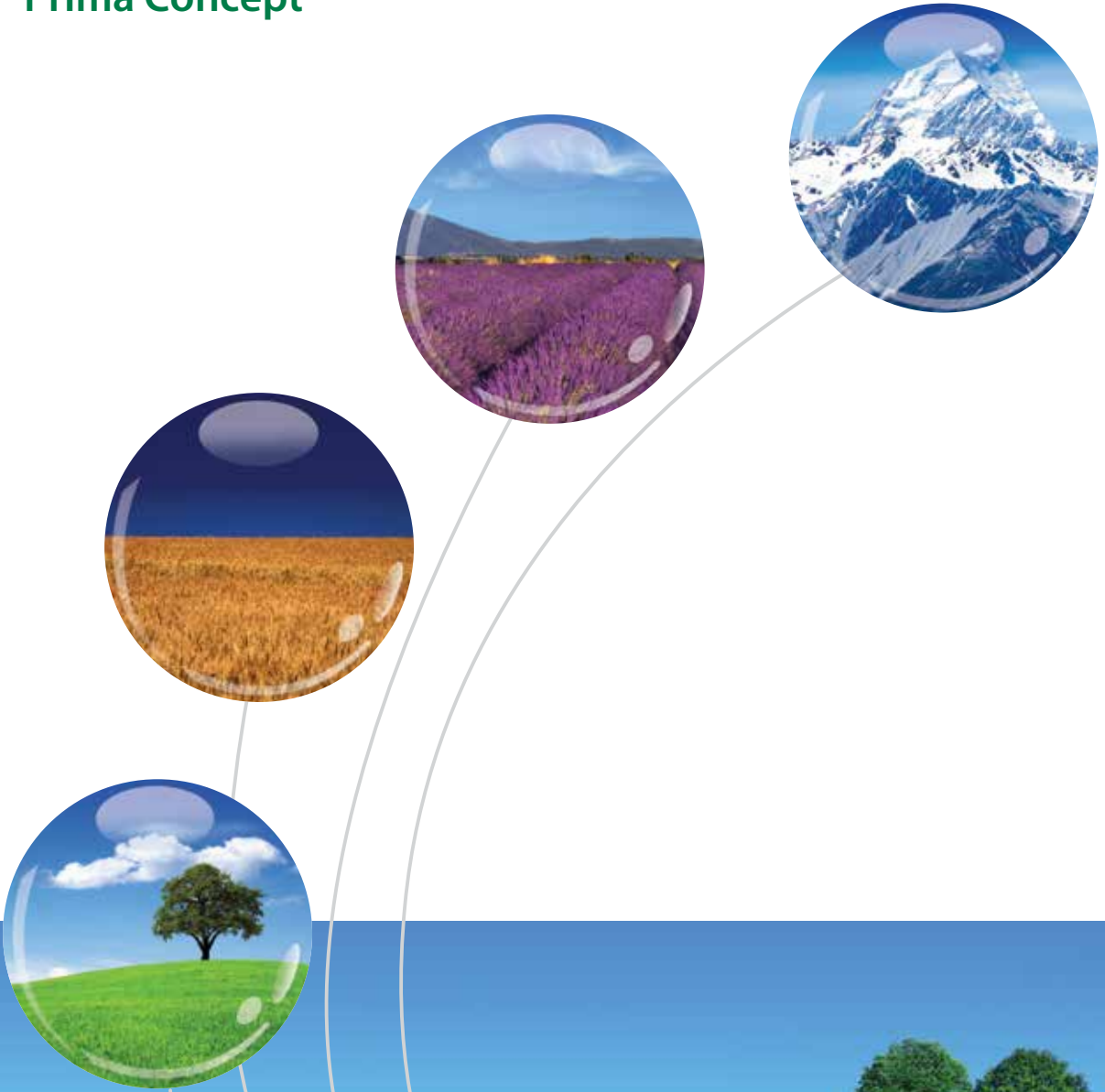


# Private Client Policy Wording

Prima Platinum  
Prima Premier  
Prima Classic  
Prima Concept



... we're different because we care

## Introduction

This **policy** is a contract between **you** and **us**.

This **policy** consists of this document, **Certificate of Insurance** and **Endorsements**, if any, all of which are a single document and are to be read as one contract. In this **policy**, certain words or phrases are specially defined. In deciding to accept this **policy** and in setting the terms and premium **we** have relied on the information which **you** have provided to **us**.

**We** will, in consideration of the payment of the premium, insure **you**, subject to the terms and conditions of this **policy**, against the events set out in 'The Cover' section and occurring during the **period of cover** or any subsequent period for which **we** agree to accept payment of Premium.

Please read this **policy** carefully and make sure that it meets **your** needs. If any corrections are necessary **you** should contact **us** or your broker through whom this **policy** was arranged.

Please keep this **policy** in a safe place – **you** may need to refer to it if **you** have to make a claim.



## Contents

Level of Cover	Page 2
The Cover	Page 2
In-patient & day-patient Treatment	Page 2
Out-patient Treatment	Page 6
Routine Pregnancy & Childbirth	Page 10
Dental Treatment	Page 10
Evacuation or Repatriation	Page 12
Definitions	Page 14
Exclusions specific to In-patient & day-patient Treatment	Page 16
Exclusions specific to Out-patient Treatment	Page 16
Exclusions specific to Routine Pregnancy & Childbirth	Page 17
Exclusions specific to Dental Treatment	Page 17
Exclusions specific to Evacuation or Repatriation	Page 17
General Exclusions	Page 18
General Conditions	Page 20
Assistance & Claims Procedure	Page 22
Complaints	Page 23
Regulatory Information	Page 24
Insurance Guarantee Scheme	Page 24
Several Liability Notice	Page 24
Accessibility	Page 24
Area of Cover	Page 24
How is my personal data protected?	Page 25
Fair Processing Notice	Page 25

Policy Wording effective 01 January 2020  
Underwritten by XL Insurance Company SE



**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 (1) or more nights or as a **day-patient**)

#### Accommodation

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

A cash benefit is available when **you** choose to downgrade from a **private room** to a **semi-private room** or ward for eligible **treatment** received in Hong Kong.

