> . This benefit is subject to a 50% co-insurance
Not Covered	Not Covered	Not Covered	£500: €600: US\$750 each tooth. This benefit is subject to a 25% co-insurance
Not Covered	£600: €720: US\$900 <b>each year</b>	£600: €720: US\$900 <b>each year</b>	£600: €720: US\$900 <b>each year</b>
Not Covered	Full Refund	Full Refund	Full Refund
Not Covered	Full Refund	Full Refund	Full Refund
Not Covered	Full Refund	Full Refund	Full Refund

## Evacuation or Repatriation (OPTIONAL BENEFIT)

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

### Evacuation

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

The method of transportation shall be the decision of the Assistance Company.

### Following evacuation

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

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

### Repatriation

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

### Mortal Remains

Burial or cremation costs in the country of death

or

transportation of body or ashes to **country of nationality** or **country of residence**.

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

## Definitions

The following words or phrases have the meanings given below wherever they appear in this document, **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).

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

Area 1 - Europe - (see back page)

Area 2 - Worldwide excluding United States of America

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

If **you** are a USA passport holder, and **you** select this Area, **your** cover in the USA will be restricted to the first 6 months spent there during any one 12 month period.

### 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 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 TREATMENT

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

### CO-INSURANCE

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

### 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** bed 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.

### ELECTIVE CAESAREAN

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

### 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**.

### FOETAL SURGERY

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

### GUARANTEE OF PAYMENT

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

### HOSPICE

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

### HOSPITAL

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

### HORMONE REPLACEMENT THERAPY (HRT)

**Treatment** given to treat a hormone imbalance condition.

### IN-PATIENT

An **insured person** who is admitted to a **hospital** bed 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.

### IVF

In vitro fertilisation.

### LIFE EVENT

Any of the following:

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



## Definitions

### MEDICAL CONDITION

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

### 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.

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

### PHYSIOTHERAPIST

A practising **physiotherapist** is a **medical practitioner** with full registration under the Medical Acts specialising in physiotherapy who is registered and legally licensed to practice medicine in the country where **treatment** is provided.

### PODIATRIST

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

### POLICY

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 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 **policy excess** applies per person per **policy** year and is applied to **in-patient**, **day-patient** and **out-patient** medical and associated expenses only. The **policy excess** does not apply to Well-being, vaccinations and optical benefits.

### POLICYHOLDER

The person 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, to a claimant to confirm **policy** cover before committing to any costs or **treatment**.

### PRIVATE ROOM

A room in a **hospital** for the exclusive use of a patient.

### PROFESSIONAL SPORTS

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

### PSYCHIATRIC ILLNESS

**Treatment** of a mental disorder carried out by a clinical psychologist. The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (eg. 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**.

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, 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**.

### SEMI-PRIVATE ROOM

A room in a **hospital** which is not exclusive and which may be shared with other patients.

### 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 trading as ALC Health and/or ALC Health (Hong Kong) Ltd on behalf of the Underwriters of this **policy** as detailed in the **Certificate of Insurance** and/or any appointed claims handlers, agents or managers.

## Exclusions Specific to Each Section of Cover

### In-patient & day-patient Treatment

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

- 1 Any costs not incurred as a **day-patient** or **in-patient** in a hospital or recognised medical facility.

#### Applicable to *Prima Platinum, Prima Premier and Prima Classic*

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

#### Applicable to *Prima Concept*

- 2 Any costs associated with routine pregnancy & childbirth.

#### Applicable to *Prima Platinum, Prima Premier and Prima Classic*

- 3 Any costs associated with any form of dental **treatment**, unless Dental **Treatment** has been selected.

#### Applicable to *Prima Concept*

- 3 Any costs relating to Dental **Treatment**.

- 4 Any costs associated with **evacuation** or **repatriation** unless **Evacuation** or **Repatriation** has been selected.

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

#### Applicable to *Prima Platinum, Prima Premier and Prima Classic*

- 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**.

#### Applicable to *Prima Concept*

- 6 Any costs relating to **Organ Transplants**.

#### Applicable to *Prima Premier*

- 7 Where **Out-patient Treatment** has been selected, cover in respect of post-operative **treatment** is deleted from **In-patient & Day-Patient Treatment**.

### Out-patient Treatment

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

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

#### Applicable to *Prima Platinum, Prima Premier and Prima Classic*

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

#### Applicable to *Prima Concept*

- 1 Any costs associated with routine pregnancy & childbirth.

#### Applicable to *Prima Platinum, Prima Premier and Prima Classic*

- 2 Any costs associated with any form of dental **treatment**, unless Dental **Treatment** has been selected or **treatment** is covered under Emergency Dental **Treatment**. If Dental **Treatment** option has been selected Emergency Dental **Treatment** is not applicable. Any benefits payable will be paid under the Dental **Treatment** Benefit.

#### Applicable to *Prima Concept*

- 2 Any costs relating to Dental **Treatment**.

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

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

- 5 Any **treatment** for cosmetic pedicures, surgical footwear including but not limited to corrective footwear eg. corn plasters, insoles, dressings etc.

