

Global Health Insurance



...we're different because we care

January 2021



Welcome to ALC Health

...we're different because we care



You are our first priority. We know that wherever you are living or working you have unique demands and peace of mind about your healthcare is one of them.

Our wide range of insurance plans reflects the diversity of our members, with flexible, comprehensive and value-added options that mean you're able to choose the level of cover which best meets your needs.

- ✓ We offer plan options that cover chronic conditions, cancer, complementary medicine, optical, vaccination, wellness and preventative tests.
- ✓ We offer competitive premiums with a range of excess options, payment plans and currencies.
- ✓ We guarantee continuation of cover for members leaving an ALC group scheme.
- ✓ We pride ourselves on our clear and helpful customer service and 24/7 international medical helpline.
- ✓ We send you an ALC Health membership pack with all the information you need.
- ✓ We offer a comprehensive quotation and buy online service.
- ✓ No age limits and lifetime renewals.

ALC Health member benefits

ALC World

You'll have free access to our extensive online centre, giving you the very latest information on the best medical facilities near you and around the world. You'll find information on:

- **Doctors and hospitals** – search and find physicians and facilities near where you live and work
- **Destination profiles** – details and information of clinics and hospitals in nearly 1,500 cities
- **Security profiles** – detailed descriptions of security conditions for hundreds of major destinations
- **Medical translations** – country-specific brand names and generic equivalents for over 350 medications
- **Medical terms and phrases** – online translations to help you find and understand unfamiliar instructions
- **News and alerts** – important health and security updates from around the world, also available by email and text
- **Travel health centre** – helpful information when you travel and work away from home

The Blood Care Foundation

We've partnered with The Blood Care Foundation – a not for profit organisation registered in the United Kingdom. Through its Blood Care Programme, it provides screened blood in an emergency wherever you are in the world.

With a global network of blood banks, The Foundation can provide blood within 12-18 hours, and is couriered by anaesthetists or paramedics who are trained in cardiopulmonary resuscitation and blood transfer. Membership of The Blood Care Foundation is free with ALC Health.



Other benefits

- **24/7 Medical Helpline** – for claims information, emergency assistance and advice on treatment
- **Innocent Bystander** – treatment of conditions or injuries received as an innocent bystander during acts of terrorism, unless you're taking part in any illegal activity
- **Personalised** membership cards and keyfobs
- **Children** covered up to the age of 25 years

Top-up Policies

If you are using the claims under another insurance policy to cover the excess under your ALC Health plan, you must provide evidence of the medical condition together with paid invoices. Please note, only medical conditions under our policy Terms and Conditions are eligible. Payment cannot be made for the same invoice under both policies.

Chronic conditions

A chronic condition is a disease, illness or injury that:

- continues indefinitely and has no known cure
- comes back or is likely to come back
- is permanent
- requires rehabilitation or for you to be specially trained to cope with it, or
- needs long term monitoring, consultations, check-ups, examinations or tests
- needs ongoing or long-term control or relief of symptoms

Depending on the level of cover you choose, we offer benefits for acute, palliative and routine treatment.

With your permission, we'll contact your specialist for confirmation of the diagnosis of your condition, details of treatment and the future prognosis.

The treatment you receive should aim to return you to the state of health you were in before suffering the condition, or a full recovery. This includes short-term medical intervention to treat unexpected complications or acute exacerbations of a chronic condition.

If you have been receiving ongoing or routine treatment to keep your symptoms in check, we will review your treatment to assess whether it remains eligible for benefit.

Depending on your plan, there may be limits to the amount of benefit available to you – please contact us if you're unsure and we'll be happy to discuss what's covered.

What if your condition gets worse?

We'll pay for the treatment of acute exacerbations or flare-ups to bring the condition back to its controlled state as quickly as possible.

As some chronic conditions are ongoing, we'll write to tell you when there is no further benefit available for treatment of the illness.

You'll find full details about our cover in your Policy Wording or online at
www.alchealth.com

Cancer treatment

Unlike some insurers, we don't class cancer as a chronic condition – we recognise that you need specific treatment and care and have tailored our 'Oncology' benefits within our plans to reflect this.

Cancer treatment is paid in full up to the overall maximum sum insured under each plan. If your cancer is no longer curable and you receive palliative treatment, we would continue to cover you in full, as well as any hospice costs, if applicable.