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

#### Medication

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

#### Diagnostics

Diagnostic tests and 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 twelve (12) months of the **accident** or surgery.

#### Chronic Conditions - Acute

**Treatment** required to stabilise an **acute** episode of a **chronic** condition, including **medical practitioner** and **specialist** fees, diagnostics and **medication**.

#### Chronic Conditions - Routine Management

Routine management and maintenance of a **chronic** condition, including **medical practitioner** and **specialist** fees, diagnostics and **medication**.

#### Chronic Conditions - Palliative

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

#### Kidney Dialysis

**Acute** episode of an eligible **medical condition** which would result in the need for **Kidney Dialysis**.

Routine management, maintenance and **palliative treatment** of a **chronic** condition which requires ongoing **Kidney Dialysis**.

#### Oncology

All **treatment** aimed to cure cancer, manage and maintain irrecoverable cancer and **palliative treatment** during the end stages of cancer. The benefit includes oncologist and **specialist** fees, diagnostics, **medication**, radiotherapy, chemotherapy and immunotherapy.

#### IVF Treatment

Up to three (3) cycles of in-vitro fertilisation, including **specialist** fees and **medication**. All cover under this benefit is subject to **pre-authorization** by **us**. If it is not **pre-authorized** by **us**, then **we** reserve the right to decline the claim in full.

#### Organ Transplants

Transplant of any human organ in respect of costs incurred by an **insured person** to receive a donor organ. No costs incurred in locating and harvesting a donor organ are covered.

#### Complications of Pregnancy (excluding costs incurred within the first 10 months of your date of entry)

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

### Prima Concept

£250,000: €300,000: US\$375,000

### Prima Classic

£1,250,000: €1,500,000: US\$1,875,000

### Prima Premier

£2,500,000: €3,000,000: US\$3,750,000

### Prima Platinum

£5,000,000: €6,000,000: US\$7,500,000

Full Refund

£50: €60: US\$75 each night up to a maximum 15 nights

Not Covered

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Not Covered

Not Covered

Full Refund

Not Covered

Full Refund

Not Covered

Not Covered

Full Refund

Full Refund

£70: €84: US\$105 each night up to a maximum 15 nights

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Not Covered

Not Covered

Full Refund

Not Covered

Full Refund

Not Covered

Limited to £200,000: €240,000: US\$300,000

Full Refund

Full Refund

£70: €84: US\$105 each night up to a maximum 15 nights

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Limited to £50,000: €60,000: US\$75,000

Full Refund

Full Refund

Limited to £20,000: €24,000: US\$30,000

Full Refund

Not Covered

Limited to £200,000: €240,000: US\$300,000

Full Refund

Full Refund

£100: €120: US\$150 each night up to a maximum 15 nights

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Full Refund

Limited to £100,000: €120,000: US\$150,000

Full Refund

Full Refund

Limited to £50,000: €60,000: US\$75,000

Full Refund

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**

Limited to £200,000: €240,000: US\$300,000

Full Refund

#### 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**. The mother named on the birth certificate must have been insured with **us** for at least ten (10) months prior to the birth date. All cover is subject to the **newborn** being added to the **policy** within thirty (30) days of birth.

#### Newborn Cover - Congenital

Cover in respect of a **newborn** baby requiring **treatment** or **palliative treatment** of a **congenital anomaly** which is diagnosed within 12 months of birth. All cover is subject to the **newborn** being added to the **policy** within thirty (30) days of birth.

#### Physiotherapy

Physiotherapy when such **treatment** is recommended by a **specialist** and **treatment** is carried out by a **physiotherapist** 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** administered by a clinical psychiatrist or psychologist, including **specialist** consultations, assessments, diagnostics and **medications** and given in a recognised psychiatric unit of a **hospital**. 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.

#### Ancillary Charges

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

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 six (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 **medical practitioner** or **specialist** commencing within 24 hours of the **emergency** event), when admitted to a **hospital** bed as an **in-patient** or **day-patient**, 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.

### Prima Concept

Not Covered

Not Covered

Full Refund

Not Covered

Not Covered

Not Covered

Limited to 6 weeks for each condition and a maximum of 14 weeks **each year**

Full Refund

Covered under **out-patient treatment**

£100: €120: US\$150 each night up to a maximum of 30 nights

Not Covered

### Prima Classic

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 **medical condition** which exists at the end of the first 30 day period

£100,000: €120,000: US\$150,000 Lifetime Limit

Full Refund

Not Covered

Limited to 30 days **each year**

Limited to £500: €600: US\$750  
Not Covered

Limited to 12 weeks for each condition and a maximum of 26 weeks **each year**

Full Refund

Covered under **out-patient treatment**

£200: €240: US\$300 each night up to a maximum of 30 nights

For trips up to a maximum of 6 weeks  
Maximum 42 nights **each year**  
Maximum sum insured of £50,000: €60,000: US\$75,000

### Prima Premier

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 **medical condition** which exists at the end of the first 30 day period

£100,000: €120,000: US\$150,000 Lifetime Limit

Full Refund

Full Refund

Limited to 30 days **each year**

Limited to £500: €600: US\$750  
Not Covered

Limited to 12 weeks for each condition and a maximum of 26 weeks **each year**

Full Refund

Limited to £1,500: €1,800: US\$2,250 **each year** unless **out-patient treatment** is selected

