

International Private Medical Insurance

Insurance Product Information Document



Company: ALC Health

Product: Prima Classic - Private Client

ALC Health and alc health are trading styles of à la carte healthcare ltd. Registered in England no 4163178. Registered Office: Chanctonfold Barn Chanctonfold Horsham Road Steyning West Sussex BN44 3AA United Kingdom.

à la carte healthcare ltd is authorised and regulated by the Financial Conduct Authority (FCA No 311496).

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This is your Insurance Product Information Document only and is a summary of cover. Full terms and conditions can be found in your policy wording and on your certificate of insurance.

What is this type of insurance?

ALC Health's Prima Plans are International Private Medical Insurance policies providing cover for the treatment of eligible medical conditions.



What is insured?

In -Patient and Day-Patient Treatment (Overall Annual maximum £1,250,000: €1,500,000: US\$1,875,000 unless a sublimit is detailed)

- ✓ Accommodation
- ✓ Professional Fees
- ✓ Medication
- ✓ Diagnostics
- ✓ Theatre Fees
- ✓ Reconstructive Surgery
- ✓ Chronic Conditions (Acute)
- ✓ Oncology
- ✓ Organ Transplants - £200,000: €240,000: US\$300,000 lifetime limit
- ✓ Complications of Pregnancy
- ✓ New-born Cover - Premature Births – Limited to £10,000: €12,000: US\$15,000
- ✓ New-born Cover – Congenital - £100,000: €120,000: US\$150,000 lifetime limit
- ✓ Physiotherapy
- ✓ Psychiatric Illness – Limited to 30 days each year
- ✓ Ancillary Charges – Limited to £500: €600: US\$700
- ✓ Home Nursing – Limited to 12 weeks for each condition and a maximum of 26 weeks each year
- ✓ Transportation
- ✓ Cash Benefit - £200: €240: US\$300 for 30 nights
- ✓ Emergency Treatment Outside Area of Cover £50,000: €60,000: US\$75,000 – maximum 42 nights each year



What is insured?

Out-Patient Treatment (Out-patient limit of £10,000: €12,000: US\$15,000 unless sublimit applied)

- ✓ Professional Fees
- ✓ Diagnostics
- ✓ Surgical Treatment
- ✓ Medication
- ✓ Chronic Conditions (Acute)
- ✓ Oncology (up to the overall annual maximum)
- ✓ Physiotherapy – Limited £1,500: €1,800: US\$2,250
- ✓ Chiropody – Limited to £250: €300: US\$375
- ✓ Complementary Treatment – Limited to £1,500: €1,800: US\$2,250
- ✓ Traditional Chinese Medicine – Limited to £500: €600: US\$750
- ✓ Optical – Limited to £200: €240: US\$300
- ✓ Well-being Benefit - Limited to £250: €300: US\$375
- ✓ Emergency Dental Treatment

Evacuation or Repatriation

(Optional Benefit subject to an additional premium)

- ✓ Evacuation or Repatriation
- ✓ Mortal Remains



What is insured?

Dental Treatment

(Optional Benefit subject to an additional premium – overall annual maximum £1,000: €1,200: US\$1,500 unless sublimit applied)

- ✓ Routine Dental Treatment - sublimit applies
- ✓ Emergency Dental Treatment £600: €720: US\$900
- ✓ Accidental Damage
- ✓ Dental Surgery

Routine Pregnancy & Childbirth

(Optional Benefit subject to an additional premium)

- ✓ Routine Pregnancy & Childbirth – Optional Limits available
- ✓ Well Baby Examination
- ✓ New-born Accommodation
- ✓ Cash Benefit – Limited to £50: €60: US\$75 max 20 nights



What is not covered?

These are some of the core exclusions for the plan. Please refer to the Policy Wording for full exclusions and terms and conditions of this policy.

- ✗ Pre-existing conditions – subject to underwriting type
- ✗ Genetic deformities, birth injuries or birth defects
- ✗ Genetic testing
- ✗ Experimental, unlicensed or unproven treatment
- ✗ Costs of providing or fitting any external prostheses
- ✗ Cosmetic treatment
- ✗ Treatment relating to alcohol or drug abuse
- ✗ Treatment required as a result of war, terrorism, unless you are an innocent bystander
- ✗ Treatment arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act
- ✗ Any treatment of, or related to, or caused by, eating disorder of any kind
- ✗ HRT
- ✗ Parent Accommodation



What is not covered?

- ✗ IVF
- ✗ Rehabilitation
- ✗ Treatment not detailed under 'what is insured'
- ✗ Treatment outside your area of cover
- ✗ Treatment or diagnostic procedures of injuries arising from an engagement in professional sports
- ✗ Contamination by radioactivity, biological or chemical agents
- ✗ Self-inflicted injury or suicide
- ✗ Sexual dysfunction
- ✗ Vaccinations and inoculations
- ✗ Sexually transmitted disease
- ✗ Investigations into and treatment for hair loss and any replacement unless the loss of hair is due to cancer treatment. Wigs are not covered
- ✗ Investigations, diagnostics and treatment directly or indirectly arising from or connected with male or female birth control and any form of infertility or assisted reproduction
- ✗ Spinal supports, knee braces and air casts including provision of external prostheses during active treatment of cancer
- ✗ Routine Management and palliative care of chronic conditions
- ✗ Psychiatric treatment when received as an out-patient



Are there any restrictions on cover?

- ! Cover is always subject to our eligibility criteria
- ! Cover for pre-existing conditions under this product is dependent on the underwriting type that applies to each member
- ! Some benefits have specific monetary limits we will only reimburse up to these limits. Please refer to your policy wording for full details
- ! If you select an excess, eligible benefits will only be paid once the excess amount has been deducted
- ! Eligible costs will be reimbursed subject to charges being reasonable and customary
- ! There are waiting periods for Routine Dental, Routine Pregnancy (if this optional benefit has been selected) and Well-being



Where am I covered?

Depending on what area of cover you have chosen you will be covered in one of the following regions (Please refer to your Certificate of Insurance):

- ✓ Area 1: Europe (see your policy wording for the details of countries included)
- ✓ Area 2: Worldwide excluding USA
- ✓ Area 3: Worldwide



What are my obligations?

- You must pay your full annual premium, even if we agree you can pay by instalment
- You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to and renew your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim
- You must also tell us about changes to your circumstances, for example, a change of name, address or residence
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and riders of this policy



When and how do I pay?

You can pay Annually, Quarterly or Monthly by one of the following methods:
Cheque (Annually only), Credit/Debit Card, Bank Transfer or SEPA Direct Debit.



When does the cover start and end?

From the start date (shown on your certificate of insurance) for a period of 12 months. Your policy will automatically renew (if you pay by credit/debit card), and payment will be taken unless you inform us otherwise. Your period of cover is detailed on your certificate of insurance.



How do I cancel the contract?

By taking out the insurance, regardless of the frequency you have selected for payment, you have agreed to be covered for the whole of the policy year. You have the right to cancel within the first 14 days of inception or renewal or 14 days from when you have received the documentation whichever is the latter.

You may ask us to consider cancellation after this time provided the reason is covered in the policy wording under the section Cancellation and Fraud.