

International Health insurance

William Russell^o

Insurance Product Information Document

Company: William Russell Limited

Product: Global health Essential

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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 Essential 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 Essential Care covers:

- ✓ annual limit of US\$250,000
- ✓ Hospital accommodation
- ✓ Hospital treatment
- ✓ Parent accommodation
- ✓ Road ambulance up to US\$1,200 per period of cover
- ✓ Cancer treatment
- ✓ Organ, bone marrow or tissue transplants
- ✓ Prosthetic implants
- ✓ Out-patient surgical procedures
- ✓ Short-term kidney dialysis of up to 4 weeks
- ✓ In-patient emergency restorative dental treatment up to US\$5,000 per period of cover
- ✓ Advanced diagnostic tests (post hospital treatment within 90 days from discharge)
- ✓ Medical emergency evacuation
- ✓ 24-hour medical assistance helpline

Our Essential Care Plus cover provides all the cover of Essential Care, plus:

- ✓ Annual limit of US\$500,000
- ✓ Road ambulance up to US\$1,600 per period of cover
- ✓ Outpatient treatment up to US\$10,000
- ✓ Complications of pregnancy up to US\$5,000 per period of cover (12-month waiting period)



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
- ! Territorial limits applicable to the area of cover specified on your certificate of cover



What is not insured?

- ✗ 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
 - ✗ any charges made by your bank or credit card company
 - ✗ 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
 - ✗ Palliative care
 - ✗ Persistent vegetative state and neurological damage
 - ✗ 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.



Where am I covered?

The cover provided by your plan is worldwide, subject to the exclusions and restrictions as per the area of cover in the plan agreement. 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.

You may pay your premiums annually by cheque or 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 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.