

Policy Wording

Prima Premier

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



... we're different because we care

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



Prima Premier Policy Wording effective 1 June 2015

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**.

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£2,500,000:
€3,000,000:
US\$3,750,000

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**)

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Accommodation Hospital accommodation in a ward, semi-private or private room.	Full Refund
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.	Full Refund
Professional Fees Specialist, physician and qualified nurse fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering treatment .	Full Refund
Medication Drugs, medicines, supports and appliances when prescribed by a specialist or medical practitioner .	Full Refund
Diagnostics Diagnostic procedures, including x-rays, pathology , computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund
Theatre Fees Operating theatre fees.	Full Refund
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.	Full Refund
Chronic Conditions Acute episodes of a chronic condition.	Full Refund
Chronic Conditions Routine management and maintenance of a chronic condition.	Limited to £20,000: €24,000: US\$30,000
Chronic Conditions Palliative treatment of a chronic condition.	Limited to £20,000: €24,000: US\$30,000
Oncology Oncologist fees, radiotherapy and chemotherapy.	Full Refund
Organ Transplants Transplant of any human organ.	£200,000: €240,000: US\$300,000 Lifetime Limit
Complications of pregnancy Treatment of medical conditions which arise during the antenatal stages of pregnancy, or which occur during the childbirth/delivery.	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**. 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.

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

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.

£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**.

Full Refund

Rehabilitation

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

Full Refund

Psychiatric Illness

Treatment 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.

Limited to 30 days **each year**

Ancillary Charges

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

Limited to £500; €600; US\$750

Home Nursing

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

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

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.

Full Refund

Post Operative Cover

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

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

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.

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

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.

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)

(treatment received but without admission to a hospital bed)

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<p>Overall Limit</p>	<p>Limited to the overall policy limit of £2,500,000: €3,000,000: US\$3,750,000</p>
<p>Professional Fees Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations.</p>	<p>Full Refund</p>
<p>Diagnostics Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).</p>	<p>Full Refund</p>
<p>Surgical Treatment Minor surgical procedures when carried out by a medical practitioner or specialist.</p>	<p>Full Refund</p>
<p>Medication Drugs and medicines when prescribed by a specialist or medical practitioner.</p>	<p>Full Refund</p>
<p>Chronic Conditions Acute episodes of a chronic condition.</p> <p>Routine management, maintenance and palliative treatment of a chronic condition.</p>	<p>Full Refund</p> <p>Limited to £5,000: €6,000: US\$7,500 each year</p>
<p>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.</p>	<p>Full Refund</p>
<p>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.</p>	<p>Limited to £3,000: €3,600: US\$4,500 each year</p>
<p>Chiropody Treatment by a Chiropodist without referral from a medical practitioner.</p>	<p>Limited to £250: €300: US\$375 each year</p>
<p>Complementary Treatment Treatment administered by chiropractors, osteopaths, homeopaths, acupuncturists.</p> <p>Dietician (limited to 1 visit per year).</p> <p>Podiatrist (limited to 2 visits per year).</p> <p>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.</p>	<p>Limited to £3,000: €3,600: US\$4,500 each year</p>
<p>Traditional Chinese Medicine Chinese herbal medicine and treatment administered by a recognised traditional Chinese herbalist or practitioner.</p>	<p>Limited to £500: €600: US\$750 each year</p>
<p>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.</p>	<p>Limited to £5,000: €6,000: US\$7,500 each year</p>
<p>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.</p>	<p>Full Refund</p>



Optical

Eye examination carried out by an optometrist or ophthalmologist.

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

Full refund limited to one examination **each year**

Limited to £200: €240: US\$300 **each year**

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

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

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.

Limited to £250: €300: US\$375 **each year**

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**.

Full Refund

Other Benefits



Innocent Bystander

Included

AIDS (HIV)

Included

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

Included

24/7 Medical Helpline

Included

The Blood Care Foundation

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

Included

Access to ALC World

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

Included

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)

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

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

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.

Full Refund within the applicable pregnancy limit

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**.

Full Refund within the applicable pregnancy limit

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.

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 of £1,000: €1,200: US\$1,500 **each year** for routine dental **treatment**.

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

£70: €84: US\$105 each visit maximum 2 visits **each year**

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

£70: €84: US\$105 each visit maximum 2 visits **each year**

Fillings (amalgam or composite material).

£70: €84: US\$105 each tooth

Extractions.

£70: €84: US\$105 each tooth

Wisdom tooth extraction when performed in a dental surgery.

Full refund within overall dental limit of £1,000: €1,200: US\$1,500 **each year**

New porcelain crown/inlay.

£300: €360: US\$450 each tooth

Repair of crown/inlay.

