



Guide to our Personal Health Plans



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William
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About this guide

Purchasing health insurance can be confusing. There are many providers and health plans out there, each with different benefits, service promises & jargon. To complicate things further, the experience of healthcare varies dramatically across the globe; what works in one country won't necessarily work in others! With this guide, you can learn the basics of health insurance & choose the right plan for you & your family.

Just to let you know—you won't find complete information for our plans in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase one. 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.



Before we begin, here's an explanation of some of the terms we use in this guide.

Country of residence	The country where you'll be living & working, or spending most of your time
Country of nationality	The country that issues your passport
Health plan	We help you access private healthcare around the world: the health plan you choose sets out the limits & restrictions on the treatment you can receive
Member	When you purchase a health plan, you become a member of William Russell
Period of cover	The duration of your health plan (usually one year)
Benefit	A specific medical treatment or medical service that is recognised by a health plan & covered up to a specified limit
In-patient	Someone who's been formally admitted to a hospital for medical treatment, staying in a hospital bed for at least one night
Day-patient	Someone who's been formally admitted to a hospital for medical treatment, but doesn't stay overnight
Out-patient	Someone who visits a doctor, specialist, or receives minor treatment, but who is not formally admitted to the hospital or clinic
Post-hospital	The period after your discharge from hospital, during which you might attend consultations or receive follow-up treatment as an out-patient
Waiting period	The length of time you must be covered by your plan before you can claim for a particular benefit

Why international health insurance?

International health insurance gives you access to private healthcare around the world. While most domestic health plans only cover you in one country, international plans cover you in multiple (or even all) countries. They're great for people who live & work abroad or spend lots of time travelling. Some international plans also include emergency medical evacuation.

When you need medical treatment at home, it's a stressful experience—let alone when you need it in a foreign country, with unfamiliar hospitals and doctors. International health insurance helps to minimise any undue anxiety, distress or complications when you need access to healthcare. With an international health plan, you'll generally have access to private hospitals and clinics, with doctors who speak good English.

Some people receive health insurance from their employer, but many purchase personal plans for themselves and their family. When it comes to selecting your provider, you'll find plenty of choice. Some providers are giant domestic insurance corporations, selling international plans as a side-line. Some are local outfits, selling cheap domestic plans with limited international cover. But you'll also find providers for whom international health insurance is a specialism.

Whichever provider you select, the most important thing is that you make an informed choice. Bear in mind that plans are not always directly comparable, and that providers have different standards of customer service and treat members differently when they make a claim.



The helpful and friendly service from your team is very much appreciated and they make the process so smooth and hassle free.

I don't even consider other insurance providers because **your team is so good.**

G.B., Malaysia



People around the world have relied on us since 1992. We put our members at the heart of everything we do, making sure they have the best possible healthcare experience.

Introducing William Russell

We're a health insurance provider taking a different approach to insurance. By putting our members at the heart of everything we do, we're building a healthcare experience that's both personal and fair. Our plans put you in charge of your health, with cover for the latest medical treatments, freedom to access private healthcare internationally & our trademark personal service. That's why we're the healthcare partner for people living & working abroad.

You may think health insurance is only about providers paying your medical bills, but there's much more to membership with William Russell. Our health plans get you access to top-rated hospitals and doctors, helping you benefit from the latest diagnostic techniques and medical treatments.

And with us, your health plan is international. That means you'll be covered where you live and work, when you're travelling abroad, and when you make visits back home.

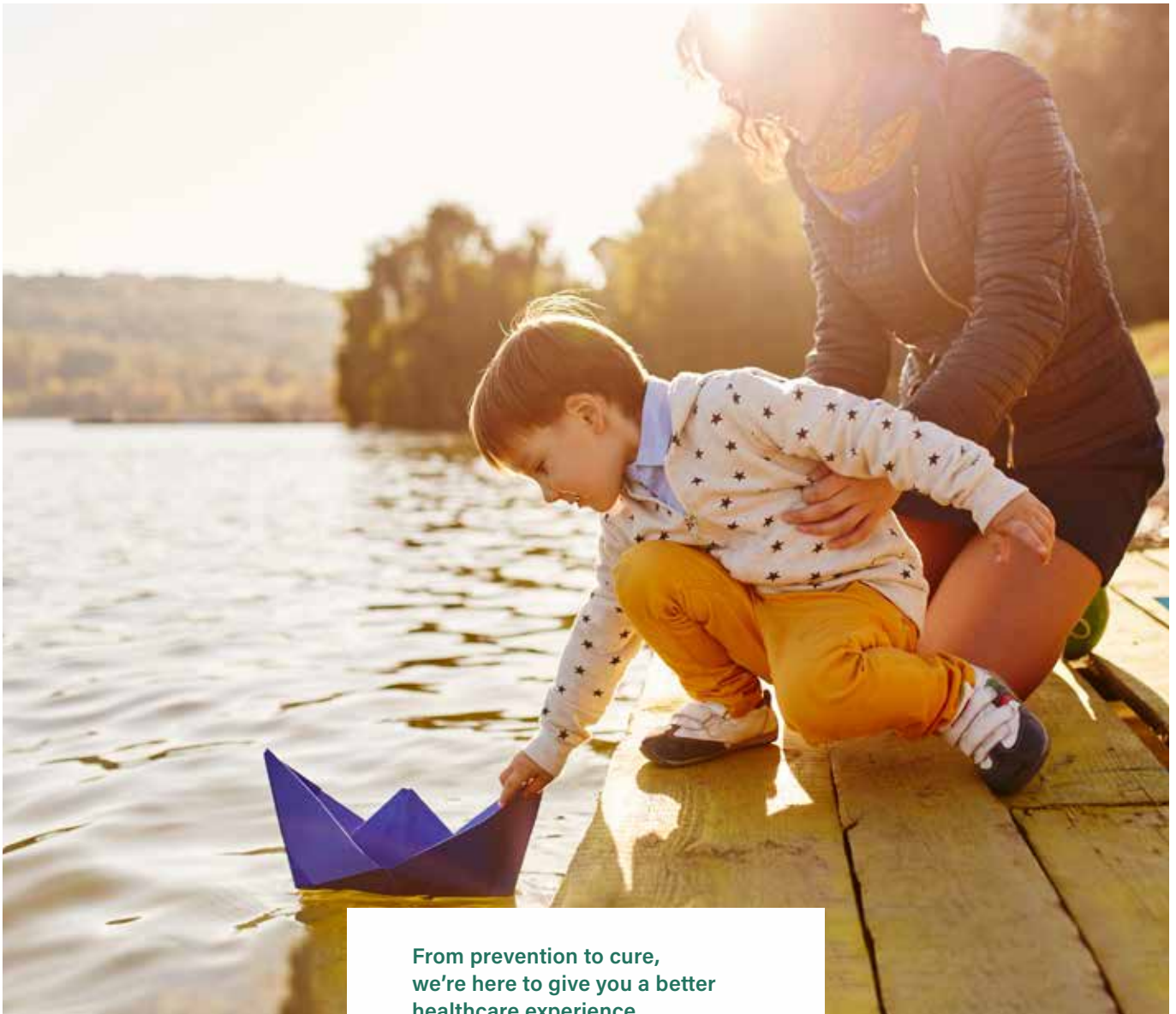
Unlike other insurance providers, we're independently owned and run—so we're free from the demands of shareholders and investors. Our obligation is to our members.



