

Individuals & families

Health insurance plan agreement

For members with a health insurance policy whose policy year starts on or between 01 January 2025 and 31 December 2025.



INTERNATIONAL
CITIZENS
INSURANCE



Platinum Trusted
Service Award

2024

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Welcome to William Russell

Thank **you** for choosing a health insurance **policy** from William Russell. **We** want to provide **you** with a **policy** **you** can rely on, so it is important that **you** fully understand the scope of the cover **we** provide. This **agreement** explains what is and what is not covered by **your policy**, and how **your claims** will be administered.

Please take time to read this **agreement** along with **your certificate of insurance** and **application form**. Together, these documents form the contract between **you** and **us**.

Certain words **we** use within this **agreement** have a special meaning to which **we** would like to draw **your** attention. For example:

- **'We, us, our'** – means William Russell Ltd, on behalf of the insurer
- **'You, your'** – means **you** and all **members** on this **policy**, as shown on **your certificate of insurance**

These words appear in **bold** type, and **we** provide their precise meanings in the *Definitions* section of this **agreement**.

We are, of course, always at the end of a telephone to answer queries or deal with **your claim**. **You** can find **our** contact details below.

William Russell

William Russell Ltd is the administrator of **your policy**. William Russell Ltd is authorised and regulated by Financial Conduct Authority in the UK under reference number 309314.

Allianz

AWP P&C SA UK is the **insurer** of **your policy**. AWP P&C SA UK is registered as a foreign company in England and Wales with the following company number, FC030280, and with registered local office at 7 rue Dora Maar, 93400 Saint-Ouen, France. AWP P&C SA UK acts through its UK branch AWP P&C UK, registered in the United Kingdom as a branch of AWP P&C SA, registered branch number BR015275 and with its registered office at 102 George Street, Croydon, Surrey CR9 6HD.

Your right to cancel within the first 30 days

If **you** decide that **your policy** doesn't meet **your** needs, please email us **your** instruction to cancel **your policy** (including confirmation that **you** won't make **claims**). Provided **we** receive **your** instruction within 30 days of **your policy** start date, and provided **you** have made no **claims**, **we** will refund **your premium** in full.

If **we** receive **your** instruction to cancel **your policy** more than 30 days after **your date of entry**, the terms of **our** cancellation policy will apply.

Contact details	
If you have an enquiry about your policy or insurance Available from 9:00am to 5:00pm (UK time), Monday to Friday	Phone +44 1276 486 455 Email contact@william-russell.com
If you need to make a claim Available from 6:00am to 6:00pm (UK time), Monday to Friday	Phone +44 1276 486 460 Email claims@william-russell.com Web william-russell.com/claims
If you need to contact our 24-hour emergency medical Assistance Service	For emergency medical assistance please call the following number: +44 1243 621 155 For non-emergencies, please contact us by email: Email william.russell@cegagroup.com Web william-russell.com/contact
If you'd like to write to us	William Russell Ltd William Russell House The Square, Lightwater Surrey, GU18 5SS, UK

Your plan agreement

This **agreement**, together with **your application form** and **your certificate of insurance**, make up the contract between **you** and **us**. The terms of this **agreement** apply to **you** and to all of **your eligible dependants** as stated in the schedule of **members** on **your certificate of insurance**.

The purpose of your policy

Your policy provides **you** with benefit for the cost of treating eligible medical conditions which arise after **your date of entry**.

We will pay for the **reasonable and customary** costs of **medically necessary treatment** of medical conditions covered by **your plan** provided **you** have kept up to date with **your premium** payments. **We** will only pay for such **treatment** if it is received during **your policy year**, and—in the case of medication—only for medication prescribed for **your** use during **your policy year**.

Any reimbursement **we** make may be subject to an **excess** and/or **co-insurance**, and certain benefits are subject to a benefit limit. **Your excess** amount will be stated on **your certificate of insurance**. Any **co-insurance** and benefit limits will be as stated in the **table of benefits** for **your plan**.

Underwriting your policy

We offer three types of **medical underwriting** for individuals and families. The type of **medical underwriting** **you** have is stated on **your certificate of insurance**.

Full medical underwriting

When **you** apply for a **policy** with full **medical underwriting**, **we** ask **you** questions about the medical history of all **members** included in **your** application.

We rely on the information **you** supply to **us** in **your application form** when **we** decide whether or not to accept **your application**, and whether or not **we** need to apply **special terms**.

Unless **we** have agreed otherwise, **your policy** does not cover any **pre-existing medical conditions** or **related conditions**.

You must be under 76 years of age at **your date of entry**. **You** may apply for cover on behalf of **your** spouse or partner provided they are under 76 years of age and/or on behalf of **your** unmarried children provided they are aged less than 18 years old (or less than 25 years old if in continuous full-time education).

Moratorium underwriting

When **you** apply for a **policy** with moratorium **medical underwriting**, there are no medical questions in the **application form** and **you** do not need to tell **us** about the medical history of any **members** included in **your application**.

Rather, **your policy** does not cover any **pre-existing medical conditions** or **related conditions** that **you** knew about or for which **you** have experienced symptoms, sought medical advice, or received medical **treatment** in the two-year period before **your date of entry**.

A **pre-existing medical condition** may become eligible for

benefit after two years of continuous cover, provided **you** have not experienced symptoms, consulted a **doctor**, sought medical advice, received medical **treatment** (including routine check-ups), taken medication (including injections), or been advised to follow a special diet for that **pre-existing medical condition** or a **related condition** during that two-year period.

If sound medical advice dictates that **you** *should* have consulted a **doctor**, sought medical advice, received medical **treatment** (including routine check-ups), taken medication (including injections), or been advised to follow a special diet for a **pre-existing medical condition** or a **related condition** during that two-year period, the **pre-existing medical condition** will not become eligible for benefit. Please do not delay receiving medical **treatment** or advice in order to qualify a **pre-existing medical condition** for benefit.

We consider any non-acute medical condition (e.g., arthritis, cancer, diabetes, epilepsy, heart disease, high blood pressure, inflammatory bowel disease, multiple sclerosis) that manifests itself in the first 6 months of **your policy** to be a **pre-existing medical condition**.

If there is any doubt whether a medical condition is a **pre-existing medical condition** or not, the decision of **our** Chief Medical Officer is final. **We** reserve the right to request a further medical opinion.

You must be under 40 years of age at **your date of entry**.

You may apply for cover on behalf of **your** spouse or partner provided they are under 40 years of age and/or on behalf of **your** unmarried children provided they are aged less than 18 years old (or less than 25 years old if in continuous full-time education).

CPME underwriting

CPME is an abbreviation of Continued Personal Medical Exclusion. It's a type of **medical underwriting** available to members who are switching to William Russell from another recognised international insurance provider, and who have no break in cover from their previous insurance **policy**.

The underwriting type of **your** previous insurance **policy** must be full **medical underwriting** or moratorium **medical underwriting**.

When **you** apply for a **policy** with CPME **medical underwriting**, **we** ask **you** questions about serious medical conditions and the recent medical history of all **members** included in **your** application.

We rely on the information **you** supply to **us** in **your application form** when **we** decide whether or not to accept **your application**, and whether or not **we** need to apply **special terms**.

If **we** accept **your application**, **we** will offer **you** cover on continuation from **your** previous insurance **policy** with no further **medical underwriting**. If **your** previous insurance **policy** had full **medical underwriting**, **we** will apply any medical exclusions or **premium** loadings from that **policy** to **your** new **policy** with William Russell. If **your** previous insurance **policy** had moratorium **medical underwriting**, **we** will give the start date of that **policy** to **your** new **policy** with William Russell.

You must be under 70 years of age at **your date of entry**. **You** may apply for cover on behalf of **your** spouse or partner provided they are under 70 years of age and/or on behalf of **your** unmarried children provided they are aged less than 18 years old (or less than 25 years old if in continuous full-time education).

Omissions and changes to your state of health

If **your application form** omits facts or contains materially incorrect or incomplete facts, **we** have the right to declare **your policy** void. Alternatively **we** may impose **special terms** on **your policy**, which will apply from **your date of entry**.

If **your** state of health, or the state of health of any of **your eligible dependants** changes between the time **you** complete **your application form** and **your date of entry**, **you** must tell **us** in writing about the change, and **we** may only be able to accept **your application** with **special terms**.

Start of your cover

Your cover will start from the **date of entry** stated on **your certificate of insurance**. **We** will not start **your** cover until **we** have accepted **your application** and **we** have received payment of **your** full annual, half-yearly, quarterly or monthly **premium**.

Your coverage zone

The cover provided by **your policy** is limited to within the **coverage zone** stated on **your certificate of insurance**.

When **we** use the term '**emergency treatment**' throughout this **agreement**, **we** mean **treatment**:

- that is covered by **your plan**;
- that is immediately required if **you** suffer an **accident**, or if **you** suffer a sudden and unforeseen illness that **you** have never suffered from before;
- that is not for a **pre-existing medical condition**; and
- that is not for a condition for which **you** have a **personal medical exclusion**.

Please also note that even if **your policy** gives **you** cover in the USA, **we** do not cover emergency medical evacuations to, from, or within the USA.

Zone 1

Worldwide cover, with restricted cover in the USA.

You have cover in the USA during **temporary trips** of up to 45 days' duration from the date on which **you** enter the USA.

While in the USA, **you** have cover for **emergency treatment** only up to US\$50,000 or £33,000 or €37,500 per **policy year**.

There's no limit to the number of **temporary trips** **you** can make to the USA.

Zone 2

Worldwide cover (excluding the USA), but with restricted cover in the following countries and regions:

*United Kingdom, all countries in the European Economic Area, Andorra, the Channel Islands, Gibraltar, Greenland, Monaco, San Marino, Switzerland, the UAE, Singapore, Thailand (here, **your** cover is restricted only for **treatment** **you** receive at the Bumrungrad Hospital, Bangkok Hospital Group, and Samitivej Hospital facilities), China, Hong Kong, Macau, Taiwan, Japan, Australia, New Zealand, Canada, and the **Caribbean countries and islands**.*

While in any of the above countries or regions **you** have cover for **emergency treatment** only, up to US\$100,000 or £66,000 or €75,000 per **policy year**.

You have no cover at all in the USA.

Zone 3

Worldwide cover (excluding the USA), but with restricted cover in the following countries and regions:

*China, Hong Kong, Macau, Taiwan, Japan, Singapore, Switzerland, and the **London area**.*

While in any of the above countries or regions **you** have the following cover:

- 80% cover for elective, eligible **treatment** costs; and
- 100% cover for **emergency treatment** that **you** receive while on a **temporary trip** of up to 90 days' duration, up to US\$100,000 or £66,000 or €75,000 per **policy year**.

Zone 3 is only available if **your country of residence** is Indonesia.

Zone 4

Full cover in **Africa** and the **Indian Subcontinent**.

While outside of **Africa** and the **Indian Subcontinent** **you** have cover for **emergency treatment** only, up to US\$100,000 or £66,000 or €75,000 per **policy year**.

You have no cover at all in the USA.

Zone 5

Full cover in **Africa** (except South Africa) and the **Indian Subcontinent**.

While outside of **Africa** or the **Indian Subcontinent** (or while in South Africa) **you** have cover for **emergency treatment** only, up to US\$100,000 or £66,000 or €75,000 per **policy year**.

You have no cover at all in the USA.

Zone 6

This **coverage zone** is not available with **your** policy.

Zone 7

You have full cover in Brunei, Cambodia, Timor Leste, Indonesia, Laos, Malaysia, Myanmar, Papua New Guinea, the Philippines, and Vietnam, but no cover anywhere else.

Additional cover in the USA

If **you** have a USA cover option, **you** will see it stated on **your certificate of insurance**.

USA-45

You have cover in the USA for **temporary trips** of up to 45 days' duration from the date on which **you** enter the country. **Your** cover ends when a trip exceeds 45 days' duration.

While in the USA, **you** have cover for eligible **treatment** and care up to US\$250,000 per **policy year**. Within this amount, **you** have the following cover:

- up to US\$100,000 for elective, eligible **treatment** and care costs
- up to US\$250,000 for **emergency treatment**

There's no limit to the number of **temporary trips** **you** can make to the USA.

USA-90

You have cover in the USA for **temporary trips** of up to 90 days' duration from the date on which **you** enter the country. **Your** cover ends when a trip exceeds 90 days' duration.

While in the USA, **you** have cover for eligible **treatment** and care up to US\$250,000 per **policy year**. This amount includes elective **treatment, care** and **emergency treatment** that **you** receive.

There's no limit to the number of **temporary trips** **you** can make to the USA.

This option is only available to existing **members** who already have it on their policy.

What you're covered for

The following **table of benefits** sets out the cover provided by each **plan**. The **plan** you have is as shown on **your certificate of insurance**. We will pay only for the **treatment** or services stated in the **table of benefits** relating to **your plan**.

Each benefit limit in the **table of benefits** is expressed in US dollars, sterling, and Euros. The currency of the benefit limits that we will apply to **your plan** is shown on **your certificate of insurance**.

The limits shown in the **table of benefits** are the maximum amounts we will pay after the application of any **excess** and **co-insurance**, and will be subject to the annual benefit limit and any other specified applicable benefit limits.

Certain benefits in the **table of benefits** specify a **waiting period**. You must be covered by the same **plan** for the full duration of the specified **waiting period** before you can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**.

Wherever the term *Full cover* appears in the **table of benefits**, this means a full refund of **reasonable and customary** charges, less any **excess** or **co-insurance** applicable to **your policy**, and subject to any limits that are specified anywhere else in the **table of benefits** for the type of **treatment** or care you receive.

Where there is a lifetime benefit limit, this is the maximum amount we will pay in respect of that particular benefit during **your** lifetime.

Certain benefits in the **table of benefits** are optional. You are only eligible for these benefits if you have selected them and they are stated on **your certificate of insurance**.

There are certain benefits in the **table of benefits** for which you must obtain pre-authorisation. If you do not obtain pre-authorisation for these benefits, we will only pay 80% of the **reasonable and customary** cost of **treatment**.

The **table of benefits** should be read in conjunction with the *What you're not covered for* section of this **agreement**.

