

Individuals & families

Health insurance plan agreement

For members residing in Hong Kong with a health insurance policy whose policy year starts on or between 01 January 2025 and 31 December 2025.

William
Russell



Platinum Trusted
Service Award

2024

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Welcome to William Russell

Thank **you** for choosing a health insurance **policy** from William Russell. **We** want to provide **you** with an insurance **policy you** can rely on, so it is important that **you** fully understand the scope of the cover **we** provide. This **agreement** explains what is and what is not covered by **your policy**, and how **your claims** will be administered.

By taking out a health insurance **policy** from William Russell, **you** have become a member of the **William Russell Association for Health, Financial Protection and Well-Being (WRA)**, and **you** are eligible for insurance cover under the **WRA's** contract of insurance with **us**. You can find the rules that apply to your membership of the **WRA** on our [website](#).

Please take time to read this **agreement** along with **your certificate of insurance** and **application form**. Together, these documents describe **your** cover under the contract of insurance between the **WRA** and **us**.

Certain words **we** use within this **agreement** have a special meaning to which **we** would like to draw **your** attention. For example:

- **'We, us, our'** – means William Russell Europe SRL, on behalf of the **insurer**
- **'You, your'** – means **you** and all **members** on this **policy**, as shown on **your certificate of insurance**

These words appear in **bold** type, and **we** provide their precise meanings in the *Definitions* section of this **agreement**.

We are, of course, always at the end of a telephone to answer queries or deal with **your claim**. **You** can find **our** contact details below.

Contact details

If you have an enquiry about your policy or insurance

Available from 9:00am to 5:00pm (UK time), Monday to Friday

Phone +44 1276 486 455

Email contact@william-russell.com

If you need to make a claim

Available from 6:00am to 6:00pm (UK time), Monday to Friday

Phone +44 1276 486 460

Email claims@william-russell.com

Web william-russell.com/claims

If you need to contact our 24-hour emergency medical Assistance Service

For emergency medical assistance please call the following number:
+44 1243 621 155

For non-emergencies, please contact us by email:
william.russell@cegagroup.com

Web william-russell.com/contact/emergency

If you'd like to write to us

William Russell Europe SRL
Place Marcel Broodthaers, 8
1060 Saint-Gilles
Brussels, Belgium

William Russell

William Russell Europe SRL is the administrator of **your policy**. William Russell Europe SRL is registered in Belgium with the Financial Services and Markets Authority as a mandated underwriter, acting on behalf of AWP Health & Life SA.

Allianz

The **insurer** of **your policy** is AWP Health & Life SA, an insurance company in the Allianz group. AWP Health & Life SA has its registered address at Eurosquare 2, 7 rue Dora Maar, 93400 Saint Ouen, France, and is regulated by the French Prudential Supervisory Authority ("Autorite de Controle Prudentiel et de Resolution"). AWP Health & Life SA is authorised to carry out insurance activities in accordance with the provisions of the Insurance Code in France.

Your right to cancel within the first 30 days

If **you** decide that **your policy** doesn't meet **your** needs, please email us **your** instruction to cancel **your policy** (including confirmation that **you** won't make **claims**). Provided **we** receive **your** instruction within 30 days of **your policy** start date, and provided **you** have made no **claims**, **we** will refund **your premium** in full.

If **we** receive **your** instruction to cancel **your policy** more than 30 days after **your date of entry**, the terms of **our** cancellation policy will apply.

Your plan agreement

This **agreement**, together with **your application form** and **your certificate of insurance**, determine the terms and conditions of **your cover** under the **master policy**. The terms of this **agreement** apply to **you** and to all of **your eligible dependants** as stated in the schedule of **members** on **your certificate of insurance**.

The purpose of your policy

Your policy provides **you** with benefit for the cost of treating eligible medical conditions which arise after **your date of entry**.

We will pay for the **reasonable and customary** costs of **medically necessary treatment** of medical conditions covered by **your plan**, provided **your premium** payments have been kept up to date. **We** will only pay for such **treatment** if it is received during **your policy year** (and in the case of medication, only for medication that has been prescribed for **you** to use during **your policy year**).

Any reimbursement **we** make may be subject to an **excess** and/or **co-insurance**, and certain benefits are subject to a benefit limit. **Your excess** amount will be stated on **your certificate of insurance**. Any **co-insurance** and benefit limits will be as stated in the **table of benefits** for **your plan**.

Your obligation to provide information relating to you and your dependants' medical history

We rely on the information **you** supply to **us** in **your application form** when **we** decide whether or not to accept **your application**, and whether or not **we** need to apply **special terms**.

If **your application form** omits facts or contains materially incorrect or incomplete facts, **we** have the right to declare **your policy** void. Alternatively **we** may impose **special terms** on **your particular plan** which will apply from **your date of entry**.

If **your state of health**, or the state of health of any of **your eligible dependants** changes between the time **you** complete **your application form** and **your date of entry**, **you** must tell **us** in writing about the change, and **we** may only be able to accept **your application** with **special terms**.

Pre-existing medical conditions and related conditions

Unless **we** have agreed otherwise, **your policy** will not cover any **pre-existing medical conditions** or **related conditions**.

Age limits

You must be under 76 years of age at **your date of entry**.

