

Quick Guide to the Personal Health Plans

Gold

Health insurance can be confusing. There's much to think about, with different benefits, excesses, limits, and T&Cs. In this guide, we've made things simple. You can learn more about the Gold plan, how to make it work for you, and what options are available.

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Gold at a glance

The Gold plan is our top-level health plan, with the highest level of cover and most comprehensive benefits for treatment inside and out of hospital. With a Gold plan you have all the benefits of Silver, plus cover for dental care, maternity costs, and a cash benefit upon diagnosis of cancer.

Gold is a good fit for members with the following circumstances: -

Highest level of cover

When you want US\$5,000,000 of annual cover for medical treatment both inside and out of hospital, with generous benefits for cancer treatment, mental health treatment, and the privacy of a private room during hospital stays.

Family plan

If you're looking to start a family, the Gold plan has benefits for routine maternity care and emergency childbirth, with generous cover for routine care of newborn babies.

Direct billing

If you want to take advantage of direct billing for everyday medical costs, including doctor visits, specialist consultations, and other out-patient treatment.

You can customise your Gold plan with our range of optional benefits and plans, including direct billing, dental care, and travel cover. You can also use our tailoring tools to put the finishing touches on your Gold plan and make your premium work for you.

Benefits of the Gold plan

Just to let you know—you won't find complete information for the Gold plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase it. These can be found in the personal health plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.

Key ● Full cover within annual benefit limit ● Partial or limited cover ● Optional cover

Gold	
Annual benefit limit	US\$5,000,000 or £3,333,000 or €3,750,000
Hospital costs	
Hospital accommodation	● Private hospital room
Hospital treatment	● Full cover
Parent accommodation	● Full cover
Road ambulance	● Full cover
Hospital cash benefit	● US\$350 or £231 or €263 per night
Cancer treatment	
Cancer treatment	● Full cover
Cancer genome tests	● Up to US\$6,000 or £4,000 or €4,500 per period of cover
Cash benefit upon diagnosis of cancer (6-month waiting period)	● US\$5,000 or £3,330 or €3,750 with a lifetime limit of one claim per insured person
Wigs	● Lifetime limit of US\$150 or £100 or €113
Counselling	● Lifetime limit of US\$500 or £330 or €375
Dietitian	● Lifetime limit of US\$100 or £67 or €75
Organ, bone marrow or tissue transplants	
Transplant and related treatment	● Full cover
Donor costs	● Up to US\$25,000 or £16,600 or €18,750 per transplant
Kidney dialysis	
Kidney dialysis	● Full cover
Reconstructive surgery	
Reconstructive surgery	● Full cover
Congenital conditions or hereditary conditions	
Congenital conditions or hereditary conditions	● Lifetime limit of US\$80,000 or £53,300 or €60,000

Key ○ Full cover within annual benefit limit ○ Partial or limited cover ○ Optional cover

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Mental health treatment

Lifetime mental health treatment limit US\$100,000 or £66,600 or €75,000

In-patient and day-patient mental health treatment (24-month waiting period) ○ Up to 30 days per period of cover

Out-patient mental health treatment (24-month waiting period) ○ Up to 10 consultations per period of cover

HIV/AIDS treatment

HIV/AIDS treatment (24-month waiting period) ○ Up to US\$100,000 or £66,600 or €75,000 per period of cover

Medical appliances

Medical aids ○ Up to US\$1,000 or £660 or €750 per medical condition per period of cover

Prosthetic implants ○ Full cover

Prosthetic devices ○ Up to US\$1,500 or £1,000 or €1,125 per device

Out-patient treatment

Primary medical care ○ Full cover

Emergency ward treatment ○ Full cover

Out-patient surgical procedures ○ Full cover

Advanced diagnostic tests ○ Full cover

Complementary treatments ○ Up to 15 sessions per period of cover

Hormone replacement therapy ○ Maximum period of 18 months from the date of diagnosis

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

Physiotherapy ○ Full cover

Chronic conditions

Acute flare-ups ○ Full cover

Monitoring and maintenance ○ Full cover

Well-being benefits

You are eligible for certain benefits in this section only if you select them and they are stated on your Certificate of Insurance.

Preventive health and well-being (6-month waiting period) ○ Up to US\$750 or £500 or €563 per period of cover
○ Up to US\$1,300 or £860 or €975 per period of cover (only if selected by you)

Vaccinations for adults ○ Up to US\$250 or £167 or €188 per period of cover

Well-child benefit (6-month waiting period) ○ Up to US\$400 or £260 or €300 per period of cover

Rehabilitation treatment

Rehabilitation treatment ○ Up to 30 days per medical condition

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Home nursing costs

Home nursing costs ○ Up to 12 weeks per medical condition

Lifetime care

Lifetime limit for all lifetime care US\$100,000 or £66,600 or €75,000

Hospice and palliative care ○ Up to the lifetime limit for all lifetime care

Artificial life maintenance ○ Up to the lifetime limit for all lifetime care

Persistent vegetative state and neurological damage ○ Up to the lifetime limit for all lifetime care

Dental costs

You are eligible for certain benefits in this section only if you select them and they are stated on your Certificate of Insurance.