I would like to take this opportunity to thank everyone on your staff for your **speedy and personal attention throughout** this process. It was extremely nice to have not one, but two telephone calls from your office **asking how I was doing.**

It was an enormous surprise and the effort was greatly appreciated.

H.L., Indonesia



From prevention to cure,
we're here to give you a better
healthcare experience.



We believe in people

Some insurers rely on AI and Big Data to do their work for them. We think differently. Healthcare is a highly personal experience, so it deserves a personal service. We're a team of real people, at the end of a phone call when you really need us. We don't hide behind call centres or bot webchats.



We're committed to sustainability

Healthcare is expensive, and—sadly—costs are on the up. We do everything possible to spread this inflation fairly. We calculate premiums with a long-term, sustainable pricing model, and we give you tailoring tools to help reduce your premium without compromising your cover.



Transparency matters to us

Insurance is about trust, so we believe in being fair and open. This belief informs our idea of healthcare as a partnership between our members and us. That's why we're completely upfront with our health plans, and we want you to understand precisely what you're buying.

Five reasons to join us

1

We're your healthcare partner for modern life

We take a different approach to health insurance. By staying close to our members, we help them take charge of their own healthcare. We'll help you choose the right health plan and, when you need medical treatment, we'll work closely with your hospital or clinic to make sure you're home and healthy as soon as possible.

2

Best hospitals & doctors

With our health plans, you'll have access to top-rated hospitals and doctors within the area of cover you've selected. We also have over 40,000 hospitals in our worldwide medical network. If you're admitted to a hospital in our network, we'll settle your bills with the hospital directly, so you won't be left out-of-pocket. With our membership card, you can benefit from fast-tracked everyday medical care across hospitals in Asia.

3

Personal service

William Russell exists to give you a better healthcare experience, and we pride ourselves on the people who make that happen. From medical professionals to customer service experts, our teams are made of people who live and breathe healthcare around the world.

4

Benefits to keep you healthy

Our product teams keep an eye on global healthcare, looking out for breakthroughs in medical science and monitoring trends in the countries where our members live. We make a point of giving our members comprehensive benefits for cancer treatment (including genome testing and counselling), while we offer generous support for mental health treatment.

5

International cover

The best thing about a health plan from William Russell is that your cover need not stop when you travel abroad or return home. Our plans are international, and you'll have access to the best hospitals and doctors within your area of cover.

The logo for William Russell, featuring the company name in white text on a dark circular background.

All our plans come with a 30-day money back guarantee

If you're not happy with your health plan or the service we provide, and you haven't made a claim, then we'll refund the premium you have paid with no question.

How to choose a health plan

Three steps to choosing the right health plan

1

Select your core plan

All our plans help you access private healthcare around the world, but each does so in a different way. We've named them after metals to make it easier to compare. The Bronze plans have lower premiums but place restrictions on everyday medical costs. The Silver and Gold plans cover everyday medical costs in full, but they're more expensive.

2

Customise your plan

Make your plan suit your needs with our range of optional benefits and optional plans, including direct billing, boosted well-being benefits, cover for dental treatment, and travel insurance.

3

Tailor your plan

Use our tailoring tools to finalise your plan and make your premium work for you. Then, you're ready to apply!



Select your core plan

All our plans help you access private healthcare around the world, with each one doing so in a different way. But there are some things we never compromise on. All plans include international cover, generous benefits for hospital costs, cancer treatment, and emergency medical evacuation.

Premium plans



Gold

Gold is for people who want high levels of cover for medical treatment, both in and out of hospital.

Silver

Our best-selling plan

Silver is for people looking for comprehensive cover for a wide range of medical treatments, with the privacy of a private room during hospital stays.

Lower-cost plans



SilverLite

SilverLite is for people who need cover for everyday medical costs but are not concerned with wider cover for complementary treatments, mental health treatment or well-being benefits.

Bronze

Bronze is for people who want cover for the most expensive healthcare costs and the privacy of a private room during hospital stays.

BronzeLite

BronzeLite is for people who simply want to be sure they're covered for the most expensive healthcare costs.

Gold

Our top plan, with the highest levels of cover and most comprehensive benefits. You have all the benefits of Silver, plus cover for dental care and maternity costs, and a cash benefit upon diagnosis of cancer.

Silver

Our most popular plan, with all the benefits of Bronze and SilverLite but with no limit to your cover for everyday medical costs. You also have cover for complementary therapies, mental health treatment, and well-being benefits.

