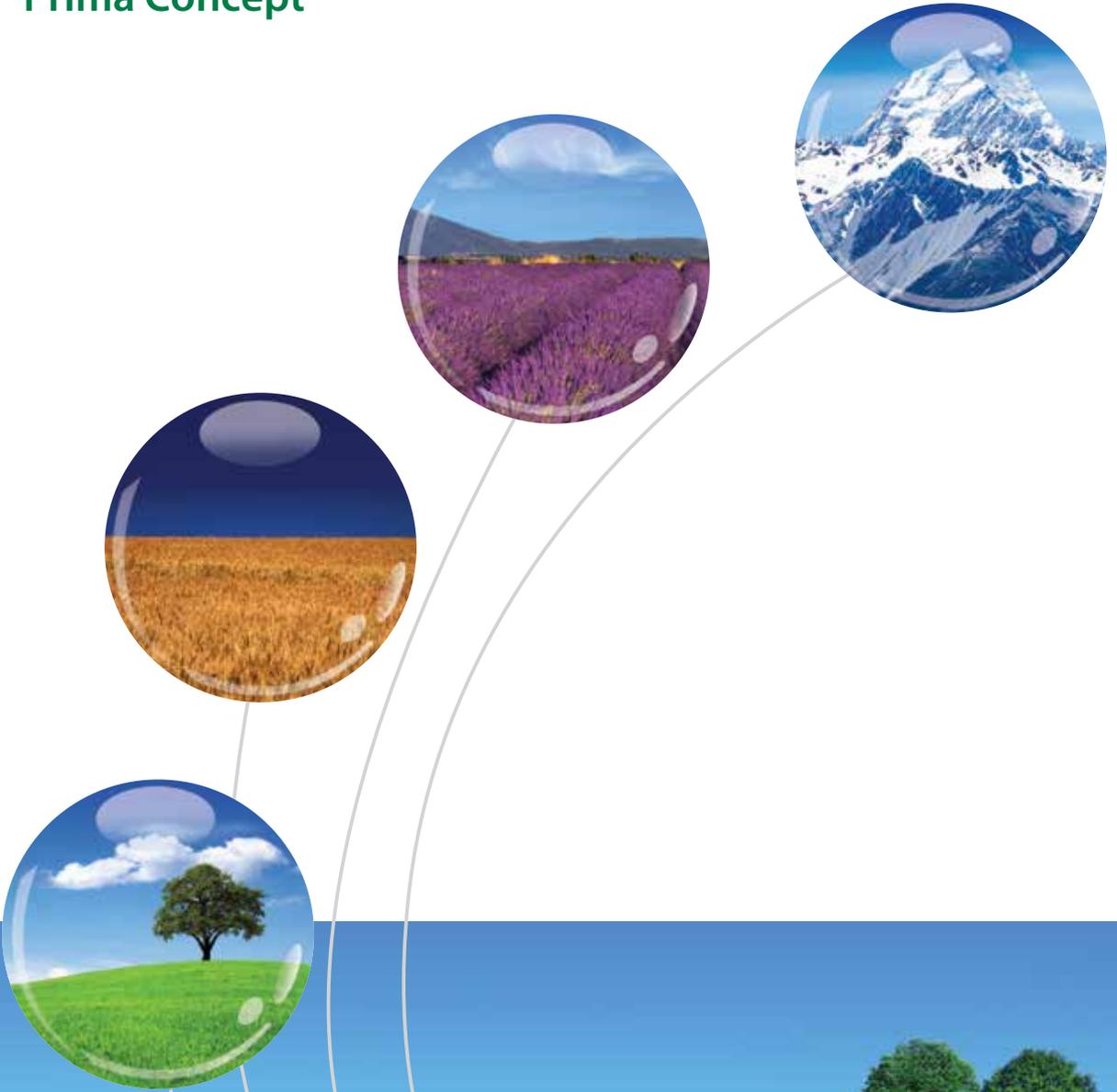


Policy Wording

Prima Platinum
Prima Premier
Prima Classic
Prima Concept



... we're different because we care

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

Policy Wording effective 1 January 2015



Prima Platinum



Prima Premier



Prima Classic



Prima Concept

Level of Cover

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

Overall policy limit

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

The Cover

In-patient & day-patient Treatment

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

Accommodation

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

Parent Accommodation

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

Professional Fees

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

Medication

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

Diagnostics

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

Theatre Fees

Operating theatre fees.