Hospice care

If your plan covers you for palliative treatment and you're admitted to a hospice for end of life care, this would be paid up to the limits in your Policy Wording.

Kidney dialysis

An acute episode of kidney dialysis would be paid in full up to the overall maximum sum insured under each plan. If you have selected our *Prima Platinum* or *Prima Premier* plans we will also cover dialysis as routine management up to the benefit limits.

Our plans

Our comprehensive range of flexible international plans let you choose more of what you want and less of what you don't.



Prima **Platinum**

A benefit rich plan with an extensive range of medical treatments with the option of routine pregnancy and childbirth care, routine and restorative dental treatment and evacuation or repatriation services.



Prima **Premier**

Our traditional comprehensive plan combining in-patient and day-patient treatment with the option to add out-patient treatment, routine pregnancy and childbirth care, dental treatment and evacuation or repatriation services.



Prima **Classic**

An everyday international insurance plan covering the essential costs of in-patient, day-patient and out-patient treatment with the option to add routine pregnancy and childbirth care, routine dental treatment and evacuation or repatriation services.

Our cover

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In-patient and day-patient treatment

① Treatment in hospital as a day-patient or during an overnight stay of one or more nights.

	 Prima Classic	 Prima Premier	 Prima Platinum
Maximum sum insured The most we'll pay for each insured person during the period of cover, determined by the currency you choose for your policy.	£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
Accommodation Hospital accommodation in a ward, semi-private or private room. A cash benefit is available, for eligible treatment in Hong Kong, if you choose to downgrade from a private room to a semi-private room.	 Cover limited to £70: €84: US\$105 each night up to a maximum 15 nights	 Cover limited to £70: €84: US\$105 each night up to a maximum 15 nights	 Cover limited to £100: €120: US\$150 each night up to a maximum 15 nights
Parent Accommodation Costs for a parent or legal guardian to stay with the insured person (if they're under 18 years old) whilst admitted to hospital.			
Professional fees Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.			
Medication Drugs, medicines, supports and appliances prescribed by a specialist or medical practitioner.			
Diagnostics Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) used to make a diagnosis for treatment.			
Theatre Fees Operating theatre fees.			
Reconstructive Surgery Reconstructive surgery within 12 months of surgery for an eligible condition or an accident.			
Acute Chronic Conditions Treatment to stabilise an episode of an ongoing or persistent illness including fees for medical practitioner, specialist, diagnostics and medication.			
Routine Management of Chronic Conditions Day-to-day care of an ongoing or persistent illness.		 Combined cover limited to: £50,000 : €60,000 : US\$75,000	 Cover limited to: £100,000 : €120,000 : US\$150,000
Palliative care of Chronic Conditions Prolonged care of an ongoing or persistent illness.			

Kidney Dialysis Acute episode of an eligible condition resulting in Kidney Dialysis.	✓	✓	✓
Routine management, maintenance and palliative treatment of a chronic condition requiring ongoing Kidney Dialysis.		Cover limited to: £20,000 : €24,000 : US\$30,000	Cover limited to: £50,000 : €60,000 : US\$75,000
Oncology Radiotherapy, chemotherapy and immunotherapy treatment aimed to cure cancer, manage and maintain irrecoverable cancer and palliative treatment during end stages of cancer.	✓	✓	✓
IVF Treatment In vitro and assisted fertilisation. All treatment is dependent on our pre-authorisation and we reserve the right to decline the claim in full.			✓ Cover limited to: £2,000 : €2,400 : US\$3,000 per cycle with a maximum of 3 cycles per lifetime. This benefit is subject to 50% co-insurance.
Organ Transplants Transplant of any human organ. Costs for locating and harvesting a donor organ are not covered.	✓	✓	✓ Cover limited to: £200,000 : €240,000 : US\$300,000
Complications of pregnancy (excluding costs incurred within the first 10 months) Treatment of new eligible medical conditions during the antenatal stages of pregnancy, or during childbirth/delivery.	✓	✓	✓
Newborn Cover – Premature Births Cover of a baby born before 37 weeks gestation with an acute or chronic medical condition needing in-patient treatment. The mother named on the birth certificate must have been insured with us for at least 10 months before the birth date, and the baby must be added to the policy from birth and within 30 days of birth.	✓	✓ Cover limited to: £10,000 : €12,000 : US\$15,000 per baby for the first 30 days of life. Cover will exclude any medical condition which exists at the end of the first 30 day period.	✓ Cover limited to: £10,000 : €12,000 : US\$15,000 per baby for the first 30 days of life. Cover will exclude any medical condition which exists at the end of the first 30 day period.
Newborn Cover – Congenital Cover of a newborn baby needing treatment or palliative treatment for a congenital abnormality which has been diagnosed within 12 months of birth. The baby must be added to the policy from birth and within 30 days of birth.	✓	✓ Cover limited to: £100,000 : €120,000 : US\$150,000 in a lifetime	✓ Cover limited to: £100,000 : €120,000 : US\$150,000 in a lifetime
Physiotherapy In-patient treatment by a physiotherapist, that has been recommended by a specialist.	✓	✓	✓
Rehabilitation As an integral part of treatment, care is supervised by a specialist in a recognised rehabilitation unit.		✓	✓