SilverLite

A low-cost, international health plan with all the benefits of BronzeLite, plus up to US\$10,000 cover for everyday medical costs including US\$2,500 cover for primary medical care and the monitoring and maintenance of chronic conditions. There is also cover for hospital treatment needed as a result of complications of pregnancy.

Bronze

A solid, international health plan, pitched between BronzeLite and Silver. You have all the benefits of BronzeLite, plus a private room when you're admitted to hospital. Cover for everyday medical costs is limited to treatment you receive within 90 days of your discharge from hospital, but you're always covered in full for cancer treatment and advanced diagnostic tests.

BronzeLite

A no-frills, low-cost international health plan that provides full cover when you're admitted to hospital, with accommodation in a semi-private room. You're covered in full for hospital treatment (including all cancer care) but cover for everyday medical costs is limited to treatment you receive within 60 days of your discharge from hospital.

A closer look at the key benefits of the 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.

Hospital costs

All our plans provide comprehensive benefits for when you're admitted to hospital for an illness or injury as an in-patient or day-patient.

Hospital treatment – Full cover for surgeon's and anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operation theatre charges and intensive care, pathology, diagnostic tests and physiotherapy. [All plans.](#)

Private accommodation – A standard private room with an en-suite bathroom or shower room. [Bronze, Silver & Gold plans.](#)

Semi-private accommodation – A shared room with an en-suite bathroom or shower room. [BronzeLite & SilverLite plans.](#)

Additional benefits – Cover for road ambulances and for a parent's accommodation in hospital on all plans, with a cash benefit when you receive treatment for which the hospital makes no charge. [All plans.](#)

Cancer treatment

Cancer can affect you anywhere, at any time. We take its diagnosis and treatment very seriously, and our claims team is there to support our cancer patients throughout their treatment. We also cover pioneering treatment such as tumour genome testing.

Cancer care – All plans provide full cover for cancer treatment, including chemotherapy, radiotherapy, immunotherapy, and drugs. There is US\$6,000 or £4,000 or €4,500 for genome testing to sequence the genes of cancer cells. [All plans.](#)

Cash benefit upon diagnosis – The Gold plan provides a lump-sum benefit if you're diagnosed with a cancerous tumour once you've been insured for 6 months. [Gold plan only.](#)

Additional benefits – Cover for wigs following chemotherapy, and counselling & consultations with a dietitian following cancer treatment. [All plans.](#)

Mental health treatment

Mental health is an important part of our lives, and we provide benefits for our members living and working around the world who may be isolated from their family and friends.

Mental health – Generous benefits for mental health treatment with registered psychiatrists or psychologists once you've been insured for 24 months, with cover when you're admitted to a mental health unit and out-patient consultations. [Bronze, Silver & Gold plans \(out-patient cover on the Bronze plan limited to post-hospital treatment\).](#)



Everyday medical costs

These are the benefits for everyday medical costs that are most used by our members, including primary care, physiotherapy, and complementary therapies.

Primary care – With a Silver or Gold plan you'll have full cover for doctor & specialist visits, prescribed drugs and dressings, and diagnostic tests. With Silver*Lite* your cover is limited to US\$2,500 or £1,665 or €1,875, while cover under the Bronze*Lite* and Bronze plans is limited to care you receive within 60 days and 90 days respectively following your discharge from hospital.

Advanced diagnostic tests – Full cover for diagnostic tests such as MRI, CT, and PET scans on the Bronze, Silver, and Gold plans, with limited cover on the Bronze*Lite* and Silver*Lite* plans.

Physiotherapy – With a Silver or Gold plan you'll have full cover for physiotherapy, while with Silver*Lite* you're covered up to US\$250 or £165 or €188. With a Bronze or Bronze*Lite* plan your cover for physiotherapy is limited to care you receive within 90 days and 60 days respectively following your discharge from hospital.

Well-being and preventive care – Cover for health checks such as blood pressure, diabetes, cancer, and hearing tests, along with cover for routine vaccinations & booster injections, once you've been insured for 6 months. [Silver & Gold plans only.](#)

Chronic conditions – Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of chronic conditions. [Silver & Gold plans \(with limited cover under the Silver*Lite* plan\).](#)

Additional everyday benefits – Cover for complementary treatments on the Bronze, Silver, and Gold plans, with cover for hormone replacement therapy and traditional Chinese medicine on the Silver and Gold plans only.

Maternity care

Routine maternity care and routine care of newborns – Cover for pre-natal and post-natal tests, natural childbirth, childbirth by planned caesarean section, basic newborn healthcare costs, and home birth once you've been insured for 12 months. [Gold plan only.](#)

Additional benefits – All plans except Bronze*Lite* provide cover for complications of pregnancy, while the Gold plan provides cover for childbirth necessitating an emergency surgical procedure and emergency medical treatment for newborn babies. These benefits are available once you've been insured for 12 months. [Once you've been insured for 12 months.](#)

Emergency medical evacuation

Emergency medical evacuation is a key feature distinguishing international health plans from domestic plans. If you have a medical emergency and you need treatment, we'll get you out of there by road, sea or air.

Medical helpline – If you have a medical emergency that requires immediate medical assistance, you can contact our 24-hour helpline. [All plans.](#)

Medevac – We'll arrange your emergency evacuation should you suffer a life-threatening or limb-threatening condition requiring hospital treatment that cannot be provided locally. [All plans.](#)

Comparing the plans

All the benefits in the table on the next page are per member per period of cover, unless stated otherwise. The benefit limits are stated in US dollars, but the plans are also available in pounds sterling and euros. The currency that applies to you is the currency in which you pay your premium.

