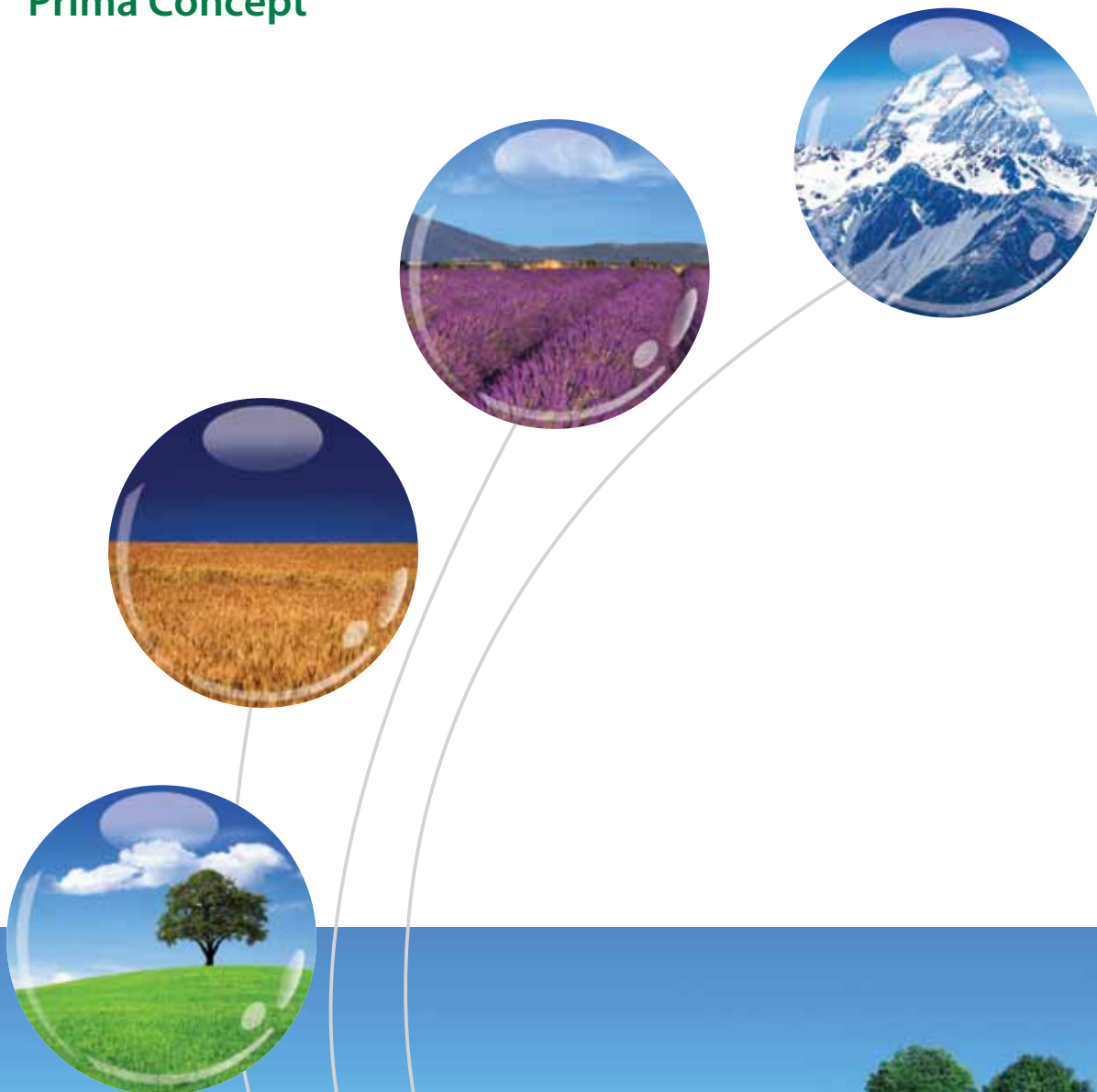


Benefit Schedule


Prima Platinum
Prima Premier
Prima Classic
Prima Concept



... we're different because we care

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.