Key  Full cover within annual benefit limit  Partial or limited cover  No cover  Optional cover

	Bronze	SilverLite	Silver	Gold
Annual benefit limit	US\$1,500,000 or £1,000,000 or €1,125,000	US\$1,500,000 or £1,000,000 or €1,125,000	US\$2,500,000 or £1,666,000 or €1,875,000	US\$5,000,000 or £3,333,000 or €3,750,000

Annual benefit limit

The overall maximum limit that each **member** can **claim** during any one **policy year**.

Hospital costs

Important notes:







- You must obtain pre-authorisation for all benefits in this section.

Hospital accommodation

With cover for a private hospital room, we will pay the cost of a standard single room with an en-suite bath or shower room when you are an **inpatient** or **daypatient**.

With cover for a semi-private hospital room, we will pay the cost of a standard shared room with an en-suite bath or shower room when you are an **inpatient** or **daypatient**.


Accommodation in a private hospital room is only available on the Bronze and SilverLite plans if you have selected this option.

 Semi-private hospital room	 Semi-private hospital room	 Private hospital room	 Private hospital room
 Private hospital room	 Private hospital room		

Hospital treatment

Treatment you receive while you are an **inpatient** or **daypatient**, including surgeons' and anaesthetists' and **doctors'** fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, **imaging tests** and physiotherapy. We will also pay for **pre-admission tests** that you undergo on an **outpatient** basis for **hospital treatment** you are scheduled to receive that is covered by **your plan**.

We will also pay for the **inpatient** surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month **waiting period** and covered only when the surgery is performed by a **doctor** (not a dentist) in a **hospital** (not a dental surgery) and under general anaesthetic.

 Full cover	 Full cover	 Full cover	 Full cover
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Key  Full cover within annual benefit limit  Partial or limited cover  No cover  Optional cover

Bronze

SilverLite

Silver

Gold


Hospital costs (continued)


Important notes:

- You must obtain pre-authorisation for all benefits in this section.


Parent accommodation

The cost of one parent staying in **hospital** with a child under 18 years of age while the child is receiving eligible **treatment** covered by their **plan**.

 Full cover


 Full cover


 Full cover

 Full cover


Local ambulance

The cost of a local road or air ambulance if **you** need **medically necessary hospital treatment** covered by **your plan**. Transport must be to the nearest available and appropriate **hospital** and an air ambulance is only covered if there is no viable alternative.

 Full cover

 Up to US\$1,600 or £1,065 or €1,200 per **policy year**


 Full cover


 Full cover


Hospital cash benefit


Payable for each night spent in a **hospital** when **you** receive **treatment** eligible for cover by **your plan** for which no charge is made by the **hospital** to **us**. Benefit is paid for up to a maximum of 60 nights per **policy year**.

If **you** have an **excess**, we will not apply it to this benefit.

 US\$150 or £100 or €113 per night

 US\$200 or £132 or €150 per night


 US\$200 or £132 or €150 per night

 US\$350 or £231 or €263 per night

Advanced imaging tests


MRI and CAT (CT) scans performed on the advice of a **doctor** and PET scans performed on the advice of a **specialist**. **Your medical referral letter** will be required.

We will pay for one consultation only to obtain the results of the **imaging test**.

 Full cover

 Full cover

 Full cover

 Full cover


Cancer treatment

Important notes:

- You must obtain pre-authorisation for all benefits in this section.


Cancer treatment

Cancer **treatment**, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. We will also pay for restorative **dental treatment** following chemotherapy or radiotherapy.

 Full cover

 Full cover

 Full cover

 Full cover


Cancer genome tests

The cost of tests to sequence the genes of cancer cells.

 Full cover

 Full cover

 Full cover

 Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Cancer treatment (continued)

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Genetic testing for cancer (12-month waiting period)

✕ No cover

✕ No cover

✔ Lifetime limit of US\$2,000 or £1,320 or €1,500

✔ Lifetime limit of US\$4,000 or £2,640 or €3,000

We will pay for genetic tests (and any associated genetic counselling) for BRCA1 and BRCA2 genes (for breast, ovarian, prostate, and pancreatic cancer) and familial adenomatous polyposis (FAP) (for colorectal cancer).

We will only pay for such genetic tests if:

- your doctor has referred you; or
- you have a parent, sibling, or child with breast cancer or FAP, or their genetic testing has established the presence of a hereditary cancer syndrome; or
- tests take place outside of the USA.

We won't pay for genetic tests when similar tests are available free of charge in the public healthcare system of the country where you're receiving oncology treatment.

Preventive cancer treatment (12-month waiting period)

✕ No cover

✕ No cover

✔ Lifetime limit of US\$25,000 or £16,600 or €18,750, subject to a 20% co-insurance

✔ Lifetime limit of US\$40,000 or £26,600 or €30,000

We will only pay for mastectomy (surgery to remove breasts), oophorectomy (surgery to remove ovaries), and colectomy (surgery to remove all or part of the bowel).

We will only pay for these surgeries if:

- your doctor has referred you; or
- you have a parent, sibling, or child with a disease that's part of a hereditary cancer syndrome (e.g., breast cancer, ovarian cancer), or their genetic testing has established the presence of a hereditary cancer syndrome; or
- treatment takes place outside of the USA.

We won't pay for such surgeries when they are available free of charge in the public healthcare system of the country where you're receiving oncology treatment.

Cash benefit upon diagnosis of cancer (6-month waiting period)

✕ No cover

✕ No cover

✕ No cover

✔ US\$5,000 or £3,330 or €3,750 with a lifetime limit of one claim per member

Payable if you are diagnosed with cancer. By cancer we mean the presence of tumours that consist of cells that are malignant, due to characteristics which can be shown microscopically. These cells can multiply and spread to other parts of the body uncontrollably (e.g., cancers such as breast cancer, lung cancer, bowel cancer, and cancers of the blood [also known as leukaemia]).

The following are not covered:

- non-melanoma skin cancer unless it has spread to lymph nodes or organs
- prostate cancer unless it has spread to other glands or organs

This benefit will not be paid if you were first diagnosed with any cancer before you were covered under the Gold plan for a period of six consecutive months.

Wigs

✔ Lifetime limit of US\$150 or £100 or €113

✔ Lifetime limit of US\$150 or £100 or €113

✔ Lifetime limit of US\$150 or £100 or €113

✔ Lifetime limit of US\$250 or £165 or €188

Help towards the cost of a wig following chemotherapy, covered by your plan.

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Cancer treatment (continued)

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Counselling

Consultations with a registered psychologist/counsellor when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 10 consultations.

Drugs prescribed by a **doctor** for outpatient mental health treatment are covered under this benefit.



Lifetime limit of US\$500 or £330 or €375



Lifetime limit of US\$500 or £330 or €375



Lifetime limit of US\$500 or £330 or €375



Lifetime limit of US\$750 or £500 or €563

Dietitian

Consultation with a registered dietitian when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 2 consultations.



Lifetime limit of US\$100 or £67 or €75



Lifetime limit of US\$100 or £67 or €75



Lifetime limit of US\$100 or £67 or €75



Lifetime limit of US\$250 or £165 or €188

Organ, bone marrow or tissue transplants

Important notes:

- You must obtain pre-authorisation for all benefits in this section.
- We only cover transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines.
- We do not cover any costs associated with the acquisition of the organ.

Transplant and related treatment

Costs incurred while hospitalised, including anti-rejection drugs, and all related **outpatient treatment** required prior to and after the transplant.



Full cover



Full cover



Full cover



Full cover

Donor costs

Medical costs associated with the donor as an **inpatient** or **daypatient**.



Up to US\$25,000 or £16,600 or €18,750 per transplant



Up to US\$25,000 or £16,600 or €18,750 per transplant



Up to US\$25,000 or £16,600 or €18,750 per transplant



Up to US\$25,000 or £16,600 or €18,750 per transplant

Kidney dialysis

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Treatment for kidney dialysis while **you** are an **inpatient**, **daypatient** or **outpatient**.



Full cover



Full cover



Full cover



Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Reconstructive surgery

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

A maximum of two surgeries per lifetime to restore **your** appearance after an **accident** or after surgery for cancer, provided the original **treatment** for the **accident** or cancer was paid for by **us**, and provided the reconstructive surgery takes place within two years of the **accident** or the original cancer surgery.

Inpatient, daypatient and post-hospital treatment received within the 90-day period following the date **you** are discharged from **hospital** following reconstructive surgery

Full cover

Full cover

Full cover

Congenital conditions or hereditary conditions

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Treatment for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**.

This benefit does not extend to mental health treatment, complementary medicine or traditional Chinese medicine.

There is no cover for **congenital conditions** or hereditary conditions if, prior to **your date of entry**, **you** have had any abnormal signs, symptoms or test results related to the **congenital condition** or hereditary condition (whether or not a specific diagnosis has been made).

The lifetime limit shown applies irrespective of the number of **congenital conditions** and hereditary conditions.

Newborn babies may be eligible for this benefit once the congenital conditions or hereditary conditions limits have been exhausted under the *maternity costs* section of the **table of benefits**.

Inpatient, daypatient and post-hospital treatment received within the 90-day period following the date **you** are discharged from **hospital**, up to a lifetime limit of US\$50,000 or £33,300 or €37,500

Lifetime limit of US\$60,000 or £40,000 or €45,000

Lifetime limit of US\$80,000 or £53,300 or €60,000

Lifetime limit of US\$100,000 or £66,600 or €75,000

HIV/AIDS treatment

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

(24-month waiting period)

Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC) for a maximum period of 5 years.

We do not provide cover if the virus was contracted before **your date of entry**.

Inpatient and daypatient treatment only, up to US\$5,000 or £3,300 or €3,750 per **policy year**

Up to US\$5,000 or £3,300 or €3,750 per **policy year**

Up to US\$75,000 or £50,000 or €56,250 per **policy year**

Up to US\$100,000 or £66,600 or €75,000 per **policy year**

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Mental health treatment

Important notes:

- **You** must obtain pre-authorisation for all benefits in this section.
- All **treatment** must be administered under the direct control of a registered psychiatrist, psychologist or counsellor.
- **We** do not cover investigations or **treatment** related to phobias, hypnotherapy, postnatal depression or marriage/relationship counselling, or psycho-geriatric conditions including Alzheimer's disease or dementia.

Lifetime mental health treatment limit

The overall maximum limit to the amount that **you** can **claim** for all benefits in the *mental health treatment* section that are covered by **your plan** during **your** lifetime.

US\$50,000 or £33,300 or
€37,500

No cover

US\$75,000 or £50,000 or
€56,250

US\$100,000 or £66,600 or
€75,000

Inpatient and daypatient mental health treatment (12-month waiting period)

Inpatient and daypatient treatment received in a recognised mental health unit of a **hospital**. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.

Up to 30 days per
policy year

No cover

Cover up to the lifetime
limit for mental health
treatment

Cover up to the lifetime
limit for mental health
treatment

Outpatient mental health treatment (12-month waiting period)

Specialist mental health consultations with a registered psychiatrist or psychologist or mental health consultations with a registered counsellor when **you** have been referred by a **doctor**. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.

Up to 10 consultations
per **policy year** for **post-hospital treatment**
received within the 90-day
period following the
date **you** are discharged
from **hospital** following
inpatient or **daypatient**
mental health **treatment**

No cover

Up to 10 consultations
per **policy year**

Up to 10 consultations
per **policy year**

Outpatient mental health medication (12-month waiting period)

Medication prescribed by a **doctor** or registered psychiatrist to treat a mental health condition. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.

Up to US\$500 or £333
or €375 per **policy year** for **post-hospital treatment**
received within the 90-day
period following the
date **you** are discharged
from **hospital** following
inpatient or **daypatient**
mental health
treatment, subject to a
20% **co-insurance**

No cover

Up to US\$500 or £333
or €375 per **policy year**, subject to a 20%
co-insurance

Up to US\$500 or £333
or €375 per **policy year**, subject to a 20%
co-insurance

Key	✓ Full cover within annual benefit limit ⚡ Partial or limited cover ✗ No cover ⊕ Optional cover			
	Bronze	SilverLite	Silver	Gold
Medical appliances				
Medical aids Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to you (e.g., crutches, wheelchairs, orthopaedic supports/braces, orthotics, stoma supplies, compression stockings) when it immediately follows inpatient, daypatient or emergency ward treatment covered by your plan . We do not cover medical aids that form part of the care of a chronic condition. We do not cover unprescribed medical aids such as gym equipment, even if you have been advised to use such an aid.	⚡ Up to US\$250 or £160 or €188 per medical condition per policy year	✗ No cover	⚡ Up to US\$500 or £330 or €375 per medical condition per policy year	⚡ Up to US\$1,000 or £660 or €750 per medical condition per policy year
Prosthetic implants Surgically-implanted, artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. As part of this benefit, we will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.	✓ Full cover	✓ Full cover	✓ Full cover	✓ Full cover
Prosthetic devices External prosthetic body parts, such as prosthetic limbs, fitted after the healing of an amputation covered by your plan .	⚡ Up to US\$500 or £330 or €375 per device	⚡ Up to US\$1,000 or £660 or €750 per device	⚡ Up to US\$1,000 or £660 or €750 per device	⚡ Up to US\$1,500 or £1,000 or €1,125 per device
Outpatient treatment				
Annual limit for outpatient treatment The overall maximum limit to the amount you can claim for treatment you receive as an outpatient during any one policy year . For members with a SilverLite plan: <ul style="list-style-type: none"> If you select Option A, your annual limit for outpatient treatment increases to the limit shown. Your limit for the primary medical care benefit (below) also increases to the limit shown for Option A. If you select Option B, your annual limit for outpatient treatment increases to the limit shown. Your limit for the primary medical care benefit (below) also increases to the limit shown for Option B. You are not eligible for the higher limits if you have not selected Option A or Option B.	Full cover up to your annual plan limit	⚡ Up to US\$5,000 or £3,300 or €3,750 per policy year ⊕ Option A Up to US\$7,500 or £5,000 or €5,625 per policy year ⊕ Option B Up to US\$10,000 or £6,600 or €7,500 per policy year	Full cover up to your annual plan limit	Full cover up to your annual plan limit

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Outpatient treatment (continued)

Primary medical care

Consultations with a GP, **doctor**, or **specialist**. Consultations can be in-person or via technology (e.g., video or phone call). **We** do not cover home visits.