Benefits	BronzeLite	Bronze	SilverLite	Silver	Gold
Annual benefit limit	US\$750,000	US\$1,500,000	US\$1,500,000	US\$2,500,000	US\$5,000,000
Hospital costs					
Hospital accommodation	Semi-private	Private	Semi-private	Private	Private
Hospital treatment (e.g. doctor's fees, nursing, surgery, intensive care, drugs & pathology)	Full cover	Full cover	Full cover	Full cover	Full cover
Cancer treatment					
Cancer genome testing	US\$6,000	US\$6,000	US\$6,000	US\$6,000	US\$6,000
Cancer treatment	Full cover	Full cover	Full cover	Full cover	Full cover
Mental health treatment					
Lifetime limit for treatment	n/a	US\$50,000	n/a	US\$75,000	US\$100,000
In-patient & day-patient treatment (24-month waiting period)	No cover	30 days	No cover	30 days	30 days
Out-patient consultations (24-month waiting period)	No cover	10 sessions (post-hospital only)	No cover	10 sessions	10 sessions
Out-patient treatment					
Annual limit for treatment	US\$2,500	No limit	US\$10,000	No limit	No limit
Validity period for post-hospital treatment	60 days	90 days	n/a	n/a	n/a
Primary medical care (e.g. doctor visits, specialist consultations, prescribed drugs)	Post-hospital treatment only	Post-hospital treatment only	US\$2,500	Full cover	Full cover
Emergency ward treatment	Accident only	Accident only	Cover to annual limit	Full cover	Full cover
Out-patient surgical procedures	Cover to annual limit	Full cover	Cover to annual limit	Full cover	Full cover
Advanced diagnostic tests	Post-hospital treatment only	Full cover	Cover to annual limit	Full cover	Full cover
Complementary treatments	No cover	10 sessions (post-hospital)	No cover	10 sessions	15 sessions
Physiotherapy	US\$250 (post-hospital)	US\$1,000 (post-hospital)	US\$250	Full cover	Full cover
Monitoring & maintenance of chronic conditions	No cover	No cover	Up to primary care medical benefit limit	Full cover	Full cover
Well-being benefits					
Preventive health (6-month waiting period)				US\$300	US\$750
Vaccinations for adults	No cover	No cover	No cover	US\$150	US\$250
Well-child benefit (6-month waiting period)				US\$200	US\$400
Dental costs					
Emergency restorative treatment received as an in-patient	US\$5,000	Full cover	US\$5,000	Full cover	Full cover
Emergency restorative treatment received as an out-patient	No cover	No cover	No cover	US\$500	US\$1,000
Dental Basic (6-month waiting period)	No cover	No cover	No cover	Optional	US\$1,500
Maternity costs (12-month waiting period)					
Routine maternity care	No cover	No cover	No cover	No cover	US\$15,000
Complications of pregnancy	No cover	US\$4,800	US\$10,000	US\$15,000	Full cover
Childbirth necessitating emergency surgical procedure	No cover	No cover	No cover	No cover	Full cover
Emergency medical treatment for newborn babies	No cover	No cover	No cover	US\$10,000	US\$100,000
Expat benefits					
Medevac Basic	Full cover	Full cover	Full cover	Full cover	Full cover



Customise your plan

Make your plan work for you with our range of optional benefits and optional plans, including travel plans and dental care options. 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

The Medevac Plus option gives you greater peace of mind for your life abroad. Medevac Plus gives you the following benefits, in addition to the standard benefits for emergency medical evacuation. It's available with the Bronze, Silver, and Gold plans.

Lower threshold for evacuation – We'll evacuate you if you need advanced diagnostic tests or cancer treatment such as radiotherapy or chemotherapy that cannot be provided locally.

Advanced repatriation – We'll repatriate you to your country of residence, or your country of nationality if within your area of cover.

Additional costs for a companion – If you don't have anyone to accompany you on your evacuation, we'll pay for someone to fly from anywhere in the world to be with you. We'll also pay US\$150 towards the cost of hotel expenses.

Direct billing

Direct billing is an arrangement by which we settle your medical bills directly with your hospital or treating doctor. This means you won't be left out-of-pocket for your treatment, and you won't have to submit a claim to us. That's why direct billing is also known as 'cashless access' or 'fast-track payment'.

We have direct billing arrangements with over 40,000 hospitals, clinics, and medical facilities in our worldwide medical network.

What's included in your plan as standard

Direct billing is standard on all our health plans when you're admitted to a hospital in our medical network for in-patient or day-patient treatment.

What comes with the option for direct billing for everyday medical costs

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*, meaning you won't be left out-of-pocket for your treatment and you won't have to make a claim to us.

Direct billing for everyday medical costs is free, but it's only available to members with certain plans in certain countries. You'll need a Silver*Lite*, Silver or Gold plan, with a nil or US\$50 / £33 / €45 per claim excess. Direct billing for everyday medical costs is available at clinics throughout Asia, including Hong Kong and China.

*If you have an excess, you'll need to pay that at the clinic.



Emergency medical evacuation is a vital part of any expat's medical coverage, especially if residing in a country with limited medical services that may not be up to the standards you would expect at home.

Well-Being Plus

We encourage our members to take charge of their own health and welfare. While the Silver and Gold plans come with well-being benefits as standard, you can also boost your benefit limit, giving you have additional cover for preventive health screens and check-ups.

Plan	Standard benefit	Benefit once boosted
Silver	US\$300 or £200 or €225	US\$500 or £330 or €375
Gold	US\$750 or £500 or €563	US\$1,300 or £860 or €975

Just to remind you—the well-being benefit includes preventive health checks for adults, such as health screens, mammograms, prostate and colon cancer screens, flu jabs, hearing tests, and eye examinations. All these benefits are subject to a 6-month waiting period.

Dental options

All the plans come with some cover for dental treatment. With the Silver and Gold plans, you can add more benefits. Just to let you know—the Dental Basic option is subject to a 6-month waiting period, while the Dental Plus option is subject to a 12-month waiting period.