£200: €240: US\$300 each night up to a maximum of 30 nights

For trips up to a maximum of 6 weeks  
Maximum 42 nights **each year**  
Maximum sum insured of £50,000: €60,000: US\$75,000

### Prima Platinum

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 **medical condition** which exists at the end of the first 30 day period

£100,000: €120,000: US\$150,000 Lifetime Limit

Full Refund

Full Refund

Limited to 30 days **each year**

Limited to £500: €600: US\$750  
Limited to £2,000: €2,400: US\$3,000

Full Refund

Full Refund

Covered under **out-patient treatment**

£300: €360: US\$450 each night up to a maximum of 30 nights

For trips up to a maximum of 6 weeks  
Maximum 42 nights **each year**  
Maximum sum insured of £50,000: €60,000: US\$75,000

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

(treatment received but without admission to a hospital bed)

<b>Overall Limit</b>
<b>Professional Fees</b> Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations.
<b>Diagnostics</b> Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).
<b>Surgical Treatment</b> Minor surgical procedures when carried out by a medical practitioner or specialist.
<b>Medication</b> Drugs and medicines when prescribed by a specialist or medical practitioner, unless specified elsewhere in 'The Cover'.
<b>Transportation</b> We will pay for medically necessary travel by road ambulance to the nearest appropriate hospital accident and emergency department for eligible treatment.
<b>Chronic Conditions - Acute</b> Treatment required to stabilise an acute episode of a chronic condition, including medical practitioner and specialist fees, diagnostics and medication.
<b>Chronic Conditions - Routine Management and Palliative Care</b> Routine management and maintenance of a chronic condition, or palliative treatment of a chronic condition, including medical practitioner and specialist fees, diagnostics and medication.
<b>Kidney Dialysis</b> Acute episode of an eligible medical condition which would result in the need for Kidney Dialysis.  Routine management, maintenance and palliative treatment of a chronic condition which requires ongoing Kidney Dialysis.
<b>Oncology</b> All treatment aimed to cure cancer, manage and maintain irrecoverable cancer and palliative treatment during the end stages of cancer. The benefit includes oncologist and specialist fees, diagnostics, medication, radiotherapy, chemotherapy and immunotherapy. Includes road ambulance costs for transportation to and from the out-patient unit of a hospital for the administering of this specific treatment.  Purchase of wigs during active treatment of cancer which is covered by your plan.
<b>Physiotherapy</b> Physiotherapy on recommendation by a medical practitioner or specialist and where treatment is carried out by a physiotherapist. A referral from your medical practitioner or specialist is valid for six (6) months only, after which time a new referral letter would be required. If during this six (6) month period you require physiotherapy for a different medical condition, then a new referral will be required. A treatment plan from your physiotherapist will be required for review. Treatments are recorded and, if required, additional information may be requested.
<b>Chiropody or Podiatry</b> Treatment by a Chiropodist or Podiatrist without referral from a medical practitioner.
<b>Complementary Treatment</b> Treatment administered by and medication prescribed by chiropractors, osteopaths, homeopaths, acupuncturists.  Dietician (limited to one (1) visit 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 (6) months only, after which time a new referral letter would be required. If during this six (6) month period you require complementary treatment for a different medical condition, then a new referral will be required.
<b>Traditional Chinese Medicine</b> Chinese herbal medicine and treatment administered by a recognised traditional Chinese herbalist or practitioner.
<b>Psychiatric Illness</b> Treatment administered by a clinical psychiatrist or psychologist, including specialist consultations, assessments, diagnostics and medications. 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. A treatment plan from your psychiatrist or psychologist will be required for review.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Out-patient limit of £1,500: €1,800: US\$2,250 within overall policy limit of £250,000: €300,000: US\$375,000	Out-patient limit of £10,000: €12,000: US\$15,000 within overall policy limit of £1,250,000: €1,500,000: US\$1,875,000	Limited to the overall policy limit of £2,500,000: €3,000,000: US\$3,750,000	Limited to the overall policy limit of £5,000,000: €6,000,000: US\$7,500,000
Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Limited to £200: €240: US\$300 each year within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Not Covered	Full Refund within overall out-patient limit	Full Refund	Full Refund
Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Not Covered	Not Covered	Limited to £5,000: €6,000: US\$7,500 each year	Limited to £10,000: €12,000: US\$15,000 each year
Full Refund within overall out-patient limit Not Covered	Full Refund within overall out-patient limit Not Covered	Full Refund Limited to £5,000: €6,000: US\$7,500 each year	Full Refund Limited to £10,000: €12,000: US\$15,000 each year
Full Refund within overall policy limit of £250,000: €300,000: US\$375,000 £150: €180: US\$225 per lifetime	Full Refund within overall policy limit of £1,250,000: €1,500,000: US\$1,875,000 £300: €360: US\$450 per lifetime	Full Refund £300: €360: US\$450 per lifetime	Full Refund £500: €600: US\$750 per lifetime
Limited to £250: €300: US\$375 each year within overall out-patient limit	Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit	Limited to £3,000: €3,600: US\$4,500 each year	Limited to £5,000: €6,000: US\$7,500 each year
Not Covered	Limited to £250: €300: US\$375 each year within overall out-patient limit	Limited to £250: €300: US\$375 each year	Limited to £500: €600: US\$750 each year
Limited to £250: €300: US\$375 each year within overall out-patient limit	Limited to £1,500: €1,800: US\$2,250 each year within overall out-patient limit	Limited to £3,000: €3,600: US\$4,500 each year	Limited to £5,000: €6,000: US\$7,500 each year
Limited to £250: €300: US\$375 each year within overall out-patient limit	Limited to £500: €600: US\$750 each year within overall out-patient limit	Limited to £500: €600: US\$750 each year	Limited to £1,500: €1,800: US\$2,250 each year
Not Covered	Not Covered	Limited to £5,000: €6,000: US\$7,500 each year	Limited to £10,000: €12,000: US\$15,000 each year