We will also pay for the following primary medical care costs:

- Prescription drugs and other pharmacy costs (must be prescribed by a GP, **doctor**, or **specialist**)
- Pathology
- Scans
- Radiology
- Imaging tests

We cover COVID-19 PCR and Antigen testing when **you** have symptoms such as cough or fever or have been in close contact with someone who has tested positive for COVID-19. Tests must be prescribed by a **doctor** and undertaken under medical supervision in a recognised medical facility. **We** don't cover home testing kits.

If you have a SilverLite plan and **you** select Option A or Option B, **your** annual limit for primary medical care increases to the limit shown.



Post-hospital treatment received within the 90-day period following the date **you** are discharged from **hospital**



Up to US\$1,500 or £1,000 or €1,125 **per policy year** (up to the annual limit for **outpatient treatment**)



Full cover



Full cover



Option A Up to US\$2,500 or £1,665 or €1,875 **per policy year** (up to the annual limit for **outpatient treatment**)



Option B Up to US\$3,500 or £2,310 or €2,625 **per policy year** (up to the annual limit for **outpatient treatment**)

Emergency ward treatment

Emergency treatment that **you** have received at a **hospital**.



Essential and immediate treatment necessary as the result of an **accident**, plus one follow-up appointment with a **doctor**



Up to the annual limit for **outpatient treatment**



Full cover



Full cover

Outpatient surgical procedures

Surgical procedures where it is not **medically necessary** for **you** to be admitted to **hospital** as an **inpatient** or **daypatient**.



Full cover



Up to the annual limit for **outpatient treatment**



Full cover



Full cover

Complementary treatments

Treatment by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist on the advice of a **doctor**.

Your medical referral letter will be required for any **treatment** by a chiropractor, osteopath, chiropodist or podiatrist. If **your** condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining it rather than curing it, no further payments will be made. Cover is limited to the maximum number of **sessions** shown per **policy year** in respect of all **treatment** types. **Treatment** must be performed by a **medical practitioner**. Medication provided by complementary therapists is not covered under this benefit.



Up to 10 **sessions** per **policy year** for **post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**



No cover



Up to 10 **sessions** per **policy year**



Up to 15 **sessions** per **policy year**

Key  Full cover within annual benefit limit  Partial or limited cover  No cover  Optional cover

Bronze

SilverLite


Silver


Gold


Outpatient treatment (continued)


Hormone replacement therapy

When prescribed by a **doctor** following **your** diagnosis with premature ovarian failure (i.e., loss of ovarian function before the age of 40).

 No cover


 No cover


 Maximum period of 12 months from the date of diagnosis


 Maximum period of 18 months from the date of diagnosis


Traditional Chinese medicine

Cover is limited to the maximum number of **sessions** shown per **policy year**. **Treatment** must be performed by a **medical practitioner**.

 No cover

 No cover

 Up to US\$50 or £33 or €38 per **session**, up to a maximum of 15 **sessions**


 Up to US\$50 or £33 or €38 per **session**, up to a maximum of 20 **sessions**


Physiotherapy


Medically necessary physiotherapy when **you** have been referred on the advice of **your doctor** to a physiotherapist who is registered to practice physiotherapy in the country where the **treatment** is administered. **You** must send **us your medical referral letter** in support of **your claim**.


After **your** first 6 **sessions** of physiotherapy, if **you** need more **sessions** **you** must contact **us** for pre-authorisation. **We** will write to **your doctor** for a medical report in order to assess **your claim** further. After **your** first 6 **sessions**, **we** will not pay for any physiotherapy that **we** have not pre-authorised.

If **your** condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining rather than curing it, no further payments will be made.

 **Post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**, up to US\$1,000 or £660 or €750 per **policy year**

 Up to US\$250 or £165 or €188 per **policy year** up to the annual limit for **outpatient treatment**


 Full cover

 Full cover

Chronic conditions

Acute flare-ups

Short-term **treatment** to treat acute flare-ups of a **chronic condition** covered by **your plan**.

 **Inpatient, daypatient, and post-hospital treatment** received within the 90-day period following the date **you** are discharged from **hospital**


 **Inpatient and daypatient treatment**, with cover for **outpatient treatment** up to the benefit limit for primary medical care


 Full cover

 Full cover

Monitoring and maintenance

Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a **chronic condition**.

 No cover

 Up to the benefit limit for primary medical care

 Full cover

 Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Well-being benefits

Important notes:

- You are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**.

Preventive health and well-being (6-month waiting period)

No cover

No cover

 Up to US\$400 or £260 or €300 per **policy year** Up to US\$1,200 or £780 or €900 per **policy year**

Preventive health checks and tests for adults, as follows:

- Blood tests (cholesterol, liver function, kidney function, high blood pressure, anaemia, diabetes testing/screening)
- Lung function test
- Cardiac risk testing
- Bone densitometry testing (every five years for women aged 50+)
- Neurological examination (physical examination)
- Hearing test
- Allergy patch testing (lifetime limit of one test per member)
- Smoking cessation aids prescribed by a doctor (up to US\$100 or £67 or €75 per **policy year**)
- Eye examination (limited to one test per **policy year**)

 Up to US\$750 or £500 or €563 per **policy year** (if **you** have selected the enhanced option) Up to US\$2,000 or £1,330 or €1,500 per **policy year** (if **you** have selected the enhanced option)

Cancer screening for adults, as follows:

- Annual Papanicolaou test (PAP/smear test)
- Mammogram (one every two years for members aged 45+)
- Annual prostate cancer test (only for members aged 45+)
- Colonoscopy (one every five years for members aged 50+)

If **you** have a Silver or Gold **plan**, **you** can select a higher limit to enhance the well-being cover.

Vaccinations for adults

No cover

No cover

 Up to US\$300 or £200 or €225 per **policy year** Up to US\$500 or £330 or €375 per **policy year**

Vaccinations for adults as follows:

- Immunisation and booster injections required under regulation of the country in which **treatment** is being given
- Medically necessary** travel vaccinations
- Malaria prophylaxis
- Flu jabs
- Approved COVID-19 vaccinations (where not available free of charge in **your country of residence**)

Well-child benefit (6-month waiting period)

No cover

No cover

 Up to US\$400 or £260 or €300 per **policy year** Up to US\$800 or £520 or €600 per **policy year**Immunisations and booster injections that form part of government-recommended programmes within the child's **country of residence**, allergy patch testing, and routine developmental check-ups (including vision and hearing).**We** will waive the **waiting period** if either parent has been insured on the **policy** for at least 6 months on the date when children are added to the **policy**.

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Rehabilitation treatment

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Rehabilitation treatment you receive when carried out under the control and supervision of a **specialist** in a recognised **rehabilitation hospital or unit**, and only when it immediately follows **inpatient treatment** for illness or injury covered by **your plan**.

Rehabilitation treatment in the form of a therapy or a combination of therapies (e.g., physical therapy, occupational therapy, speech therapy) after an acute event like a stroke.

This benefit is payable only on the written recommendation of **your treating specialist** and when **treatment** begins within 30 days of **your** discharge from **hospital**.

Up to US\$2,000 or £1,330 or €1,500 per policy year

Up to US\$2,000 or £1,330 or €1,500 per policy year

Up to US\$4,000 or £2,660 or €3,000 per policy year

Up to US\$6,000 or £4,000 or €4,500 per policy year

Home nursing costs

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

The medical services of a **qualified nurse** to treat **you** in **your own home** when it is **medically necessary** and relates directly to an illness or injury covered by **your plan**.

Up to US\$5,000 or £3,330 or €3,750 per medical condition per policy year

Up to US\$8,000 or £5,300 or €6,000 per medical condition per policy year

Up to US\$10,000 or £6,660 or €7,500 per medical condition per policy year

Up to US\$15,000 or £10,000 or €11,250 per medical condition per policy year

Lifetime care

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Lifetime limit for all lifetime care

The overall maximum limit to the amount that **you** can **claim** for all benefits in the **lifetime care** section that are covered by **your plan** during **your** lifetime.

US\$25,000 or £16,600 or €18,750

US\$50,000 or £33,300 or €37,500

US\$50,000 or £33,300 or €37,500

US\$100,000 or £66,600 or €75,000

Hospice and palliative care

On diagnosis of a **terminal medical condition** covered by **your plan**, all costs for **treatment** received on the advice of a **medical practitioner** or **specialist** for the purpose of offering relief of symptoms. This includes all **hospital** or hospice accommodation, and nursing care by a **qualified nurse**.

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Artificial life maintenance

Treatment you require after **you** have already been on **artificial life maintenance** for 8 weeks.

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Persistent vegetative state and neurological damage

Treatment you require after **you** have been in **hospital** for 8 weeks for permanent neurological damage or if **you** are in a persistent **vegetative state**.

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Key  Full cover within annual benefit limit  Partial or limited cover  No cover  Optional cover

Bronze

SilverLite

Silver

Gold


Dental costs


Important notes:

- You are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**.
- All **dental treatment** must be carried out by a **dentist** in a **hospital** emergency room or dental surgery.
- **Treatment** for damaged crowns, dentures, bridge work or false teeth is only covered under the Dental Plus benefit.
- We do not cover orthodontic or periodontic consultations or **treatment** of any kind.


Emergency restorative treatment you receive as an inpatient

Inpatient treatment required to restore sound and natural teeth following an **accident** covered by **your plan**, provided that **treatment** is received within 15 days of the **accident**.

 Full cover


 Up to US\$5,000 or £3,330 or €3,750 per **policy year**


 Full cover

 Full cover


Emergency restorative treatment you receive as an outpatient

Outpatient treatment required to treat or replace sound and natural teeth which are lost or damaged following an **accident**, provided that **treatment** is received within 72 hours of the **accident**.

 No cover

 No cover

 Up to US\$500 or £330 or €375 per **policy year**


 Up to US\$1,000 or £660 or €750 per **policy year**


Dental Basic (6-month waiting period)


We will pay for the following basic dental costs:


- screening (e.g., the checking for and/or the assessment of any diseased, missing and filled teeth including X-rays where necessary) twice per year
- scaling and polishing and sealing (twice per year)
- fillings (both composite and amalgam)
- simple extractions
- root canal **treatment**

The benefit is optional on the SilverLite and Silver **plans**. It's included as standard on the Gold **plan**.

 No cover

 Up to US\$500 or £330 or €375 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Basic option)

 Up to US\$1,000 or £660 or €750 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Basic option)

 Up to US\$1,500 or £1,000 or €1,125 per **policy year**

Dental Plus (10-month waiting period)


We will pay for the following advanced dental costs:


- denture repair
- full/partial dentures
- dental bridges
- crowns, inlays, and onlays
- dental implants

This benefit is optional on the Silver and Gold **plans**. Silver **policyholders** wishing to select Dental Plus must also select the Dental Basic option

 No cover

 No cover

 Up to US\$1,500 or £1,000 or €1,125 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Plus option)

 Up to US\$2,000 or £1,330 or €1,500 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Plus option)

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Maternity costs

Important notes:

- Dependant children included on **your policy** are not eligible for these benefits.
- **You** must obtain pre-authorisation for all benefits in this section.
- **Treatment** of any newborn born following **assisted reproduction** (e.g., IVF) and within 36 weeks of conception is limited to the complications of childbirth benefit.
- Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and routine care of newborns benefit.
- **We** do not cover pregnancy testing, or pre-natal classes and doulas.
- **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy (unless there is a threat to the mother's health and **treatment** is provided in a recognised medical facility).
- **We** do not cover breast pumps.

Routine maternity care and routine care of newborns (12-month waiting period)

No cover

No cover

No cover

Up to US\$18,500 or £12,200 or €13,875 per pregnancy

We will pay for the following routine maternity costs:

- pre-natal tests and examinations
- post-natal **treatments** and examinations
- natural childbirth
- childbirth by **planned caesarean section**
- any **hospital** accommodation costs for the newborn
- basic newborn healthcare (physical examination, vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, blood tests for PKU, congenital hypothyroidism and G6PD, prior to discharge from the **hospital**)
- home birth, where a midwife is present
- supplements and vitamins as recommended by a **doctor**

The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any **hospital** or birthing centre accommodation costs will be limited to the cost of a standard **hospital** room.

Complications of childbirth (12-month waiting period)

No cover

No cover

No cover

Full cover

We will pay for complications experienced in childbirth, including post-partum haemorrhage, retained placental membrane, and childbirth by **emergency caesarean section**.

If **your** childbirth necessitates an emergency surgical procedure and **you** have already exhausted the benefit for routine maternity care and routine care of newborns, you may use this benefit as additional cover for:

- surgeons, anaesthetists, and theatre fees for complex deliveries
- additional accommodation charges incurred following a surgical procedure

We will also pay under this benefit for the **treatment** of any newborn born following **assisted reproduction** (e.g., IVF) when the birth occurs within 36 weeks of conception. This is subject to a maximum limit of US\$30,000 or £20,000, or €22,500.

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Maternity costs (continued)

Important notes:

- Dependant children included on **your policy** are not eligible for these benefits.
- **You** must obtain pre-authorisation for all benefits in this section.
- **Treatment** of any newborn born following **assisted reproduction** (e.g., IVF) and within 36 weeks of conception is limited to the complications of childbirth benefit.
- Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and routine care of newborns benefit.
- **We** do not cover pregnancy testing, or pre-natal classes and doulas.
- **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy (unless there is a threat to the mother's health and **treatment** is provided in a recognised medical facility).
- **We** do not cover breast pumps.

Complications of pregnancy affecting the mother (12-month waiting period)

Inpatient or **daypatient treatment** necessary as a direct result of a complication experienced during pregnancy.

We will pay only for the following complications (which arise only during pregnancy): ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth, and hydatidiform mole (also known as molar pregnancy).

We do not provide cover for childbirth under this benefit.

We do not provide cover under this benefit for complications arising from a pregnancy established through **assisted reproduction** (e.g., IVF) until after the standard 12-week scan, irrespective of how long **you've** been covered by **your policy**.