All amounts shown in British pounds (£) Euros (€) and US dollars (US\$)

In-patient and day-patient treatment (continued)

	 Prima Classic	 Prima Premier	 Prima Platinum
Psychiatric Illness Treatment given in a recognised psychiatric unit and administered by a clinical psychiatrist or psychologist. All treatment is dependent on pre-authorisation and we reserve the right to decline the claim in full.	✓ Cover limited to: 30 days a year	✓ Cover limited to: 30 days a year	✓ Cover limited to: 30 days a year
Ancillary Charges Purchase of crutches or wheelchairs after in-patient or day-patient treatment.	✓ Cover limited to: £500 : €600 : US\$750	✓ Cover limited to: £500 : €600 : US\$750	✓ Cover limited to: £500 : €600 : US\$750
Ancillary Charges Provision of external prostheses during active treatment of cancer.			✓ Cover limited to: £2,000 : €2,400 : US\$3,000
Home nursing Care at home when medically necessary and recommended by a specialist immediately after hospital treatment.	✓ Cover limited to: 12 weeks for each condition, maximum of 26 weeks a year	✓ Cover limited to: 12 weeks for each condition, maximum of 26 weeks a year	✓
Transportation Charges for an ambulance to hospital when a medical practitioner advises it is medically necessary.	✓	✓	✓
Post Operative Cover Out-patient treatment or appointments within 6 months of being discharged from hospital for an eligible condition which required hospital admission.	✓ Covered under out-patient treatment	✓ Cover limited to: £1,500 : €1,800 : US\$2,250 a year unless out-patient treatment is selected	✓ Covered under out-patient treatment
Cash Benefit When treatment is given in a State or Charitable Hospital for an eligible condition and no claim is made under this policy.	✓ Cover limited to: £200 : €240 : US\$300 a night, maximum of 30 nights	✓ Cover limited to: £200 : €240 : US\$300 a night, maximum of 30 nights	✓ Cover limited to: £300 : €360 : US\$450 a night, maximum of 30 nights
Emergency Treatment Outside Area of Cover Treatment, when admitted to a hospital bed as an in-patient or day-patient, within 24 hours of an accident or the sudden beginning or worsening of a severe illness that immediately threatens the member's health.	✓ Cover limited to: trips of up to 6 weeks, maximum of 42 nights a year. Maximum sum insured: £50,000 : €60,000 : US\$75,000	✓ Cover limited to: trips of up to 6 weeks, maximum of 42 nights a year. Maximum sum insured: £50,000 : €60,000 : US\$75,000	✓ Cover limited to: trips of up to 6 weeks, maximum of 42 nights a year. Maximum sum insured: £50,000 : €60,000 : US\$75,000

Out-patient treatment (optional benefit for Prima Premier)

① Treatment received but without admission to a hospital bed

Maximum sum insured

The most we'll pay for each insured person during the period of cover, determined by the currency you choose for your policy.

£10,000

€12,000

US\$15,000

£2,500,000

€3,000,000

US\$3,750,000

£5,000,000

€6,000,000

US\$7,500,000

Professional Fees

Fees for consultations and examinations by medical practitioners, specialists and nurses.



Diagnostics

Procedures such as x-rays, pathology, brain and body scans (MRI, CT Scans) used to make a diagnosis for treatment.



Surgical Treatment

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



Medication

Drugs and medicines prescribed by a medical practitioner or specialist.



Transportation

Travel by road ambulance to the nearest appropriate hospital accident & emergency department.