You may apply for cover on behalf of **your spouse** or partner (provided they are under 76 years of age) and/or on behalf of **your unmarried children**, provided they are aged less than 18 years old, or less than 25 years old if in continuous full-time education.

Start of your cover

Your cover will start from the **date of entry** stated on **your certificate of insurance**. **We** will not start **your cover** until **we** have accepted **your application** and **we** have received payment of **your full annual, half-yearly, quarterly or monthly premium**.

Your coverage zone

The cover provided by **your policy** is limited to within the **coverage zone** stated on **your certificate of insurance**.

When we use the term '**emergency treatment**' throughout this **agreement**, we mean **treatment**:

- that is covered by **your plan**;
- that is immediately required if **you** suffer an **accident**, or if **you** suffer a sudden and unforeseen illness that **you** have never suffered from before;
- that is not for a **pre-existing medical condition**; and
- that is not for a condition for which **you** have a **personal medical exclusion**.

Please also note that even if **your policy** gives **you** cover in the USA, **we** do not cover emergency medical evacuations to, from, or within the USA.

Zone 1

Worldwide cover, with restricted cover in the USA.

You have cover in the USA during **temporary trips** of up to 45 days' duration from the date on which **you** enter the USA.

While in the USA, **you** have cover for **emergency treatment** only up to US\$50,000 or £33,000 or €37,500 per **policy year**.

There's no limit to the number of **temporary trips** **you** can make to the USA.

Additional cover in the USA

If **you** have the USA cover option, **you** will see it stated on **your certificate of insurance**.

USA-45

You have cover in the USA for **temporary trips** of up to 45 days' duration from the date on which **you** enter the country. **Your** cover ends when a trip exceeds 45 days' duration.

While in the USA, **you** have cover for eligible **treatment** and care up to US\$250,000 per **policy year**. Within this amount, **you** have the following cover:

- up to US\$100,000 for elective, eligible **treatment** and care costs
- up to US\$250,000 for **emergency treatment**

There's no limit to the number of **temporary trips** **you** can make to the USA.

What you're covered for

The following **table of benefits** sets out the cover provided by each **plan**. The **plan** you have is as shown on **your certificate of insurance**. We will pay only for the **treatment** or services stated in the **table of benefits** relating to **your plan**.

Each benefit limit in the **table of benefits** is expressed in US dollars, sterling, and Euros. The currency of the benefit limits that we will apply to **your plan** is shown on **your Certificate of Insurance**.

The limits shown in the **table of benefits** are the maximum amounts we will pay after the application of any **excess** and **co-insurance**, and will be subject to the annual benefit limit and any other specified applicable benefit limits.

Certain benefits in the **table of benefits** specify a **waiting period**. You must be covered by the same **plan** for the full duration of the specified **waiting period** before you can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**.

Wherever the term *Full cover* appears in the **table of benefits**, this means a full refund of **reasonable and customary** charges,

less any **excess** or **co-insurance** applicable to **your plan**, and subject to any limits that are specified anywhere else in the **table of benefits** for the type of **treatment** or care you receive.

Where there is a lifetime benefit limit, this is the maximum amount we will pay in respect of that particular benefit during **your** lifetime.

Certain benefits in the **table of benefits** are optional. You are only eligible for these benefits if you have selected them and they are stated on **your certificate of insurance**.

There are certain benefits in the **table of benefits** for which you must obtain pre-authorization. If you do not obtain pre-authorization for these benefits, we will only pay 80% of the **reasonable and customary** cost of **treatment**.

If **your certificate of insurance** indicates that you have cover for **treatment** in a semi-private room or general ward, and you receive **treatment** in a higher tier room, then the cover we provide for all of **your treatment** and accommodation costs will be subject to a **co-insurance**. This means you will need to contribute towards **your treatment** and accommodation costs.

If **your certificate of insurance** indicates that you do not have full cover for **treatment** in a private room, in a **restricted hospital in Hong Kong** and you receive **treatment** in a private room in a **restricted hospital in Hong Kong** then the cover we provide for all of **your treatment** and accommodation costs will be subject to a **co-insurance**.

If **your certificate of insurance** indicates that you have cover for **treatment** in a semi-private room or in a general ward, and also that you do not have cover for full **treatment** in a private room in a **restricted hospital in Hong Kong**, and you receive **treatment** in a higher tier room than you are entitled to, in a **restricted hospital in Hong Kong**, both **co-insurances** will apply to your claim.

For more detail please refer to the *If you need to make a claim receiving treatment in a higher tier room or restricted hospital section of this agreement*.

The **table of benefits** should be read in conjunction with the *What you're not covered for* section of this **agreement**.