Reconstructive Surgery

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

Chronic Conditions

Acute episodes of a **chronic** condition.

Chronic Conditions

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

Chronic Conditions

Palliative treatment of a **chronic** condition.

Oncology

Oncologist fees, radiotherapy and chemotherapy.

IVF Treatment

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

Organ Transplants

Transplant of any human organ.

Complications of pregnancy

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

Newborn Cover - Premature Births

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

Newborn Cover - Congenital

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

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

Physiotherapy

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

Rehabilitation

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

Psychiatric Illness

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

Ancillary Charges

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

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

Home Nursing

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

Transportation

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

Post Operative Cover

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

Cash Benefit

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

Emergency Treatment Outside Area of Cover

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

Out-patient Treatment (OPTIONAL Benefit for Prima Premier)

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

Overall Limit

Professional Fees

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

Diagnostics

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

Surgical Treatment

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

Medication

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

Chronic Conditions

Acute episodes of a **chronic** condition.

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

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

Oncology

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

Physiotherapy

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

Chiropody

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

Complementary Treatment

Treatment administered by chiropractors, osteopaths, homeopaths, acupuncturists.

Dietician (limited to 1 visit per year).

Podiatrist (limited to 2 visits per year).

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

Traditional Chinese Medicine

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

Psychiatric Illness

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

Hormone Replacement Therapy

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

Optical

Eye examination carried out by an optometrist or ophthalmologist.

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

Well-being Benefit

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

Hearing Test

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

Routine Health Checks

Tests/screenings that are undertaken without any clinical symptoms being present including the following examinations performed at an appropriate age interval for the early detection of illness or disease:

- Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc)
- Cardiovascular examination
- Neurological examination
- Cancer screening
- Well child test

Prima Concept	Prima Classic	Prima Premier	Prima Platinum
Full Refund within overall policy limit of £250,000: €300,000: US\$375,000	Full Refund within overall policy limit of £1,250,000: €1,500,000: US\$1,875,000	Full Refund	Full Refund
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
Not Covered	Not Covered	Full Refund	Full Refund
Not Covered	Full refund limited to one examination each year Limited to £130: €156: US\$195 each year within overall out-patient limit	Full refund limited to one examination each year Limited to £130: €156: US\$195 each year	Full refund limited to one examination each year Limited to £500: €600: US\$750 each year
Not Covered	The total of the benefits available within the Well-being Benefit is limited to £250: €300: US\$375 each year One test each year Full Refund within Well-being limit Full Refund within Well-being limit	The total of the benefits available within the Well-being Benefit is limited to £500: €600: US\$750 each year One test each year Full Refund within Well-being limit Full Refund within Well-being limit	The total of the benefits available within the Well-being Benefit is limited to £1,000: €1,200: US\$1,500 each year One test each year Full Refund within Well-being limit Full Refund within Well-being limit
Not Covered	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit

Vaccinations

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

Emergency Dental Treatment

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

Other Benefits

Innocent Bystander

AIDS (HIV)

Hazardous Activities (excluding **Evacuation or Repatriation**)

24/7 Medical Helpline

The Blood Care Foundation

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

Access to ALC World

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

Routine Pregnancy & Childbirth (OPTIONAL BENEFIT)

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

Routine pregnancy and childbirth costs, including pre and postnatal check-ups, scans and delivery costs for a natural birth.

Well Baby Examination

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

Newborn Accommodation

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

Cash Benefit

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

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

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

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

Dental Treatment (OPTIONAL BENEFIT)

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

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

Overall Limit

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

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

Fillings (amalgam or composite material).

Extractions.

Wisdom tooth extraction when performed in a dental surgery.

New porcelain crown/inlay.

Repair of crown/inlay.

Root canal treatment.

New bridge.

Repair of bridge.

New dentures.

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

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

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

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

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

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

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

Apicectomy.

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

Evacuation or Repatriation (OPTIONAL BENEFIT)

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

Evacuation

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

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

Following evacuation

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

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

Repatriation

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

Mortal Remains

Burial or cremation costs in the country of death

or

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

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

Definitions

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

ACCIDENT

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

ACCIDENTAL DAMAGE TO TEETH

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

ACUTE

A **medical condition** that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or **accident**, or which leads to **your** full recovery.

ADVICE

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

APPOINTED DOCTOR

A **medical practitioner** chosen by **us** to advise **us** on **your medical condition** and need for the **evacuation or repatriation** service.