Plan	Silver	Gold
Dental Basic Cover for screening, scaling, polishing, sealing, fillings, simple extractions & root canal treatment	US\$1,000 or £660 or €750 with 20% co-insurance	US\$1,500 or £1,000 or €1,125 (standard on the Gold Plan)
Dental Plus* Cover for dentures, denture repair, dental bridges, crowns, inlays, onlays & dental implants	US\$1,500 or £1,000 or €1,125 with 20% co-insurance	US\$2,000 or £1,330 or €1,500 with 20% co-insurance

*Dental Plus is available with the Silver plan only if you also purchase Dental Basic.

Travel plan

The optional travel plan is available with all health plans. It's 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.

Travel expenses	
Personal accident cover	Up to \$85,000
Personal belongings or baggage	Up to \$4,250
Cancellation & curtailment	Up to \$4,250
Travel delay	Up to \$340
Personal money	Up to \$850
Personal liability	Up to US\$1,700,000
Legal expenses	Up to \$42,500
Travel disruption	Up to \$1,700
Hijack	Up to \$850
Passport replacement	Up to \$425
Winter sports	
Piste closure	Up to \$340
Ski or snowboard hire following loss or damage	Up to \$255
Lost ability to ski or snowboard	Up to \$170

Personal accident plan

The optional personal accident plan is available with all health plans. It's a great way to increase the cover provided by your health plan without breaking the bank. With the 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.

Premium examples

The following examples are based on a healthy adult who has an office job and doesn't participate in hazardous activities.

Benefit	Premium
US\$75,000 or £50,000 or €75,000	US\$9.45 or £6.13 or €9.45 per month
US\$150,000 or £100,000 or €150,000	US\$18.90 or £12.26 or €18.90 per month
US\$225,000 or £150,000 or €225,000	US\$28.35 or £18.39 or €28.35 per month
US\$300,000 or £200,000 or €300,000	US\$37.80 or £24.52 or €37.80 per month
US\$375,000 or £250,000 or €375,000	US\$47.25 or £30.65 or €47.25 per month



When you need medical treatment at home, it's a stressful experience - let alone when you need it in a foreign country, with unfamiliar hospitals & doctors. That's where an international health insurance plan can prove invaluable.



Tailor your plan

There's a range of tools you can use to tailor your 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.

Excess types

You can choose from two types of excess:-

- **'Per claim' excess** – This is the amount you pay each time you make a new claim for a new medical condition.
- **'Per annum' excess** – This is the total amount you'll be out-of-pocket in a single period of cover. For example, if you choose a US\$500 per annum excess, we will not pay the first US\$500 of medical expenses you incur during your period of cover.



Example of a per claim excess

Mrs Smith purchases a health plan with a US\$50 per claim excess. Later that year, she breaks her arm and visits her doctor for a severe cold. Since these two medical conditions are unrelated, Mrs Smith pays the excess for each condition.

Mrs Smith's excess is 'per claim,' so she won't pay the excess a second time when she has follow-up consultations for her fractured arm. But if the programme of follow-up treatment were to span the renewal date of her health plan, she would need to pay the US\$50 excess again upon renewal.



Example of a per annum excess

Mr Brown purchases a health plan with a US\$5,000 per annum excess. Later that year, he stubs a toe and visits a clinic for tests and treatment for a minor cancerous growth.

Mr Brown's excess is 'per annum,' so his health plan will not cover the first US\$5,000 of medical expenses he incurs during each period of cover. It is unlikely that the treatment Mr Brown receives for his stubbed toe will exceed US\$5,000, but the costs of his cancer tests and treatment will soon take him past US\$5,000 for the year—at which point his health plan will start covering his medical expenses.

If Mr Brown's cancer treatment programme were to span the renewal date of his health plan, we would not cover the first US\$5,000 of medical expenses he incurs during his new period of cover—even though Mr Brown would not be claiming for a new medical condition.

How to choose an excess

The right excess for you depends on your needs. We see the excess as a partnership between you and us. A higher excess helps us reduce our spending on medical treatment, and we pass on savings to your premium. So—as a rule of thumb, a higher excess means a lower premium.

Here are a couple of considerations that members typically make when choosing an excess: -

Catastrophe – Some members might choose an extremely high excess (e.g. US\$5,000 per annum). Such an excess means their health plan serves as protection only against the most serious and expensive catastrophic health issues, such as cancer or hospital surgery. Most likely, members with a US\$5,000 or US\$10,000 excess will not be reimbursed for everyday medical care and other low-cost treatments because these medical expenses are unlikely to exceed the excess. As such, a 'catastrophe' excess is typically taken with a Bronze*Lite* or Bronze plan, which don't have much cover for everyday medical care anyway.

Maximum cover– For members wanting assurance that all their healthcare costs will be paid in full, both in and out of hospital, the nil excess might be best. Since these members won't be helping us to reduce our spending on medical treatment, there will be no savings for us to pass onto their premiums. A nil or US\$50 per claim excess is typically taken out with a Silver or Gold plan, which provides full cover for everyday medical care.