Key	✔ Full cover within annual benefit limit	⚡ Partial or limited cover	✘ No cover	⊕ Optional cover
	Bronze	Silver	Gold	
Annual benefit limit The overall maximum limit that each member can claim during any one policy year .	US\$1,500,000 or £1,000,000 or €1,125,000	US\$2,500,000 or £1,666,000 or €1,875,000	US\$5,000,000 or £3,333,000 or €3,750,000	
Hospital costs Important notes: • You must obtain pre-authorization for all benefits in this section.				
Hospital accommodation General Ward - The cost of accommodation on a general ward with three or more beds, when you are an inpatient or daypatient . Semi-private hospital room - The cost of a standard shared room with an en-suite bath or shower room, when you are an inpatient or daypatient . Private hospital room - The cost of a standard single room with an en-suite bath or shower room, when you are an inpatient or daypatient .	<ul style="list-style-type: none"> ✔ General ward ⊕ Semi-Private hospital room ⊕ Private hospital room - 20% co-insurance applies to treatment in a restricted hospital in Hong Kong ⊕ Private hospital room 	<ul style="list-style-type: none"> ✔ General ward ⊕ Semi-Private hospital room ⊕ Private hospital room - 20% co-insurance applies to treatment in a restricted hospital in Hong Kong ⊕ Private hospital room 	<ul style="list-style-type: none"> ✔ General ward ⊕ Semi-Private hospital room ⊕ Private hospital room - 20% co-insurance applies to treatment in a restricted hospital in Hong Kong ⊕ Private hospital room 	

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Hospital costs (continued)

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Hospital treatment

Treatment you receive while you are an **inpatient** or **daypatient**, including surgeons' and anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, **diagnostic tests** and physiotherapy. We will also pay for **pre-admission tests** that you undergo on an **outpatient** basis for **hospital treatment** you are scheduled to receive that is covered by your plan.

We will also pay for **inpatient, or daypatient** surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month **waiting period** and covered only when the surgery is performed by a **doctor** (not a dentist) in a **hospital** (not a dental surgery) and under general anaesthetic.

✔ Full cover

✔ Full cover

✔ Full cover

Parent accommodation

The cost of one parent staying in **hospital** with a child under 18 years of age while the child is receiving eligible **treatment** covered by their plan.

✔ Full cover

✔ Full cover

✔ Full cover

Local ambulance

The cost of a local road or air ambulance if you need **medically necessary hospital treatment** covered by your plan. Transport must be to the nearest available and appropriate **hospital** and an air ambulance is only covered if there is no viable alternative.

✔ Full cover

✔ Full cover

✔ Full cover

Hospital cash benefit

Payable for each night spent in a **hospital** when you receive **treatment** eligible for cover by your plan for which no charge is made by the **hospital** to us. Benefit is paid for up to a maximum of 60 nights per **policy year**.

If you have an **excess**, we will not apply it to this benefit.

✔ US\$150 or £100 or €113 per night

✔ US\$200 or £132 or €150 per night

✔ US\$350 or £231 or €263 per night

Acute flare-ups of chronic conditions

Short-term **treatment** to treat acute flare-ups of a **chronic condition** covered by your plan.

✔ Inpatient, daypatient, and post-hospital treatment received within the 90-day period following the date you are discharged from hospital

✔ Full cover

✔ Full cover

Cancer treatment

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Cancer treatment

Cancer **treatment**, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. We will also pay for restorative **dental treatment** following chemotherapy or radiotherapy.

✔ Full cover

✔ Full cover

✔ Full cover

Cancer genome tests

The cost of tests to sequence the genes of cancer cells.

✔ Up to US\$6,000 or £4,000 or €4,500 per policy year

✔ Up to US\$6,000 or £4,000 or €4,500 per policy year

✔ Up to US\$6,000 or £4,000 or €4,500 per policy year

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Cancer treatment (continued)

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Cash benefit upon diagnosis of cancer (6-month waiting period)

Payable if **you** are diagnosed with cancer. By 'cancer' we mean the presence of tumours that consist of cells that are malignant, due to characteristics which can be shown microscopically. These cells can multiply and spread to other parts of the body uncontrollably- cancers such as breast cancer, lung cancer, bowel cancer, and cancers of the blood (also known as leukaemia).

The following are not covered:

- non-melanoma skin cancer unless it has spread to lymph nodes or organs
- prostate cancer unless it has spread to other glands or organs

This benefit will not be paid if **you** were first diagnosed with any cancer before **you** were covered under the Gold plan for a period of six consecutive months.

✗ No cover

✗ No cover

✔ US\$5,000 or £3,330 or €3,750 with a lifetime limit of one claim per **member**

Wigs

Help towards the cost of a wig following chemotherapy, covered by **your plan**.

✔ Lifetime limit of US\$150 or £100 or €113

✔ Lifetime limit of US\$150 or £100 or €113

✔ Lifetime limit of US\$250 or £165 or €188

Counselling

Consultations with a registered psychologist/counsellor when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 10 consultations.

Drugs prescribed by a **doctor** for outpatient mental health treatment are covered under this benefit.

✔ Lifetime limit of US\$500 or £330 or €375

✔ Lifetime limit of US\$500 or £330 or €375

✔ Lifetime limit of US\$750 or £500 or €563

Dietitian

Consultation with a registered dietitian when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 2 consultations.

✔ Lifetime limit of US\$100 or £67 or €75

✔ Lifetime limit of US\$100 or £67 or €75

✔ Lifetime limit of US\$250 or £165 or €188

Organ, bone marrow or tissue transplants

Important notes:

- You must obtain pre-authorisation for all benefits in this section.
- We only cover transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines.
- We do not cover any costs associated with the acquisition of the organ.

Transplant and related treatment

Costs incurred while hospitalised, including anti-rejection drugs, and all related **outpatient treatment** required prior to and after the transplant.