Up to US\$4,800 or £3,200 or €3,600 per policy year



Up to US\$10,000 or £6,600 or €7,500 per policy year



Up to US\$15,000 or £10,000 or €11,250 per policy year



Full cover

Treatment for congenital conditions or hereditary conditions for newborn babies

Treatment that **your newborn** receives for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**.

This benefit is subject to the following conditions:

- **Your** newborn must be added to **your policy** within 30-days of birth and any additional **premium** paid
- **Your** newborn must have the same **plan** as **you**
- Either parent must have been insured on a Silver or Gold **plan** for a minimum of 12 months prior to the birth

The limits shown apply to each pregnancy, regardless of the number of children born.



No cover







No cover



Inpatient or **daypatient treatment** received within the 90-day period following birth, up to US\$10,000 or £6,600 or €7,500 per pregnancy



Inpatient or **daypatient treatment** received within the 90-day period following birth, up to US\$100,000 or £66,600 or €75,000 per pregnancy

Key  Full cover within annual benefit limit  Partial or limited cover  No cover  Optional cover

Bronze

SilverLite

Silver

Gold

Expat benefits

Important notes:

- You are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**.
- You must obtain pre-authorisation for all benefits in this section.

24-hour medical assistance helpline

If **you** have a medical emergency which requires immediate medical assistance, **you** must contact **our** 24-hour helpline (provided by the Charles Taylor Group) at +44 (0) 1243 621 155 or william.russell@cegagroup.com.

 Full cover

 Full cover

 Full cover

 Full cover

Medevac Basic

If **you** have a life-threatening or limb-threatening condition covered by **your plan** which requires immediate **inpatient treatment** that cannot be adequately provided locally, the **Assistance Service** will arrange for **you** to be moved by air and/or by surface transportation to the nearest **hospital** within **your coverage zone** where appropriate medical **treatment** is available.

We do not cover any other costs under this benefit such as hotel accommodation charges. **We** do not cover emergency evacuation to, from or within the United States of America. The **Assistance Service** retains the absolute right to decide whether **your** medical condition is eligible for evacuation, where **you** are evacuated to, and the means and method of the evacuation.

 Full cover

 Full cover

 Full cover

 Full cover

Return airfare

Following an emergency evacuation covered by **your plan**, **we** will pay for **your** economy return airfare to **your country of residence**.

 Full cover

 Full cover

 Full cover

 Full cover

Travel expenses of a companion

The transportation costs of another person to accompany **you** on **your** emergency evacuation, and their economy-class ticket back. If it is not possible for them to accompany **you** on **your** medical evacuation because of the method of evacuation, **we** will pay either for their economy-class round-trip airfare on a scheduled flight, or their suitable round-trip surface transportation, whichever is the most appropriate.

 Full cover


 Full cover


 Full cover

 Full cover


Accommodation expenses of a companion

If **your** companion is then staying with **you** while **you** are hospitalised following **your** emergency evacuation, **we** will pay towards the costs of their hotel accommodation (limited to a maximum of 15 nights per **policy year**).

 Up to US\$75 or £50 or €56 per night


 Up to US\$100 or £67 or €75 per night


 Up to US\$150 or £100 or €113 per night


 Up to US\$250 or £167 or €188 per night


Compassionate home visit (12-month waiting period)

If a **close family member** dies during **your policy year** and after **you** have been insured by **your plan** for a continuous period of 12 months, **we** will pay for **your** economy-class round-trip airfare to attend the funeral. **Your** travel must take place within 28 days of the date of death.

 Lifetime limit of one claim per member

 No cover

 Lifetime limit of one claim per member

 Lifetime limit of one claim per member

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Expat benefits (continued)

Important notes:

- You are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**.
- You must obtain pre-authorisation for all benefits in this section.

Repatriation of mortal remains

Full cover

Up to US\$5,000 or £3,330 or €3,750

Full cover

Full cover

If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **your** body or ashes to be transported to **your country of nationality** or **country of residence**. This benefit is not available if a **claim** is made for the burial or cremation benefit at the place where **you** died.

Burial or cremation

Up to US\$1,600 or £1,060 or €1,200

Up to US\$1,600 or £1,060 or €1,200

Up to US\$1,600 or £1,060 or €1,200

Up to US\$1,600 or £1,060 or €1,200

If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **you** to be buried or cremated at the place where **you** died.

This benefit is not available if a **claim** is made under the repatriation of mortal remains benefit. **We** do not provide cover under this benefit if **you** die in **your country of nationality**. **We** do not provide cover under this benefit for the costs of a religious practitioner.

Medevac Plus Full cover (if **you** have selected the Medevac Plus option) Full cover (if **you** have selected the Medevac Plus option) Full cover (if **you** have selected the Medevac Plus option) Full cover (if **you** have selected the Medevac Plus option)

The following benefits apply in addition to those under the Medevac Basic benefit.

Evacuation if **you** need **advanced imaging** or cancer **treatment** such as radiotherapy or chemotherapy that cannot be adequately provided locally.

All eligible evacuations will include repatriation to **your country of nationality** if it is within **your coverage zone**, or to **your country of residence**. **We** do not cover emergency evacuation or repatriation to, from or within the United States of America.

If **you** request repatriation to **your country of nationality** or to **your country of residence**, it may, in some cases, not be appropriate immediately due to **your** medical condition. In such cases, **we** will first evacuate **you** to the nearest place within **your coverage zone** where appropriate **treatment** is available. Once **you** have been stabilised, **we** will then repatriate **you** to **your country of nationality** if it is within **your coverage zone**, or **your country of residence**.

If **you** are evacuated to a country which is not **your country of residence** and not **your country of nationality**, and **you** do not have anyone to accompany **you**, **we** will pay the economy-class round-trip airfare to have one companion flown from anywhere in the world to be with **you** while **you** receive **your treatment**. **We** will also pay up to US\$150 per day (for a maximum of 30 days per **policy year**) towards their hotel accommodation expenses whilst **you** have **your treatment**, or until the date on which **you** return to your **country of nationality** or your **country of residence** (whichever is the sooner).

The Medevac Plus benefit is optional on all **plans**.

Key  Full cover within annual benefit limit  Partial or limited cover  No cover  Optional cover

Bronze	Silver <i>Life</i>	Silver	Gold
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Accidental death benefit

Accidental death benefit

The accidental death benefit becomes payable if a **member** dies as a consequence of an accidental bodily injury that is suffered during the **policy year**, provided that:

- The **plan** was in full force at the time the accidental bodily injury is sustained
- Death occurs within one year of the date on which accidental bodily injury is sustained
- The accidental bodily injury is not caused directly or indirectly by any risk excluded in this **agreement** or by any **special terms** stated on **your certificate of insurance**.

 No cover	 No cover	 No cover	 US\$15,000 or £10,000 or €11,250
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What you're not covered for

The following are not covered by **your plan**, as well as any specific exclusions stated on **your certificate of insurance**, and other exclusions stated within the **table of benefits**. Other benefits, as stated within the **table of benefits**, may also be restricted or excluded depending on **your plan**.

All conditions, tests, **treatments** or increased **treatment** costs **you** incur because of complications that occur directly or indirectly as a consequence of **treatment** of any excluded condition will also not be covered.

We will also not pay for the fees and charges listed below and **you** will be responsible for them:

- fees for the completion or providing of **claim** forms or any other medical reports or forms such as **medical referral letters**, even if **we** have requested them;
- bank charges incurred as a result of **us** transferring money;
- losses **you** may incur due to fluctuations in exchange rates;
- charges incurred as the result of payment errors that arise as the result of **you** having provided **us** with incorrect information;
- administration, registration, or cancellation fees charged by **hospitals, doctors**, or other providers of medical services; and
- any charges made by **your** bank or credit card company.

Accidents or injuries resulting from your failure to adhere to local motoring laws

You are not covered for accidents or injuries arising from:

- travelling in, or on, a motorised vehicle as a driver or passenger, if the driver does not have a valid license and insurance, as required by the law of the country where the accident or injury occurred; and
- failure to wear the relevant safety equipment, (including, but not limited to helmets and seatbelts) as required by the law of the country where the accident or injury occurred.

Accidental death

You are not covered for the accidental death benefit when **your** death results from:

- war, warlike activities, military action, acts of foreign hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection, usurped power, mutiny, riot, strike, martial law, state of siege, attempted overthrow of government, any acts of terrorism, murder, attempted murder, kidnap (including attempted kidnap or attempted rescue from kidnapping), or assault of any kind, anywhere in the world (irrespective of whether the **member** is an active participant in any of the above activities or merely an innocent bystander);
- any illness or disease;
- food poisoning or bacterial infections (except infection which occurs through accidental cut or wound);
- suicide, or the consequences of attempted suicide;
- intentionally self-inflicted injuries, whether sane or insane;
- intentional inhalation of gas, or intentional ingestion of poisons or drugs;

- intentionally contracted infection by bacteria or virus;
- being under the influence of alcohol or drugs; or
- an accident whilst participating in a hazardous activity.

Addictive conditions or disorders, and alcohol, drug, and solvent abuse

You are not covered for **treatment** related to:

- addictions (such as alcohol or drug addiction) or substance abuse (such as alcohol, drug or solvent abuse);
- any illness or injury caused directly or indirectly as a result of any such abuse or addiction; or
- any illness or injury caused directly or indirectly as a result of being under the influence of any substance (such as alcohol, drugs or solvents).

Allergy testing and/or desensitisation

You are not covered for **treatment** related to:

- allergy testing by hair analysis; or
- allergy desensitisation or food neutralising injections.

Alternative treatment and therapies

You are not covered for alternative **treatments** and therapies, including, but not limited to, aqua physiotherapy, bone-setting, colonic irrigation, hydrotherapy, Intervertebral Differential Dynamics (IDD), kinesiology, naturotherapy, Ayurveda and massage therapy.

Artificial life maintenance

You are not covered for **artificial life maintenance**, other than any benefit **you** are eligible for in the *lifetime care* section of the **table of benefits**.

Birth control, sexual problems and gender reassignment

You are not covered for **treatment** directly or indirectly arising from or connected with:

- contraception or sterilisation;
- sexual problems (including impotence and decreased libido); or
- gender reassignment

Chemical exposure and contamination

You are not covered for investigations or **treatment** related to any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

Circumcision

You are not covered for **treatment** related to circumcision, unless it is required for **treatment** of an **acute medical condition** covered by **your plan**.

Commercially available substances

You are not covered for commercially available substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, moisturisers, oils, creams, or other pharmaceutical products, other than any **treatment** available to **you** under the routine maternity care and childbirth benefit in the *maternity costs* section of the **table of benefits**.

Convalescence, rehabilitation, nursing homes, and health spas or hydros

You are not covered for:

- **hospital** accommodation if the reason **you** are hospitalised is for the purpose of convalescence, **rehabilitation** or supervision;
- relaxation or rest **treatments**, or **treatments** in nature cure clinics, health spas and health hydros; or
- private beds registered as nursing homes attached to such establishments or a **hospital** where the **hospital** has effectively become **your** home or permanent abode.

Other than **treatment** **you** are eligible for under the rehabilitation **treatment** benefit.

Cosmetic surgery/treatment and the removal of healthy tissue

You are not covered for investigations or **treatment**, even when medically prescribed, that are related to:

- cosmetic or aesthetic **treatment** to enhance **your** appearance;
- the removal of healthy tissue, including fat, skin or breast tissue;
- breast enlargement or reduction;
- sclerotherapy for spider veins, **treatment** of superficial varicose veins; or
- Botox, dermal fillers, or **treatment** of vitiligo or any skin pigmentation disorder.

Other than the **treatment** **you** are eligible for under the reconstructive surgery benefit.

Criminal activity

You are not covered for **treatment** arising from or related to injuries sustained while **you** are engaged in a criminal, illegal or unlawful act.

Dietitian

You are not covered for **treatment** or advice by a dietitian or nutritionist (unless covered under **your plan** under the dietitian benefit in the *cancer treatment* section of the **table of benefits**).

Experimental drugs and treatments

You are not covered for **treatment** or medicine which in **our** reasonable opinion is experimental or unproven based on generally accepted current clinical evidence and generally accepted medical practice.

Eyesight

You are not covered for:

- LASIK eye surgery or any other surgical correction of short-sightedness (myopia), long-sightedness (hyperopia) or irregular-shaped cornea (astigmatism);

- any lens other than a standard mono-focal replacement lens as part of an eye operation, such as cataract surgery;
- spectacles, and other visual aids, treatment of strabismus (squint) or amblyopia (lazy eye); or
- sight tests (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**).

Failure to follow medical advice

You are not covered for:

- **treatment** arising from or related to **your** unreasonable failure to seek or follow medical advice and/or prescribed **treatment**, or **your** unreasonable delay in seeking or following such medical advice and/or prescribed **treatment**; or
- complications arising from ignoring such advice.

Foetal surgery

You are not covered for surgery undertaken on a child while it is in its mother's womb.

Genetic testing or genetic engineering

You are not covered for genetic testing or genetic engineering, other than **treatment** **you** are eligible for under the cancer genome tests or genetic testing for cancer benefits in the *cancer treatment* section of the **table of benefits**.

Hearing

You are not covered for:

- **treatment** for or arising from deafness caused by maturing or ageing;
- **treatment** for or arising from deafness caused by a **congenital condition** if either the abnormality was diagnosed, or **you** were showing signs or symptoms of the abnormality, before **your date of entry** (unless covered under **your plan** under the **treatment** for **congenital conditions** or hereditary conditions for newborn babies benefit in the *maternity costs* section of the **table of benefits**);
- hearing aids; or
- hearing tests (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**).

Infertility, IVF, and assisted reproduction

You are not covered for:

- testing or diagnosis related to infertility; or
- infertility **treatment**, **assisted reproduction** (e.g., IVF **treatment**), including establishing pregnancy.

Learning and educational difficulties

You are not covered for learning and educational difficulties, including, but not limited to, dyslexia and speech disorders.

Natural changes as a result of ageing

You are not covered for:

- **treatment** to relieve the symptoms commonly associated with physiological or natural changes as a result of ageing; (e.g., menopause or puberty);
- bone densitometry (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**); or

- reproductive hormone testing, reproductive hormone therapy or hormone replacement therapy (unless covered under **your plan** under the hormone replacement therapy benefit in the *outpatient treatment* section of the **table of benefits**).