### Routine Pregnancy & Childbirth

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

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

- 1 Any costs incurred for the initial 11 months of cover from purchase date of this benefit or **date of entry**, whichever is the latter. Conception may take place during this initial period, but only costs incurred after the period will be considered for reimbursement.
- 2 Antenatal and postnatal classes.
- 3 Midwifery costs when not associated with the childbirth / delivery.
- 4 **Treatment** consequent from the well-baby examination, unless the newborn is added within 30 days of birth to the **policy** as an **insured person**.

### Dental Treatment

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

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

- 1 Dental costs incurred within the first six months from the purchase date of this benefit or **date of entry** whichever is the latter (excluding **Accidental Damage to Teeth**).
- 2 Dental procedures other than those specified in the schedule of benefits.
- 3 Gingivitis, periodontitis or gum disease of any kind.
- 4 The cost of any precious metals (excluding gold) used in any dental procedure.
- 5 Any dental **treatment** which was recommended by **your dental practitioner** or that **you** were aware (or ought reasonably to have been aware) required **treatment** before **you** purchased this benefit or during the first six months of **your** purchase of this benefit. In the event of a claim, **you** may be required to provide evidence that **you** have completed all necessary dental work recommended prior to **your** purchase of this benefit.
- 6 Dental surgery when not performed by an oral and maxillofacial surgeon or surgical dentist.
- 7 Dentures where a set or sets have been worn previously.

#### Applicable to *Prima Premier and Prima Classic*

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

## Evacuation or Repatriation

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

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

- 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 nationality**.
- 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 insurance. Each section also has its own exclusions.

- 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**.

### Applicable to *Prima Platinum*, *Prima Premier* and *Prima Classic*

- 2 Genetic deformities, **birth injuries** or birth defects.

### Applicable to *Prima Concept*

- 2 **Congenital anomalies**, genetic deformities, **birth injuries** or birth defects.

- 3 **Foetal surgery**.
- 4 Costs for genetic testing.
- 5 **Treatment** for, or arising from, deafness caused by ageing.
- 6 **Treatment** for any illness, diseases or injuries arising from a procedure that is not covered under this **policy**.
- 7 Experimental, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.
- 8 Home visits, unless they are necessary following the sudden onset of an **acute** illness, which renders the insured incapable of visiting their **medical practitioner** or **physician**. The doctor's visit must take place within 24 hours of the start of the condition.
- 9 **Treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.
- 10 Investigations into and **treatment** for loss of hair and any hair replacement unless the loss of hair is due to cancer **treatment**. Wigs are not covered.
- 11 **Treatment** received in health spas, 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.
- 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**.

## General Exclusions - continued

- 13 **Treatment** which is not medically necessary or which may be considered a matter of personal choice.
- 14 Any **treatment** carried out by a plastic surgeon, whether or not for medical/psychological purposes. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring **accident** or as a result of surgery for cancer, if the **accident** or surgery occurs during your **period of cover** and has been covered by **us**. **We** will only cover the initial reconstruction.
- 15 Costs of providing or fitting any external prostheses, corrective devices or appliances.
- 16 **Treatment** for any illness, diseases or injuries arising from ear or body piercing and tattooing.
- 17 **Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.
- Applicable to Prima Classic**
- 18 Vaccinations and inoculations.
- Applicable to Prima Concept**
- 18 Routine physical examinations, including gynaecological investigations and tests, vaccinations and inoculations and other preventative medicines and tests without clinical symptoms being present. Routine hearing tests and the provision of hearing aids.
- 19 **Treatment** to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) and photorefractive keratectomy (PRK), macular degeneration and similar conditions. However, **we** will pay for corrective sight surgery consequent of an **accident**.
- 20 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**.
- 21 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.
- Applicable to Prima Platinum**
- 22 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), and any form of infertility or assisted reproduction except as covered under the **IVF** benefit.
- Applicable to Prima Premier, Prima Classic and Prima Concept**
- 22 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.
- 23 **Treatment** directly related to surrogacy whether **you** are acting as surrogate, or are the intended parent.
- 24 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.
- 25 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 26 **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.
- 27 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.
- 28 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.
- 29 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.
- 30 **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.
- 31 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 32 Costs which arise from or are directly or indirectly caused by self-exposure to needless danger, except in an attempt to save a human life.
- 33 **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.
- 34 **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.
- 35 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 36 Expenses incurred because of complications directly caused by an illness, injury or **treatment** for which cover is excluded or limited under **your policy**.
- 37 **Treatment** required as a result of failure to seek or follow medical **advice**.
- 38 Costs and expenses incurred where an **insured person** has travelled against medical **advice**.
- 39 Travel costs to and from medical facilities (including parking and taxi costs) for eligible **treatment**, other than any travel costs covered under transportation or **Evacuation or Repatriation** benefit.
- Applicable to Prima Platinum, Prima Premier and Prima Classic**
- 40 Any costs incurred outside **your area of cover** other than eligible emergency **treatment** costs covered under the **in-patient & day-patient** benefit. **We** will not cover any costs associated with curative **treatment** or follow-up of emergency **treatment** outside **your area of cover** or travel costs to return to **your area of cover**.
- Applicable to Prima Concept**
- 40 Any costs incurred outside **your area of cover**. **We** will not cover any costs associated with curative **treatment** or follow-up of emergency **treatment** outside **your area of cover** or travel costs to return to **your area of cover**.