**Hormone Replacement Therapy**  
**Medical practitioner** or **specialist** consultations and prescribed **treatment** 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 ten (10) 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 when performed by a **medical practitioner**, 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

**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 three (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.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
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 £300: €360: US\$450 <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> within overall <b>out-patient</b> limit	The total of the benefits available within the Well-being Benefit is limited to £500: €600: US\$750 <b>each year</b>	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>
Not Covered	One test <b>each year</b> Full Refund within Well-being limit	One test <b>each year</b> Full Refund within Well-being limit	One test <b>each year</b> Full Refund within Well-being limit
Not Covered	Full Refund within Well-being limit	Full Refund within Well-being limit	Full Refund within Well-being limit
Not Covered	Full Refund within Well-being limit	Full Refund within Well-being limit	Full Refund within Well-being limit
Not Covered	Full Refund within Well-being limit	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
Not Covered	Not Covered	Limited to £250: €300: US\$375 <b>each year</b>	Limited to £500: €600: US\$750 <b>each year</b>
Not Covered	Full Refund	Full Refund	Full Refund
Included	Included	Included	Included
Included	Included	Included	Included
Included	Included	Included	Included

### Routine Pregnancy & Childbirth (OPTIONAL BENEFIT)

(excluding costs incurred within the first ten (10) 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 (maximum of three (3)) 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 72 hours of delivery.

#### Newborn Accommodation

Cot and nursing charges for **newborn** baby/babies (up to six (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.

### Dental Treatment (OPTIONAL BENEFIT)

Dental **treatment** as shown in the table of benefits below when performed by a **Dental Practitioner** (excluding costs incurred within the first six (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 of teeth other than wisdom teeth.

Wisdom tooth extraction when performed in a dental surgery.

New porcelain crown/inlay.

Repair of crown/inlay.

Root canal **treatment**.

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Not Covered	Optional pregnancy limits (for each pregnancy) ■ £3,000: €3,600: US\$4,500 ■ £5,000: €6,000: US\$7,500	Optional pregnancy limits (for each 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 pregnancy limits (for each 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
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

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

New bridge. All costs relating to fitting a new bridge, including extractions of crowns required to support the new bridge.
Repair of bridge. All costs relating to repairing a bridge, including extractions of crowns required to support the bridge.
New dentures.
<b>Orthodontic treatment</b> (to move teeth or adjust underlying bone) when <b>medically necessary</b> for oral health.
Dental implants to restore function or appearance following an <b>accident</b> . Notification of <b>treatment</b> must be received within five (5) days from the date of the <b>accident</b> occurring.
<b>Emergency dental treatment</b> for the relief of pain, being <b>treatment</b> of an abscess, cracked or broken tooth rebuild or temporary filling. The <b>treatment</b> must be received within 36 hours of the <b>emergency</b> event.

The procedures below are not subject to the overall maximum limit **each year** for routine dental **treatment**, they are subject to the overall policy limit.

<b>Accidental Damage</b> caused to <b>sound natural teeth</b> lost or damaged in an <b>accident</b> . <b>Treatment</b> must be received within 5 days from the date of the <b>accident</b> occurring.
Dental Surgery undertaken in a <b>hospital</b> by an oral and maxillofacial surgeon or surgical dentist:
Surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots.
Apicectomy.

#### Evacuation or Repatriation (OPTIONAL BENEFIT)

(for eligible **medical conditions** requiring immediate **emergency hospital in-patient** or **day-patient** admission only)

<b>Evacuation</b> The cost of transporting an <b>insured person</b> (and one other relative/colleague to travel as escort) to the nearest appropriate medical facility for <b>in-patient</b> or <b>day-patient treatment</b> of an <b>accident</b> or <b>medical condition</b> within the <b>insured persons area of cover</b> which, in the opinion of the <b>appointed medical practitioner</b> , cannot be treated adequately locally or at the place of incident.  The method of transportation shall be the decision of the assistance company <b>we</b> have appointed to act for <b>us</b> .
<b>Following evacuation</b> Hotel accommodation for escort and <b>insured person</b> when required pre and post <b>hospital</b> admission.  Return <b>airflight</b> (economy class) for the <b>insured person</b> and their escort.
<b>Repatriation</b> The cost of transporting an <b>insured person</b> (and one (1) other relative/colleague to travel as escort) to their <b>country of nationality</b> or <b>country of residence</b> for <b>in-patient</b> or <b>day-patient treatment</b> of an <b>accident</b> or <b>medical condition</b> which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the assistance company <b>we</b> have appointed to act for <b>us</b> . (If the <b>country of nationality</b> or <b>country of residence</b> falls outside the geographical area covered under <b>your policy, treatment</b> and transportation costs will not be considered.)
<b>Mortal Remains</b> Burial or cremation costs in the country of death or transportation of body or ashes to <b>country of nationality</b> or <b>country of residence</b> . (If the country of death, <b>country of nationality</b> or <b>country of residence</b> falls outside the geographical area covered under <b>your policy</b> costs will not be considered.)

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
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% <b>co-insurance</b>
Not Covered	Not Covered	Not Covered	£500: €600: US\$750 each tooth. This benefit is subject to a 25% <b>co-insurance</b>
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

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	£200: €240: US\$300 each day, for each person	£200: €240: US\$300 each day, for each person	£400: €480: US\$600 each day, for each person
Full Refund	Full Refund	Full Refund	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

An accidental injury to **sound natural teeth** which have been lost, damaged or dislodged.