✔ Full cover

✔ Full cover

✔ Full cover

Donor costs

Medical costs associated with the donor as an **inpatient** or **daypatient**.

✔ Up to US\$25,000 or £16,600 or €18,750 per transplant

✔ Up to US\$25,000 or £16,600 or €18,750 per transplant

✔ Up to US\$25,000 or £16,600 or €18,750 per transplant

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Kidney dialysis

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Treatment for kidney dialysis while you are an **inpatient, daypatient** or **outpatient**.

Full cover

Full cover

Full cover

Reconstructive surgery

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

A maximum of two surgeries per lifetime to restore **your** appearance after an **accident** or after surgery for cancer, provided the original **treatment** for the **accident** or cancer was paid for by **us**, and provided the reconstructive surgery takes place within two years of the **accident** or the original cancer surgery.

Inpatient, daypatient and post-hospital treatment received within the 90-day period following the date **you** are discharged from **hospital**

Full cover

Full cover

Congenital conditions or hereditary conditions

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Treatment for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**.

This benefit does not extend to mental health treatment, complementary medicine or traditional Chinese medicine.

There is no cover for **congenital conditions** or hereditary conditions if, prior to **your date of entry**, **you** have had any abnormal signs, symptoms or test results related to the **congenital condition** or hereditary condition (whether or not a specific diagnosis has been made).

The lifetime limit shown applies irrespective of the number of **congenital conditions** and hereditary conditions.

Newborn babies may be eligible for this benefit once the congenital conditions or hereditary conditions limits have been exhausted under the *maternity costs* section of the **table of benefits**.

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

Lifetime limit of US\$40,000 or £26,600 or €30,000

Lifetime limit of US\$80,000 or £53,300 or €60,000

HIV/AIDS treatment

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

(24-month waiting period)

Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC) for a maximum period of 5 years.

We do not provide cover if the virus was contracted before **your date of entry**.

Inpatient and daypatient treatment only, up to US\$5,000 or £3,300 or €3,750 per **policy year** Up to US\$75,000 or £50,000 or €56,250 per **policy year** Up to US\$100,000 or £66,600 or €75,000 per **policy year**

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Mental health treatment

Important notes:

- You must obtain pre-authorisation for all benefits in this section.
- All **treatment** must be administered under the direct control of a registered psychiatrist, psychologist or counsellor.
- We do not cover investigations or **treatment** related to phobias, hypnotherapy, postnatal depression or marriage/relationship counselling, or psycho-geriatric conditions including Alzheimer's disease or dementia.

Lifetime mental health treatment limit

The overall maximum limit to the amount that you can **claim** for all benefits in the *mental health treatment* section that are covered by **your plan** during **your** lifetime.

US\$50,000 or £33,300 or
€37,500

US\$75,000 or £50,000 or
€56,250

US\$100,000 or £66,600 or
€75,000

Inpatient and daypatient mental health treatment (12-month waiting period)

Inpatient and daypatient treatment received in a recognised mental health unit of a hospital.

Up to 30 days per **policy year**

Up to 30 days per **policy year**

Up to 30 days per **policy year**

Outpatient mental health treatment (12-month waiting period)

Specialist mental health consultations with a registered psychiatrist or psychologist or mental health consultations with a registered counsellor when you have been referred by a doctor.

We do not pay for drugs prescribed for outpatient mental health treatment.

Your cover under this benefit is subject to the lifetime mental health treatment limit.

Up to 10 consultations per **policy year** for **post-hospital treatment** received within the 90-day period following the date you are discharged from **hospital**

Up to 10 consultations per **policy year**

Up to 10 consultations per **policy year**

Medical appliances

Medical aids

Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to you (for example crutches, wheelchairs, orthopaedic supports/braces, orthotics, stoma supplies, compression stockings) when it immediately follows inpatient, daypatient or emergency ward treatment covered by your plan.

We do not cover medical aids that form part of the care of a chronic condition. We do not cover unprescribed medical aids such as gym equipment, even if you have been advised to use such an aid.

Up to US\$250 or £160 or
€188 per medical condition per **policy year**

Up to US\$500 or £330 or
€375 per medical condition per **policy year**

Up to US\$1,000 or £660 or
€750 per medical condition per **policy year**

Prosthetic implants

Surgically-implanted, artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain.

As part of this benefit, we will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.

Full cover

Full cover

Full cover

Prosthetic devices

External prosthetic body parts, such as prosthetic limbs, fitted after the healing of an amputation covered by your plan.

Up to US\$500 or £330 or
€375 per device

Up to US\$1,000 or £660 or
€750 per device

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

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Outpatient treatment

Important notes:

- You must obtain pre-authorization for certain benefits in this section.
- Certain benefits in this section are subject to the annual limit for **outpatient treatment**.

Annual limit for outpatient treatment

The overall maximum limit to the amount you can **claim** for certain **treatments you** receive as an **outpatient** during any one **policy year**.

Full cover up to your annual plan limit

US\$20,000 or £13,300 or €15,000

US\$30,000 or £20,000 or €22,500

Primary medical care

Consultations with a GP, **doctor**, or **specialist**. Consultations can be in-person or via technology (e.g., video or phone call). **We** do not cover home visits.