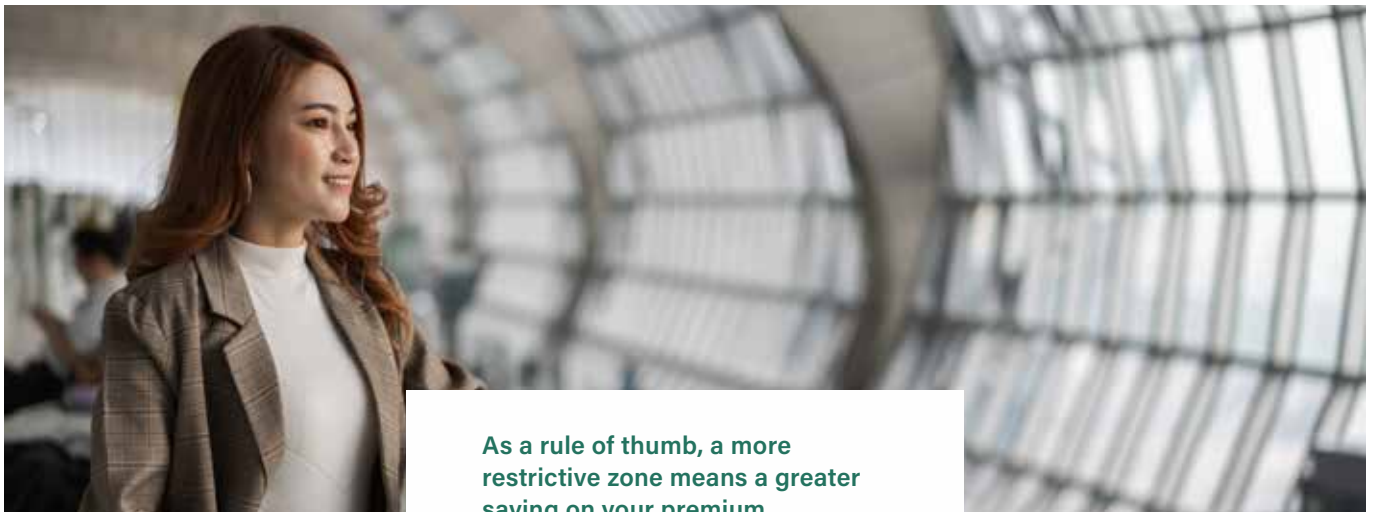
Balanced – Most members opt for somewhere in the middle. They choose an excess that gives an acceptable fixed amount they'll pay for each medical condition, in exchange for a reasonable saving on their premium.

Excess options	Bronze <i>Lite</i>	Bronze	Silver <i>Lite</i>	Silver	Gold
Nil	✓	✓	✓	✓	✓
<i>Per claim options</i>					
US\$50 /£33 /€45			✓	✓	✓
US\$100 /£67 /€90			✓	✓	✓
US\$800 /£530 /€750	✓	✓	✓	✓	✓
US\$1,600 /£1,060 /€1,500	✓	✓	✓	✓	✓
<i>Per annum options</i>					
US\$250 /£167 /€225	✓	✓	✓	✓	✓
US\$500 /£330 /€450	✓	✓	✓	✓	✓
US\$1,000 /£660 /€1,000	✓	✓	✓	✓	✓
US\$2,500 /£1,660 /€2,500	✓	✓	✓	✓	✓
US\$5,000 /£3,330 /€5,000	✓	✓	✓	✓	✓
US\$10,000 /£6,660 /€10,000	✓	✓	✓	✓	✓

Area of cover

The area of cover is a feature of international health plans that you don't typically find in domestic plans. In short, it's the geographic or territorial limits of your plan, specifying in which countries you're covered and which countries you're not. Every health plan from William Russell has an area of cover.

There are three zones, and you can choose any zone with any of our health plans (though Zone 3 is only available to residents of Indonesia).



Zone 1

You'll have full cover under your health plan anywhere in the world, except the USA. There is no cover at all in the USA.



Zone 2

You'll have full cover under your health plan in most countries around the world. In certain countries and regions* where the cost of private healthcare is high, your cover will be limited to accident & emergency treatment up to US\$100,000 or £66,000 or €75,000. There is no cover at all in the USA.



Zone 3

You'll have full cover under your health plan in most countries around the world. In certain countries & regions† where the cost of private healthcare is high, you'll need to contribute 20% towards the cost of elective treatment. We'll cover you in full for accident & emergency treatment up to US\$100,000 or £66,000 or €75,000. There is no cover at all in the USA. Zone 3 is only available if you're resident in Indonesia.

* United Kingdom, all countries in the European Economic Area, Andorra, the Channel Islands, Gibraltar, Greenland, Monaco, San Marino, Switzerland, the UAE, Singapore, Thailand, China, Hong Kong, Macau, Taiwan, Japan, Australia, New Zealand, Canada, and the Caribbean countries and islands.

† China, Hong Kong, Macau, Taiwan, Japan, Singapore, Switzerland, and the London area.

