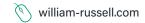


Just to let you know—you won't find complete information for the Silver plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase it. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per policy year, 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.

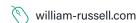
| Key | Full cover within annual benefit limit | Partial or limited cover | Optional cover | | | |
|----------------------------|--|---|-----------------|--|--|--|
| | Silver | | | | | |
| Annual benefit limit | US\$2,500,000 or £1,66 | US\$2,500,000 or £1,666,000 or €1,875,000 | | | | |
| Hospital costs | ospital costs | | | | | |
| Hospital accommodation | General ward | | | | | |
| | Semi-private hospital | room | | | | |
| | Private hospital room (Hong Kong) | with 20% co-insurance in certa | in hospitals in | | | |
| | Private hospital room | | | | | |
| Hospital treatment | Full cover | | | | | |
| Parent accommodation | Full cover | | | | | |
| Local ambulance | Full cover | | | | | |
| Hospital cash benefit | ⊘ US\$200 or £132 or €15 | US\$200 or £132 or €150 per night | | | | |
| Acute flare-ups | Full cover | Full cover | | | | |
| Cancer treatment | | | | | | |
| Cancer treatment | Full cover | | | | | |
| Cancer genome tests | Up to US\$6,000 or £4, | 000 or €4,500 per policy year | | | | |
| Wigs | Lifetime limit of US\$15 | 0 or £100 or €113 | | | | |
| Counselling | Lifetime limit of US\$50 | 00 or £330 or €375 | | | | |
| Dietitian | Lifetime limit of US\$10 | Lifetime limit of US\$100 or £67 or €75 | | | | |
| Organ, bone marrow or t | Organ, bone marrow or tissue transplants | | | | | |
| Transplant and related tre | eatment | | | | | |
| Donor costs | Up to US\$25,000 or £ | 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 | | | | | |





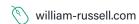
| Key Full cover | within annual benefit limit Partial or limited cover Optional cover | | | |
|--|---|--|--|--|
| | Silver | | | |
| Congenital conditions or hereditary conditions | | | | |
| Congenital conditions or hereditary conditions | ∠ Lifetime limit of US\$40,000 or £26,600 or €30,000 | | | |
| Mental health treatment | | | | |
| Lifetime mental health treatment limit | US\$75,000 or £50,000 or €56,250 | | | |
| Inpatient and daypatient mental health treatment (12-month waiting period) | ✓ Up to 30 days per policy year | | | |
| Outpatient mental health treatment (12-month waiting period) | Up to 10 consultations per policy year | | | |
| HIV/AIDS treatment | | | | |
| HIV/AIDS treatment (24-month waiting period) | Up to US\$75,000 or £50,000 or €56,250 per policy year | | | |
| Medical appliances | | | | |
| Medical aids | Up to US\$500 or £330 or €375 per medical condition per policy year | | | |
| Prosthetic implants | ✓ Full cover | | | |
| Prosthetic devices | Up to US\$1,000 or £660 or €750 per device | | | |
| Outpatient treatment | | | | |
| Annual limit for outpatient treatment | US\$20,000 or £13,300 or €15,000 | | | |
| Primary medical care | 25 consultations, subject to the annual limit for outpatient treatment and a 15% co-insurance | | | |
| Emergency ward treatment | ✓ Full cover | | | |
| Outpatient surgical procedures | ✓ Full cover | | | |
| Advanced diagnostic tests | Up to the annual limit for outpatient treatment | | | |
| Complementary treatments | Up to 10 sessions per policy year, subject to the annual limit for outpatient treatment | | | |
| Traditional Chinese medicine | Up to US\$50 or £33 or €38 per session, up to a maximum of 15 sessions, and subject to the annual limit for outpatient treatment | | | |
| Physiotherapy | Up to the annual limit for outpatient treatment | | | |
| Hormone replacement therapy | Maximum period of 12 months from the date of diagnosis | | | |
| Monitoring and maintenance | Up to the annual limit for outpatient treatment (subject to a 15% co-insurance) | | | |
| Well-being benefits | | | | |
| Preventive health and well-being (6-month waiting period) | Up to US\$300 or £200 or €225 per policy year | | | |
| Vaccinations for adults | Up to US\$150 or £100 or €113 per policy year | | | |
| Well-child benefit (12-month waiting period) | O Up to US\$200 or £133 or €150 per policy year | | | |