We will also pay for the following primary medical care costs:

- Prescription drugs and other pharmacy costs (must be prescribed by a GP, **doctor**, or **specialist**)
- Pathology
- Scans
- Radiology
- **Imaging tests**

We cover COVID-19 PCR and Antigen testing when **you** have symptoms such as cough or fever or have been in close contact with someone who has tested positive for COVID-19. Tests must be prescribed by a **doctor** and undertaken under medical supervision in a recognised medical facility. **We** don't cover home testing kits.

Post-hospital treatment received within the 90-day period following the date **you** are discharged from **hospital** (subject to a 15% **co-insurance**)

25 consultations, subject to the annual limit for **outpatient treatment** and a 15% **co-insurance**

30 consultations, subject to the annual limit for **outpatient treatment**

Emergency ward treatment

Emergency treatment that **you** have received at a **hospital**.

Essential and immediate treatment necessary as the result of an **accident**, plus one follow-up appointment with a **doctor**

Full cover

Full cover

Outpatient surgical procedures

Surgical procedures where it is not **medically necessary** for **you** to be admitted to **hospital** as an **inpatient** or **daypatient**.

Full cover

Full cover

Full cover

Advanced diagnostic tests

MRI and CAT (CT) scans performed on the advice of a **doctor** and PET scans performed on the advice of a **specialist**. **Your medical referral letter** will be required.

We will pay for one consultation only to obtain the results of the **diagnostic test**.

You must obtain pre-authorization for all advanced **diagnostic tests**.

Full cover

Up to the annual limit for **outpatient treatment**

Up to the annual limit for **outpatient treatment**

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Outpatient treatment (continued)

Important notes:

- You must obtain pre-authorisation for certain benefits in this section.
- Certain benefits in this section are subject to the annual limit for **outpatient treatment**.

Complementary treatments

Treatment by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist on the advice of a **doctor**.

Your **medical referral letter** will be required for any **treatment** by a chiropractor, osteopath, chiropodist or podiatrist. If your condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining it rather than curing it, no further payments will be made. Cover is limited to the maximum number of **sessions** shown per **policy year** in respect of all **treatment** types. **Treatment** must be performed by a **medical practitioner**. Medication provided by complementary therapists is not covered under this benefit.

Up to 10 **sessions** per **policy year** for **post-hospital treatment** received within the 90-day period following the date you are discharged from **hospital**

Up to 10 **sessions** per **policy year**, subject to the annual limit for **outpatient treatment**

Up to 15 **sessions** per **policy year**, subject to the annual limit for **outpatient treatment**

Traditional Chinese medicine

Cover is limited to the maximum number of **sessions** shown per **policy year**. **Treatment** must be performed by a **medical practitioner**.

No cover

Up to US\$50 or £33 or €38 per **session**, up to a maximum of 15 **sessions**, subject to the annual limit for **outpatient treatment**

Up to US\$50 or £33 or €38 per **session**, up to a maximum of 20 **sessions**, subject to the annual limit for **outpatient treatment**

Physiotherapy

Medically necessary physiotherapy when you have been referred on the advice of your **doctor** to a physiotherapist who is registered to practice physiotherapy in the country where the **treatment** is administered. You must send us your **medical referral letter** in support of your **claim**.

After your first 6 **sessions** of physiotherapy, if you need more **sessions** you must contact us for pre-authorisation. We will write to your **doctor** for a medical report in order to assess your **claim** further. After your first 6 **sessions**, we will not pay for any physiotherapy that we have not pre-authorised.

If your condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining rather than curing it, no further payments will be made.

Post-hospital **treatment** received within the 90-day period following the date you are discharged from **hospital**, up to US\$1,000 or £660 or €750 per **period of cover**

Up to the annual limit for **outpatient treatment**

Up to the annual limit for **outpatient treatment**

Hormone replacement therapy

When prescribed by a **doctor** following your diagnosis with premature ovarian failure (i.e., loss of ovarian function before the age of 40).

No cover

Maximum period of 12 months from the date of diagnosis

Maximum period of 18 months from the date of diagnosis

Monitoring and maintenance of chronic conditions

Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a **chronic condition**.

No cover

Up to the annual limit for **outpatient treatment** (subject to a 15% **co-insurance**)

Up to the annual limit for **outpatient treatment**

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Rehabilitation treatment

Important notes:

- You must obtain pre-authorization for all benefits in this section.

Rehabilitation treatment you receive when carried out under the control and supervision of a **specialist** in a recognised **rehabilitation hospital or unit**, and only when it immediately follows **inpatient treatment** for illness or injury covered by **your plan**.

Rehabilitation treatment in the form of a therapy or a combination of therapies (e.g., physical therapy, occupational therapy, speech therapy) after an acute event like a stroke.

This benefit is payable only on the written recommendation of **your treating specialist** and when **treatment** begins within 30 days of **your discharge from hospital**.