AREA OF COVER

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

Area 1 - Europe - (see back page)

Area 2 - Worldwide excluding United States of America

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

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

BIRTH INJURY

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

CERTIFICATE OF INSURANCE

The Certificate giving details of the **policyholder**, the **insured persons**, the **period of cover**, the **date of entry** and the level of cover and any endorsements that may apply.

CHIROPODIST

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

CHRONIC

A **medical condition** which has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long term monitoring, consultations, check ups, examinations or tests

COMMENCEMENT DATE

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

COMPLEMENTARY TREATMENT

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

CO-INSURANCE

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

CONGENITAL ANOMALY

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

COUNTRY OF NATIONALITY

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

COUNTRY OF RESIDENCE

The country in which **you** normally live at the time of the **commencement date** or at each subsequent **renewal date**.

DATE OF ENTRY

The date shown on the **Certificate of Insurance** on which an **insured person** was first covered under this **policy**.

DAY-PATIENT

An **insured person** who is admitted to a **hospital** bed but does not remain in **hospital** overnight.

DENTAL PRACTITIONER

A person who is registered and is legally licensed to practise dentistry in the country where **treatment** is provided.

DEPENDANTS

A spouse or adult partner and/or unmarried children, step-children, legally adopted children and foster children who are under 25 years of age, permanently living with **you** or in full-time education. Children will be accepted from birth, provided that **we** receive notification of their arrival within 30 days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

DOCTOR

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

EVACUATION OR REPATRIATION

Moving **you** to another **hospital** which has the necessary medical facilities either in the country where **you** are taken ill or in another nearby country (evacuation) or bringing **you** back to **your** principal **country of residence** or **your** home country (repatriation). The service includes any necessary **treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.

FOETAL SURGERY

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

GUARANTEE OF PAYMENT

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

HOSPICE

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

HOSPITAL

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

HORMONE REPLACEMENT THERAPY (HRT)

Treatment given to treat a hormone imbalance condition.

IN-PATIENT

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

INSURED PERSON/YOU/YOUR

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

INTENSIVE CARE

Treatment in a defined **intensive care** unit, intensive therapy unit, high dependency unit or coronary care unit, which provides constant monitoring after surgical operation or illness.

IVF

In vitro fertilisation.

MEDICAL CONDITION

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

MEDICAL PRACTITIONER

A **medical practitioner** who holds primary degrees in medicine or surgery as recognised by the World Health Organisation and who is legally licensed to practise in the country where **treatment** is provided.

MEDICATION

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

Definitions

ORGAN TRANSPLANT

The surgical procedures to perform a transplant of an organ.

OUT-PATIENT

An **insured person** who receives **treatment** but who is not required to be admitted to a **hospital** bed.

PALLIATIVE TREATMENT

Treatment given to an **insured person**, the primary purpose of which is only to offer temporary relief of symptoms, rather than to cure the **medical condition** causing the symptoms.

PATHOLOGY

Tests carried out to help determine or assess the nature of disease and the changes in structure and functions brought about by disease.

PERIOD OF COVER/EACH YEAR

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

PHYSICIAN

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

PHYSIOTHERAPIST

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

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

PSYCHIATRIC ILLNESS

Treatment of a mental disorder carried out by a clinical psychologist. The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (eg. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

QUALIFIED NURSE

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

REHABILITATION

Treatment given with the aim of restoring health and mobility after injury or illness to a state in which an **insured person** can be self-sufficient.

REIMBURSEMENT

A process provided by the claims handlers, Healix International, to repay to claimants any sums paid by them in respect of eligible claims under this **policy**.

RENEWAL DATE

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

SPECIALIST

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

TREATMENT

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

WE/OUR/US

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

Exclusions Specific to Each Section of Cover

In-patient & day-patient Treatment

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

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

Applicable to Prima Platinum, Prima Premier and Prima Classic

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

Applicable to Prima Concept

- 2 Any costs associated with routine pregnancy & childbirth.

Applicable to Prima Platinum, Prima Premier and Prima Classic

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

Applicable to Prima Concept

- 3 Any costs relating to Dental **Treatment**.
- 4 Any costs associated with **evacuation** or **repatriation** unless **Evacuation** or **Repatriation** has been selected.
- 5 The **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.