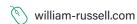
| Key | Full cover with | in annual benefit limit | Partial or limited cover | ① Optional cover |
|--|--------------------------------------|--|---|---------------------|
| | | Silver | | |
| Rehabilitation treatment | | | | |
| Rehabilitation treatment | | Up to 15 days per medical condition | | |
| Home nursing costs | | | | |
| Home nursing costs | (| Up to US\$10,000 or £6,660 or €7,500 per medical condition | | |
| Lifetime care | | | | |
| Lifetime limit for all lifeting | me care | US\$50,000 or £33,300 or €37,500 | | |
| Hospice and palliative car | re 🧸 | Up to the lifetime limit fo | or all lifetime care | |
| Artificial life maiantenance | ce 🧸 | Up to the lifetime limit for all lifetime care | | |
| Persistent vegetative stat neurological damage | e and | Up to the lifetime limit for all lifetime care | | |
| Dental costs | | | | |
| Emergency restorative tre receive as an inpatient | eatment you | Full cover | | |
| Emergency restorative tre receive as an outpatient | eatment you 🕜 | Up to US\$500 or £330 c | or €375 per policy year | |
| Dental Basic (6-month waiting period) | • | Up to US\$1,000 or £660 or €750 per policy year, subject to a 20% co-insurance (10% on plans for businesses) | | |
| | • | | 0 or €1,125 per policy year, sub available on plans for business | |
| Dental Plus (10-month waiting period) | • | | 0 or €1,125 per policy year, urance (10% on plans for busin | esses) |
| Routine maternity costs (only available on plans for businesses) | | | | |
| Routine maternity care ar of newborns (12-month wa | | Option A Up to US\$5,00 a 20% co-insurance | 00 or £3,330 or €3,750 per poli | cy year, subject to |
| | • | Option B Up to US\$7,50 a 20% co-insurance | 0 or £5,000 or €5,625 per poli | cy year, subject to |
| | • | Option C Up to US\$10,0 to a 20% co-insurance) | 00 or £6,660 or €7,500 per po | licy year, subject |
| Complex maternity costs (options only available on plans for businesses and must be selected together) | | | | |
| Complications of pregnar | ncy | Up to US\$15,000 or £10, | 000 or €11,250 per policy year | |
| (12-month waiting period) | • | Full cover (only available | e on plans for businesses) | |
| Childbirth necessitating a surgical procedure (12-more | an emergency (1) nth waiting period) | Up to US\$20,000 or £13 (only available on plans | ,333 or €15,000 per pregnancy for businesses) | <i>y</i> |
| Treatment for congenital | | Up to US\$10,000 or £6,6 | 600 or €7,500 per pregnancy | |
| hereditary conditions for | newborn bables | Up to US\$50,000 or £33 (only available on plans | 3,300 or €37,500 per pregnand for businesses) | y |





Full cover within annual benefit limit Partial or limited cover Optional cover Key Silver **Expat benefits** 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\$96 or £64 or €72 per night Compassionate home visit Lifetime limit of one claim per member (12-month waiting period) Repatriation of mortal remains Full cover **Burial or cremation** Up to US\$1,600 or £1,060 or €1,200 Medevac Plus Full cover





Options for your plan

Private hospital rooms

As standard on the Silver plan, you have cover for accommodation in a general ward when you're admitted to hospital. If you choose the semi-private hospital room option, you have cover for a semi-private room when you're admitted to hospital. Similarly if you choose theprivate hospital room option, you have cover for aprivate room when you're admitted to hospital.

Co-insurance buyout

As standard on the Silver plan, certain outpatient benefits come with a co-insurance. For an additional premium, you can choose to remove the co-insurance from these benefits.

Dental options (personal plans only)

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$1,000 or £660 or €755 per policy year, subject to a 20% co-insurance.

You can add cover for complex dental care with the Dental Plus option. The cover provided by Dental Plus includes dentures, dental bridges, crowns, inlays and onlays, and dental implants up to US\$1,500 or £1,000 or €1,125 per policy year, subject to a 20% co-insurance.