Acute Chronic Conditions

Treatment to stabilise an episode of an ongoing or persistent illness including fees for medical practitioner, specialist, diagnostics and medication.



Routine Management and Palliative Care of Chronic Conditions

Day-to-day management and maintenance of chronic care symptoms or palliative treatment of a chronic condition including medical practitioner and specialist fees, diagnostics and medication.



Cover limited to:
£5,000 : €6,000 : US\$7,500 a year



Cover limited to:
£10,000 : €12,000 : US\$15,000 a year

Kidney Dialysis

Acute episode of an eligible condition resulting in Kidney Dialysis.



Routine management, maintenance and palliative treatment of a chronic condition requiring ongoing Kidney Dialysis.

Cover limited to: £5,000: €6,000:
US\$7,500 each year

Cover limited to: £10,000: €12,000:
US\$15,000 each year

Oncology

Radiotherapy, chemotherapy and immunotherapy treatment aimed to cure cancer, manage and maintain irrecoverable cancer and palliative treatment during end stages of cancer. Includes road ambulance costs for transportation to and from out-patient unit of the hospital.



Cover limited to:
£1,250,000 : €1,500,000 :
US\$1,875,000



Cover limited to £300 : €360 :
US\$450 per lifetime

Cover limited to £300 : €360 :
US\$450 per lifetime

Cover limited to £500 : €600 :
US\$750 per lifetime

Purchase of wigs during active treatment of cancer

Physiotherapy

Treatment within 6 months of a referral by a medical practitioner or specialist and carried out by a physiotherapist. A new referral will be required if you need physiotherapy for a different medical condition during this six month period.



Cover limited to:
£1,500 : €1,800 : US\$2,250 a year



Cover limited to:
£3,000 : €3,600 : US\$4,500 a year



Cover limited to:
£5,000 : €6,000 : US\$7,500 a year

All amounts shown in British pounds (£) Euros (€) and US dollars (US\$)

Out-patient treatment (continued)

	 Prima Classic	 Prima Premier	 Prima Platinum
Chiropody or Podiatry Treatment by a Chiropodist or Podiatrist without a referral.	✓ Cover limited to: £250 : €300 : US\$375 each year	✓ Cover limited to: £250 : €300 : US\$375 each year	✓ Cover limited to: £500 : €600 : US\$750 each year
Complementary Treatment Treatment and medication prescribed by chiropractors, osteopaths, homeopaths and acupuncturists. Dieticians (limited to one visit per year). Treatment must take place within 6 months of a referral by a medical practitioner or specialist. A new referral will be required if you need complementary treatment for a different medical condition during this 6 month period.	✓ Cover limited to: £1,500 : €1,800 : US\$2,250 a year	✓ Cover limited to: £3,000 : €3,600 : US\$4,500 a year	✓ Cover limited to: £5,000 : €6,000 : US\$7,500 a year
Traditional Chinese Medicine Chinese herbal medicine and treatment given by a recognised Chinese herbalist practitioner.	✓ Cover limited to: £500 : €600 : US\$750 a year	✓ Cover limited to: £500 : €600 : US\$750 a year	✓ Cover limited to: £1,500 : €1,800 : US\$2,250 a year
Psychiatric Illness Treatment administered by a clinical psychiatrist or psychologist including specialist consultations, assessments, diagnostics and medications. All treatment is dependent on our pre-authorisation and we reserve the right to decline the claim in full.		✓ Cover limited to: £5,000 : €6,000 : US\$7,500 a year	✓ Cover limited to: £10,000 : €12,000 : US\$15,000 a year
Hormone Replacement Therapy Consultations, patches and implants prescribed by a medical practitioner or specialist for the sole purpose of treating a hormone imbalance condition.		✓	✓
Optical Eye examinations carried out by an optometrist or ophthalmologist. Glasses and contact lenses prescribed to correct your vision when your prescription has changed.	✓ Maximum of one examination a year Glasses / lenses cover limited to: £200 : €240 : US\$300 a year	✓ Maximum of one examination a year Glasses / lenses cover limited to: £300 : €360 : US\$450 a year	✓ Maximum of one examination a year Glasses / lenses cover limited to: £500 : €600 : US\$750 a year
Vaccinations Consultations covering all basic immunisations legally required in the country of residence, along with any medically necessary travel vaccinations and anti-malarial medication.		✓ Cover limited to: £250 : €300 : US\$375 a year	✓ Cover limited to: £500 : €600 : US\$750 a year

Emergency Dental Treatment

Emergency out-patient dental treatment for the immediate relief of dental pain, including up to 3 temporary fillings per period of cover and/or the repair of damage caused in an accident. Treatment must be received within 36 hours. Cover does not extend to dental prosthesis or root canal treatment.