£125: €150: US\$190 each tooth

Dental Treatment (continued)

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Root canal treatment.

£250: €300: US\$375 each tooth

New bridge.

£300 : €360: US\$450 each bridge

Repair of bridge.

£175: €210: US\$265 each bridge

New dentures.

£125: €150: US\$190 each set

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.

£600: €720: US\$900 **each year**

The procedures below are not subject to the overall maximum limit of £1,000: €1,200: US\$1,500 **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.

Full Refund

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.

Full Refund

Apicectomy.

Full Refund

Evacuation or Repatriation (OPTIONAL BENEFIT)

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

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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.

Full Refund

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.

£100: €120: US\$150 each day, for each person

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

Full Refund

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).

Full Refund

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**.

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

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 **chiropractor** who is registered and legally licensed to practise chiropractic 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.

CONGENITAL ANOMALY

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

COUNTRY OF NATIONALITY

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

COUNTRY OF RESIDENCE

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

DATE OF ENTRY

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

DAY-PATIENT

An **insured person** who is admitted to a **hospital** bed because they need a period of medical supervision but does not need to remain in **hospital** overnight.

DENTAL PRACTITIONER

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

DEPENDANTS

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

DOCTOR

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

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.

Definitions

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**.

ONCOLOGY

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

ORGAN TRANSPLANT

The surgical procedures to perform a transplant of an organ.

OUT-PATIENT

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

PALLIATIVE TREATMENT

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

PATHOLOGY

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

PERIOD OF COVER/EACH YEAR

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

PHYSICIAN

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

PHYSIOTHERAPIST

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

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, 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.

REASONABLE AND CUSTOMARY

Charges which are, in **our** view, and based upon all the information and data available to **us**, not excessive for the type of **treatment** provided, in the location received and given by the specific treating **doctor**.

Note that, in certain circumstances, **we** will have agreed charges with specific **hospitals** or medical facilities for particular procedures and accommodation and that this data will be considered by **us** as part of determining what is a **reasonable and customary** charge.

We may verify the fees with a government health department or other independent third party if necessary.

REHABILITATION

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

REIMBURSEMENT

A process provided by the claims handlers, 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**.

SHORT PERIOD RATES

A method of calculating premium due for a **period of cover** which allows for the initially high administration costs incurred by **us** in issuing documents to be recovered. The current short period rating table is available on request from the **policyholder**.

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 the General Exclusions on page 10, **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.
 - 2 Any costs associated with routine pregnancy & childbirth, unless Routine Pregnancy & Childbirth has been selected.
 - 3 Any costs associated with any form of dental **treatment**, unless **Dental Treatment** has been selected.
 - 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**.
 - 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**.
 - 7 Where **Out-patient Treatment** has been selected, cover in respect of post-operative **treatment** is deleted from **In-patient & day-patient Treatment**.
- 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.
 - 8 Orthodontic **treatment** of any kind.
 - 9 Implants.

Out-patient Treatment

If **Out-patient Treatment** has been selected the following exclusions will apply in addition to the General Exclusions on page 10. **We** do not cover the following:

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

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

Dental Treatment

If **Dental Treatment** has been selected the following exclusions will apply in addition to General Exclusions on page 10. **We** do not cover the following:

Evacuation or Repatriation

If **Evacuation or Repatriation** has been selected the following exclusions will apply in addition to General Exclusions on page 10. **We** do not cover the following:

General Exclusions

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

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

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

If 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.

- 2 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 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.

- 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**. **We** will only cover the initial reconstruction.
- 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.
- 19 **Treatment** to change the refraction of one or both eyes (laser eye correction) including refractive keratectomy (RK) and photorefractive keratectomy (PRK), macular degeneration and similar conditions. However, **we** will pay for corrective sight surgery consequent of an **accident**.
- 20 Claims for any supplements or substances which are available naturally. This includes, but is not limited to: vitamins, minerals and organic substances except where prescribed under **Complementary Treatment**.
- 21 Nutritional supplements including but not limited to special infant formula and cosmetic products even if medically recommended or prescribed or acknowledged as having therapeutic effects.
- 22 Investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control (including insertion and removal of contraceptive devices and all other contraceptives, even if prescribed for medical reasons), infertility and any form of assisted reproduction.
- 23 **Treatment** directly related to surrogacy whether **you** are acting as surrogate, or are the intended parent.
- 24 Investigations, diagnostics and **treatment** of impotence, sexual dysfunction or any consequence thereof, **treatment** for sterilisation or fertilisation, vasectomy or other sexually related conditions or gender reassignment.
- 25 **Treatment** directly or indirectly associated with sexually transmitted diseases.
- 26 **We** do not cover **treatment** for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorder, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 27 Speech therapy is only eligible for reimbursement in the context of a diagnosed physical impairment, such as, but not limited to, nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). **We** do not pay for speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.

