International Health Insurance

Insurance Product Information Document

William Russell

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Company: William Russell Limited **Product: Personal health plans**

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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 member of William Russell).

What is this type of insurance?

The personal health plans are international private medical insurance policies designed for 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 seven different plans available (see below).

What is insured?

The Bronze*Lite* plan covers:

- ✓ Annual limit of US$750,000 or £500,000 or €562,500
- ✓ Hospital costs (e.g. treatment & accommodation)
- ✓ Cancer treatment
- ✓ Organ, bone marrow or tissue transplants
- ✓ Kidney dialysis
- ✓ Limited cover for out-patient care
- ✓ Emergency medical evacuation

The Bronze plan provides the cover of Bronze*Lite*, plus:

- ✓ Annual limit of US$1,500,000 or £1,000,000 or €1,125,000
- ✓ Rehabilitation treatment
- ✓ Complications of pregnancy

The Silver*Lite* plan covers:

- ✓ Annual limit of US$1,500,000 or £1,000,000 or €1,125,00
- ✓ Hospital costs (e.g. treatment & accommodation)
- ✓ Cancer treatment
- ✓ Organ, bone marrow or tissue transplants
- ✓ Kidney dialysis
- ✓ Out-patient care up to US$10,000 or £6,600 or €7,500
- ✓ 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
- ✓ No limit on out-patient care
- ✓ 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
- ✓ Basic dental costs
- ✓ Cover for routine maternity care

The Essential Care plan covers:

- ✓ Annual limit of US$250,000
- ✓ Hospital costs (e.g. treatment & accommodation)
- ✓ Cancer treatment
- ✓ Organ, bone marrow or tissue transplants
- ✓ Emergency medical evacuation
- ✓ 24hr emergency medical assistance help

The Essential Care Plus plan provides the cover of Essential Care, plus:

- ✓ Annual limit of US$500,000
- ✓ Out-patient care up to US$10,000
- ✓ Complications of pregnancy

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, 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 pay in 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.