Well-being benefit (included within Out-patient treatment)

- i** Excluding costs incurred within the first 10 months of the policy or your date of entry

Well-being limit

The most we'll pay for each insured person during the period of cover for Well-being benefit.

£250

€300

US\$375

£500

€600

US\$750

£1,000

€1,200

US\$1,500

Hearing test

Annual Hearing Test carried out by a qualified practitioner.



Cover limited to:
maximum of 1 test a year



Cover limited to:
maximum of 1 test a year



Cover limited to:
maximum of 1 test a year

Routine Health Checks

Tests/screenings, including the following, 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**

Cover limited to:
children under 6 years old,
and maximum of 15
examinations in a lifetime



Cover limited to:
children under 6 years old,
and maximum of 15
examinations in a lifetime



Cover limited to:
children under 6 years old,
and maximum of 15
examinations in a lifetime

All amounts shown in British pounds (£) Euros (€) and US dollars (US\$)

Routine pregnancy and childbirth (optional benefit)

ⓘ Excluding costs incurred within the first 10 months of choosing this benefit

	 Prima Classic	 Prima Premier	 Prima Platinum
Routine pregnancy Routine pregnancy and childbirth costs, including pre and postnatal check-ups, scans and delivery costs for a natural birth or an elective caesarean.			
	Optional limits (per pregnancy): £3,000 : €3,600 : US\$4,500 £5,000 : €6,000 : US\$7,500	Optional limits (per pregnancy): £3,000 : €3,600 : US\$4,500 £5,000 : €6,000 : US\$7,500 £7,500 : €9,000 : US\$11,250 £10,000 : €12,000 : US\$15,000	Optional limits (per pregnancy): £3,000 : €3,600 : US\$4,500 £5,000 : €6,000 : US\$7,500 £7,500 : €9,000 : US\$11,250 £10,000 : €12,000 : US\$15,000 £20,000 : €24,000 : US\$30,000
Well Baby Examination Costs for the first examination or check-up of a newborn baby, within 72 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 When costs relating to the birth are provided in a State or Charitable Hospital and no claim is made under this policy.		Cover limited to: £50 : €60 : US\$75 a night, maximum of 20 nights	Cover limited to: £100 : €120 : US\$150 a night, maximum of 30 nights
			
			Cover limited to: £100 : €120 : US\$150 a night, maximum of 30 nights

Evacuation or Repatriation (optional benefit)

- ① For eligible conditions needing immediate emergency in-patient or day-patient treatment only

Evacuation Transport (and a relative/colleague as escort) to the nearest appropriate medical facility for treatment of an accident or medical condition within the area of cover which, according to the doctor, cannot be treated locally or at the place of incident.	✓	✓	✓
Hotel accommodation (following evacuation) Hotel accommodation when needed before and after admission to hospital, including escort.	✓ Cover limited to: £200 : €240 : US\$300 a day per person	✓ Cover limited to: £200 : €240 : US\$300 a day per person	✓ Cover limited to: £400 : €480 : US\$600 a day per person
Return flight (following evacuation) Economy class return flight, including escort.	✓	✓	✓
Repatriation Transporting an insured person (including relative/colleague as escort) to their country of residence/nationality for treatment following an accident or medical condition which cannot be treated locally or at the place of incident. (If the country of residence/nationality falls outside the geographical area of cover, treatment and transportation costs will not be covered).	✓	✓	✓
Mortal remains Burial or cremation costs in the country of death or transport of the body or ashes to the country of nationality or country of residence.	✓ Cover limited to: £5,000 : €6,000 : US\$7,500	✓ Cover limited to: £5,000 : €6,000 : US\$7,500	✓ Cover limited to: £5,000 : €6,000 : US\$7,500

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Dental treatment (optional benefit)

ⓘ Excluding costs incurred within the first 6 months of choosing this benefit, other than Accidental Damage caused to sound natural teeth, which is covered immediately