- 28 Any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes but is not limited to the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.
- 29 Costs which arise from or are directly or indirectly caused by an attempt at suicide or bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour.
- 30 **Treatment** for dependency on or abuse of alcohol, drugs or any other addictive substances and any injury or illness arising directly or indirectly from such abuse or addiction.
- 31 Any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 32 Costs which arise from or are directly or indirectly caused by self-exposure to needless danger, except in an attempt to save a human life.
- 33 **Treatment** directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any acts of terrorism, unless the **insured person** sustains bodily injury whilst an innocent bystander.
- 34 **Treatment** directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
- 35 Costs directly or indirectly resulting from the release of weapon(s) of mass destruction, whether such involves an explosive sequence(s) or not.
- 36 Expenses incurred because of complications directly caused by an illness, injury or **treatment** for which cover is excluded or limited under **your** policy.
- 37 **Treatment** required as a result of failure to seek or follow medical **advice**.
- 38 Costs and expenses incurred where an **insured person** has travelled against medical **advice**.
- 39 Travel costs to and from medical facilities (including parking and taxi costs) for eligible **treatment**, other than any travel costs covered under transportation or **Evacuation or Repatriation** benefit.
- 40 Any costs incurred outside **your area of cover** other than eligible emergency **treatment** costs covered under the **in-patient & day-patient** benefit. **We** will not cover any costs associated with curative **treatment** or follow-up of emergency **treatment** outside **your area of cover** or travel costs to return to **your area of cover**.
- 41 **Treatment** costs which are incurred outside of the **period of cover** or after termination of the **policy** for whatever reason, including non-renewal and non-payment of premium.
- 42 Losses not incurred within the **period of cover** and claims submitted later than 6 months after the end of the **period of cover** (unless this was not reasonably possible).
- 43 **Medical practitioner** fees for the completion of a Claim Form or other administration charges.
- 44 **Treatment** or diagnostic procedures of injuries arising from an engagement in professional sports.
- 45 **Treatment** that is not specified under 'The Cover' or where 'Optional Benefits' have not been selected.

General Conditions

These conditions apply to all sections of this insurance.

1 Policy Term

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

2 Premium Payment

Premiums can either be payable monthly, quarterly or annually and are due to be paid on or before the **commencement date** or **renewal date**. However, as **your policy** is an annual contract **you** are responsible for the whole years' premium even if **we** have agreed that **you** may pay by a monthly or quarterly premium. Failure to make payment may result in suspension of cover or termination of the **policy** without notice. Reinstatement upon subsequent receipt of funds 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

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 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). **We** also reserve the right to make an administration charge of up to £50 (or Euro/US\$ equivalent depending on the **policy** currency) to cover the cost of document issue.

If the **policyholder** does not cancel the **policy** during the 14 day cooling off period the **policy** will continue for the full annual term, unless **we** exercise **our** right to cancel the **policy** under the below clause.

Cancellation by **us** – **We** will not cancel this **policy** because of eligible claims made by any **insured person**.

We may at any time cancel this **policy** if any **insured person** has:

- 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 repayable to **us**.

In these circumstances the contract will be considered void ab initio. No premium will be refunded.

- c. 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.
- d. Been accepted into a recognised state or public insurance scheme in their country of residence which means this **policy** is no longer needed. In these circumstances a refund of premium will be allowed calculated on **short period rates**. The refund will be made after deduction of applicable foreign exchange charges.
- e. 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.

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**.

15 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 total cost of the **treatment**, 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.

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.alhealth.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.alhealth.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-authorized**.

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.alhealth.com/claims.htm

Tel: +44 (0) 20 3764 0760

Fax: +44 (0) 20 3764 0761

Email: ALCclaims@healix.com

Post: ALC Health 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 Health 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 **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 or telephone +44 (0)1903 817970

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

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

The most important thing for **us** is to help resolve **your** concerns as quickly as possible. **We** will do all **we** can to resolve **your** complaint 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, Germany, Georgia, 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



HEAD OFFICE

Chanctonfold Barn Chanctonfold Horsham Road
Steyning West Sussex BN44 3AA United Kingdom
T +44 (0) 1903 817970
F +44 (0) 1903 879719
www.alchealth.com www.alctravel.eu
www.prima-iberica.eu

SPANISH OFFICE

Centro Plaza Oficina 70
Nueva Andalucia
29660 Marbella Málaga Spain
T +34 952 93 16 09
F +34 952 90 67 30
CIF W8264779C

GIBRALTAR OFFICE

30 Ocean Village Promenade
Gibraltar GX11 1AA
T +350 200 77731
F +350 200 77741
Company No. 111964



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