Palliative care

You are not covered for **palliative care** other than cover available to you for the **palliative care** of a **terminal medical condition** in the *lifetime care* section of the **table of benefits**.

Persistent vegetative state and neurological damage

You are not covered for **treatment** received after:

- you have been in a **vegetative state** for a period of eight weeks; or
- you have sustained permanent neurological damage and remained in **hospital** for a period of eight weeks.

Except for any **treatment** you are eligible for under the *lifetime care* section of the **table of benefits**.

Physical development, learning difficulties, speech disorders, and behavioural problems

You are not covered for any consultations, tests required to diagnose or exclude a diagnosis, or **treatment** of or related to:

- developmental delays;
- learning and education difficulties, including, but not limited to, dyslexia and speech disorders;
- behavioural problems, including, but not limited to, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and Tourette's syndrome;
- physical development of any kind;
- teething; or
- bed wetting.

Pre-existing medical conditions or related conditions

The terms and conditions governing **pre-existing medical conditions** or **related conditions** depend on **your medical underwriting** type. The type of **medical underwriting** you have is stated on **your certificate of insurance**.

Full medical underwriting or CPME underwriting

You are not covered for **treatment** related to any **pre-existing medical conditions** and **related conditions** that you did not declare on **your application form**.

We rely on the information you provide us when we decide whether or not to accept **your application**, and whether or not we need to apply **special terms**. Unless we have agreed otherwise, **your policy** does not cover any **pre-existing medical condition** or **related conditions**.

Moratorium underwriting

You are not covered for **treatment** related to **pre-existing medical conditions** or **related conditions** that you knew about or for which you have experienced symptoms, sought medical advice, or received medical **treatment** in the two-year period before **your date of entry**.

Preventive surgery

You are not covered for surgery when no physical signs or symptoms are shown, or no diagnosis has been made, other than **treatment** you're eligible for under the cancer preventive **treatment** benefit in the *cancer treatment* section of the **table of benefits**.

Professional sports and motorised racing as an amateur or a professional

You are not covered for **treatment** for an illness or injury related to:

- participation in (including training for or practising for) any kind of professional sport or professional racing (by professional, we mean sport where you are being paid to participate and/or you are receiving sponsorship or other benefits as a result of your participation); or
- participation in (including training for or practising for) any kind of racing (whether amateur or professional) which involves the use of a motorised vehicle.

Scalp conditions

You are not covered for:

- **treatment** specifically related to scalp conditions, including, but not limited to, alopecia; or
- wigs (unless covered under **your plan** in the *cancer treatment* section of the **table of benefits**).

Search and/or rescue

You are not covered for:

- search and/or rescue operations, including (but not limited to) mountain rescue, rescue from ski slopes or pistes, underground rescue, or underwater rescue; or
- evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht.

Self-inflicted injuries

You are not covered for **treatment** of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

Sexually-transmitted infections

You are not covered for **treatment** related to sexually-transmitted infections including genital/anal warts.

Sleep disorders

You are not covered for **imaging tests** for or **treatment** of any sleep related disorder, including, but not limited to, insomnia, snoring and sleep apnoea.

Stem-cell harvesting

You are not covered for stem cell harvesting other than prior to a stem cell transplant, or any **treatment** undertaken in anticipation of, prior to, or following such harvesting.

Sundry medical supplies

You are not covered for non-prescribed items such as hot and cold packs and support bandages, unless these are required as a result of **treatment** received during a medical emergency.

Temporomandibular joint (TMJ) disorders

You are not covered for treatment of disorders of the Temporomandibular joint (TMJ) including any **related condition**.

Travel costs

You are not covered for travel costs including airfares and hotel accommodation (unless covered under **your plan** in the *expat benefits* section of the **table of benefits**).

Treatment by a related party

You are not covered for **treatment** provided by and/or under the control of and/or on referral from:

- any family member, including, but not limited to, a spouse, partner, parent, brother, sister, child, grand-parent, grand-child, uncle or aunt; or
- any **medical services provider, medical practitioner or specialist** where the **member** has a financial interest and/or a professional interest, including, but not limited to, employees, employers, consultants and owners.

War and terrorism

You are not covered for **treatment** arising directly or indirectly from war, foreign enemy hostility, terrorism, rebellion, civil war, revolution, military coup, riot, strike, martial law, state of siege or attempted overthrow of a government, unless **you** are an **innocent bystander**.

Weight-related conditions and eating disorders

You are not covered for investigations or **treatment** related to:

- obesity, or which is necessary because of obesity;
- weight monitoring or control, such as slimming classes, aids and drugs;
- bariatric surgery, or complications resulting from bariatric surgery; or
- eating disorders of any kind, such as anorexia nervosa or bulimia.

Wilful exposure to needless danger

You are not covered for **treatment** of any conditions arising directly or indirectly from **your** gross negligence and/or **your** wilful exposure to needless danger except in an attempt to save a human life.

If you need to make a claim

As stated in the **table of benefits**, there are certain benefits and **treatments** for which **you** must obtain pre-authorisation.

If **you** need to claim for a benefit or **treatment** for which **you** must obtain pre-authorisation, **you** must contact **us** in advance of starting **your treatment** and give **us** all the information **we** require to assess if **your** proposed **treatment** will be eligible for cover under **your plan**. If **your** proposed **treatment** is eligible for cover, **we** will pre-authorise all eligible expenses.

Eligible medical services providers

You have the freedom to choose when and where **you** receive **your medical treatment** within **your coverage zone**. Please note that **we** will only pay up to the **reasonable and customary** monetary amount which is typically charged in the country where **treatment** is being received.

If you have cover for temporary trips to the USA and you seek treatment there

All **treatment you** receive in the United States of America must be pre-authorised in advance by **us** or by the **Assistance Service**. **We** will not pay for any **treatment** in the United States of America that has not been pre-authorised.

If **we** instruct a local agent to arrange the billing or cost adjustment of **your** medical expenses in the United States of America, any fees charged by the local agent will be deducted from the USA benefit limit available under **your policy**, as stated in the *Your coverage zone* section of this **agreement**.

If you are admitted to hospital

All **inpatient** and **daypatient hospital treatment** must be pre-authorised by **us** or by the **Assistance Service**.

Please contact **us** as soon as **you** know that **you** need **inpatient** or **daypatient treatment**. **You** must let **us** know that **you** need **inpatient** or **daypatient treatment** at least 5 days in advance of **your admission**. This gives **us** sufficient time to contact the **hospital** to obtain the necessary medical information.

When **you** contact **us**, **we** will ask **you** to complete a pre-authorisation form and a consent form that permits the **hospital** to release the necessary medical information to **us**. Once **we** have received all the medical information that **we** require, both from the **hospital** and **yourself** (including any other information **we** might need), **we** will advise **you** if the proposed medical **treatment** will be covered by **your plan**.

If **you** contact **us** less than 5 days in advance of **your** admission, **we** may be unable to pre-authorise **your treatment** in time. This means **you** may have to pay for the **treatment yourself** and submit a **claim** for reimbursement to **us** later. In some instances, **we** may decline **your** reimbursement **claim** or **we** may subject **your** reimbursement **claim** to a 20% **co-insurance**.

If **you** are admitted to **hospital** in an emergency and it's not reasonably possible for **you** to contact **us** in advance of **your** admission, **we** will consider **your claim** provided that **you** contact **us** within 24 hours of **your** admission. If **you** do not contact **us**

within 24 hours, **we** may decline **your claim** or subject **your claim** to a 20% **co-insurance**.

If you do not obtain pre-authorisation for treatment that we have specified must be pre-authorised

For eligible **treatment** which has not been pre-authorised, **we** will only reimburse 80% of the eligible costs.

How to claim back your eligible treatment costs

If **you** are claiming for a medical condition, **you** will need to download a [claim form from our website](#).

Please complete Section A of the **claim** form. If the total amount of **your claim** is likely to exceed US\$500 (or the foreign currency equivalent), please take the **claim** form with **you** when **you** visit **your doctor** and ask him or her to complete and sign Section B of the **claim** form.

Scan the completed **claim** form and the fully itemised invoices and receipts for the **treatment you** have received, and send to claims@william-russell.com.

Even if **your claim** is less than US\$500 **we** may in some cases require **your doctor** to complete and sign Section B of **your** claim form before **we** can settle **your claim**.

We can only reimburse **your claim** when **we** have fully itemised invoices and receipts which give a breakdown of the **treatment** and medical services **you** have received, and any drugs **you** have been prescribed.

Please retain **your** original invoices, receipts and **claim** forms for 12 months. **We** may require these for auditing purposes.

Claim forms are not required however when **you** are claiming for the following benefits:

- If **you** are claiming for the well-being benefit or dental benefit please send **us** the fully itemised invoices and receipts for which **you** are claiming reimbursement, together with **your** bank account details.
- If **you** are claiming for the compassionate home visit benefit please send **us** a copy of the death certificate of **your close family member**, together with a copy of the invoice for **your** round-trip airfare, stating the class of travel, and **your** bank account details.

Claims for which a medical referral letter is required

If **you** are claiming for **outpatient** physiotherapy, any **treatment** by a chiropractor, **outpatient** mental health **treatment**, osteopath, chiropodist or podiatrist, a dietitian consultation or an MRI or CAT (CT) scan **you** must also send **us** **your medical referral letter**. If **you** are claiming for a PET scan, **you** must also send **us** **your specialist's medical referral letter**.

Supplying the information required to process your claim

We can accept the information required to process **your claim** via email. Simply, scan in PDF format **your** itemised invoices, receipts, **medical referral letter** (when required) and **your** fully completed **claim** form and email them all to claims@william-russell.com. Please always retain the original copies of everything for a period of 12 months as **we** reserve the right to receive these documents before **we** assess **your claim**. **We** may also require them at any time for auditing purposes. Or, **you** can send the information required to process **your claim** by post.

You must submit **your claim** within 6 months of **your treatment** date, unless it was not reasonably possible for **you** to submit the **claim** within this time. **We** will not pay any invoices received by **us** more than 12 months after the **treatment** date.

We will not pay fees charged by a **medical practitioner**, or anyone else, for completing a claim form.

Paying your claim

Where possible **we** will settle invoices for **inpatient** or **daypatient treatment** direct with the **hospital** or **medical services provider**. **We** will deduct any **excess** or **co-insurance** amount, as well as any other ineligible items, and **you** will be responsible for paying the shortfall direct to the **hospital** or **medical services provider**.

If **we** are paying **you** direct, **our** preferred method of payment is bank transfer. If **you** provide us with incorrect payment details and **we** cannot recover the payments, **we** will not make the payment again to **you**.

We will only make payment to **you** or to the **medical services provider** that provided **your treatment**. Payment will not be made for **treatment** that has not been received yet.

If **we** or the **Assistance Service** pre-authorise costs which subsequently turn out to have been related to a condition which is not covered by **your plan**, **you** will be responsible for all the costs incurred, and if **we** have made any settlement on **your** behalf, **you** will be responsible for repaying to **us** the amount **we** have paid.

Using the cashless access service

To be eligible to receive the cashless access service, **you** must have completed an application for the service and have paid any additional premium invoiced by **us**.

If **you** are eligible for the cashless access service this will be stated on **your certificate of insurance**, and **you** will be issued with a membership card which bears the letters **DB**. This card, together with photographic identification, will enable **you** to receive eligible **treatment** at **cashless access medical services providers** within **our medical network**. The **cashless access medical services provider** will bill **us** directly for **your treatment**.

If the cost of **your treatment** is greater than US\$500, the **cashless access medical services provider** will contact **us** for pre-authorisation of the **treatment**. To avoid delays, **we** recommend that **you** contact **us** in advance of **your treatment**. Once **we** have verified that the **treatment** is eligible for cover, **we** will let the **cashless access medical services provider** know.

It is important to note that the **cashless access medical services provider** is not aware of the terms and benefits provided by **your plan**. They will provide **treatment** in accordance with a separate agreement between **us** and them.

This means that, for **claims** of less than US\$500 where the **cashless access medical services provider** is not obliged to contact **us** for pre-authorisation, it is **your** responsibility to claim only for **treatment** that is eligible for cover under **your plan**.

We have an obligation to settle all bills for **treatment** received from **cashless access medical services providers** within **our medical network**, provided that they fall within the terms of the contract between **us** and them.

If **you** receive **treatment** for a medical condition that is not covered by **your plan**, the **cashless access medical services provider** will contact **you** to collect payment for the ineligible expenses **you've** claimed. **We** may remove cashless access from **your policy**, and—if **you** don't repay the ineligible expenses to the **cashless access medical services provider** within 30 days—we may not renew **your policy**.

If **you** cancel **your policy**, **you** must return **your** membership card to **us**. **We** will cancel **your** cover with effect from the date **we** receive **your** membership card. **We** can accept a photograph of a cut card.

The membership cards are **our** property and **we** can ask **you** to return the cards to **us** at any time.

We have the right to remove cashless access from **your policy** at any time within **your policy year**, at **our** discretion.

Exchange rates

We will settle **your claim** in the currency that **you** pay **your premium** (unless **you** instruct **us** to settle it in another currency **we** can support).

If the invoices for **your treatment** are in a currency different from **your policy** currency, then—using exchange rates from oanda.com—**we** will:

- calculate the amount payable in **your policy** currency;
- deduct any **excess** and/or **co-insurance**;
- apply any applicable benefit limits; then
- convert the amount payable into the currency in which **you** have asked **us** to pay **you**.

Exchange rates may fluctuate and **we** are not responsible for any losses **you** incur due to such fluctuations.

If **you** submit multiple invoices relating to the same **claim**, **we** will settle the invoices using the historic exchange rate from oanda.com for the date of the final invoice.

If **your treatment** spans two **policy years**, **we** will settle invoices for **treatment** received during **your** previous **policy year** at the historic exchange rate for the date of the final invoice of that **policy year**. **We** will settle subsequent invoices at the historic exchange rate for the date of the final invoice of the next **policy year**.

Excesses, co-insurance, and benefit limits

The **excess** shown on **your certificate of insurance** is the amount each **member** will have to pay towards the cost of their **treatment**.