Emergency restorative treatment you receive as an in-patient ○ Full cover

Emergency restorative treatment you receive as an out-patient ○ Up to US\$1,000 or £660 or €750 per period of cover

Dental Basic (6-month waiting period) ○ Up to US\$1,500 or £1,000 or €1,125 per period of cover

Dental Plus (12-month waiting period) ○ Up to US\$2,000 or £1,330 or €1,500 per period of cover, subject to a 20% co-insurance (only if selected by you)

Maternity costs

Routine maternity care and routine care of newborns (12-month waiting period) ○ Up to US\$15,000 or £10,000 or €11,250 per pregnancy

Complications of pregnancy (12-month waiting period) ○ Full cover

Childbirth necessitating an emergency surgical procedure (12-month waiting period) ○ Full cover

Emergency medical treatment for newborn babies (12-month waiting period) ○ Up to US\$100,000 or £66,600 or €75,000 per pregnancy

Expat benefits

You are eligible for certain benefits in this section only if you select them and they are stated on your Certificate of Insurance.

24-hour medical assistance helpline ○ Full cover

Medevac Basic ○ Full cover

Return airfare ○ Full cover

Travel expenses of a companion ○ Full cover

Accommodation expenses of a companion ○ Up to US\$250 or £167 or €188 per night

Compassionate home visit (12-month waiting period) ○ Lifetime limit of one claim per insured person

Repatriation of mortal remains ○ Full cover

Burial or cremation ○ Up to US\$1,600 or £1,060 or €1,200

Medevac Plus ○ Full cover (only if selected by you)

Customise your Gold plan

Make your Gold plan work for you with our range of optional benefits and plans. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.



Medevac Plus

As standard on the Bronze plan, we'll organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally.

If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we'll evacuate you are extended to include advanced diagnostics and cancer treatment that cannot be provided locally.



Direct billing

With direct billing for everyday medical care, you can pay for doctor visits, specialist consultations, and other out-patient treatment with your William Russell membership card. We'll settle your bills directly with the doctor or clinic. This means you won't be left out-of-pocket for your treatment, and you won't have to make a claim to us.



Well-Being Plus

We encourage our members to take charge of their own health. The Gold plan comes with well-being benefits as standard, but you can boost your limits for additional control.



Dental options

You can add cover for complex dental care with our Dental Plus option. The Dental Plus options gives you cover for dentures, bridges, crowns, and dental implants.



Travel plan

The optional travel plan is great value for money, working out at only US\$104 or £62 or €104 per member per period of cover. The travel plan includes US\$85,000 of personal accident cover and US\$4,250 cover for personal belongings and for trip cancellations.



Personal accident plan

With an optional personal accident plan, we'll pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or your permanent and total disablement within 2 years of the accident. A personal accident benefit of US\$75,000 costs only US\$9.45 or £6.13 or €9.45 per month.

Tailor your Gold plan

There's a range of tools you can use to tailor your Gold plan to your needs. They will help you put the finishing touches on your health plan, but they can also be used to reduce your premium!

Excess

An excess is the fixed cash amount you pay towards a claim. You must choose one when you first apply for your health plan. You pay the excess for each medical condition, per period of cover. There's a range of excess options, including 'per claim' and 'per annum'.

Area of cover

The area of cover is a feature of international health plans that you don't typically find in domestic plans. The area of cover is the geographic or territorial limits of your plan. In short, it specifies in which countries you're covered. You can choose from three areas of cover, with each one giving you different levels of cover in different countries and regions.

USA cover

None of the areas of cover includes cover in the USA as standard. If you need cover for temporary trips to the USA, we have two options for you: USA-45 and USA-90. Whichever you choose, there is no limit to the number of temporary trips you can make each year. The USA cover options are only available if you have selected Zone 1 as your area of cover.

Payment frequency

When you apply for a health plan, you choose the frequency with which you pay your premium. You can pay annually, monthly, quarterly or half-yearly. Paying your premium annually is the cheapest option overall. If you pay quarterly or half-yearly, you'll pay a surcharge of 3%. If you pay monthly, you'll pay a surcharge of 5%.

Medical underwriting

When you apply for a health plan, we assess your medical records, including any medical conditions or injuries you have suffered in the past. This process is known as medical underwriting. It helps us decide the terms under which we can offer you cover. You can choose from full medical underwriting, moratorium underwriting or switch underwriting.

We mean different things to different people

We mean a better healthcare experience for people living & working abroad. We mean financial security for people with futures to safeguard. We mean healthy & happy staff for international businesses. We mean progressive thinking for insurance partners.

But one thing everyone knows us by is the way we work. By putting our members at the heart of everything we do, we're creating an insurance experience that's personal, sustainable & transparent.

That's why we're the insurance partner of choice for people living & working abroad.

We're here to help



Call us on
+44 1276 486 477



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