Co-insurance buyout

You can add cover for optical care (including an annual eye test) up to US\$200 or £133 or €150 per policy year.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.

Medevac Plus

As standard on the Silver plan, we organise your emergency medical evacuation should you suffer a lifethreatening 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 coverage zone) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced diagnostics and cancer treatment that cannot be provided locally.

Waiting periods (plans for businesses only)

Most waiting periods stated in table of benefits above don't apply to businesses that choose Medical History Disregarded as their underwriting type, or businesses insuring 20+ employees with us. However, the waiting period for the HIV/AIDS benefit always applies, regardless of your company's size or underwriting type.

Dental options (plans for businesses only)

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$1,000 or £660 or €755 per policy year (subject to a 10% coinsurance) or a higher limit of US\$1,500 or £1,000 or €1,125 per policy year (subject to a 10% co-insurance).

You can add cover for complex dental care with the Dental Plus option. The cover provided by Dental Plus includes dentures, dental bridges, crowns, inlays and onlays, and dental implants up to US\$1,500 or £1,000 or €1,125 per policy year, subject to a 10% co-insurance.

Maternity options (plans for businesses only)

You can add cover for routine maternity care and routine care of newborns to your employees' plans with the routine maternity option. You can also add a range of benefits to your employees' plans with the complex maternity option.





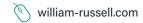
William Russell Europe SRL is registered at Place Marcel Broodthaers 8, B-1060 Saint-Gilles, Brussels and is registered in Belgium with the Financial Services & Markets Authority (no. 0731.975.658 RPM) as a limited liability company with share capital of €30,000. William Russell Europe SRL is a mandated underwriter for AWP Health & Life SA. The UK branch of William Russell Europe SRL is registered at William Russell House, The Square, Lightwater, Surrey, GU18 5SS, UK. The UK branch is authorised & regulated by the Financial Conduct Authority (FCA), reference no. 973067.



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. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per policy year, 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.

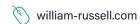
| Key | Full cover within annual benefit li | imit Partial or limited cover | | | |
|--|---|---|--|--|--|
| | Gold | | | | |
| Annual benefit limit | US\$5,000,000 or | US\$5,000,000 or £3,333,000 or €3,750,000 | | | |
| Hospital costs | | | | | |
| Hospital accommodation | General ward | | | | |
| | Semi-private hos | spital room | | | |
| | Private hospital r Hong Kong) | room (with 20% co-insurance in certain hospitals in | | | |
| | Private hospital r | room | | | |
| Hospital treatment | Full cover | | | | |
| Parent accommodation | ✓ Full cover | | | | |
| Local ambulance | ✓ Full cover | | | | |
| Hospital cash benefit | ✓ US\$350 or £231 | or €263 per night | | | |
| Acute flare-ups | ✓ Full cover | | | | |
| Cancer treatment | | | | | |
| Cancer treatment | Full cover | | | | |
| Cancer genome tests | Up to US\$6,000 | or £4,000 or €4,500 per policy year | | | |
| Cash benefit upon diagno (6-month waiting period) | osis of cancer | .330 or €3,750 with a lifetime limit of one claim | | | |
| Wigs | 🗸 Lifetime limit of l | US\$250 or £165 or €188 | | | |
| Counselling | 🗸 Lifetime limit of U | US\$750 or £500 or €563 | | | |
| Dietitian | 🗸 Lifetime limit of U | US\$250 or £165 or €188 | | | |
| Organ, bone marrow or | tissue transplants | | | | |
| Transplant and related tr | eatment | | | | |
| Donor costs | Up to US\$25,000 | 0 or £16,600 or €18,750 per transplant | | | |
| Kidney dialysis | | | | | |
| Kidney dialysis | ✓ Full cover | | | | |
| Reconstructive surgery | | | | | |
| Reconstructive surgery | ✓ Full cover | ✓ Full cover | | | |