If **your policy** has an **excess** and the benefit **you** are claiming for has **co-insurance** or limits, **we** will apply the **co-insurance** first, then the **excess**, then the limit.

If **your policy** has an **excess** per **claim**, this is the amount **you** will have to pay in respect of each course of **treatment** **you** receive for each specific illness or injury. When **you** renew **your policy**, the **excess** applies again. If **you** later start a new course

of **treatment** for the same illness or injury, **we** will treat course of **treatment** as a new **claim** and the **excess** will apply again.

If **your claim** is in respect of the well-being benefits, **your excess** will be applied once per **policy year**.

If **your excess** is per annum it will be applied once per **policy year**. For example, if **your excess** is US\$500 per annum, **we** will not pay for the first US\$500 of eligible expenses **you** incur during **your policy year**. **We** will apply one **excess** per **policy year** irrespective of the number of **claims** **you** make.

You must submit all eligible **claims** to **us** - even **claims** within **your** annual **excess**, as **we** will only be able to reimburse **you** when the value of the eligible expenses **you** incur exceeds the amount of **your** annual **excess**. When **you** renew **your policy**, the annual **excess** will apply again in respect of **your** new **policy year**.

Our right to request additional information

We may request additional medical information to enable **us** to assess **your claim**, such as medical reports or tests. These must be provided at **your** own expense. **We** may also request an independent medical examination. If **you** do not agree to supply **us** with additional medical information that **we** reasonably request, **we** will not be able to assess **your claim**.

If **you** require ongoing **treatment** **we** may ask for further medical information, and if **we** do, the cost of providing this information must be borne by **you**. **We** are unable to return original documents such as invoices or medical letters, but **we** will send **you** copies upon request.

Our right to request a treatment review

We will not pay for **treatment** which in **our** opinion is inappropriate based on established medical and clinical practice and **we** are entitled to conduct a review of **your treatment** when it is reasonable for **us** to do so.

Illness or injury caused by a third party

If **you** are claiming for an illness or injury that was caused by some other person or organisation (i.e., a third party) **you** must let **us** know in writing straight away, or tell **us** on **your claim** form. **We** will then pay benefit in accordance with the terms of this **agreement** provided that **you** take all necessary steps **we** ask **you** to take to assist **us** in recovering **our** costs from the person or organisation at fault (or their insurance company), the cost of the **treatment** paid for by **us**, plus interest, at **your** own expense.

If **you** pursue a personal **claim** for damages against the third party, **you** must provide **us** with the full name and address of the solicitor handling the action. **We** will then contact the solicitor to register **our** interest and seek to recover **our** own costs, plus interest, in addition to any damages that **you** may recover or be awarded. **We** reserve the right to appoint **our** own solicitor to act on **your** behalf in this matter and to take over the conduct of the action.

If **you**, or any **member**, are able to recover from the third party (whether or not through legal action) compensation that includes any **treatment** costs **we** have paid, **you** must repay that amount to **us**. Any interest that **you** or any **member** may also have been awarded that relates to the recovered **treatment** costs **we** have paid for must also be repaid to **us**. If **you** only receive a proportion of **your claim** for damages then **you** must repay to **us** the same proportion of **our** costs.

If you are covered by another insurance policy

If **you** have any other insurance that covers the same costs as **we** do, **we** will only pay **our** proportionate share of the **claim**. In this event, **you** must provide **us** with full details of the other insurance, including the name and address of the other insurer, their **policy** and **claim** number and any other relevant information, when **you** first submit **your claim**. **We** will then contact the other insurance company to ensure that **we** only pay **our** portion of the claim **claim**. This may involve **us** sending **your** personal information regarding **your claim** to the other insurer.

We will also allow sums paid by another insurer to be offset against the **excess** payable under **your policy** with **us**, subject to receiving confirmation from the other insurer of any amounts already paid by them, and subject to the **treatment** costs being eligible for cover under **your policy** with **us**.

Making a claim under the accidental death benefit

If a **member** has a Gold **plan** and they die as a result of an accident, **you** must let **us** know about their death. **You** must also provide the following documentation as soon as possible:

- An official death certificate confirming the cause of death and stating the date of death
- A medical or official certificate stating the cause and circumstances of death, and all other reports including police reports, ambulance reports and the reports of any eyewitnesses and such other documents as **we** may reasonably require to establish the cause of death and the circumstances of the death
- Any other medical reports or proof that **we** may reasonably require to enable **us** to assess the **claim**
- Identification for any beneficiaries showing date of birth, proof of life, proof of address and full bank details

If **you** are the only **member** on **your policy**, **your** next of kin can get in touch with **us**. We'll need **your policy** number from **your** next of kin, plus the above documentation.

Receiving treatment in a private hospital room if you have the semi-private hospital room option

If **you** receive **inpatient** or **daypatient** **treatment** in a private room, but **you** have selected the semi-private **hospital** room option for **your plan**, **we** will apply a 20% **co-insurance** to **your** accommodation costs.

Other information about your policy

Policy premiums

Your premiums are age-related and will increase as you get older. The premiums are not guaranteed for the duration of your policy and are subject to annual review. The premiums are also dependent upon your country of residence. You must tell us if your country of residence changes.

All premiums are payable in advance of the premium due date as shown on your invoice. Premiums must be paid in the policy currency.

You may pay your premiums by the following method:

- annually by cheque or direct debit from a UK bank account, bank transfer, or an acceptable credit or debit card
- half-yearly, quarterly, or monthly by an acceptable credit or debit card, or by direct debit from a UK bank account

We can only accept direct debit payments if you have a sterling policy.

If you pay your premiums by direct debit, we will require your original, signed direct debit mandate before we can start your policy.

If insurance premium tax or any similar charge is levied by the government in your country of residence, you must also pay to us the amount of such tax.

Premiums must be paid directly to us. If you pay your premiums to anyone else such as an intermediary or insurance broker, then that person is acting on your behalf as your agent. We are not responsible for any premiums paid to any third party.

When you provide us with your credit or debit card details or direct debit mandate you are authorising us to debit your account with the appropriate premiums due for the current policy year and for all subsequent renewal premiums due as invoiced by us, until such time as you advise us in writing that you wish to alter your payment method or cancel your policy. It is your responsibility to keep us informed about your current credit or debit card details. Provided the details we hold for you are still valid, we will automatically debit your account with your renewal premium on or before your renewal date.

Unpaid or late premiums

You must contact us as soon as you become aware that you may not be able to pay your premium. We may automatically cancel your cover if you fail to pay your premium on or before the premium due date, or if we are unable to collect your premium from your credit or debit card, or by direct debit for any reason.

We may allow your cover to continue without you having to complete a new application form and health declaration if you pay the outstanding premium within 30 days of the premium due date. During this 30-day period we will not accept any claims for treatment incurred on or after the premium due date until you have paid the premium due. This also applies to treatment that we have already pre-authorised.

If you do not pay your premium within 30 days of the premium

due date, we will cancel your policy from midnight on the day before your premium due date. Once we have cancelled your policy, you will have to complete a new application form which will be subject to medical underwriting.

Enhancing your cover

You may apply to enhance your cover at any time by completing a new application form, and the enhanced cover will be subject to medical underwriting.

If we accept your application for enhanced cover, we will issue an invoice for the increased premium. Your enhanced cover will start from the date we receive your premium, provided it is received within 30 days of the date of your application.

If you enhance your plan, claims in respect of benefits that are subject to a waiting period will be assessed in accordance with your former plan until the expiry of your new plan's waiting period for that benefit. For example, if you are covered by the Silver plan, and you enhance your plan to the Gold plan, any benefit payable in respect of the well-being benefits section will be restricted to the Silver plan benefit limit for the first 6 months of your Gold plan.

If you apply to reduce your excess, we will continue to apply your previous excess to any claim for any condition that first manifested itself after your original date of entry to your previous plan, but before the date your excess is reduced.

If we accept your application for enhanced cover, all conditions that existed prior to the date on which your cover is enhanced will be restricted to the level of cover that you held immediately prior to that date (even if you have in the past held a higher level of cover).

Reducing your cover

If you wish to reduce the cover under your policy in any way, you must tell us in writing and we will make the change from your next renewal date only.

We may refuse any request to change your excess to a per annum basis.

If you wish to cancel the optional Dental Basic, Dental Plus or Medevac Plus benefits, they will be cancelled for all members on your policy.

Changing your policy currency

Once cover under your policy has started, you cannot change your policy currency.

However you can cancel your policy and apply for a new policy. You will have to complete a new application form which will be subject to medical underwriting.

Adding dependants to your policy

You may apply for cover on behalf of your spouse or partner, provided they are under 76 years of age on their date of entry.

You may also apply for cover for your eligible dependant

children provided they are under 18 years old, or under 25 years old if they are in continuous full-time education. **We** reserve the right to request proof of a child being in full-time education.

We will not start cover for a new **eligible dependant** until **we** have accepted their **application** and **we** have received payment of their **premium**.

Adding newborns to your policy

You may add **your** newborn to **your** **policy**, without any **medical underwriting**, and their **date of entry** can be backdated to birth, provided:

- **you** notify **us** of their full name and date of birth
- **you** pay the additional **premium** required, within 30 days of their date of birth
- **you** have been insured with **us** for a continuous period of twelve months or more at the date of birth

The newborn's cover will be restricted to the cover provided by **your** **plan**.

A new **application** and **medical underwriting** will be required if:

- **you** do not pay the additional **premium** within 30 days of their date of birth
- **you** have not been insured with **us** for a continuous period of twelve months or more at the date of birth
- **your** newborns has been born as a result of **assisted reproduction treatment** and born within 36 weeks of conception
- **you** apply for increased cover for **your** child

For all newborns **you** wish to add to **your** **policy**, **we** will require a copy of the newborn's birth certificate.

Adding a baby born by surrogacy, or adding an adopted/fostered child, to your policy

If **you** apply to add to **your** **policy** a baby born by surrogacy, or a child **you** have adopted or fostered, **we** will only consider their application once **you** have completed all legalities. **We** will need to see all relevant legal documents alongside a completed **application form**. The child must also reside with **you**, in the **country of residence** of the **policyholder** (as stated on the **certificate of insurance**).

We subject all such applications to full **medical underwriting**, and their cover will only start once **we** have received the additional **premium** following **our** acceptance of the application. For children under 3 months old, **we** require a copy of their hospital birth discharge report.

In the event of the death of a member

If **you** (the **policyholder**) die, provided no **claim** has been made on **your** **policy**, **we** will refund any **unused premium** from **your** date of death.

If **you** (the **policyholder**) have **eligible dependants** insured under **your** **policy**, as the contract is between **us** and **you** as the **policyholder**, **we** will have to transfer **your** **eligible dependants** on to their own **policy**.

To enable **us** to do this **we** will require a new **application form** which must be completed and returned to **us** within 30 days of **your** date of death. Provided **we** receive the new **application form**, and provided **premiums** continue to be paid up to date,

we will continue their cover as before.

If **your** **eligible dependants** want to continue with cover that is increased in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

If **your** **eligible dependants** are under the age of 18, their legal guardian will have to sign the **application form** as the **policyholder** on their behalf.

If an insured **eligible dependant** dies, please inform **us** as soon as possible. If they have made no **claim** on their **policy**, any **unused premium** from their date of death will be refunded. However if the deceased **member** had made a **claim**, no **premium** refund will be made.

Divorce and separation

If **you** (the **policyholder**) have **your** spouse or partner included under **your** **policy** and **you** become separated or divorced, **we** will have to transfer **your** insured spouse or partner on to their own **policy**. To enable **us** to do this **we** will require **your** spouse or partner to complete a new **application form** which must be completed and returned to **us** within 30 days of **your** date of divorce or separation.

Provided **we** receive the new **application form**, and provided **premiums** continue to be paid up to date, **we** will continue to cover **your** insured ex-spouse or partner as before. If **your** ex-spouse or partner wants to continue with cover that is increased in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

When a child dependant is no longer eligible to be covered under your policy

If one of **your** children has married, or has reached the age of 18 (or the age of 25 if they are in full time education) they will no longer be eligible to be included in **your** **policy** from the **renewal date** following their marriage/birthday.

However, **your** child may apply to continue their cover on their own **policy**, at the applicable adult **premium** rate, provided they send **us** their completed **application form** and **we** receive the appropriate **premium** within 30 days of **your** **renewal date**.

If they want to continue with cover that is increased in any way in comparison to their previous cover, they will have to complete a new **application form** and any enhancement in their cover will be subject to **medical underwriting**.

If **we** do not receive **your** child's **application form** and **premium** within 30 days of **your** **renewal date**, their cover will automatically cease from midnight on the day before **your** **renewal date**. If they subsequently wish to apply for cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

Changing your address, country of residence or country of nationality

You must inform **us** if **you** change **your** address and provide **us** with the new details.

If **you** change **your** **country of residence** or **you** change **your** **country of nationality**, **you** must tell **us** straight away.

If **you** have the Zone 2, 3, 4 or 5 **coverage zone** and **you** move

to a country where cover is restricted, **you** must apply to change **your coverage zone** to another Zone. **Your** application will be subject to **medical underwriting**.

If **you** return to **your country of nationality**, **you** may continue to renew **your policy** provided that the local laws in **your country of nationality** permit **us** to offer **you** cover, and provided that **we** agree to offer cover in that country. **We** reserve the right to refuse to offer cover in certain countries.

If the UK is no longer your country of residence

Under the terms of this **agreement** cover is not available to **you**. If the UK is no longer the **policyholder's country of residence** **you** must tell **us**. **Your** cover will automatically terminate from the renewal date after the **policyholder** takes up residence outside of the UK.

We may be able to offer **you** continuation of cover under another William Russell **policy** if the UK is no longer the **policyholder's country of residence**.

If the USA, Ireland, or Switzerland is or becomes your country of residence

Under the terms of this **agreement**, insurance cover is not available to **you** if the United States of America, Ireland, or Switzerland is or becomes **your country of residence**, irrespective of **your** nationality. If the United States of America, Ireland, or Switzerland becomes **your country of residence** **you** must tell **us**. **Your** cover will automatically terminate from the renewal date after **you** take up residence in the United States of America, Ireland, or Switzerland.