	 Prima Classic	 Prima Premier	 Prima Platinum
Maximum dental treatment limit The most we'll pay for each insured person during the period of cover for dental treatment listed below, unless specified otherwise.	£1,000 €1,200 US\$1,500	£1,000 €1,200 US\$1,500	£2,000 €2,400 US\$3,000
Routine examination, including check-ups and x-rays	✓ Cover limited to: £70 : €84 : US\$105 a visit, maximum 2 visits a year	✓ Cover limited to: £70 : €84 : US\$105 a visit, maximum 2 visits a year	✓ Cover limited to: £100 : €120 : US\$150 a visit, maximum 2 visits a year
Cleaning and polishing	✓ Cover limited to: £300: €360: US\$450 a year	✓ Cover limited to: £300: €360: US\$450 a year	✓ Cover limited to: £500: €600: US\$750 a year
Diagnostics tests and procedures	✓ Cover limited to: £300: €360: US\$450 a year	✓ Cover limited to: £300: €360: US\$450 a year	✓ Cover limited to: £500: €600: US\$750 a year
Fillings (amalgam or composite material)	✓ Cover limited to: £70 : €84 : US\$105 per tooth	✓ Cover limited to: £70 : €84 : US\$105 per tooth	✓ Cover limited to: £100 : €120 : US\$150 per tooth
Extractions	✓ Cover limited to: £70 : €84 : US\$105 per tooth	✓ Cover limited to: £70 : €84 : US\$105 per tooth	✓ Cover limited to: £100 : €120 : US\$150 per tooth
Wisdom tooth extraction when performed in a dental surgery	✓	✓	✓
New porcelain crown/inlay	✓ Cover limited to: £300 : €360 : US\$450 per tooth	✓ Cover limited to: £300 : €360 : US\$450 per tooth	✓ Cover limited to: £500 : €600 : US\$750 per tooth
Repair of crown/inlay	✓ Cover limited to: £125 : €150 : US\$190 per tooth	✓ Cover limited to: £125 : €150 : US\$190 per tooth	✓ Cover limited to: £250 : €300 : US\$375 per tooth

Root canal treatment		Cover limited to: £250 : €300 : US\$375 per tooth		Cover limited to: £250 : €300 : US\$375 per tooth		Cover limited to: £400 : €480 : US\$600 per tooth
New bridge		Cover limited to: £300 : €360 : US\$450 per bridge		Cover limited to: £300 : €360 : US\$450 per bridge		Cover limited to: £600 : €720 : US\$900 per bridge
Repair of bridge		Cover limited to: £175 : €210 : US\$265 per bridge		Cover limited to: £175 : €210 : US\$265 per bridge		Cover limited to: £200 : €240 : US\$300 per bridge
New dentures		Cover limited to: £125 : €150 : US\$190 per set		Cover limited to: £125 : €150 : US\$190 per set		Cover limited to: £600 : €720 : US\$900 per set
Orthodontic treatment (to move teeth or adjust bone) when medically necessary for oral health						Cover limited to: £2,000 : €2,400 : US\$3,000 a year subject to a 50% co-insurance
Dental implants to restore function or appearance after an accident. We must receive notification of treatment within 5 days of the accident.						Cover limited to: £500 : €600 : US\$750 per tooth, subject to a 25% co-insurance
Emergency dental treatment for pain relief, including treatment for an abscess, rebuild of a cracked or broken tooth, or a temporary filling. Treatment must take place within 36 hours of the emergency.		Cover limited to: £600 : €720 : US\$900 a year		Cover limited to: £600 : €720 : US\$900 a year		Cover limited to: £600 : €720 : US\$900 a year
Accidental Damage caused to sound, natural teeth damaged or lost in an accident. Treatment must take place within 5 days of the accident.		Cover not subject to overall dental treatment limit		Cover not subject to overall dental treatment limit		Cover not subject to overall dental treatment limit
Dental Surgery in a hospital by an oral and maxillofacial surgeon or surgical dentist. Includes surgical removal of wisdom teeth, extractions of complicated buried roots and apicectomy (root end surgery after unsuccessful root canal treatment).		Cover not subject to overall dental treatment limit		Cover not subject to overall dental treatment limit		Cover not subject to overall dental treatment limit

Please refer to our Policy Wording for full Terms & Conditions.

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Areas 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, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan.

Area 2 – Worldwide excluding United States of America and any USA territories

Area 3 – Worldwide



Policy excess

By opting for an excess on your policy, you can reduce your premiums by between 5% and 51% (actual percentages may vary by region).