Full cover within annual benefit limit Partial or limited cover Optional cover Key Gold Congenital conditions or hereditary conditions Congenital conditions or hereditary Lifetime limit of US\$80,000 or £53,300 or €60,000 conditions Mental health treatment Lifetime mental health treatment limit US\$100,000 or £66,600 or €75,000 Inpatient and daypatient mental health 💋 Up to 30 days per policy year treatment (12-month waiting period) Outpatient mental health treatment Up to 10 consultations per policy year (12-month waiting period) **HIV/AIDS** treatment **HIV/AIDS** treatment Up to US\$100,000 or £66,600 or €75,000 per policy year (24-month waiting period) **Medical appliances** Medical aids Up to US\$1,000 or £660 or €750 per medical condition per policy year **Prosthetic implants** Full cover **Prosthetic devices** Up to US\$1,500 or £1,000 or €1,125 per device **Outpatient treatment Annual limit for outpatient treatment** US\$30,000 or £20,000 or €22,500 Primary medical care 30 consultations, subject to the annual limit for outpatient treatment **Emergency ward treatment** Full cover Outpatient surgical procedures Full cover Advanced diagnostic tests 📿 Up to the annual limit for outpatient treatment Complementary treatments 🖊 Up to 15 sessions per policy year, subject to the annual limit for outpatient treatment **Traditional Chinese medicine** Up to US\$50 or £33 or €38 per session, up to a maximum of 20 sessions, and subject to the annual limit for outpatient treatments Physiotherapy 📿 Up to the annual limit for outpatient treatment Hormone replacement therapy 🗸 Maximum period of 18 months from the date of diagnosis Monitoring and maintenance Up to the annual limit for outpatient treatment Well-being benefits Preventive health and well-being Up to US\$750 or £500 or €563 per policy year (6-month waiting period) Vaccinations for adults Up to US\$250 or £167 or €188 per policy year Rehabilitation treatment Rehabilitation treatment Up to 30 days per medical condition





| Key | Full cover wi | thin annual benefit limit | Partial or limited cover | • Optional cover |
|---|----------------------------------|----------------------------|---|------------------|
| | | Gold | | |
| Home nursing costs | | | | |
| Home nursing costs | | Up to US\$15,000 or £10 | 0,000 or €11,250 per medical co | ondition |
| Lifetime care | | | | |
| Lifetime limit for all lifet | ime care | US\$100,000 or £66,600 | 0 or €75,000 | |
| Hospice and palliative ca | are | Up to the lifetime limit f | or all lifetime care | |
| Artificial life maintenance | е | Up to the lifetime limit f | or all lifetime care | |
| Persistent vegetative sta neurological damage | ite and | Up to the lifetime limit t | or all lifetime care | |
| Dental costs | | | | |
| Emergency restorative tr receive as an inpatient | reatment you | ✓ Full cover | | |
| Emergency restorative to receive as an outpatient | reatment you | Up to US\$1,000 or £66 | 0 or €750 per policy year | |
| Dental Basic (6-month w | raiting period) | Oup to US\$1,500 or £1,00 | 00 or €1,125 per policy year | |
| Dental Plus (10-month w | aiting period) | | 30 or €1,500 per policy year, s 6 on plans for businesses) | ubject to a |
| Maternity costs | | | | |
| Routine maternity care a of newborns (12-month v | and routine care vaiting period) | Up to US\$15,000 or £10 | 0,000 or €11,250 per pregnancy | / |
| Complications of pregna (12-month waiting period | | Full cover | | |
| Childbirth necessitating surgical procedure (12-mg | | Full cover | | |
| Treatment for congenital conditions or hereditary conditions for newborn babies | | Oup to US\$100,000 or £ | 66,600 or €75,000 per pregna | ncy |
| Expat benefits | | | | |
| 24-hour medical assista | nce helpline | Full cover | | |
| Medevac Basic | | Full cover | | |
| Return airfare | | ✓ Full cover | | |
| Travel expenses of a con | npanion | ✓ Full cover | | |
| Accommodation expenses of a companion ⊘ Up to US\$250 or £167 or €188 per night | | | | |
| Compassionate home via (12-month waiting period | | Lifetime limit of one cla | im per member | |
| Repatriation of mortal re | mains | Full cover | | |
| Burial or cremation | | ✓ Up to US\$1,600 or £1,0 | 60 or €1,200 | |
| Medevac Plus | | + Full cover | | |





Options for your plan

Private hospital rooms

As standard on the Gold plan, you have cover for accommodation in a general ward when you're admitted to hospital. If you choose the semi-private hospital room option, you have cover for a semi-private room when you're admitted to hospital. Similarly if you choose theprivate hospital room option, you have cover for aprivate room when you're admitted to hospital.