- 41 **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.
- 42 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).
- 43 **Medical practitioner** fees for the completion of a Claim Form or other administration charges.

44 **Treatment** or diagnostic procedures of injuries arising from an engagement in **professional sports**.

45 **Treatment** that is not specified under 'The Cover' or where 'Optional Benefits' have not been selected.

**Applicable to Prima Concept**

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

## 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). If documents have been issued **we** will make an administration charge of £50 (or Euro/US\$ equivalent depending on the **policy** currency) to contribute to 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. Where **policy** documents or other documents are provided in a language other than English for convenience, the English language version will take precedence in the event of any dispute.

### 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**.

## General Conditions - continued

### 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 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.

### 14 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.

### 15 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**.

### 16 Foreign Exchange Adjustments

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

### 17 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](http://www.alchealth.com/claims.htm)

**Tel:** +44 (0) 330 333 6686

**Fax:** +44 (0) 330 333 6687

**Email:** [claims@alchealth.com](mailto:claims@alchealth.com)

**Post:** ALC Health Claims Team

PO Box 1114

Cardiff

CF11 1UL

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) 330 333 6686

**Fax:** +44 (0) 330 333 6687

**Email:** [claims@alchealth.com](mailto:claims@alchealth.com)

**Post:** ALC Health Claims Team

PO Box 1114

Cardiff

CF11 1UL

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) 330 333 6686

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) 330 333 6686

**Fax:** +44 (0) 330 333 6687

**Email:** [claims@alchealth.com](mailto:claims@alchealth.com)

**Post:** ALC Health Claims Team  
PO Box 1114  
Cardiff  
CF11 1UL  
United Kingdom

#### PLANNED IN-PATIENT & DAY-PATIENT TREATMENT All in-patient and day-patient treatment must be pre-authorized.

If treatment is not pre-authorized 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-authorization** 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) 330 333 6686

Alternatively **you** can go to **our** website at [www.alchealth.com/claims.htm](http://www.alchealth.com/claims.htm) and request **pre-authorization** 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 **you** 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) 330 333 6686 or **you** can ask someone to call them on **your** behalf.

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

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

à la carte healthcare limited trading as ALC Health or ALC Health (Hong Kong) Ltd is the product provider. The insurer is the underwriter detailed in the Certificate of Insurance and claims are managed by a Claims Management Company appointed by ALC Health.

**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 within 72 hours. If **we** can do this we will send you a Summary Resolution Complaint (SRC) form confirming our response and requesting **your** confirmation that the complaint is resolved to **your** satisfaction. 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

In the unlikely event that **you** remain dissatisfied, if **your** insurance is provided by Underwriters at Lloyd's **you** are entitled to refer the matter to the Complaints team at Lloyd's. Full details of Lloyd's complaints procedures are available at [www.lloyds.com](http://www.lloyds.com) and the Complaints team's contact details are as follows:

Lloyd's  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Chatham  
Kent ME4 4RN  
**Tel:** +44 (0)20 7327 5693  
**Fax:** +44 (0)20 7327 5225  
**Email:** [complaints@lloyds.com](mailto:complaints@lloyds.com)

Alternatively, or if **your** insurance is provided by a different underwriter, **you** also have the right to refer **your** complaint to the Financial Ombudsman Service (FOS), free of charge, once the above Complaints process is complete. Further details regarding the FOS can be obtained from their website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk). Alternatively the FOS may be contacted at:

The Financial Ombudsman Service  
Exchange Tower  
London E14 9SR  
United Kingdom  
**Tel:** 0800 023 4 567

Should **you** refer the matter to Lloyd's this will not affect **your** right to refer the matter to the Financial Ombudsman Service following Lloyd's review.

## Regulatory Protection

à la carte healthcare limited trading as ALC Health and ALC Health (Hong Kong) Ltd are authorised and regulated by the Financial Conduct Authority (FCA) in the UK. ALC Health (Hong Kong) Ltd is also registered with the Insurance Agents Registration Board in Hong Kong (IARB).

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

Catlin Insurance Company (UK) Ltd is authorised by the Prudential Regulation Authority (PRA) and regulated by the FCA.

Catlin Underwriting Agencies Limited is the managing agent of Syndicate 2003. Underwriters at Lloyds. Catlin Underwriting Agencies Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA).

ALC Health's register number with the FCA is 311496

AXA PPP International's register number is 202947

Catlin Insurance Company (UK) Ltd's register number with the FCA is 423308

Catlin Underwriting Agencies Ltd's register number with the FCA is 204848

## Regulatory Protection - continued

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.

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**.

We provide advice and information only on our own products. If **you** require advice on other available products which may be more suitable to **your** needs **you** should consult an appropriately qualified insurance broker or intermediary.

## Area of Cover

### AREA 1 EUROPE

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

## 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](http://www.alchealth.com)



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