The excess is per person per policy period and once the excess amount has been reached, you're covered right up to the policy limits of your plan regardless of the number of medical conditions involved.

The excess only applies to in/day-patient and out-patient treatment. It doesn't apply to Vaccinations, Optical and Well-being or optional benefits for Routine Pregnancy and Childbirth, Dental treatment and Evacuation or Repatriation.

GB (£)	Euro (€)	US (\$)	Discount
£50	€60	US\$75	- 5%
£150	€180	US\$225	- 11%
£300	€360	US\$450	- 20%
£500	€600	US\$750	- 28%
£1,000	€1,200	US\$1,500	- 37%
£2,500	€3,000	US\$3,750	- 42%
£5,000	€6,000	US\$7,500	- 46%
£7,500	€9,000	US\$11,250	- 51%

The saving on premium may be considerably more than the value of the policy excess.

Unlike some Insurers, we allow you to change your policy excess level without asking any medical questions at renewal.

Making a claim

Our claims service maintains medically backed 24/7 and 365 capability and together with our unique, benefit rich plans, provides an industry leading solution.

We've made the process of making a claim as simple as possible – you can forward your claim online, by email, phone, fax or post 24 hours a day...

ALC Health Claims Centre

Our Claims Centre allows you to pre-authorise your treatment, upload claim forms and receipts for treatment you've already paid for.

If you need to go into hospital

It is essential you contact us, where reasonably possible, before going into hospital to ensure your treatment is covered and to allow us to take charge of the treatment costs. You can do this online or by calling our 24 hour claims centre.

Receiving treatment from a doctor or specialist

After your appointment, log in to the ALC Health Claims Centre and forward your completed claims forms and any invoices you've received. Or, you can send a completed claim form with your treatment invoices to us by email, fax or post.

Out-patient Direct Settlement

We can offer Out-patient Direct Settlement in certain countries. Please contact us for more details.

For more information, or to download our **Step-by-Step Guide to Making a Claim** go to www.alchealth.com/claims.htm

Evacuation or Repatriation

Whilst high quality healthcare is often available where you may be living or working, should you be in a place where the in-patient treatment you urgently require is not available, our Emergency Medical Evacuation cover will take you to the nearest Centre of Medical Excellence.

Under these circumstances you can be evacuated to the nearest suitable hospital or repatriated to your home country (within your area of cover) so that you can be treated in familiar surroundings near your family. Our team of highly experienced specialists have the global capability to make sure all the arrangements are made when you need to be evacuated.

With one call to our 24/7 emergency centre, we'll coordinate the care that you need and arrange evacuations or transport to the place best equipped to look after your medical treatment, whilst always remembering that our main priority is, of course, to ensure your safety and wellbeing.

Claims Helpline Numbers - Local or Freephone

We have a number of countries where you can call on either a Local or Freephone number including Germany, Gibraltar, Hong Kong, Malta, the Philippines, Portugal, Singapore, Spain and USA.

The numbers will be on the back of your membership card.

Underwriting

Our Prima Classic, Premier and Platinum plans are available to individuals and companies (with 4 or more employees) and provide a range of international health insurance underwriting, cover and benefits.

When you apply for cover with us, we'll ask for some basic information that will enable us to assess the appropriate annual premium for the plan you've chosen and the underwriting terms that'll be applied to your policy.

Moratorium (MORI)

With this option, we do not cover treatment of any medical condition (or specified related condition) that existed during the five years before your policy began.

This applies not only to conditions with a firm diagnosis but also to treatment of any medical condition for which you had symptoms, even if no diagnosis was made. All that matters is that you know, or ought reasonably to have known, that something was wrong even if you hadn't consulted a doctor.

- If you need treatment for conditions which were not covered in the first two years of your policy, you'll be able to claim after that two year period has elapsed. This will not apply if you've had any medical treatment or medical advice, taken any drugs or medicine, or followed any special diets in respect of the pre-existing medical condition for the two consecutive years immediately before the need for treatment starts.
- If you've had treatment for the pre-existing condition within the two year period, then you won't be able to make a claim until you've gone for a period of two consecutive years without any treatment, advice, help or drugs.
- There are some continuous or recurring medical conditions that you'll never be able to make a claim for. This is because you'll always need to have medical advice or take medication, and so preventing you from being able to go for two consecutive years without advice or medication.
- Additionally, there are some medical conditions that may be permanently excluded from cover.