Up to 7 days per medical condition

Up to 15 days per medical condition

Up to 30 days per medical condition

Well-being benefits

Preventive health and well-being (6-month waiting period)

Preventive health checks and tests for adults, as follows:

- Blood tests (cholesterol, liver function, kidney function, high blood pressure, anaemia, diabetes testing/screening)
- Lung function test
- Cardiac risk testing
- Neurological examination (physical examination)
- Hearing test
- Eye examination (limited to one test per **policy year**)

Cancer screening for adults, as follows:

- Annual Papanicolaou test (PAP/smear test)
- Mammogram (one every two years for members aged 45+)
- Annual prostate cancer test (only for members aged 45+)
- Colonoscopy (one every five years for members aged 50+)

No cover

Up to US\$300 or £200 or €225 per **policy year**

Up to US\$750 or £500 or €563 per **policy year**

Vaccinations for adults

Vaccinations for adults as follows:

- Immunisation and booster injections required under regulation of the country in which **treatment** is being given
- Medically necessary** travel vaccinations
- Malaria prophylaxis
- Flu jabs
- Approved COVID-19 vaccinations (where not available free of charge in **your country of residence**)

No cover

Up to US\$150 or £100 or €113 per **policy year**

Up to US\$250 or £167 or €188 per **policy year**

Well-child benefit (12-month waiting period)

Immunisations and booster injections that form part of government-recommended programmes within the child's **country of residence** and routine developmental check-ups (including vision and hearing).

No cover

Up to US\$200 or £133 or €150 per **policy year**

Up to US\$400 or £260 or €300 per **policy year**

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Lifetime care

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

Lifetime limit for all lifetime care

The overall maximum limit to the amount that **you** can **claim** for all benefits in the *lifetime care* section that are covered by **your plan** during **your** lifetime.

US\$25,000 or £16,600 or €18,750

US\$50,000 or £33,300 or €37,500

US\$100,000 or £66,600 or €75,000

Hospice and palliative care

On diagnosis of a **terminal medical condition** covered by **your plan**, all costs for **treatment** received on the advice of a **medical practitioner** or **specialist** for the purpose of offering relief of symptoms. This includes all **hospital** or hospice accommodation, and nursing care by a **qualified nurse**.

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Artificial life maintenance

Treatment you require after **you** have already been on **artificial life maintenance** for 8 weeks.

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Persistent vegetative state and neurological damage

Treatment you require after **you** have been in **hospital** for 8 weeks for permanent neurological damage or if **you** are in a persistent **vegetative state**.

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Up to the lifetime limit for all lifetime care

Home nursing costs

Important notes:

- You must obtain pre-authorisation for all benefits in this section.

The medical services of a **qualified nurse** to treat **you** in **your own home** when it is **medically necessary** and relates directly to an illness or injury covered by **your plan**.

Up to US\$5,000 or £3,330 or €3,750 per medical condition per **policy year**

Up to US\$10,000 or £6,660 or €7,500 per medical condition per **policy year**

Up to US\$15,000 or £10,000 or €11,250 per medical condition per **policy year**

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Dental costs

Important notes:

- You are eligible for certain benefits in this section only if you have selected them and they are stated on your certificate of insurance.
- All dental treatment must be carried out by a dentist in a hospital emergency room or dental surgery.
- Treatment for damaged crowns, dentures, bridge work or false teeth is only covered under the Dental Plus benefit.
- We do not cover orthodontic or periodontic consultations or treatment of any kind.

Emergency restorative treatment you receive as an inpatient

Full cover

Full cover

Full cover

Inpatient treatment required to restore sound and natural teeth following an accident covered by your plan, provided that treatment is received within 15 days of the accident.

Emergency restorative treatment you receive as an outpatient

No cover

Up to US\$500 or £330 or €375 per policy year

Up to US\$1,000 or £660 or €750 per policy year

Outpatient treatment required to treat or replace sound and natural teeth which are lost or damaged following an accident, provided that treatment is received within 72 hours of the accident.

Dental Basic (6-month waiting period)

No cover

Up to US\$1,000 or £660 or €750 per policy year, subject to a 20% co-insurance (if you have selected the Dental Basic option)

Up to US\$1,500 or £1,000 or €1,125 per policy year

We will pay for the following basic dental costs:

- screening (e.g., the checking for and/or the assessment of any diseased, missing and filled teeth including X-rays where necessary) twice per year
- scaling and polishing and sealing (twice per year)
- fillings (both composite and amalgam)
- simple extractions
- root canal treatment

The Dental Basic benefit is optional on the Silver plan. It is included as standard on the Gold plan.

Dental Plus (10-month waiting period)

No cover

Up to US\$1,500 or £1,000 or €1,125 per policy year, subject to a 20% co-insurance (if you have selected the Dental Plus option)

Up to US\$2,000 or £1,330 or €1,500 per policy year, subject to a 20% co-insurance (if you have selected the Dental Plus option)

We will pay for the following advanced dental costs:

- denture repair
- full/partial dentures
- dental bridges
- crowns, inlays, and onlays
- dental implants

This benefit is optional on the Silver and Gold plans. Silver policyholders wishing to select Dental Plus must also select the Dental Basic option

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Maternity costs

Important notes:

- Dependant children included in **your plan** are not eligible for these benefits.
- We do not cover the **treatment** of any newborn child born following **assisted reproduction** (e.g., IVF) in the event of the birth occurring within 36 weeks of conception.
- Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and childbirth benefit.
- We do not cover pregnancy testing, or pre-natal classes and doulas.
- We do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy.
- We do not cover breast pumps.