### 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).

### APPLIANCE

Prosthetic or surgical appliance required as an integral part of **your** surgical operation. **We** will pay for a spinal support, knee brace or air cast if deemed an essential part of a surgical operation or any other similar appliance required as a vital part of **your treatment**.

### APPOINTED MEDICAL PRACTITIONER

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 and any USA territories

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 ninety (90) days in aggregate spent there during any one **policy** year.

### 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 (1) 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
- It needs ongoing or long-term control or relief of symptoms

### 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, dietician and acupuncture **treatment** as practiced by approved therapists.

### COMPLICATIONS OF PREGNANCY

**Complications of pregnancy** covered under this **policy** are: pre-eclampsia, miscarriage, threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb, still birth, heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage), afterbirth left in the womb after delivery of the baby (retained placental membranes) and complications following to any of the above conditions.

### CO-INSURANCE

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

### CONGENITAL ANOMALY (Birth Defects)

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

### CORRECTIVE DEVICE

A device for treating a **medical condition**, for example a C-pap machine or a wearable defibrillator such as a life vest.

### COUNTRY OF NATIONALITY

The country for which **you** are a passport holder.

### COUNTRY OF RESIDENCE

The country **you** have declared as **your country of residence** for the purposes of this **policy** at 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 in a ward, **semi-private** or **private room** 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 thirty (30) days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

### ELECTIVE CAESAREAN

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

### EMERGENCY

The sudden onset of a serious and unexpected **acute medical condition** or injury requiring immediate medical **treatment**, that without **treatment** commencing within 24 hours of the **emergency** event could result in death or serious damage to bodily function.

### ENDORSEMENT

Any change to terms and conditions agreed by **us** that can extend or restrict cover.

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

### EXTERNAL PROSTHESIS

An artificial device that replaces a missing body part and is worn externally.

### 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 **medical practitioner**, **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.

## Definitions - continued

### IN-PATIENT

An **insured person** who is admitted to a **hospital** bed in a ward, **semi-private** or **private room** and out of **medical necessity** is required to stay for one (1) 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. A cycle is the removal of the egg, fertilisation and then the implantation of the embryo into the womb.

### 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

### KIDNEY DIALYSIS (Haemodialysis)

**Treatment** that filters and purifies the blood using a dialysis machine.

### MEDICAL CONDITION

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

### MEDICAL PRACTITIONER

A legally licensed doctor, physician or **specialist** recognised by the law of the country where treatment is provided and who, in rendering such **treatment**, is practising within the scope of his/her licensing and training, and who holds primary degrees in medicine or surgery as recognised by the World Health Organisation.

### MEDICALLY NECESSARY/MEDICAL NECESSITY

**Treatment** prescribed by a **medical practitioner** or **specialist** necessary to evaluate, diagnose or treat a **medical condition** or its symptoms which is deemed to be appropriate for **your medical condition** and is not considered to be experimental, unlicensed or unproven, which are:

- in accordance with generally accepted and published standards of medical practice
- clinically appropriate, in terms of type, frequency, extent, site and duration and thought to be effective for the patient's **medical condition**
- not primarily for the patient's or **specialist's** convenience; and
- no more costly than an alternative service(s), at least as likely to produce the same therapeutic or diagnostic results

**We** do not pay for **treatment**, which in our view, does not fall within this definition or is being undertaken solely at your request.

### MEDICATION

Drugs and medicines (including prostheses when used as an integral part of a surgical procedure) prescribed by a **medical practitioner** or **specialist** and used in accordance with the prescription.

### NEWBORN

A **newborn** infant, or neonate, is a child under the age of thirty (30) days.

### ONCOLOGY

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

### ORGAN TRANSPLANT

The surgical procedures to perform a transplant of an organ.

### ORTHODONTIC

Affecting structure, function, development or appearance of teeth, upper or lower jaw or oral cavity.

### 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, stop, reverse or delay progression of 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**.

### 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. Cover is for a standard **private room** only. Suites, VIP, premium, deluxe, executive **private rooms** (or similar) are not covered.

### PRE-EXISTING

Any **medical condition** or specified related condition for which **you** have received medical **treatment**, had signs or symptoms (whether investigated or not) or sought **advice** in the five (5) years prior to **your date of entry (pre-existing medical condition)**.

### 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/psychiatrist. A disorder which affects the mind, mental function or emotions associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

### QUALIFIED NURSE

A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body, within the country where **treatment** is provided.

### REASONABLE AND CUSTOMARY

Charges which are 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 **medical practitioner**.

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.

## Definitions - continued

### 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

Twelve (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.

### SOUND NATURAL TEETH

A **sound natural tooth** that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally.

### SPECIALIST

A **medical practitioner** who (1) holds a substantive consultant appointment in the relevant speciality in a National Health Service **hospital**, or (2) has held a substantive consultant appointment which **we** accept as being of equivalent professional status, or (3) is recognised as such by the statutory bodies of the relevant country in which **treatment** is being given.

### TERRORISM

An act, including for example the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

### TREATMENT

Any **medically necessary** surgical procedure or medical intervention required to diagnose, relieve, cure or provide relief of a **medical condition**.

### UNIQUE MARKET REFERENCE (UMR)

Reference number which is unique to the Underwriter of this policy as detailed on your **Certificate of Insurance**.

### WE/OUR/US

à la carte healthcare limited trading as ALC Health and/or ALC Health (Hong Kong) Ltd on behalf of XL Insurance Company SE as 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 **in-patient** or **day-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 (including gingivitis, periodontics or gum disease of any kind).

#### Applicable to *Prima Concept*

- 3 Any costs relating to dental **treatment** (including gingivitis, periodontics or gum disease of any kind).