Applicable to Prima Platinum, Prima Premier and Prima Classic

- 6 Any costs incurred in locating a replacement organ, removal of the organ from the donor, transportation costs and all associated administration costs in respect of an **organ transplant**.

Applicable to Prima Concept

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

Applicable to Prima Premier

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

Exclusions Specific to Each Section of Cover - continued

Out-patient Treatment

(Optional Benefit under *Prima Premier* only)

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

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

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

Applicable to *Prima Concept*

- 1 Any costs associated with routine pregnancy & childbirth.

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

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

Applicable to *Prima Concept*

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

- 3 The **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.
- 4 Any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition**, unless agreed in writing by **us**.
- 5 Any **treatment** for cosmetic pedicures, surgical footwear including but not limited to corrective footwear eg. corn plasters, insoles, dressings etc.

Routine Pregnancy & Childbirth

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

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

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

Dental Treatment

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

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

- 1 Dental costs incurred within the first six months from the purchase date of this benefit or **date of entry** whichever is the latter (excluding **Accidental Damage to Teeth**).
- 2 Dental procedures other than those specified in the schedule of benefits.

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

Applicable to *Prima Premier and Prima Classic*

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

Evacuation or Repatriation

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

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

- 1 Travel and subsequent accommodation costs unless specifically agreed by **us**, or **our** appointed Assistance Company, in writing prior to travel. Any costs incurred without **our** prior agreement shall not be considered for reimbursement.
- 2 The cost of any airline tickets other than economy class, unless **we** have provided written approval in advance of the date of travel.
- 3 Burial and cremation costs shall not include the costs of a religious practitioner, floral tributes, musical provision, headstones or food and beverages.
- 4 Any costs incurred where the death has occurred within the **insured person's country of nationality**.
- 5 Any costs incurred as a result of engaging in any sports or activity as a professional or taking part in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hangliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- 6 Moving **you** from a ship, oil-rig platform or similar off-shore location.
- 7 **We** will not be liable in respect of the overseas **evacuation or repatriation service** for:
 - a Any failure to provide the overseas **evacuation or repatriation** service or for any delays in providing it, unless the failure or delay is caused by **our** negligence (including that of the international assistance company **we** have appointed to act for **us**), or of agents appointed by either party.
 - b Failure or delay in providing the overseas **evacuation or repatriation** service if:
 - by law the overseas **evacuation or repatriation** service cannot be provided in the country in which it is needed; or
 - the failure or delay is caused by any reason beyond **our** control including, but not limited to, strikes and flight conditions.
 - c Injury or death caused while **you** are being moved unless it is caused by **our** negligence or the negligence of anyone acting on **our** behalf.

General Exclusions

These exclusions apply to the whole of this insurance. Each section also has its own exclusions.

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

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

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

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

In some circumstances **you** may have joined on different terms to those described above and **you** will find those terms on **your Certificate of Insurance**. For example, if **you** have joined from another insurer **we** may have transferred the medical underwriting terms from **your** previous **policy** for **medical conditions** that existed prior to **you** joining that policy.

Applicable to Prima Platinum, Prima Premier and Prima Classic

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

Applicable to Prima Concept

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

3 Elective caesarean section deliveries and **treatment** consequent upon such deliveries.

4 **Foetal surgery**.

5 Costs for genetic testing.

6 **Treatment** for, or arising from, deafness caused by ageing.

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

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

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

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

11 Investigations into and **treatment** for loss of hair and any hair replacement unless the loss of hair is due to cancer **treatment**. Wigs are not covered.

12 **Treatment** received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a **hospital / hospice** where the **hospital / hospice** has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

13 Cosmetic **treatment**, obesity, removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated **treatment** costs consequent of such **treatment**.

14 **Treatment** which is not medically necessary or which may be considered a matter of personal choice.

15 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**.

16 Costs of providing or fitting any external prostheses, corrective devices or appliances.

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

18 **Treatment** for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor.

Applicable to Prima Classic

19 Vaccinations and inoculations

Applicable to Prima Concept

19 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.

20 **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**.

21 Claims for any supplements or substances which are available naturally. This includes, but is not limited to: vitamins, minerals and organic substances except where prescribed under **Complementary Treatment**.

22 Nutritional supplements including but not limited to special infant formula and cosmetic products even if medically recommended or prescribed or acknowledged as having therapeutic effects.

Applicable to Prima Platinum

23 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 if prescribed for medical reasons), and any form of infertility or assisted reproduction except as covered under the **IVF** benefit.