Routine maternity care and routine care of newborns (12-month waiting period)

We will pay for the following routine maternity costs:

- pre-natal tests and examinations
- post-natal **treatments** and examinations
- natural childbirth
- childbirth by **planned caesarean section**
- any **hospital** accommodation costs for the newborn baby
- basic newborn healthcare (physical examination, vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, blood tests for PKU, congenital hypothyroidism and G6PD, prior to discharge from the **hospital**)
- home birth, where a midwife is present
- supplements and vitamins as recommended by a **doctor**

The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any **hospital** or birthing center accommodation costs will be limited to the cost of a standard **hospital** room.

⊗ No cover

⊗ No cover

⚡ Up to US\$15,000 or £10,000 or €11,250 per pregnancy

Complications of pregnancy (12-month waiting period)

Inpatient or **daypatient** treatment necessary as a direct result of a **complication of pregnancy**.

We do not provide cover for childbirth under this benefit.

We do not provide cover under this benefit arising from a pregnancy established through **assisted reproduction** (e.g., IVF) until after the standard 12-week scan, irrespective of how long you have been covered by the **plan**.

⚡ Up to US\$4,800 or £3,200 or €3,600 per **policy year**

⚡ Up to US\$15,000 or £10,000 or €11,250 per **policy year**

✅ Full cover

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

Surgeons', anaesthetists' and theatre fees for childbirth that necessitates an emergency surgical procedure and any additional accommodation charges incurred as the result of the surgical procedure. This includes childbirth by **emergency caesarean section**.

⊗ No cover

⊗ No cover

✅ Full cover

Treatment for congenital conditions or hereditary conditions for newborn babies

Treatment that **your newborn** receives for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and treatment for any **related condition**.

This benefit is subject to the following conditions:

- **Your newborn** must be added to **your plan** within 30-days of birth and premiums paid
- **Your newborn** baby must have the same **plan** as **you**
- Either parent must have been insured on a Silver or Gold **plan** for a minimum of 12 months prior to the birth

The limits shown apply to each pregnancy, regardless of the number of children born.

⊗ No cover

⚡ **Inpatient** or **daypatient treatment** received within the 90-day period following birth, up to US\$10,000 or £6,600 or €7,500 per pregnancy

⚡ **Inpatient** or **daypatient treatment** received within the 90-day period following birth, up to US\$100,000 or £66,600 or €75,000 per pregnancy

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Expat benefits

Important notes:

- You are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your certificate of insurance**.
- You must obtain pre-authorisation for all benefits in this section.

24-hour medical assistance helpline

If **you** have a medical emergency which requires immediate medical assistance, **you** must contact **our** 24-hour helpline (provided by the Charles Taylor Group) at +44 (0) 1243 621155 or william.russell@cegagroup.com.

✔ Full cover

✔ Full cover

✔ Full cover

Medevac Basic

If **you** have a life-threatening or limb-threatening condition covered by **your plan** which requires immediate **inpatient treatment** that cannot be adequately provided locally, the **Assistance Service** will arrange for **you** to be moved by air and/or by surface transportation, to the nearest **hospital** within **your coverage zone** where appropriate medical **treatment** is available.

We do not cover any other costs under this benefit such as hotel accommodation charges. **We** do not cover emergency evacuation to, from or within the United States of America. The **Assistance Service** retains the absolute right to decide whether **your** medical condition is eligible for evacuation, where **you** are evacuated to and the means and method of the evacuation.

✔ Full cover

✔ Full cover

✔ Full cover

Return airfare

Following an emergency evacuation covered by **your plan**, **we** will pay for **your** economy return airfare to **your country of residence**.

✔ Full cover

✔ Full cover

✔ Full cover

Travel expenses of a companion

The transportation costs of another person to accompany **you** on **your** emergency evacuation, and their economy-class ticket back. If it is not possible for them to accompany **you** on **your** medical evacuation because of the method of evacuation, **we** will pay either for their economy-class round-trip airfare on a scheduled flight, or their suitable round-trip surface transportation, whichever is the most appropriate.

✔ Full cover

✔ Full cover

✔ Full cover

Accommodation expenses of a companion

If **your** companion is then staying with **you** while **you** are hospitalised following **your** emergency evacuation, **we** will pay towards the costs of their hotel accommodation (limited to a maximum of 15 nights per **policy year**).

✔ Up to US\$72 or £48 or €54 per night

✔ Up to US\$96 or £64 or €72 per night

✔ Up to US\$250 or £167 or €188 per night

Compassionate home visit (12-month waiting period)

If a **close family member** dies during **your policy year** and after **you** have been insured by **your plan** for a continuous period of 12 months, **we** will pay for **your** economy-class round-trip airfare to attend the funeral. **Your** travel must take place within 28 days of the date of death.

✔ Lifetime limit of one claim per member

✔ Lifetime limit of one claim per member

✔ Lifetime limit of one claim per member

Repatriation of mortal remains

If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **your** body or ashes to be transported to **your country of nationality** or **country of residence**. This benefit is not available if a **claim** is made for the burial or cremation benefit at the place where **you** died.

✔ Full cover

✔ Full cover

✔ Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver

Gold

Expat benefits

Important notes:

- You are eligible for certain benefits in this section only if you have selected them and they are stated on your certificate of insurance.
- You must obtain pre-authorisation for all benefits in this section.