USA cover

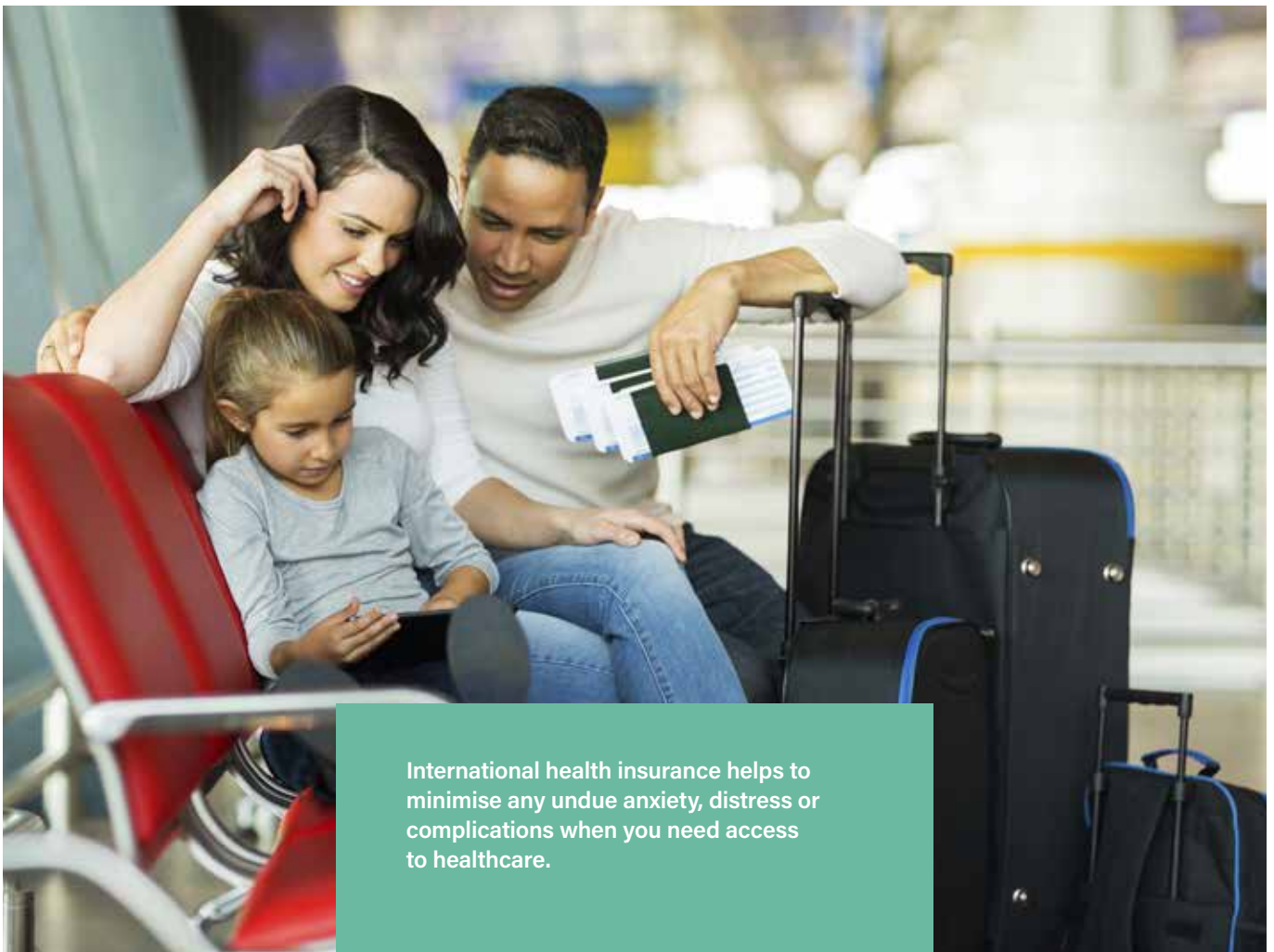
None of the areas of cover includes cover in the USA as standard. This is because private healthcare in the USA is extremely expensive and most of our members do not need cover there. But if you do need cover for temporary trips to the USA, we have two options for you: -

USA-45 Cover for temporary trips of up to 45 day, up to US\$250,000 per period cover. Within this limit, we will pay: -

- Up to US\$100,000 for elective medical treatment
- Up to US\$250,000 for accident & emergency treatment

USA-90 Cover for temporary trips of up to 90 day, up to US\$250,000 per period cover for all medical treatment.

No matter which USA cover option you choose, there is no limit to the number of temporary trips you can make each year. Both options are available only if you have selected a Bronze, Silver or Gold plan with Zone 1 as your area of cover.



International health insurance helps to minimise any undue anxiety, distress or complications when you need access to healthcare.

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 on which we can offer you cover.

There are three types of underwriting:



Full medical underwriting This means your health plan will not cover the treatment of pre-existing medical conditions, unless you've told us about them & we agree to cover them.



Moratorium underwriting A bit like full medical underwriting, but any pre-existing medical conditions may be eligible for cover if you haven't consulted any doctor for treatment or advice or taken medication for a certain period. Plans with moratorium underwriting are more expensive than plans with full medical underwriting.



Switch underwriting This means that any special terms or exclusions applicable to your health plan with a previous provider will be transferred to your plan with William Russell. Switch underwriting is also known as 'continued personal medical exclusions' or CPME. Plans with switch underwriting are more expensive than plans with full medical underwriting.

There's a different application form for each type of underwriting, with different health declarations and medical questions. A health plan with moratorium underwriting or switch underwriting is slightly more expensive than a health plan with full medical underwriting.

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 half-yearly, you'll pay a surcharge of 3%. If you pay quarterley or monthly, you'll pay a surcharge of 5%.

How our premiums work

We're always working to make our premiums fair and sustainable for our members, but this objective has taken on greater importance as the cost of private healthcare around the world rises. This healthcare inflation is driving up premiums from all insurance providers; for our part, we're doing everything we can to spread the inflation fairly.

What's happening



Medical inflation

The cost of healthcare tends to increase at a faster rate than general inflation.



Increased demand

It's easier than ever to access high-quality private healthcare.



Cancer prevalence

Cancer is becoming more prevalent among populations, and its treatment can be very costly.



Nextgen drug therapies

There are exciting advances in the field of medical technology, which happily are improving healthcare outcomes, but these are extremely expensive.

What we're doing about it

We calculate your premium according to your age

Your age is the most important factor when we calculate your premium. For all our health plans, each age has a specific premium value. But this won't be the premium you see on your quote documents or renewal invitation: there are many other factors that affect your premium (e.g. where you live, which excess you select). Our pricing model is highly sophisticated, but as a rule of thumb the older you are the higher your premium will be.

Premiums change each year

Given we calculate your premium according to your age, your premium will increase each year. Unfortunately, this is an inescapable feature of health insurance plans. As we age, we're more likely to need healthcare. But we do our best to keep the increase between ages as smooth as possible.

Different premiums for different countries

The cost of hospital treatment for the same medical condition varies between countries (and even within countries). For this reason, your premium is affected by your country of residence. Private healthcare in Africa and the Indian Subcontinent, for example, is relatively inexpensive, so members living in these regions can expect lower premiums. The opposite is true for cities like Singapore or Hong Kong, where the cost of private healthcare is very high.

Making a claim doesn't affect your renewal premium

You can renew your health plan each year regardless of the number of claims you make or the value of those claims. What's more, any claims you make will not affect your renewal premium.

What our members say about us

We were extremely happy with the way that our Claims Advisor dealt with everything. **The level of service made a stressful and difficult time much easier to deal with.**

I will certainly be recommending William Russell to my friends and colleagues.

N.S., Brunei

I was very happy with the service provided from William Russell. You dealt with any queries and the processing of the claims efficiently, and quickly.