Sanctions restrictions

We will not provide insurance cover or pay any **claims** under **your policy** if the laws of any relevant jurisdiction (including France, the UK, and the European Union), the resolutions, trade sanctions, and economic sanctions of the United Nations, or other sanctions under international law prevent or restrict **us** from doing so.

We will not provide **you** with any services or insurance cover including (but not limited to) acceptance of **premium** payments, **claim** payments, and other reimbursements if, in doing so, **we** would violate any applicable laws, regulations, codes, or court orders, or **we** are (or will be) otherwise sanctioned, prevented, or restricted.

We may cancel **your policy** if **we** consider **you** a sanctioned person, or if **you** conduct an activity that is sanctioned according to trade or economic laws and regulations.

Renewing your policy

You may continue to renew **your policy** each year regardless of **your** age or state of health, or the number or value of **claims** **you** have made. **We** will not cancel **your policy** unless **we** are entitled to do so under **our** cancellation policy.

If **you** regularly have **your treatment** in a country which is not **your** declared **country of residence**, **we** reserve the right to use the country where **you** regularly have **your treatment** as **your country of residence** when **we** calculate **your renewal premium**.

Prior to **your policy renewal date** **we** will send **you** an invoice by email stating **your premiums** for **your new policy year**.

Your premium for each new **policy year** will be determined by the following:

- **your** age at the start of **your new policy year**
- the ages of **your eligible dependants** at the start of their new **policy year**
- the number of eligible children **you** insure
- **your plan**
- **your coverage zone**
- **your excess** amount
- **your country of residence**

Other factors may affect **your** renewal **premiums**, such as general changes **we** make to **our premiums** annually, and changes to the discounts and loadings **we** apply to **excesses**, to the child **premium** discounts, and to the surcharge for instalment **premiums**.

We may also change the methods of payment **we** offer.

Your premiums may also be affected by the introduction of or increase to insurance **premium** tax or other tax, levy or charge applicable in **your country of residence**.

We may also change the benefits offered by **your plan** and/or **your excess** amount. If **we** do, **we** will write to **you** before **your renewal date** to confirm these benefit changes and/or change in **excess** amount. Any changes **we** make to **your** benefits or **excess** amount will come into effect from the **renewal date** of **your policy**.

From time to time, **we** may decide to discontinue the **plan** **you** are insured on and/or change the **excesses** available. If this happens, **we** will transfer **your** membership to a similar **plan**.

Paying your renewal premium

You must pay **your** renewal **premium** on or before the **premium due date**.

If **you** pay **your premium** by credit or debit card or by direct debit, unless **you** tell **us** not to, and provided **your** credit or debit card details are current, **we** will withdraw **your** renewal **premium** on or around its due date.

You must contact **us** as soon as **you** become aware that **you** may not be able to pay **your** renewal **premium**. **We** will discuss the options available to **you**. If **you** do not pay **your** renewal **premium** within 30 days of the **premium due date**, **we** may cancel **your** policy from midnight on the day before **your premium due date**.

We may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **you** pay the outstanding **premium** within 30 days of the **premium due date**. During this 30-day period **we** will not accept any **claims** for **treatment** incurred on or after the **premium due date** until **you** have paid the **premium** due. This also applies to **treatment** that **we** have already pre-authorised.

If **you** do not wish to renew **your policy** **you** must inform **us** in writing as soon as **you** receive **your** renewal **premium** invoice and prior to **your renewal date**.

Discounts for children

When **you** have **eligible dependant** children included on **your** (the **policyholder's**) **policy**, **we** apply the following discounts:

- the discount for the oldest child insured on **your policy** is 0%
- the discount for each additional child insured on **your policy** is 5%

If **you** oldest child leaves **your policy**, **we** will recalculate the **premiums** for the remaining children with effect from the date on which the child leaves. This means that the **premium you** pay will always be based on the actual number of children **you** insure.

Child-only policies

A **premium** loading applies when **you**, as the **policyholder**, are not a **member**. In such cases, each child's **premium** will be increased by 20%.

No-claim incentive, (applicable only to members whose date of entry was prior to 01 January 2007 and who qualify for the no-claim incentive at their renewal date in 2023)

If **you** are eligible for the no-**claim** incentive, it will be stated on **your certificate of insurance** together with the applicable terms & conditions.

Cancelling your policy

If **you** wish to cancel **your policy**, or if **you** want to cancel cover for one of **your dependants**, **you** must instruct **us** in writing by letter or email. **We** will cancel cover from the date we receive **your** written instructions, or from a date in the future that **you** have specified. **We** will not cancel cover from a date prior to **us** receiving **your** written instruction to cancel.

If **you** are eligible for cashless access services, **we** will cancel **your** cover from the date on which **we** receive **your** returned membership card.

We will only make a refund in respect of **unused premium** if no claim has been made during the **policy year**. If a claim has been made by any **member**, no **unused premium** will be refunded in respect of that **member**.

When we can cancel your policy

We have the right to cancel **your policy** immediately if:

- **you** do not pay **your premium** and other charges such as insurance **premium** tax within 30 days of any **premium due date**;
- **you** have not provided **us** with medical information **we** have requested to enable **us** to assess a **claim** or any potential **claim** that may arise in the future;
- **you** have not repaid to **us** fully any ineligible **claim** payments **we** have invoiced **you** with;
- **you**, any **member** or any person acting on **your** behalf has made any threatening or abusive comment, or used any unacceptable language towards **us** or any member of **our** staff, or any service provider acting on **our** behalf, whether verbally (including any telephone conversation) or in writing (including any electronic communication); or
- **we** reasonably suspect that any **member** has misled **us** or attempted to mislead **us**, whether intentionally or carelessly, either at the time of joining or when making a **claim**, by:
 - making a **claim** under this **policy** knowing it to be dishonest, intentionally exaggerated or fraudulent in any way;
 - providing **us** with incomplete or false information;
 - working with another party to provide false information to **us**; or
 - changing original documents.

If **we** cancel **your policy** for any of the above reasons **we**:

- will not refund any **premium you** have paid to **us**;
- may also report the matter to the relevant authorities, if appropriate; or
- reserve the right to recover from **you** the costs of any fraudulent **claims we** have paid.

We have the right to cancel **your policy** from **your renewal date** if you move to a country where **we** are unable to offer continued cover due to compliance, and/or legal reasons.

When we may apply special terms to your policy

We have the right to apply **special terms** to **your policy** if you give **us** inaccurate or incomplete information. Such **special terms** will be applied from **your date of entry**.

Your responsibilities as the policyholder

It is **your** responsibility to:

- ensure that all **premiums** are paid when they are due
- inform **us** if **your** personal details, or the personal details of any **member**, change
- keep **us** advised of **your** current email address
- inform **us** if **you** change **your** address, **country of residency** or **country of nationality**

Our liability under this policy

Our liability under this **policy** is limited to paying for **treatment** or services in respect of eligible **claims** under this **policy**. The choice of provider of the **treatment** or services for which **you** are claiming under this **policy** is **your** responsibility. **We** make no representations or recommendations regarding the availability and standard of any **treatment** or services offered or provided by any **hospital** or **medical services provider**. **We** will not be held liable to **you** or any **member** for any loss, harm or damage of any description resulting from lack of availability or from a defect in the quality of any **treatment** or service offered or provided by any **hospital** or **medical services provider**. This **policy** represents the whole and only **agreement** between **you** and the **insurer** relating to the provision of private medical insurance.

How to make a complaint

At William Russell, each one of **our** customers is important to **us**. **We** believe that **you** have the right to professional customer service of the highest quality at all times. If you think **we** have fallen short of this standard, please follow the procedures outlined below.

If **you** are not happy with the service **you** have received, **you** may write to **us** at any time at the following address:

William Russell Ltd

William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK

Phone +44 1276 486 455

Email contact@william-russell.com

We will acknowledge receipt of **your** complaint within 2 working days. **We** will investigate **your** complaint and send a response to **you** within 4 weeks of the receipt of your complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** advising **you** of when **we** will be able to respond. **We** will endeavour to send a final response to **you** within 8 weeks of the receipt of **your** complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** again explaining why and advising **you** of when **you** may expect a final response.

William Russell Ltd acts on behalf of the **insurer** of **your** policy in respect of policy administration and **claims** handling. If **your** complaint relates to a decision **we** have made on behalf of **our insurer** (e.g., a decision regarding a **claim** you have made), **you** can write to the **insurer** at any stage in the process.

The Customer Services Manager

Allianz Global Assistance
102 George Street
Croydon, Surrey
CR9 6HD
United Kingdom

Email customersupport@allianz-assistance.co.uk

If **you** have not received a response from **us** within 8 weeks of **our** receipt of **your** initial complaint, or **you** are dissatisfied with the final response **you** have received from **us**, **you** may write to the UK Financial Ombudsman Service.

The Financial Ombudsman Service (FOS)

Exchange Tower
London E14 9SR

Phone +44 800 023 4 567

Fax +44 020 7964 1001

Email complaint.info@financial-ombudsman.org.uk

Web financial-ombudsman.org.uk

Applicable law

This **insurance** is subject to English law and the exclusive jurisdiction of the courts of England and Wales.

How we process your data

Your policy is underwritten by AWP P&C SA UK and administered by William Russell Ltd. What follows here is a summary of the [William Russell privacy policy](#) and the [AWP privacy policy](#).

The following information refers to **your** personal data and the personal data of all other **members** on **your policy**. Please ensure that all **members** on **your policy** read the information in this section and the information on the privacy policies linked above.

The personal data we collect

We collect data about **you** and other **members** on **your policy** from **you**, from other **members** on **your policy**, **your medical practitioners**, **your** insurance adviser (if **you** have appointed one), and other third parties involved in arranging and administering **your policy**.

We collect data as part of **your application** and in correspondence with **you** by phone, email, post, or other means of communication. This data may include sensitive medical data such as details of **your** physical health, mental health, and well-being.

Failing to provide the personal data we require in order to underwrite and administer **your policy**, or to process **your claims**, could result in **us** rejecting or not fully paying **your claims**, or **us** cancelling **your policy**.

How we use your personal data

We will only collect data that is necessary to provide **you** with the services we offer. These include:

- Underwriting and administration of **your policy**
- Processing **claims**
- Our business processes, such as auditing, business planning, and accounting
- Compliance with legal and regulatory obligations
- Research or statistical analysis to help **us** improve **our** services
- Communicating with **you**

We only use **your** personal data in ways the law permits **us**. Where the use of **your** personal data relies on **your** consent, **you** can withdraw **your** consent. But if **you** do, we may not be able to process **your claims** or manage **your policy** properly.

Who we may share data with

We may disclose **your** personal data to selected third parties for the purposes listed above, including:

- Our providers of payment services
- Organisations (such as regulatory authorities) with which we have a duty to disclose or share **your** personal data to comply with **our** legal obligations
- Providers of research, marketing, and analysis services
- The **insurers** or reinsurers of **your policy**
- Our emergency **Assistance Service** providers

- **Your** insurance adviser (if **you** have appointed one)

Your personal data may be disclosed to other parties (such as other insurance companies) with a view to preventing fraudulent or improper **claims**. We never sell, rent or share unlawfully **your** personal data to third parties.

Processing claims

In the event of a **claim**, we may have to share **your** personal data to those involved in **your treatment** or care, or to **your** representative (if **you** have appointed one). This will be done confidentially.

Unless specifically instructed, correspondence about all **claims** (including those made by other **members** on **your policy**) will be addressed to the **policyholder**. An insured dependant over the age of 16 has the right to confidentiality in relation to their **claims** and personal data. For them to exercise this right, they should contact **our** policy services team.

If **you** have another insurance policy that covers the same costs that **you** are claiming from **us**, then we may also disclose **your** relevant personal data to the other insurer so we can ensure that we only pay **our** portion of the **claim** costs.

How we keep, store, and dispose of your personal data

We hold **your** personal data in various forms, including electronic databases, computerised files, and paper files. Personal data may be held for a period after **your policy** ends with a view to preventing or detecting fraud, or as we are required to under Belgian, French, or UK law. When we dispose of **your** personal data, we will do so securely. We may continue to keep non-personally identifiable data for the purposes of research and statistical analysis to improve the services we offer.

Where we store your personal data

The personal data we collect from **you** may be transferred to and stored at a destination outside the European Economic Area (EEA). It may also be processed by staff operating outside of the EEA who work for **us** or for one of **our** suppliers. By submitting **your** personal data, **you** agree to this transfer, storing, and processing. We will take all steps necessary to ensure that **your** personal data are treated securely and in accordance with the information in this section.

Marketing

You have the right to ask **us** not to process **your** personal data for marketing purposes. We will always seek **your** explicit consent before collecting **your** personal data for marketing purposes. **You** can withdraw **your** consent for **us** to use **your** personal data in this way at anytime by emailing **us** at marketing@william-russell.com.

Obtaining a copy of the information we hold about you

You have a right to request a copy of the personal data we hold about you. You also have a right to restrict or object to how we use your personal data, or to request that any inaccurate data be corrected. To exercise any of these rights, please contact:

Data Protection Officer

William Russell Ltd
William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK

Phone +44 1276 486 455

Email contact@william-russell.com

Where personal data has been supplied by a **medical practitioner**, you should be aware that we need their consent before we can supply this to you. Alternatively, you can request such personal data directly from the **medical practitioner**.

If you believe we are not processing your personal data in accordance with the law, you can complain to the UK Information Commissioner's Office.

You can view our full privacy policy at william-russell.com/privacy.

Definitions

This section explains what **we** mean by certain emboldened words and phrases bolded in this **agreement**.

Accident

A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place independently of all other causes, which results directly, immediately and solely in physical bodily injury which results in a loss. In no event shall the contracting of any disease and/or illness (including, but not limited to, heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an **accident**. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an **accident**.

Acute medical condition

A disease, injury or illness 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 injury, or which leads to **your** full recovery.

Advanced imaging

Diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET).

Africa

Algeria, Angola, Ascension Island, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Republic of the Congo, Reunion, Rwanda, Saint Helena, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia and Zimbabwe.