General Exclusions - continued

Applicable to Prima Premier, Prima Classic and Prima Concept

- 23 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 if prescribed for medical reasons), infertility and any form of assisted reproduction.
- 24 **Treatment** directly related to surrogacy whether **you** are acting as surrogate, or are the intended parent.
- 25 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.
- 26 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 27 **We** do not cover **treatment** for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorder, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 28 Speech therapy is only eligible for reimbursement in the context of a diagnosed physical impairment, such as, but not limited to, nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). **We** do not pay for speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.
- 29 Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes but is not limited to the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.
- 30 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.
- 31 **Treatment** for dependency on or abuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse or addiction.
- 32 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 33 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.
- 34 **Treatment** directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the **insured person** sustains bodily injury whilst an innocent bystander.

- 35 **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.
- 36 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 37 Expenses incurred because of complications directly caused by an illness, injury or **treatment** for which cover is excluded or limited under **your** policy.
- 38 **Treatment** required as a result of failure to seek or follow medical **advice**.
- 39 Costs and expenses incurred where an **insured person** has travelled against medical **advice**.
- 40 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

- 41 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

- 41 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**.
- 42 **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.
- 43 Losses not incurred within the **period of cover** and claims submitted later than 6 months after the end of the **period of cover** (unless this was not reasonably possible).
- 44 **Medical practitioner** fees for the completion of a Claim Form or other administration charges.
- 45 **Treatment** or diagnostic procedures of injuries arising from an engagement in professional sports.
- 46 **Treatment** that is not specified under 'The Cover' or where 'Optional Benefits' have not been selected.

Applicable to Prima Concept

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

General Conditions

These conditions apply to all sections of this insurance.

1 Policy Term

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

2 Premium Payment

Premiums can either be payable monthly, quarterly or annually and are due to be paid on or before the **commencement date** or **renewal date**. However, as **your policy** is an annual contract **you** are responsible for the whole years' premium even if **we** have agreed that **you** may pay by a monthly or quarterly premium. Failure to comply with this will result in automatic termination of **your** cover. Reinstatement upon subsequent receipt of funds shall warrant the application of General Exclusion 1 with effect from the date of reinstatement. No **insured person** shall have automatic right to continue the cover with **us**. Please refer to the Payment Terms & Conditions.

3 Taxes

We reserve the right to reflect any changes in insurance premium tax or other government levies as may be imposed upon **us**.

4 Alterations

At each **renewal date**, **we** reserve the right to alter or discontinue the benefits, terms, conditions and premiums of this **policy** and **we** shall notify **you** of such changes at least 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.

5 Change of Risk

The **policyholder** must inform **us** as soon as reasonably practical of any material change relating to any **insured person** covered under this **policy**. 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**.

6 Cancellation & Fraud

Whilst **we** will not cancel this **policy** because of eligible claims made by the **insured person**, **we** may at any time terminate the **policy** if an **insured person** has:

- a. misled **us** by mis-statement; or
- b. submitted a claim which is, in any respect, false, fraudulent, intentionally exaggerated and/or, if fraudulent means/devices have been used by **you** or **your dependants** or anyone acting on **your** or their behalf to obtain benefit under this **policy**. **We** will not pay any benefits for that claim. The amount of any claim settlement made to **you**, before the fraudulent act or omission was discovered, will become immediately payable to **us**. If the contract is rendered void due to false, fraudulent, intentionally exaggerated claims or if fraudulent means/devices have been used, the premium will not be refunded, in part or in whole, and any pending claims settlements will be void. In the event of fraudulent claims, the contract will be cancelled from the date of our discovery of the fraudulent event.

In such circumstances, cover shall be cancelled void ab inito, with refund of premium minus any claim payments paid.

The **policyholder** may cancel this **policy** by contacting **us** during the 14 day cooling off period. The 14 day cooling off period commences on the day that the contract is concluded or the day that 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** providing no claims have been made on the **policy** in relation to the **period of cover** before cancellation (being no more than 14 days' cover). If **you** incur eligible claims costs within that **period of cover** **we** reserve the right to require the **policyholder** to pay for the services **we** have actually provided in connection with the **policy** to the extent permitted by law and any return of premium is subject to this. If the **policyholder** does not cancel the **policy** during the cancellation period the **policy** will continue on the terms described in this Policy Wording for the remainder of the **policy** year.