Any of the members of the team I have spoken to **have always been very helpful, polite, and responsive.**

G.L., Egypt

Thank you for your kind assistance - **you have made this difficult time much easier with your gentle and interested manner.**

It is greatly appreciated.

S.D., Singapore

I have always had a limited impression of insurance companies, but your company definitely helped to change this impression -

extremely impressed with William Russell and definitely do not hesitate to recommend!

D.P., Thailand

Thank you, it's reassuring that when I have this surgery, the money side of things is **being handled in a completely professional manner.**

I really appreciate it.

P.C., China

One hears a lot of complaints that insurance companies dedicate most effort to refusing claims, but we feel that **you did all you could to accommodate us.**

Thank you - we will certainly recommend William Russell to others.

M.B., Indonesia

This was **the best service** I have received from an insurance company in a long time.

A.P., UK

Thanks for your ongoing support...it is of great comfort to know I have **good family health insurance cover from a very caring and competent organisation.**

G.M., Thailand

Our experience with William Russell has been top-notch. In over 10 years with your company, **we've always been pleasantly surprised with the service we receive,** so thanks once again.

L.B., Malawi



William Russell have been **an absolute pleasure to deal with** and will be on the top of my referral list whenever I hear the word expatriate.

C.J., Canada

I would like to take the opportunity to thank you personally for the good work you and your team have carried out in handling our claims.

We have found your **personal intervention to be of great assistance** and would like to commend your company.

R.F., UAE

William Russell have **excellent staff and have proven to be a fantastic choice** of insurance company based on the great experience our family has had with them.

G.C., China

Thank you so much - you have put our minds at rest.

I very much appreciate the **personal touch to your service - this is very rare** with insurers and is exactly why we deal with William Russell.

A.K., Indonesia

Thank you so much for everything!

William Russell is definitely a company one can **recommend without any reservations.**

C.M., Greece

I have always had a very good level of service from William Russell and the **medical plans offered** are in my opinion the most comprehensive I have found.

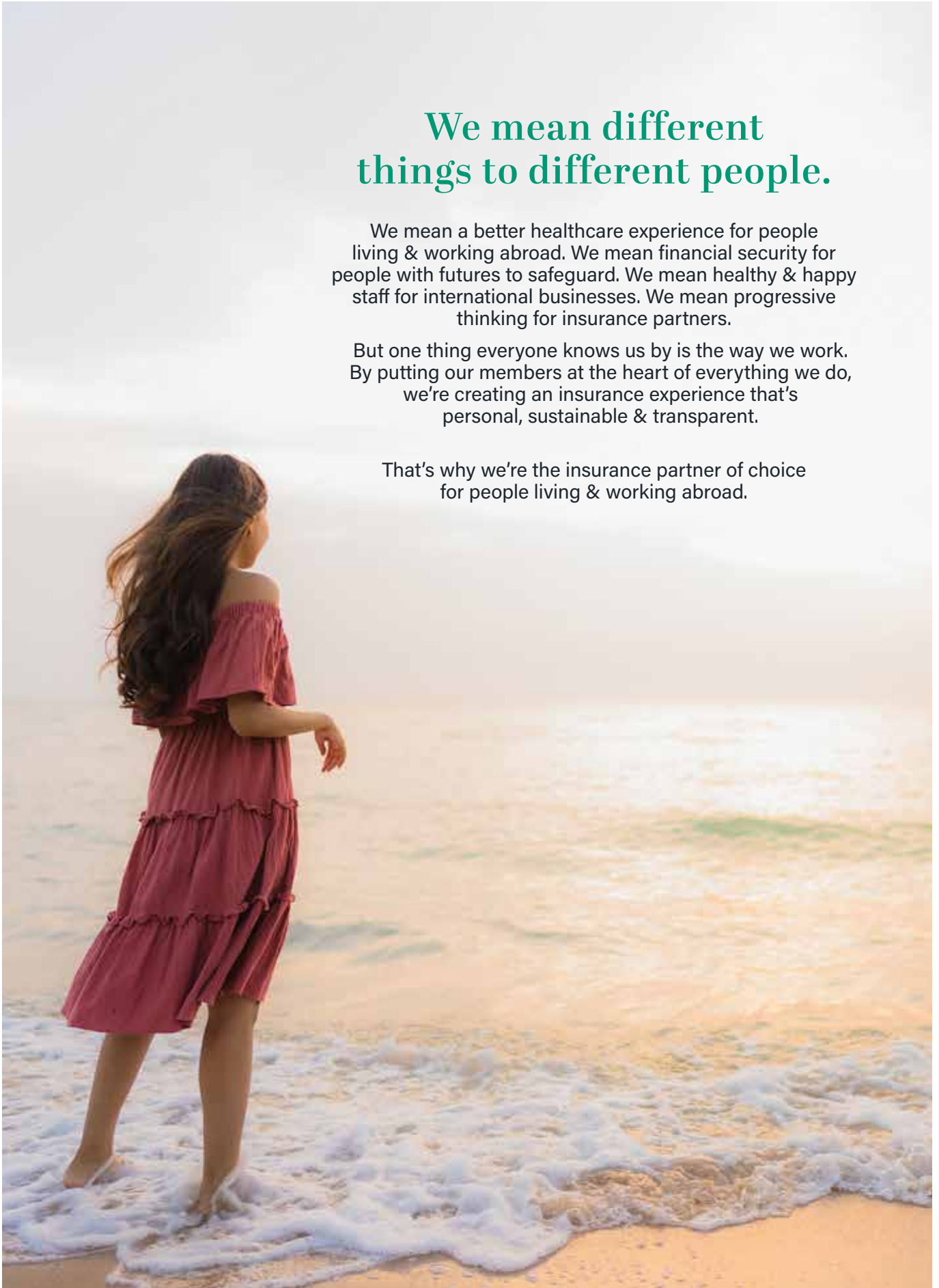
G.B., Malaysia

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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