Agreement

The contents of this document, read in conjunction with **your** completed and signed **application form** and **your certificate of insurance**. Together, these items make up **your** contract of insurance with **us**.

Application or application form

The **application form** **you** have completed and signed on behalf of **yourself** and on behalf of any **eligible dependants** for whom cover is requested. Please note that on some occasions an alternative form such as a health declaration or an upgrade form may be required to be completed instead of a full **application form**. We will advise **you** when this is the case. The alternative form will then be classed as the **application** or **application form** for the purpose of this **agreement**. Information on previously completed **application forms**, if applicable, may also be used by **us** for underwriting and **claims** assessment reasons.

Artificial life maintenance

When **you** require medical equipment that assists or replaces important bodily functions, including mechanical ventilation, percutaneous endoscopic gastronomy (PEG), and nasal feeding.

Assistance Service

The emergency assistance company contracted by **us** to provide assistance services to a **member** at the time of a **claim**. The contact details for the **Assistance Service** can be found at the beginning of this **agreement**.

Assisted reproduction

The use of medical techniques, including, but not limited to, in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI), gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction, received during the 3-month period prior to conception.

Caribbean countries and islands

All countries in the Caribbean region: Anguilla, Antigua and Barbuda, Aruba, Barbados, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Monserrat, Netherlands Antilles, Saint Barthelemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, and the US Virgin Islands.

Cashless access medical services provider

A **hospital**, **outpatient** clinic or **doctor** with whom **we** hold a current cashless access agreement.

Certificate of insurance

The confirmation of **your** insurance cover issued by **us**. It confirms the **plan** **you** have bought, the currency **you** selected, **your coverage zone**, **policy year**, **date of entry**, **renewal date**, **excess** amount, **special terms**, **your country of residence**, **your country of nationality**, and the schedule of **members**. The schedule of **members** lists the **members** insured by **us** under **your agreement** with **us**. If there are any changes to the details on **your certificate of insurance** we will issue **you** with a new one confirming the changes.

Chronic condition

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- **you** need to be rehabilitated or specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

Claim

A course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy, or the use of a benefit in the *Expat benefits* section of the **table of benefits**.

Close family member

Your spouse, civil or co-habiting **partner**, parent, brother, sister, child or grandchild.

Co-insurance

A contribution that **you** must make towards the eligible costs of **your claim**.

Complications of pregnancy

Treatment received for a medical condition which arises because of the antenatal or postnatal stages of pregnancy.

Congenital condition

Whether hereditary or not, any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy, or caused during childbirth.

Country of nationality

Your country of origin, for which **you** hold a passport. If **you** hold more than one passport **your country of nationality** will be the country **you** have declared on **your application form**.

Country of residence

The country in which **you** are habitually resident, as specified on **your application form** or subsequently advised to **us** in writing. **Your country of residence** is a factor when **we** calculate the **premium you** pay for **your** cover. If **you** regularly have **your treatment** in a country which is not **your** declared **country of residence**, **we** reserve the right to use the country where **you** regularly have **your treatment** as **your country of residence** when **we** calculate **your renewal premium**.

Coverage zone

The territorial limits of **your policy**.

Date of entry

The date on which cover for **you**, and each of **your** dependants, first started. **Your date of entry** is as stated on **your certificate of insurance**.

Daypatient

A patient admitted to a **hospital** or **daypatient** unit for a medical procedure which for medical reasons could not have been performed on an **outpatient** basis and which requires them to occupy a **hospital** bed for a period of medically supervised recovery, but it is not **medically necessary** for them to occupy a bed overnight.

Dental treatment

Dental procedures undertaken by **your dental practitioner** which are clinically necessary for the maintenance and/or restoration of oral health, and are provided in accordance with accepted standards of dental practice.

Dentist or dental practitioner

A qualified person legally carrying out this profession in the country in which he or she is located.

Doctor

A doctor who is legally qualified in medical practice following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation) to provide medical **treatment** and who is licensed to practise medicine in the country where the **treatment** is received.

Eligible dependants

Your spouse or partner, provided they are under age 76 at their **date of entry**, and **your** unmarried children (i.e., **your** son, daughter, step-son, step-daughter, adopted children and children subject to legal guardianship) provided the unmarried children are aged less than 18 years old, or less than 25 years old if in continuous full-time education. If a child is adopted or the subject of legal guardianship **we** may require proof. **We** may also require proof of a dependant child being in full time education.

Emergency caesarean section

A caesarean section, which must take place immediately and cannot be planned.

Emergency treatment

Essential **treatment**, covered by **your plan**, that is immediately required if **you** suffer an **accident** or a sudden and unforeseen illness **you** have never suffered from before, which is not a **pre-existing medical condition**, or a **related condition**, or a condition for which **you** have a **personal medical exclusion**.

Excess

The amount stated as the **excess** in **your certificate of insurance**, being the amount **you** must contribute to each **claim**.

Experimental drugs and treatments

Any **treatment** that independent, randomised clinical trials have not—in reputable, peer-reviewed studies in medical/scientific journals—established as having clear benefits over existing, conventional **treatments**.

Hospital

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

Imaging tests

Investigations, such as x-rays or blood tests to diagnose the cause of **your** symptoms.

Indian Subcontinent

Bangladesh, India, Pakistan and Sri Lanka

Innocent bystander

Someone who is not involved with, participating in or reporting on war, 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, or actively participating in operations countering any such activities.

Inpatient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer for medical reasons.

Insurer

The insurance company that provides the insurance cover for **your policy**. The **insurer** is Allianz (AWP P&C SA UK).

Life-threatening condition

A critical medical condition covered by **your plan**, which in the opinion of the **Assistance Service** constitutes a life-threatening situation which requires immediate **inpatient treatment**.

London area

Any address in the United Kingdom within the E, EC, N, NW, SE, SW, W or WC postcode areas.

Medically necessary

Treatment that is **medically necessary** and appropriate. The **treatment** must be:

- essential to diagnose or treat a patient's condition, illness or injury;
- consistent with the patient's symptoms, diagnosis or **treatment** of the underlying condition;
- in accordance with generally accepted medical practice and professional standards of medical care at the time;
- required for reasons other than the comfort or convenience of the patient or his or her physician
- proven and been demonstrated to have medical value, with international medical and scientific evidence of the effectiveness and safety of the **treatment**;
- considered to be the most appropriate type and level of **treatment** taking patient safety and cost effectiveness into consideration;
- provided at an appropriate facility, in an appropriate setting, and at an appropriate level of care for the **treatment** of the patient's medical condition;
- provided only for an appropriate duration of time.

Medical practitioner

A person who has full registration under the Medical Acts of the country where they practice and who specialises in nursing, homeopathy, acupuncture, orthopaedic medicine, traditional Chinese medicine, osteopathy, chiropractic, chiropody, podiatry or physiotherapy **treatment**, and to whom **you** have been referred by a **doctor**.

Medical referral letter

A letter from **your doctor** or **specialist** which refers **you** to another **medical practitioner** for **treatment** covered by **your plan**. **We** will only pay for **treatment** when the start date of **your treatment** is within 3 months of the date of **your medical referral letter**.

Medical services provider(s)

A **hospital**, **outpatient clinic**, **medical practitioner**, **dental**

practitioner, **optician** or **pharmacy**.

Medical underwriting

The process of **you** providing and **us** assessing the health and medical information **we** ask for to decide the terms under which **we** will accept **your application** for cover, or for increased cover. Based on the information **you** give **us**, **we** may decide to place **special terms** on **your** cover, such as **personal medical exclusions**, or **we** may decide not to offer **you** cover.

Member

You and any **eligible dependants** specified in **your certificate of insurance** as being included on the **policy**.

Outpatient

A patient who attends a **hospital** consulting room, emergency room or **outpatient** clinic, when it is not **medically necessary** for them to be admitted as a **daypatient** or an **inpatient**.

Outpatient surgical procedure

An **outpatient** procedure where one or more of the following is **medically necessary**:

- general or local anaesthesia or intravenous sedation
- manipulation or relocation of a fractured bone or dislocated joint by a **doctor**
- invasive surgical procedures
- invasive diagnostic procedures involving venous cannulation
- the use of endoscopic equipment

Palliative care

The care that takes place when all other active modalities of **treatment** for **your** medical condition have been withdrawn, and **treatment** is not longer aimed at curing **your** condition. The aim of such care is to prevent and relieve suffering through the correct assessment and **treatment** of pain and other problems, whether physical, psychosocial, or spiritual.

Personal medical exclusions

A restriction on **your** cover that is stated on **your certificate of insurance** and specifically excludes **treatment** of a certain medical condition or conditions and any **related conditions**.

Plan

The **Bronze plan**, **SilverLite plan**, **Silver plan**, or **Gold plan** on which **you** and **your eligible dependants** are covered.

Planned caesarean section

A caesarean section which has been scheduled to take place more than 24 hours in advance, whether this be for medical or elective reasons.

Policy

The insurance cover **you** and **your eligible dependants** derive from **your** contract of insurance with **us**. **We** set out the terms and conditions of **your** insurance cover in this **agreement**.

Policy year

A period of 12 months from **your date of entry** or from any

subsequent **renewal date**. Your **policy year** is as shown on your **certificate of insurance**.

Policyholder

The person stated as the **policyholder** on the **certificate of insurance**.

Post-hospital treatment

Medically necessary follow-up consultations, physiotherapy, **imaging tests** and/or **treatment** required on an **outpatient** basis following **inpatient** or **daypatient treatment** covered by your **plan**.

Pre-admission tests

An **outpatient** assessment during which **your** health is assessed in order to confirm that **you** are medically fit to undergo the planned **treatment** and that **you** are sufficiently prepared for it. The assessment may include an electrocardiogram, blood and/or urine tests and a chest x-ray.

Pre-existing medical conditions

Any disease, illness or injury, whether the condition has been diagnosed or not before **your date of entry**, for which:

- **you** have received medication, advice or **treatment**; or
- **you** have experienced symptoms

Premium

The amount(s) **you** are required to pay to **us** either annually, half-yearly, quarterly or monthly for **your policy**.

Premium due date

The date on which **your premium** is due to be paid.

Preventive health checks

Health tests, screening and/or clinical procedures specifically designed for disease prevention and early detection.

Qualified nurse

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

Reasonable and customary

The charge that would typically be made for **your treatment** by **medical services providers** in the country where **you** receive **your treatment**, and for the **medically necessary** length of stay required. If the cost of **your treatment** is not **reasonable and customary**, **we** will only pay up to the amount which is typically charged in that country. If the length of stay is not **reasonable and customary**, **we** will only pay for the **medically necessary** length of stay required.

Rehabilitation

Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

Rehabilitation hospital or unit

A medical facility licensed under the regulations of the country in which it operates and designed for patients who no longer need acute **hospital** care but who still require medical or nursing supervision and/or assistance with activities of daily living because of their medical disability.

Related condition

Any disease, illness or injury that is caused by a **pre-existing medical condition** or results from the same underlying cause as a **pre-existing medical condition**.

Renewal date

The anniversary date of **your policy** as shown on **your certificate of insurance**, normally the anniversary of **your original date of entry** to the **policy**.

Session

A single continuous consultation during which time **you** may receive advice, **treatment** and/or prescribed medication.

Specialist

A **medical practitioner** who is fully registered by the regulatory body of the country in which he or she practices following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation). They must be on a **specialist** register appropriate for the condition for which **treatment** is sought. Where regulation demands, the **medical practitioner** must also have a licence to practice. **We** reserve the right to withhold or remove recognition of any **specialist** for reasons such as suspension of registration, fraud or unreasonable charges.

Special terms

Any **personal medical exclusions**, restrictions or **premium** adjustments **we** may apply to **your policy**. Any **special terms** relating to **your policy** will appear on **your certificate of insurance**.

Table of benefits

The table in this **agreement** that sets out the benefits covered by each **plan**.

Temporary trip

A trip for business and/or recreational purposes, which has a defined return date, and is for a period of no more than 90 days. If **your** trip to a country where **you** only have restricted cover extends beyond the number of days specified for **your coverage zone**, **we** will not pay for **treatment** **you** receive after that number of days has elapsed. For example, if **you** have selected the USA-45 option and **you** are on a 30-day trip to the United States of America, which becomes extended to 60 days, **your** cover in the United States of America will cease 45 days after **your** entry date to the United States of America.

Terminal medical condition

A condition that has become incurable and all the **treatments** given are to prolong life.

Treatment

Surgical or medical services (including **imaging tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

Unused premium

The amount of **premium** that is attributable to the period from the date after the date of cancellation, up to the date before the next **premium due date**.

In the event of a refund of **unused premium** being eligible, the **unused premium** amount refunded (using an annually-paid **policy** as an example) will be the annual **premium** paid divided by 12 and multiplied by the number of whole calendar months remaining in the **policy year**. If the **policy** is cancelled part way through a month, an additional amount, equal to one twelfth of the annual **premium** paid, multiplied by the proportion of days without cover in the calendar month of cancellation will also be paid.

For example, if the annual **premium** for a **member** is US\$3,000, the **policy year** is 01 January 2025 to 31 December 2025, and the **member** leaves the **policy** on 27 September 2025, the **unused premium** will be US\$775, as:

- $(\text{US\$}3,000 / 12) \times 3 = \text{US\$}750$ for the three whole months without cover (October, November, and December); added to
- $(\text{US\$}3,000 / 12) \times 0.1 = \text{US\$}25$ for the three days in September without cover (the 0.1 calculated in this example by dividing 3 [the days in September without cover, i.e., the 28, 29, and 30] by the total number of days in September [30])

Appropriate calculation methods using the same principle as the above example will be used if the **premium** frequency is not annual.

Us, we, our

William Russell Ltd on behalf of the **insurer**.

Vegetative state

A state where there is no sign of awareness or any cognitive function, even if the person can open their eyes and/or breathe unaided. If the person is in a **vegetative state** for a continuous period of eight weeks, they will be considered to be in a persistent **vegetative state**.

Waiting period

When specified, the amount of time **you** must be covered by the same **plan** before **you** can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**. When a **waiting period** is not specified there is no **waiting period** applicable.

You, your, yourself

Any and all persons named in the schedule of **members** on **your certificate of insurance**.

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