

International Health insurance

Insurance Product Information Document

William Russell^o

Company: William Russell Limited

Product: Global health Elite

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This document contains important information about your health insurance policy. This document does not contain the full terms and conditions of the insurance policy, which can be found in your plan agreement and on your certificate of insurance.

What is this type of insurance?

The Elite Health plan is an international private medical insurance policy that provides cover for necessary medical treatment of medical conditions which develop after the date of entry unless we have been informed of a medical condition and have agreed to cover it.



What is insured?

The Bronze level of our elite health plan covers

- ✓ annual limit of US\$1,500,000 or £1,000,000 or €1,125,000
- ✓ Hospital accommodation
- ✓ Hospital treatment
- ✓ Parent accommodation
- ✓ Road ambulance
- ✓ Cancer treatment
- ✓ Organ, bone marrow or tissue transplants
- ✓ Prosthetic implants
- ✓ Out-patient surgical procedures
- ✓ Kidney dialysis
- ✓ Advanced diagnostic tests
- ✓ Medical emergency evacuation
- ✓ Repatriation of mortal remains
- ✓ 24-hour medical assistance helpline

Our Silver level of cover provides all the cover of Bronze, plus:

- ✓ Annual limit of US\$2,500,000 or £1,666,000 or €1,875,000
- ✓ Outpatient treatment
- ✓ Adult preventative health and well-being up to US\$300 or £200 or €225 per period of cover*
- ✓ Well-child benefit up to US\$200 or £133 or €150 per period of cover*

Our Gold level of cover provides all the cover of Bronze and Silver, plus:

- ✓ Annual limit of US\$5,000,000 or £3,333,000 or €3,750,000
- ✓ Cash benefit upon diagnosis of cancer of US\$5,000 or £3,330 or €3,750 with a lifetime limit of one claim per insured person*
- ✓ Basic dental costs up to US\$1,500 or £1,000 or €1,125 per period of cover
- ✓ Routine maternity care and childbirth up to US\$15,000 or £10,000 or €11,250 per pregnancy*
- ✓ Complications of pregnancy*
- ✓ Adult preventative health and well-being up to US\$750 or £500 or €563 per period of cover*
- ✓ Well-child benefit up to US\$400 or £260 or €300 per period of cover*

*Waiting periods apply. Please refer to the table of benefits in the plan agreement for details of optional cover available for your chosen level of cover.



What is not insured?

- ✗ Addictive conditions or disorders, and alcohol, drug, and solvent abuse
- ✗ Alternative or experimental treatment and therapies
- ✗ Birth control, sexual problems and gender reassignment
- ✗ Chemical exposure and contamination
- ✗ Failure to follow medical advice
- ✗ Foetal surgery
- ✗ Infertility, IVF, and assisted reproduction
- ✗ Menopause and puberty
- ✗ Nasal septum deviation
- ✗ Pre-existing medical conditions or related conditions unless you have told us about them and we have agreed to cover them
- ✗ Preventive surgery
- ✗ Professional sports and motorised racing as an amateur or a professional
- ✗ Physical development, learning and educational difficulties, speech disorders, and behavioural problems
- ✗ Second opinions or duplicate tests
- ✗ Self-inflicted injuries
- ✗ Sexually transmitted diseases
- ✗ Sleep disorders
- ✗ Treatment by a related party
- ✗ Weight-related conditions and eating disorders
- ✗ Wilful exposure to needless danger

A full list of exclusions is contained in the plan agreement.



Are there any restrictions on cover?

- ! any limitations contained in your certificate of insurance
- ! the overall limit of cover for the plan type you have chosen
- ! the co-insurance, benefit limit and waiting period specified for particular benefits within the plan type you have chosen, as per the table of benefits in the plan agreement
- ! the excess, as specified on your certificate of insurance



Where am I covered?

Our health plans provide international cover within the territorial limits as stated on your certificate of insurance, the areas of cover include:

- ✓ Worldwide cover, excluding the United States of America.
- ✓ worldwide cover, with limited cover for temporary trips in the United States of America.
- ✓ cover that provides regional or otherwise restricted cover.

We reserve the right to refuse to offer cover to residents in certain countries. Our policies are not available to residents of the United States of America.



What are my obligations?

- provide complete and accurate information relating to you and your dependants' medical history
- ensure that all premiums are paid when they are due
- inform us if your personal details, or the personal details of any insured person, change
- keep us advised of your current email address
- inform us if you change your address, country of residency or country of nationality
- contact us for pre-authorisation as soon as you or an insured person needs to have inpatient or day-patient treatment.



When and how do I pay?

All premiums are payable in advance of the premium due date as shown on your invoice. Premiums must be paid in the plan currency (Sterling, Euro or US dollar).

You may pay your premiums annually by cheque or direct debit from a UK bank account, bank transfer, or an acceptable credit or debit card. Premiums can also be paid 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 plan.



When does the cover start and end?

The period of cover is 12 months from your date of entry. The dates of cover are stated on your certificate of insurance.



How do I cancel the contract?

If you wish to cancel your plan, or if you want to cancel cover for one of your dependants, you must instruct us in writing. 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 direct billing 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.