	Prima Concept 	Prima Classic 	Prima Premier 	Prima Platinum 
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.	£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

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.	Full Refund	Full Refund	Full Refund	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.	Not Covered	Not Covered	Full Refund	Full Refund
Professional Fees Specialist, physician and qualified nurse fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering treatment.	Full Refund	Full Refund	Full Refund	Full Refund
Medication Drugs, medicines, supports and appliances when prescribed by a specialist or medical practitioner.	Full Refund	Full Refund	Full Refund	Full Refund
Diagnostics Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund	Full Refund	Full Refund	Full Refund
Theatre Fees Operating theatre fees.	Full Refund	Full Refund	Full Refund	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	Full Refund	Full Refund	Full Refund
Chronic Conditions Acute episodes of a chronic condition.	Full Refund	Full Refund	Full Refund	Full Refund

Chronic Conditions Routine management and maintenance of a chronic condition.	Not Covered	Not Covered	Limited to £15,000: €18,000: US\$22,500	Limited to £50,000: €60,000: US\$75,000
Chronic Conditions Palliative treatment of a chronic condition.	Not Covered	Not Covered		Full Refund
Oncology Oncologist fees, radiotherapy and chemotherapy.	Full Refund	Full Refund	Full Refund	Full Refund
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.	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
Organ Transplants Transplant of any human organ.	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
Complications of pregnancy Treatment of medical conditions which arise during the antenatal stages of pregnancy, or which occur during the childbirth/delivery.	Full Refund	Full Refund	Full Refund	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.	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
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.	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.	Full Refund	Full Refund	Full Refund	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.	Not Covered	Not Covered	Full Refund	Full Refund

The Cover - continued

In-patient & day-patient Treatment	Prima Concept 	Prima Classic 	Prima Premier 	Prima Platinum 
<p>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.</p>	Not Covered	Limited to 30 days each year	Limited to 30 days each year	Limited to 30 days each year
<p>Ancillary Charges The purchase or rental of crutches or wheelchairs following treatment as an in-patient or day-patient.</p> <p>Spinal supports, knee braces and aircasts including provision of external prostheses during active treatment of cancer.</p>	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
<p>Home Nursing Home nursing when medically necessary and recommended by a specialist immediately following release from a hospital bed.</p>	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
<p>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.</p>	Full Refund	Full Refund	Full Refund	Full Refund
<p>Post Operative Cover Out-patient treatment or consultations received within 6 months of hospital discharge for an eligible medical condition which required hospital admission.</p>	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
<p>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.</p>	£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
<p>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.</p>	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





Out-patient Treatment (OPTIONAL Benefit for Prima Premier)

(treatment received but without admission to a hospital bed)

Overall Limit	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
Professional Fees Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations.	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Diagnostics Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Surgical Treatment Minor surgical procedures when carried out by a medical practitioner or specialist.	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Medication Drugs and medicines when prescribed by a specialist or medical practitioner.	Limited to £200: €240: US\$300 each year within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Chronic Conditions Acute episodes of a chronic condition. Routine management, maintenance and palliative treatment of a chronic condition.	Full Refund within overall out-patient limit Not Covered	Full Refund within overall out-patient limit Not Covered	Full Refund Limited to £2,000: €2,400: US\$3,000 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.	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
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.	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
Chiropody Treatment by a Chiropodist without referral from a medical practitioner.	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

The Cover - continued

Out-patient Treatment (OPTIONAL Benefit for Prima Premier)

	Prima Concept 	Prima Classic 	Prima Premier 	Prima Platinum 
<p>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.</p>	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
<p>Traditional Chinese Medicine Chinese herbal medicine and treatment administered by a recognised traditional Chinese herbalist or practitioner.</p>	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
<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>	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
<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>	Not Covered	Not Covered	Full Refund	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.</p>	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

Out-patient Treatment (OPTIONAL Benefit for Prima Premier)

<p>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)</p> <p>Hearing Test Annual Hearing Test carried out by a medical practitioner.</p> <p>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:</p> <ul style="list-style-type: none"> ■ Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc) ■ Cardiovascular examination ■ Neurological examination ■ Cancer screening ■ Well child test 	<p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p>	<p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p>	<p>The total of the benefits available within the Well-being Benefit is limited to £500: €600: US\$750 each year</p> <p>One test each year Full Refund within Well-being limit</p> <p>Full Refund within Well-being limit</p> <p>Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit</p>	<p>The total of the benefits available within the Well-being Benefit is limited to £750: €900: US\$1,125 each year</p> <p>One test each year Full Refund within Well-being limit</p> <p>Full Refund within Well-being limit</p> <p>Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit</p>
<p>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.</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>Limited to £250: €300: US\$375 each year</p>	<p>Limited to £500: €600: US\$750 each year</p>
<p>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.</p>	<p>Not Covered</p>	<p>Full Refund</p>	<p>Full Refund</p>	<p>Full Refund</p>