- 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 or obtaining a donor organ, costs for the removal of the organ from the donor, transportation costs and all associated administration costs in respect of an **organ transplant**, costs of removing an organ from **you** to transplant into another person, and any resulting complications.

#### 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**.

- 8 Any cost relating to **Complications of Pregnancy** incurred during the initial ten (10) months of cover. Conception may take place during this initial period, but only costs incurred after the period will be considered for **reimbursement**.

### 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**, (including gingivitis, periodontics or gum disease of any kind), 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** (including gingivitis, periodontics or gum disease of any kind).

- 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**.

## Exclusions Specific to Each Section of Cover - continued

- 5 Any **treatment** for cosmetic pedicures, surgical footwear, for example, corrective footwear, corn plasters, insoles, dressings etc.

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

- 6 Any costs incurred under the Well-being benefit for the initial ten (10) months of cover from purchase date of the **out-patient** benefit or **date of entry**, whichever is the latter.

### 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 ten (10) 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 thirty (30) days of birth to the **policy** as an **insured person**.
- 5 Antenatal 3D and 4D ultrasound scans.

### 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 (6) 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 Cover' section.
- 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 (6) 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.

- 10 Sealants and fluoride **treatment**.

### 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 ten (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, for example, 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.

- Any **medical condition** or specified related condition for which **you** have received medical **treatment**, had signs or symptoms (whether investigated or not) or sought **advice** in the five (5) years prior to **your date of entry (pre-existing medical condition)**. However, after a continuous period of two (2) years as an **insured person**, all **pre-existing** conditions will become eligible for benefit provided **you** have not:
  - consulted a **medical practitioner** or **specialist** for medical **treatment** or **advice**; or
  - suffered signs or symptoms; or
  - taken **medication** (including drugs, medicines, special diets or injections) for that condition for a continuous period of two (2) years after the **date of entry**.

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

If you have the following <b>pre-existing</b> condition:	We 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

- Congenital anomalies** (except where covered under **Newborn Cover – Congenital**), genetic deformities/disorders or **birth injuries**.

### Applicable to Prima Concept

- Congenital anomalies**, genetic deformities/disorders or, **birth injuries**.

- Foetal surgery**.

- Costs for genetic testing.

- Treatment** for, or arising from, deafness caused by ageing, and the provision of hearing aids.

- Treatment** for any illness, diseases or injuries arising from a procedure that is not covered under this **policy**.

- Experimental, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.

- Home visits, unless they are **medically necessary** following the sudden onset of an **acute** illness, which renders the insured incapable of visiting their **medical practitioner**. The **medical practitioner's** visit must take place within 24 hours of the start of the condition.

- Treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.

- Investigations into and **treatment** for loss of hair and any hair replacement. Wigs are not covered except under the **Oncology out-patient** benefit.

- 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.

- Cosmetic **treatment**, any **treatment** for obesity, and any form of weight loss **treatment**, 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**.

- Treatment** which is not **medically necessary** or which may be considered a matter of personal choice which includes termination of a pregnancy when not **medically necessary** or medically recommended.

- Tests or **treatment** for all sleep related disorders such as sleep apnoea, snoring, insomnia and any other sleep related breathing problem.

- 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. In circumstances where the treating **medical practitioner** recommends **treatment** by a plastic surgeon for an eligible **medical condition** cover may be considered if surgery can only be performed by a plastic surgeon.

- Costs of providing or fitting any **external prostheses, corrective devices** or **appliances** (except where covered as shown under the definition **appliance**).

- Treatment** for any illness, diseases or injuries arising from ear or body piercing and tattooing.

- Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor. Costs of removing living cells or living tissues from **you** to implant or re-implant into another person, and any related complication due to such a procedure.

### Applicable to Prima Classic

- Vaccinations and inoculations.

### Applicable to Prima Concept

- 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.

### Applicable to Prima Platinum and Prima Premier

- Preventative **treatment** or health checks where there are no symptoms unless eligible under Wellbeing or Vaccinations benefit.

### Applicable to Prima Classic

- Preventative **treatment** or health checks where there are no symptoms unless eligible under Wellbeing benefit.

### Applicable to Prima Concept

- Preventative **treatment** or health checks where there are no symptoms.

- 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**.

## General Exclusions - continued

- Claims for any supplements or substances which are available naturally. This includes, for example, vitamins, minerals and organic substances except where prescribed under **Complementary Treatment** or when prescribed by a **specialist or medical practitioner** to treat an eligible **medical condition**.

- Nutritional supplements and products that can be obtained without prescription, for example, special infant formula, mouth wash, sunscreen and cosmetic products even if medically recommended or prescribed or acknowledged as having therapeutic effects.

### Applicable to Prima Platinum

- 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), even when medically recommended, and any form of infertility or assisted reproduction except as covered under the **IVF** benefit.

### Applicable to Prima Premier, Prima Classic and Prima Concept

- 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), even when medically recommended, infertility and any form of assisted reproduction.

- Treatment** directly related to surrogacy whether **you** are acting as surrogate, or are the intended parent.

- 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.

- Treatment** directly or indirectly associated with sexually transmitted infections, including preventative medications.

- 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, obsessive-compulsive personality 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.

- Speech therapy is only eligible for **reimbursement** in the context of a diagnosed physical impairment, such as, for example, 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.

- Developmental delays/disorders including learning delay/disorders, learning difficulties, behavioural, speech and voice problems as well as physical development problems.

- Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes for example, the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.

- 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.

- Treatment** for dependency on or abuse or misuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse, misuse or addiction. This includes misuse of prescription medications.

- Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.

- 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.

- 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, martial law or state of siege or attempted overthrow of government.

- 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.

- Terrorism**, riot, strike or civil commotion unless the insured person sustains bodily injury whilst as innocent bystander.

