


2019

Essential Health Employees

Changes to your plan from renewal

We're here to help

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What's different for 2019

William Russell has been looking after customers since 1992, and our aim is to provide you and all our customers with an insurance policy you can rely upon, today, and into the future.

We are always thinking about how we can improve our health plans and the service that we offer to our customers. We have made some changes this year, and these will affect you from your plan renewal date. These changes are outlined for you in this booklet: please read it together with your 2019 plan agreement.

Because we want to ensure that our plans continue to support customers when they need our help, we have incorporated some new plan features that will enable us to continue to provide a high level of personal service, and wide ranging cover, at a reasonable cost.

We also want to help you when you do need to make a claim. This is why we have introduced a new pre-authorisation requirement for out-patient treatment that is likely to cost more than US\$500, and for all Advanced Imaging tests.

Our claims team is here to help – please always contact us before you have high-cost out-patient treatment & Advanced Imaging tests.

When you need to make a claim, we understand you may be worried, and we want to be as much help to you as we can.

So that we can reassure you that your treatment will be eligible for cover, we recommend you contact us before you have your treatment. When you call us we can confirm whether the treatment will be covered, and if so, how much we will pay towards your treatment.

In line with many insurers, the amount we will pay will be based on the **reasonable and customary** cost of your treatment. If the medical provider you are planning on using is particularly expensive, the amount we reimburse will be based on the amount we would generally expect to pay in your country of residence for that treatment.

That's why we ask you to contact us before you have your treatment, so you can be informed whether your provider's costs are **reasonable and customary**, and if it is a particularly expensive provider, we can tell you in advance, how much we will be able to reimburse you with, and you can then make the decision to either go ahead, or have your treatment elsewhere.

You must always contact us in advance of having any out-patient treatment that is likely to cost more than US\$500, and before you have Advanced Imaging tests, such as MRI, CAT and PET scans.

If we have not pre-authorised out-patient claims over US\$500 and all Advanced Imaging tests, we will consider your claim, but the amount we reimburse you with, will be subject to a 20% additional excess, and may be subject to an additional shortfall if the costs are greater than we would normally expect to pay for that treatment.

Areas of cover

We have simplified our areas of cover for 2019. To see how previous areas of cover map to the new area please [click here](#).

For full definitions of your zone, please consult the 2019 plan agreement:

Zones 1, 2 & 3 are available on the **2019 Elite health plan**

Zones 4 & 5 are available on the **2019 Essential health plan**

Zones 4 & 5 - available for Essential health customers only. Worldwide cover, excluding the USA, with a restricted cover country list, where we will pay 80% of eligible treatment costs.

For more information please consult your [2019 plan agreement](#).



Changes to your benefits

The following benefit changes will apply from your plan renewal date.
Please read together with your [2019 plan agreement](#).

New changes to our maternity benefits

12 month waiting period

The waiting period for all maternity benefits has been changed from 10 months to 12 months.

Other plan changes

Reconstructive Surgery

We have limited the number of reconstructive surgeries to two per lifetime.

The “development, learning difficulties, speech disorders and behavioural problems” exclusion

We have added treatment for bed wetting to the costs we don't cover.

Complementary treatments

Medication is not available under this benefit.

Our right to cancel your plan if you move to a country where we are unable to offer cover for legal and/or regulatory reasons

We have the right to cancel your plan from your renewal date if you move to a country where we are unable to offer cover to its residents due to legal and/or regulatory compliance reasons. For example Switzerland.

A change in the way we apply per claim excesses

Per claim excesses

If you have a plan which has an excess per claim, this is the amount you will have to pay each time you make a new claim for treatment of a condition that is covered by your plan.

If you subsequently suffer a new occurrence of that condition, this will be treated as a new claim, and we will apply the excess again to that new claim.

If your course of treatment spans two periods of cover, we will apply the excess again when your plan renews.

Your new lifetime care benefit looks very different, but, in practice, all we have done is group together in one place various terms & conditions that already featured in different places in your plan agreement.

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Call us on
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