Co-insurance buyout

As standard on the Silver plan, certain outpatient benefits come with a co-insurance. For an additional premium, you can choose to remove the co-insurance from these benefits.

Dental options (personal plans only)

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$1,000 or £660 or €755 per policy year, subject to a 20% co-insurance.

You can add cover for complex dental care with the Dental Plus option. The cover provided by Dental Plus includes dentures, dental bridges, crowns, inlays and onlays, and dental implants up to US\$1,500 or £1,000 or €1,125 per policy year, subject to a 20% co-insurance.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.

Medevac Plus

As standard on the Silver plan, we 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 coverage zone) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced diagnostics and cancer treatment that cannot be provided locally.

Optical care (plans for businesses only)

You can add cover for optical care (including an annual eye test) up to US\$200 or £133 or €150 per policy year.

Dental options (plans for businesses only)

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$1,000 or £660 or €755 per policy year (subject to a 10% co-insurance) or a higher limit of US\$1,500 or £1,000 or €1,125 per policy year (subject to a 10% co-insurance).

You can add cover for complex dental care with the Dental Plus option. The cover provided by Dental Plus includes dentures, dental bridges, crowns, inlays and onlays, and dental implants up to US\$1,500 or £1,000 or €1,125 per policy year, subject to a 10% co-insurance.

Maternity options (plans for businesses only)

You can add cover for routine maternity care and routine care of newborns to your employees' plans with the routine maternity option. You can also add a range of benefits to your employees' plans with the complex maternity option.





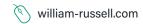
William Russell Europe SRL is registered at Place Marcel Broodthaers 8, B-1060 Saint-Gilles, Brussels and is registered in Belgium with the Financial Services & Markets Authority (no. 0731.975.658 RPM) as a limited liability company with share capital of €30,000. William Russell Europe SRL is a mandated underwriter for AWP Health & Life SA. The UK branch of William Russell Europe SRL is registered at William Russell House, The Square, Lightwater, Surrey, GU18 5SS, UK. The UK branch is authorised & regulated by the Financial Conduct Authority (FCA), reference no. 973067.

The Bronze plan

Just to let you know—you won't find complete information for the Bronze plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply you purchase it. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per policy year, 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.

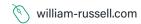
| Key | Full cover within annual benefit limit | Partial or limited cover | Optional cover | | |
|--|--|--|-----------------|--|--|
| | Bronze | | | | |
| Annual benefit limit | US\$1,500,000 or £1,00 | US\$1,500,000 or £1,000,000 or €1,125,000 | | | |
| Hospital costs | costs | | | | |
| Hospital accommodation | General ward | | | | |
| | 🕂 Semi-private hospital r | room | | | |
| | Private hospital room (Hong Kong) | (with 20% co-insurance in certa | in hospitals in | | |
| | Private hospital room | | | | |
| Hospital treatment | ✓ Full cover | | | | |
| Parent accommodation | ✓ Full cover | | | | |
| Local ambulance | ✓ Full cover | | | | |
| Hospital cash benefit | US\$150 or £100 or €113 | 3 per night | | | |
| Acute flare-ups | | and post-hospital treatment reco ng the date you are discharged f | | | |
| Cancer treatment | | | | | |
| Cancer treatment | ✓ Full cover | | | | |
| Cancer genome tests | Up to US\$6,000 or £4, | 000 or €4,500 per policy year | | | |
| Wigs | Lifetime limit of US\$15 | 0 or £100 or €113 | | | |
| Counselling | Lifetime limit of US\$50 |)0 or £330 or €375 | | | |
| Dietitian | Lifetime limit of US\$10 | 0 or £67 or €75 | | | |
| Organ, bone marrow or tissue transplants | | | | | |
| Transplant and related tre | eatment | | | | |
| Donor costs | ✓ Up to US\$25,000 or £1 | 16,600 or €18,750 per transplant | t | | |
| Kidney dialysis | | | | | |
| Kidney dialysis | ✓ Full cover | | | | |
| Reconstructive surgery | | | | | |
| Reconstructive surgery | | nd post-hospital treatment rece ne date you are discharged from | | | |