7 Governing Law

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

8 Policy language

This **policy** is written in English and all other information and communications to **you** relating to this **policy** will also be in English unless **we** have agreed otherwise in writing.

9 Other Insurance

If there is any other insurance **policy** covering any of the same benefits as provided by this **policy**, **you** must disclose or ensure that the relevant **insured person** discloses the same to **us**. **We** shall not be liable to pay or contribute more than **our** rateable proportions.

10 Third Party Rights

Only the **policyholder** and **we** have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any **dependant**.

11 International Sanctions

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

12 Changing your level of cover

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

13 Adding a Newborn Child

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

14 Contacting Dependants

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

Assistance & Claims Procedure

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

POLICY DOCUMENTS

Within **your policy** pack **you** will have **your Certificate of Insurance** which tells **you** the plan **you** have selected, who is insured under **your policy**, which benefits **you** have chosen, and **your policy excess**. Also any Special Endorsements applicable to **your** cover will be noted.

MEMBERSHIP CARDS

We also supply personalised memberships cards to every **insured person**, which provides **our** essential contact numbers and addresses. This means that **you** and **your** family are only a phone call away from help. We suggest **you** keep **your** card with **you** at all times.

CLAIMS DEPARTMENT CONTACT DETAILS

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

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

HOW TO MAKE A CLAIM

Please note that on **your** membership card **you** will find **your policy** and customer number. Full details of how to make a claim can be found on **our** website www.alchealth.com/claims.htm

OUT-PATIENT TREATMENT - Reimbursement

Please note that all **out-patient treatment** relating to **psychiatric illness** requires **pre-authorisation** (see below) and **we** reserve the right to decline the claim in full if treatment is not **pre-authorised**.

For all other **out-patient treatment** **you** may go to **your doctor** or **specialist** for consultations or **treatment** and submit **your** claim for **reimbursement**. **You** will need to complete a claim form which **you** can send together with **your** invoices and receipts and any additional medical information that has been provided to **you**.

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

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

On these occasions **we** will send **you** a Medical Certificate for completion by your treating **doctor** or **we** may, with **your** written permission, contact **your** usual family **doctor**, treating **doctor** or **specialist** directly. **You** can also download a Medical Certificate from our website at www.alchealth.com/claims.htm to take with **you** to **your** appointment.

You will need to complete part of the form and then pass it to **your doctor** or **specialist** to complete their section before submitting to us by fax, post, email or online.

OUT-PATIENT TREATMENT – Pre-authorisation

If **you** wish to confirm in advance that **your out-patient treatment** is covered **you** can **pre-authorise** **your** claim before **you** visit **your doctor** or **specialist** by calling us on

+44 (0) 20 3764 0760

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

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

PLANNED IN-PATIENT & DAY-PATIENT TREATMENT

All in-patient and day-patient treatment must be pre-authorised.

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

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

Please ensure that **you** apply for **pre-authorisation** at least FIVE WORKING DAYS prior to admission or **treatment** appointment.

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

+44 (0)20 3764 0760

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

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

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

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

EMERGENCY ADMISSIONS

If **you** have an emergency situation and require immediate admission to **hospital**, **our specialist** team are there to support **you**. **You** can contact them on +44 (0)20 3764 0760 or **you** can ask someone to call them on **your** behalf.

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

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

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

Complaints

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

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

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

AXA PPP International, Phillips House, Crescent Road, Tunbridge Wells, Kent, TN1 2PL, United Kingdom or telephone +44 (0)1892 772163

Healix Health Services Ltd t/a Healix International, Healix House, Esher Green, Esher, Surrey KT10 8AB, or email enquiries@healix.com or telephone +44 (0) 20 8481 7720

To help us resolve your complaint, please supply the following information:

- Your name and membership details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have already seen.

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

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

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

The Financial Ombudsman Service

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

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

Website: www.financial-ombudsman.org.uk

Regulatory Protection

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

ALC Health's register number is 311496

AXA PPP International's register number is 202947

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

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

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

Area of Cover

AREA 1 EUROPE

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

How is my personal data protected?

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

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

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

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

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

We may share details of the value and types of claims between **us**, whilst respecting every person's right to medical confidentiality and privacy. This

is to enable **us** to assess the value and effectiveness of the cover and **our** services. Where **you** give **us** permission to do so, **we** may also share the medical details of **your** claims between **us** and applicable third parties as permitted by law.

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

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

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

www.alchealth.com



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

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

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