Other Benefits

	Prima Concept 	Prima Classic 	Prima Premier 	Prima Platinum 
Innocent Bystander	Included	Included	Included	Included
AIDS (HIV)	Included	Included	Included	Included
Hazardous Activities (excluding Evacuation or Repatriation)	Included	Included	Included	Included
24/7 Medical Helpline	Included	Included	Included	Included
The Blood Care Foundation Providing screened blood and sterile equipment in emergency situations anywhere in the world.	Included	Included	Included	Included
Access to ALC World Our online library of medical facilities and country security information from around the world.	Included	Included	Included	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)

Routine pregnancy and childbirth costs, including pre and postnatal check-ups, scans and delivery costs for a natural birth.	Not Covered	Optional pregnancy limits (for each pregnancy) ■ £3,000: €3,600: US\$4,500 ■ £5,000: €6,000: US\$7,500	Optional pregnancy limits (for each pregnancy) ■ £3,000: €3,600: US\$4,500 ■ £5,000: €6,000: US\$7,500 ■ £7,500: €9,000: US\$11,250 ■ £10,000: €12,000: US\$15,000	Optional pregnancy limits (for each pregnancy) ■ £3,000: €3,600: US\$4,500 ■ £5,000: €6,000: US\$7,500 ■ £7,500: €9,000: US\$11,250 ■ £10,000: €12,000: US\$15,000
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.	Not Covered	Full Refund	Full Refund	Full Refund
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.	Not Covered	Full Refund	Full Refund	Full Refund
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.	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	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
Routine examination, including check-up and x-rays.	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
Cleaning and polishing (whether performed by a dental practitioner or hygienist).	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
Fillings (amalgam or composite material).	Not Covered	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth	£100: €120: US\$150 each tooth
Extractions.	Not Covered	£70: €84: US\$105 each tooth	£70: €84: US\$105 each tooth	£100: €120: US\$150 each tooth
Wisdom tooth extraction when performed in a dental surgery.	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
New porcelain crown/inlay.	Not Covered	£300: €360: US\$450 each tooth	£300: €360: US\$450 each tooth	£500: €600: US\$750 each tooth
Repair of crown/inlay.	Not Covered	£125: €150: US\$190 each tooth	£125: €150: US\$190 each tooth	£250: €300: US\$375 each tooth
Root canal treatment.	Not Covered	£250: €300: US\$375 each tooth	£250: €300: US\$375 each tooth	£400: €480: US\$600 each tooth
New bridge.	Not Covered	£300: €360: US\$450 each bridge	£300: €360: US\$450 each bridge	£600: €720: US\$900 each bridge
Repair of bridge.	Not Covered	£175: €210: US\$265 each bridge	£175: €210: US\$265 each bridge	£200: €240: US\$300 each bridge
New dentures.	Not Covered	£125: €150: US\$190 each set	£125: €150: US\$190 each set	£600: €720: US\$900 each set
Orthodontic treatment (to move teeth or adjust underlying bone) when medically necessary for oral health.	Not Covered	Not Covered	Not Covered	£2,000: €2,400: US\$3,000 each year. This benefit is subject to a 50% co-insurance
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.	Not Covered	Not Covered	Not Covered	£500: €600: US\$750 each tooth. This benefit is subject to a 25% co-insurance
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.	Not Covered	£600: €720: US\$900 each year	£600: €720: US\$900 each year	£600: €720: US\$900 each year

Dental Treatment (OPTIONAL BENEFIT) - continued

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

	Prima Concept 	Prima Classic 	Prima Premier 	Prima Platinum 
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.	Not Covered	Full Refund	Full Refund	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.	Not Covered	Full Refund	Full Refund	Full Refund
Apicectomy.	Not Covered	Full Refund	Full Refund	Full Refund

Evacuation or Repatriation (OPTIONAL BENEFIT)

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

<p>Evacuation</p> <p>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.</p> <p>The method of transportation shall be the decision of the Assistance Company.</p>	Full Refund	Full Refund	Full Refund	Full Refund
<p>Following evacuation</p> <p>Hotel accommodation for escort and insured person when required pre and post hospital admission.</p> <p>Return airflight (economy class) for the insured person and their escort.</p>	£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
<p>Repatriation</p> <p>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).</p>	Full Refund	Full Refund	Full Refund	Full Refund
<p>Mortal Remains</p> <p>Burial or cremation costs in the country of death or transportation of body or ashes to country of nationality or country of residence.</p>	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

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

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