- Costs directly or indirectly resulting from the use of nuclear, chemical, biological or radioactive material as a weapon, whether such involves an explosive sequence(s) or not.

- Expenses incurred because of complications directly caused by an illness, injury or **treatment** for which cover is excluded or limited under **your policy**.

- Treatment** required as a result of failure to seek or follow medical **advice**.

- Costs and expenses incurred where an **insured person** has travelled against medical **advice**.

- 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

- 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

- 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**.

- 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.

- Losses not incurred within the **period of cover** and claims submitted later than six (6) months after the end of the **period of cover** (unless this was not reasonably possible).

- Costs relating to the completion of claim forms and any other documents, or any other administration or registration costs.

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

- Treatment** that is not specified under 'The Cover' or where 'Optional Benefits' have not been selected, or costs that exceed the limits stated.

### Applicable to Prima Concept

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

- Any costs that exceed **reasonable and customary** for the type of **treatment** provided, in the location it is received in and given by a specific **medical practitioner**.

- Charges incurred for overdue payment of invoices.

## 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 (12) 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 result in 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. Failure to maintain instalment payments on or before the due date may result in the instalment facility being withdrawn at **your** next renewal.

### 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 practically possible 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 (1) of the **Life Events** has occurred.

All amendments to the **policy** are at the discretion of **us** and **we** can decline the request without reason.

### 7 Cancellation and Cooling-Off Period

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 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:

- 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. 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.

If **your** circumstances have changed and **your policy** is no longer required **we** may consider a refund, the amount refundable depends on **your** circumstances.

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

### 8 Choice of Law

The parties are free to choose the law applicable to this **policy**. Unless specifically agreed to the contrary this **policy** will be governed by English law and subject to the exclusive jurisdiction of the courts of England and Wales.

### 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.

## General Conditions - continued

### 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

This **policy** is an agreement between us and the **policyholder**. 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**. However this does not affect any right of a third party which exists or is available apart from that Act.

### 12 Sanctions

**We** shall not provide any benefit under this **policy** to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

### 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 or Day-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 thirty (30) days from birth. Please ensure **you** submit **your** request in writing by email to **us** at: privateclient@alhealth.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.

### 18 Evidence Required

**You** must provide any relevant information **we** ask for to support **your** claim and in the event that **we** do not receive this information **we** may reject or withhold payment until the information **we** require has been received.

### 19 Fraud

If **you**, or anyone acting for **you**, makes a fraudulent claim, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, **we**:

- will not be liable to pay the claim; and
- may recover from **you** any sums paid by **us** to **you** in respect of the claim; and
- may by notice to **you** treat this **policy** as having been terminated with effect from the time of the fraudulent act.

If **we** exercise **our** right under (c) above:

- We** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this **policy** (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
- We** need not return any of the premium paid.

### 20 Information You Have Given Us

In deciding to accept this **policy** and in setting the terms including premium **we** have relied on the information which **you** have provided to **us**. **You** must take care when answering any questions **we** ask by ensuring that any information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with untrue or misleading information **we** will have the right to:

- treat this **policy** as if it never existed;
- decline all claims; and
- retain the premium.

If **we** establish that **you** carelessly provided **us** with untrue or misleading information **we** will have the right to:

- treat this **policy** as if it never existed, refuse to pay any claim and return the premium **you** have paid, if **we** would not have provided **you** with cover;
- treat this **policy** as if it had been entered into on different terms from those agreed, if **we** would have provided **you** with cover on different terms;
- reduce the amount **we** pay on any claim in the proportion that the premium **you** have paid bears to the premium **we** would have charged **you**, if **we** would have charged **you** more.

**We** will notify **you** in writing if (i), (ii) and/or (iii) apply.

If there is no outstanding claim and (ii) and/or (iii) apply, **we** will have the right to:

- give **you** thirty (30) days' notice that **we** are terminating this **policy**; or
- give **you** notice that **we** will treat this **policy** and any future claim in accordance with (ii) and/or (iii), in which case **you** may then give **us** thirty (30) days' notice that **you** are terminating this **policy**.

If this **policy** is terminated in accordance with (1) or (2), **we** will refund any premium due to **you** in respect of the balance of the **Period of Cover**.

## 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 membership cards to every insured person, which includes 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, there is no obligation for you to seek pre-authorisation. You may go to your medical practitioner 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 to:

**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 to establish that your claim is eligible for cover.

On these occasions we will send you a Medical Certificate for completion by your treating medical practitioner or we may, with your written permission, contact your usual family medical practitioner, treating medical practitioner 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 medical practitioner 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 medical practitioner 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. If your claim is eligible for cover and pre-authorised by us, you will be given a pre-authorisation number. Where provided, you will also receive a copy of the Guarantee of Payment we may send to the medical practitioner, specialist or hospital. Where possible, please apply for pre-authorisation at least FIVE WORKING DAYS prior to your appointment.

You can send any invoices and receipts and any additional medical information that has been provided to you, quoting your pre-authorisation 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-authorised.

If treatment is not pre-authorised by us, we reserve the right to decline your claim.

If your treatment is subsequently proven to be covered under the terms and conditions of your policy, we will pay only 50% of eligible benefits.

Please ensure that you apply for pre-authorisation of planned in-patient & day-patient treatment at least FIVE WORKING DAYS prior to the admission or treatment appointment. Please see below in relation to Emergency Admissions.

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

+44 (0) 330 333 6686

or emailing: [preauthorisation@alchealth.com](mailto:preauthorisation@alchealth.com)

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

Once we have confirmed that your claim is eligible, where possible, we will issue a Guarantee of Payment to the medical practitioner, specialist or hospital and you will also receive a copy. Your medical practitioner or hospital should send their invoices to us for payment along with a copy of the Guarantee of Payment, we can then arrange to make direct payment to them and will send you a statement to confirm this has been done. Please ensure you allow us to settle all agreed treatment directly with the hospital so we can ensure costs are reasonable and customary.

