

Insurance Product Information Document

Company: William Russell Europe SRL

Product: Personal health plans

William Russell Europe SRL is registered with the Belgian Financial Services & Markets Authority, no. 0731.975.658 RPM. Its UK branch is registered at William Russell House, The Square, Lightwater, Surrey, GU18 5SS, UK, and is deemed authorised & regulated by the Financial Conduct Authority, reference no. 847808.

This document contains important information about your personal health plan. This document does not contain the full terms and conditions of the plan. These can be found in the plan agreement and on your Certificate of Insurance (if you are already a customer of William Russell).

What is this type of insurance?

The personal health plans are international private medical insurance policies designed for expatriate individuals and their families. The plans provide cover for necessary medical treatment of medical conditions that develop after a member's date of entry to the plan (unless we were informed of a medical condition during the application process and agreed to cover it). There are three different plans available (see below).



What is insured?

The Bronze plan covers:

- ✓ Annual limit of US\$1,500,000 or £1,000,000 or €1,125,000
- ✓ Hospital costs (eg treatment & accommodation)
- ✓ Cancer treatment
- ✓ Organ, bone marrow or tissue transplants
- ✓ Kidney dialysis
- ✓ Rehabilitation treatment
- ✓ Limited cover for out-patient care
- ✓ Complications of pregnancy
- ✓ Emergency medical evacuation

The Silver plan provides the cover of Bronze, plus:

- ✓ Annual limit of US\$2,500,000 or £1,666,000 or €1,875,000
- ✓ Out-patient care up to US\$20,000 or £13,300 or €15,000
- ✓ Well-being benefits

The Gold plan gives all the cover of Silver, plus:

- ✓ Annual limit of US\$5,000,000 or £3,333,000 or €3,750,000
- ✓ Out-patient care up to US\$30,000 or £20,000 or €22,500
- ✓ Basic dental costs
- ✓ Cover for routine maternity care



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 annual limit of cover for the plan you have chosen
- ! The co-insurance, benefit limit & waiting period specified for particular benefits under the personal health plan you have chosen, as per the table of benefits in the plan agreement
- ! The excess, as stated on your Certificate of Insurance



Where am I covered?

The personal health plans provide international cover within the territorial limits stated on your Certificate of Insurance. These territorial limits are known as the area of cover. The areas of cover available include:

- ✓ Worldwide cover, excluding the United States of America
- ✓ Worldwide cover, with limited cover for temporary trips in the United States of America
- ✓ International cover, with restrictions and limitations in certain countries and regions

We reserve the right to refuse to offer cover to residents of certain countries. For example, the personal health plans 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 histories during the application process for your personal health plan
- Ensure that all premiums for your personal health plan are paid when they are due
- Inform us if you or any other member's personal details change (including contact details)
- Inform us immediately if you change your address, country of residency or country of nationality
- Contact us for pre-authorisation as soon as you or any other member needs in-patient or day-patient medical 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, Euros or US dollars).

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 pay in pounds sterling.



When does the cover start and end?

The period of cover for your personal health plan is 12 months from your date of entry, or from your renewal date. The dates of your period of cover are stated on your Certificate of Insurance.



How do I cancel my cover?

If you wish to cancel your personal health plan, or if you want to cancel cover under your plan for one or more 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 benefit from our direct billing services, we will cancel your cover from the date on which we receive your returned membership card.

Provided that we receive your written instructions within 30 days of your date of entry, and provided that no claims have been submitted, we will refund your premium in full. If we receive your written instructions more than 30 days after your date of entry and you have not made a claim, we will issue a pro rata refund.