| Key | Full cover within | n annual benefit limit | Partial or limited cover | Optional cover | |
|---|----------------------------------|--|--|---|--|
| | | Bronze | | | |
| Congenital conditions or hereditary conditions | | | | | |
| Congenital conditions o conditions | | Inpatient, daypatient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital, up to a lifetime limit of US\$20,000 or £13,300 or €15,000 | | | |
| Mental health treatmer | nt | | | | |
| Lifetime mental health | treatment limit | US\$50,000 or £33,300 d | or €37,500 | | |
| Inpatient and daypatien treatment (12-month wa | t mental health // iting period) | Up to 30 days per policy | year | | |
| Outpatient mental healt (12-month waiting period | d) | | er policy year for post-hospitallay period following the date y | | |
| HIV/AIDS treatment | | | | | |
| HIV/AIDS treatment (24-month waiting period | | Inpatient and daypatient €3,750 per policy year | treatment only, up to US\$5,0 | 00 or £3,300 or | |
| Medical appliances | | | | | |
| Medical aids | Ø | Up to US\$250 or £160 o | r €188 per medical condition | per policy year | |
| Prosthetic implants | ⊘ | Full cover | | | |
| | | | | | |
| Prosthetic devices | Ø | Up to US\$500 or £330 o | or €375 per device | | |
| Prosthetic devices Outpatient treatment | Ø | Up to US\$500 or £330 c | or €375 per device | | |
| | Ø | Post-hospital treatment | or €375 per device received within the 90-day pe from hospital (subject to a 15 | | |
| Outpatient treatment | nent 🕢 | Post-hospital treatment date you are discharged Essential and immediate | received within the 90-day pe | (% co-insurance) | |
| Outpatient treatment Primary medical care | nent 🕗 | Post-hospital treatment date you are discharged Essential and immediate | received within the 90-day pe from hospital (subject to a 15 treatment necessary as the r | (% co-insurance) | |
| Outpatient treatment Primary medical care Emergency ward treatm | nent 🕢 | Post-hospital treatment date you are discharged Essential and immediate accident, plus one follow | received within the 90-day pe from hospital (subject to a 15 treatment necessary as the r | (% co-insurance) | |
| Outpatient treatment Primary medical care Emergency ward treatm Outpatient surgical productions | nent cedures sts ents | Post-hospital treatment date you are discharged Essential and immediate accident, plus one follow Full cover Full cover Up to 10 sessions per po | received within the 90-day pe from hospital (subject to a 15 treatment necessary as the r | result of an ical doctor | |
| Outpatient treatment Primary medical care Emergency ward treatm Outpatient surgical prod Advanced diagnostic ter | nent cedures sts ents | Post-hospital treatment date you are discharged Essential and immediate accident, plus one follow Full cover Full cover Up to 10 sessions per powithin the 90-day period Post-hospital treatment | received within the 90-day perfrom hospital (subject to a 15 extreatment necessary as the reducing appointment with a med | result of an ical doctor atment received charged from hospital eriod following the | |
| Outpatient treatment Primary medical care Emergency ward treatm Outpatient surgical prod Advanced diagnostic ter Complementary treatment | nent cedures sts ents | Post-hospital treatment date you are discharged Essential and immediate accident, plus one follow Full cover Full cover Up to 10 sessions per powithin the 90-day period Post-hospital treatment date you are discharged | received within the 90-day perfrom hospital (subject to a 15 etreatment necessary as the reduction appointment with a med solicy year for post-hospital treatfollowing the date you are discreceived within the 90-day performed in the solicy performed in the solicy performed in the solicy performance in th | result of an ical doctor atment received charged from hospital eriod following the | |
| Outpatient treatment Primary medical care Emergency ward treatm Outpatient surgical prod Advanced diagnostic ter Complementary treatment | nent cedures sts ents | Post-hospital treatment date you are discharged Essential and immediate accident, plus one follow Full cover Full cover Up to 10 sessions per powithin the 90-day period Post-hospital treatment date you are discharged | received within the 90-day perfrom hospital (subject to a 15 erreatment necessary as the regrup appointment with a med solicy year for post-hospital treatfollowing the date you are discovered within the 90-day perfrom hospital, up to US\$1,000 | result of an ical doctor atment received charged from hospital eriod following the | |
| Outpatient treatment Primary medical care Emergency ward treatment Outpatient surgical production Advanced diagnostic teatment Complementary treatment Physiotherapy Rehabilitation treatment | nent cedures sts ents | Post-hospital treatment date you are discharged Essential and immediate accident, plus one follow Full cover Full cover Up to 10 sessions per powithin the 90-day period Post-hospital treatment date you are discharged per policy year | received within the 90-day perfrom hospital (subject to a 15 erreatment necessary as the regrup appointment with a med solicy year for post-hospital treatfollowing the date you are discovered within the 90-day perfrom hospital, up to US\$1,000 | result of an ical doctor atment received charged from hospital eriod following the | |