Continuation of Personal Medical Exclusions (CPME)

Individuals and companies can join ALC Health from a fully underwritten or moratorium policy with another insurer. If you join on the basis of 'continuation of medical exclusions', we'll transfer any previous underwriting terms for medical conditions to your new policy.

It's important to remember that this relates only to the specific underwriting terms. Your policy will be subject to our general terms including the exclusions and benefit limitations, which you'll find in the Policy Wording.

If, as a company, you have selected 'medical history disregarded' underwriting with your current provider and would like to continue this with ALC Health, you should consider our 'medical history disregarded' option.

Full Medical Underwriting

A completed Full Medical Underwriting Application Form is required where details of your medical history are provided. We will then advise you if we wish to exclude any of your previous or ongoing medical conditions and, if so, these will be shown on your Certificate of Insurance. Please note that these are personal exclusions and your policy will also be subject to our general terms and conditions. This option is available to individuals or groups and required for anyone joining us over the age of 74.

Medical History Disregarded (MHD)

This option – the most expensive and only available to companies of more than 10 employees – allows members to be enrolled without any exclusions relating to their previous medical history (subject to our policy Terms and Conditions).

What happens next?

When you choose ALC Health, you can be sure that when you need our help, we'll be with you 24 hours, day or night.

For you and your family

Our range of international medical insurance plans gives you the flexibility to choose the cover that matches your requirements and budget.

Just choose your plan and any optional benefits, decide on your policy excess, then select your area of cover and payment frequency. Once we have your details we'll get in touch to confirm your cover and let you know what happens next.

You can also obtain a quote or buy online from our website or complete an application form and send it to us. The choice is yours.

For your company

Enrolling your employees (and their dependants) onto your group medical plan is simple.

Once we receive your Corporate Application Form and basic details of who's to be covered, we'll start processing your scheme – without the need for individual applications.

When a new employee joins

Simply let us know their start date, along with their date of birth, country of nationality and residency and we'll prepare a new set of documents.

When an employee leaves

Email us their name, customer number and contact details and we'll do the rest. We are able to offer continuation of cover for anyone leaving a Group plan.

Our 14 day money back guarantee

As soon as we receive your application form and your first premium, we'll prepare your new membership documents. We can send these to you by email, fax or post – just let us know how you'd like to receive them.

We're sure you'll be happy with your new Prima Healthcare plan, but if you change your mind, don't worry.

You can cancel your plan within 14 days from the start date of your policy, without any costs or charges. As long as you've not already made a claim, we'll return your premium in full.

Need help?

We're here to help – whether you're unsure which cover you need or want to check what options are available to you, we're ready to guide you through the process.

 Get an instant quote, copies of all our Policy Wordings and more information about ALC Health online at www.alchealth.com.

 Or call us on +44 (0)1903 817970 (Head Office)
+852 3478 3751 (Hong Kong Office) +34 952 93 16 09
(Spanish Office) +350 200 77731 (Gibraltar Office)
to find out more.

Head office

Chanctonfold Barn, Chanctonfold,
Horsham Road, Steyning, West Sussex,
BN44 3AA, United Kingdom

Call: +44 (0) 1903 817 970

Fax: +44 (0) 1903 879 719

www.alchealth.com

www.alctravel.eu

Spanish office

Edificio Golden
Avenida Ricardo Soriano, 72
Portal B, 1^a Planta
29601 Marbella
Málaga
Spain

Call: +34 952 93 16 09

Fax: +34 952 90 67 30

CIF: W8264779C

Gibraltar office

World Trade Center
6 Bayside Road
1st Floor – Unit 1.02
Gibraltar
GX11 1AA

Call: +350 200 77731

ALC Health (Hong Kong) Ltd

Level 15
West Exchange Tower
322 Des Voeux Road Central
Sheung Wan,
Hong Kong

Call: +852 3478 3751

Fax: +852 3469 5454

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Registered Office: Chanctonfold Barn Chanctonfold Horsham Road Steyning West Sussex BN44 3AA United Kingdom.

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Registered in Hong Kong No 2399505 and by the Insurance Agents Registration Board (No. 17975427).

Registered Office: Vistra (Hong Kong) Limited, Room 1901, 19/F, Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong.

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