In some circumstances, you may need to pay the medical practitioner, specialist and/ or hospital upfront for the eligible treatment directly. In these cases, once we have confirmed that your claim is eligible, you must 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 pre-authorisation number on any correspondence and that 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.

We recommend that you ensure a relative, close friend or colleague is aware of your medical insurance arrangements and that you carry your membership card at all times. In the event of an emergency admission where you are not in a position to notify us, hospitals may need access to this and will, where necessary, check your personal belongings to discover it.

## Complaints

à la carte healthcare limited trading as ALC Health or ALC Health (Hong Kong) Ltd is the product provider. XL Insurance Company SE is the underwriter. 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. The complaint will be acknowledged, in writing, within five (5) business days of it being made.

If you remain dissatisfied after ALC Health has considered the complaint or a final decision has not been received within forty (40) business days, you can refer the complaint to the Financial Services and Pensions Ombudsman at:

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
D02 VH29  
Ireland

Email: [info@fspo.ie](mailto:info@fspo.ie)

Tel: +353 1 567 7000

The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for XL Insurance Company SE is the Financial Services and Pensions Ombudsman, which can be contacted directly using the contact details above. For more information about ODR please visit <http://ec.europa.eu/odr>

## Regulatory Information

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).

XL Insurance Company SE is a European public limited liability company and is regulated by the Central Bank of Ireland.

Registered Office: 8 St. Stephen's Green, Dublin 2 D02 VK30, Ireland. Registered in Ireland Number 641686.

**You** can check this information on the Central Bank of Ireland's website at [www.centralbank.ie](http://www.centralbank.ie), which includes a register of all the firms they regulate.

ALC Health's register number with the FCA is 311496

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**.

ALC Health 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.

## Insurance Guarantee Scheme

Depending upon where in the EEA **you** and/or the **insured** risk is located there may be a local scheme that applies. Where a scheme is available in an EEA member state it may cover only limited types of insurance (e.g.

compulsory motor cover) although some jurisdictions have wider schemes. If **you** have any questions, please contact **us**.

## Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are

not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

## Accessibility

Upon request **we** can provide Braille, audio or large print versions of the **policy** and the associated documentation. If you require an alternative

format **you** should contact **your** broker through whom this **policy** was arranged.

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

## How is my personal data protected?

This is only a summary of ALC's policies regarding **your** personal information. For a complete explanation of how **we** gather, use and protect **your** personal information and **your** corresponding rights, please review **our** complete Privacy Policy, which is available at <https://www.alchealth.com/privacy.htm>

**We** will deal with all personal information supplied by **you** in the strictest confidence as required by the General Data Protection Regulation.

When **you** provide data processing consent, **we** will process **your** personal information in order to provide the services **you** have purchased, including to administer claims, and to receive member communications, in accordance with **our** Privacy Policy. If **you** provide marketing consent, **we** will send **you** relevant information and future marketing materials regarding products or services in which **you** may have interest, and for all other purposes set forth in our **Privacy Policy**. **You** may withdraw **your** consent at any time.

By providing marketing consent, **we** may gather information about **you** from third parties to help **us** identify insurance products and services in which **you** may have interest, and share information with third parties, such as web analytics tools, in order to send **you** relevant information and future marketing materials, and for all other purposes set forth in our **Privacy Policy**. **You** may withdraw **your** consent at any time.

## Fair Processing Notice

This Privacy Notice describes how XL Insurance Company SE (for the purpose of this notice "**we**", "**us**" or the "**Insurer**") collect and use the personal information of **insureds**, claimants and other parties (for the purpose of this notice "**you**") when **we** are providing **our** insurance and reinsurance services.

The information provided to the **Insurer**, together with medical and any other information obtained from **you** or from other parties about **you** in connection with this **policy**, will be used by the **Insurer** for the purposes of determining **your** application, the operation of insurance (which includes the process of underwriting, administration, claims management, analytics relevant to insurance, rehabilitation and customer concerns handling) and fraud prevention and detection. **We** may be required by law to collect certain personal information about **you**, or as a consequence of any contractual relationship **we** have with **you**. Failure to provide this information may prevent or delay the fulfilment of these obligations.

Information will be shared by the **Insurer** for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of **your** personal information. Because **we** operate as part of a

**We** may share **your** information with third parties who provide services on **our** behalf to help with **our** business activities. These companies are authorised to use **your** personal information only as necessary to provide these services to **us**. When **we** share information with these other companies to provide services for **us**, they are not allowed to use it for any other purpose and must keep it confidential. These services may include:

- Adjudicating and managing the claims process
- Payment processing to healthcare providers
- Providing customer service

In certain situations, ALC Health may be required to disclose personal data in response to lawful requests by public authorities, including to meet national security or law enforcement requirements.

global business, **we** may transfer **your** personal information outside the European Economic Area for these purposes.

**You** have certain rights regarding **your** personal information, subject to local law. These include the rights to request access, rectification, erasure, restriction, objection and receipt of **your** personal information in a usable electronic format and to transmit it to a third party (right to portability).

If **you** have questions or concerns regarding the way in which **your** personal information has been used, please contact: [legalcompliance@axaxl.com](mailto:legalcompliance@axaxl.com).

**We** are committed to working with **you** to obtain a fair resolution of any complaint or concern about privacy. If, however, **you** believe that **we** have not been able to assist with **your** complaint or concern, **you** have the right to make a complaint to the relevant Information Commissioner's Office.

For more information about how **we** process **your** personal information, please see **our** full privacy notice at: <https://axaxl.com/privacy-and-cookies>.

# www.alchealth.com



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