| Key Sull cove | r within annual benefit limit | Partial or limited cover | Optional cover |
|---|-------------------------------|-------------------------------|----------------|
| | Bronze | | |
| Lifetime care | | | |
| Lifetime limit for all lifetime care | US\$25,000 or £16,600 or | or €18,750 | |
| Hospice and palliative care | Up to the lifetime limit f | or all lifetime care | |
| Artificial life maintenance | Up to the lifetime limit f | or all lifetime care | |
| Persistent vegetative state and neurological damage | Up to the lifetime limit f | or all lifetime care | |
| Dental costs | | | |
| Emergency restorative treatment you receive as an inpatient | ✓ Full cover | | |
| Maternity costs | | | |
| Complications of pregnancy (12-month waiting period) | Up to US\$4,800 or £3,2 | 000 or €3,600 per policy year | |
| Expat benefits | | | |
| 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\$72 or £48 or | €54 per night | |
| Compassionate home visit (12-month waiting period) | Lifetime limit of one cla | im per member | |
| Repatriation of mortal remains | ✓ Full cover | | |
| Burial or cremation | O Up to US\$1,600 or £1,06 | 60 or €1,200 | |
| Medevac Plus | + Full cover | | |





Options for your plan

Private hospital rooms

As standard on the Bronze plan, you have cover for accommodation in a general ward when you're admitted to hospital. If you choose the semi-private hospital room option, you have cover for a semi-private room when you're admitted to hospital. Similarly if you choose theprivate hospital room option, you have cover for aprivate room when you're admitted to hospital.

Waiting periods (plans for businesses only)

Most waiting periods stated in table of benefits above don't apply to businesses that choose Medical History Disregarded as their underwriting type, or businesses insuring 20+ employees with us. However, the waiting period for the HIV/AIDS benefit always applies, regardless of your company's size or underwriting type.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their permanent and total disablement within 2 years of the accident. Premiums for a personal accident benefit of US\$75,000 start at US\$9.45 per member, per month.

Medevac Plus

As standard on the Bronze plan, we 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 coverage zone) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced diagnostics and cancer treatment that cannot be provided locally.

Co-insurance buyout

As standard on the Bronze plan, certain outpatient benefits come with a co-insurance. For an additional premium, you can choose to remove the coinsurance from these benefits.





William Russell Europe SRL is registered at Place Marcel Broodthaers 8, B-1060 Saint-Gilles, Brussels and is registered in Belgium with the Financial Services & Markets Authority (no. 0731.975.658 RPM) as a limited liability company with share capital of €30,000. William Russell Europe SRL is a mandated underwriter for AWP Health & Life SA. The UK branch of William Russell Europe SRL is registered at William Russell House, The Square, Lightwater, Surrey, GU18 5SS, UK. The UK branch is authorised & regulated by the Financial Conduct Authority (FCA), reference no. 973067.