Burial or cremation

If you die as the result of a condition that is covered by your plan while you are outside your country of nationality, we will pay for you to be buried or cremated at the place where you died.

This benefit is not available if a claim is made under the repatriation of mortal remains benefit. We do not provide cover under this benefit if you die in your country of nationality. We do not provide cover under this benefit for the costs of a religious practitioner.

Up to US\$1,600 or £1,060 or €1,200

Up to US\$1,600 or £1,060 or €1,200

Up to US\$1,600 or £1,060 or €1,200

Medevac Plus

The following benefits apply in addition to those under the Medevac Basic benefit.

Evacuation if you need advanced diagnostics or cancer treatment such as radiotherapy or chemotherapy that cannot be adequately provided locally. All eligible evacuations will include repatriation to your country of nationality if it is within your coverage zone, or to your country of residence. We do not cover emergency evacuation or repatriation to, from or within the United States of America.

If you request repatriation to your country of nationality or to your country of residence, it may, in some cases, not be appropriate immediately due to your medical condition. In such cases, we will first evacuate you to the nearest place within your coverage zone where appropriate treatment is available. Once you have been stabilised, we will then repatriate you to your country of nationality if it is within your coverage zone, or your country of residence.

If you are evacuated to a country which is not your country of residence and not your country of nationality, and you do not have anyone to accompany you, we will pay the economy-class round-trip airfare to have one companion flown from anywhere in the world to be with you while you receive your treatment. We will also pay up to US\$150 per day (for a maximum of 30 days per policy year) towards their hotel accommodation expenses whilst you have your treatment, or until the date on which you return to your country of nationality or your country of residence (whichever is the sooner).

The Medevac Plus benefit is optional on all plans.

Full cover (if you have selected the Medevac Plus option)

Full cover (if you have selected the Medevac Plus option)

Full cover (if you have selected the Medevac Plus option)

What you're not covered for

The following are not covered by **your plan**, as well as any specific exclusions stated on **your certificate of insurance**, and other exclusions stated within the **table of benefits**. Other benefits, as stated within the **table of benefits**, may also be restricted or excluded depending on **your plan**.

All conditions, tests, **treatments** or increased **treatment** costs **you** incur because of complications that occur directly or indirectly as a consequence of **treatment** of any excluded condition will also not be covered.

We will also not pay for the fees and charges listed below. **You** will be responsible for them.

- fees for the completion or providing of **claim** forms or any other medical reports or forms such as **medical referral letters**, even if **we** have requested them
- bank charges incurred as a result of **us** transferring money
- losses **you** may incur due to fluctuations in exchange rates
- charges incurred as the result of payment errors that arise as the result of **you** having provided **us** with incorrect information
- administration, registration, or cancellation fees charged by **hospitals, doctors**, or other providers of medical services
- any charges made by **your** bank or credit card company

Accidents or injuries resulting from your failure to adhere to local motoring laws

You are not covered for accidents or injuries arising from:

- travelling in, or on, a motorised vehicle as a driver or passenger, if the driver does not have a valid license and insurance, as required by the law of the country where the accident or injury occurred
- failure to wear the relevant safety equipment, (including, but not limited to helmets and seatbelts) as required by the law of the country where the accident or injury occurred

Addictive conditions or disorders, and alcohol, drug, and solvent abuse

You are not covered for **treatment** related to:

- addictions (such as alcohol or drug addiction) or substance abuse (such as alcohol, drug or solvent abuse)
- any illness or injury caused directly or indirectly as a result of any such abuse or addiction
- any illness or injury caused directly or indirectly as a result of being under the influence of any substance (such as alcohol, drugs or solvents)

Allergy testing and/or desensitisation

You are not covered for **treatment** related to:

- allergy testing by hair analysis
- allergy desensitisation or food neutralising injections

We will only pay for patch testing if **you** have been referred by a **doctor** and this is limited to one patch testing

investigation over the lifetime of **your plan**. **Your medical referral letter** will be required.

Alternative treatment and therapies

You are not covered for alternative **treatments** and therapies, including, but not limited to, aqua physiotherapy, bone-setting, colonic irrigation, hydrotherapy, Intervertebral Differential Dynamics (IDD), kinesiology, naturotherapy, Ayurveda and massage therapy.

Artificial life maintenance

You are not covered for **artificial life maintenance**, other than any benefit **you** are eligible for under the lifetime care benefit.

Birth control, sexual problems and gender reassignment

You are not covered for **treatment** directly or indirectly arising from or connected with:

- contraception or sterilisation
- sexual problems (including impotence and decreased libido)
- gender reassignment

Chemical exposure and contamination

You are not covered for investigations or **treatment** related to any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

Circumcision

You are not covered for **treatment** related to circumcision, unless it is required for **treatment** of an **acute medical condition** covered by **your plan**.

Consultations or investigations when you are not physically present

You are not covered for consultations or investigations where **you** are not physically present, without prior agreement from **us**. This includes, for example, interviews by medical practitioners with other medical practitioners or with family members.

Convalescence, rehabilitation, nursing homes, and health spas or hydros

You are not covered for:

- **hospital** accommodation if the reason **you** are hospitalised is for the purpose of convalescence, **rehabilitation** or supervision
- relaxation or rest **treatments**, or **treatments** in nature cure clinics, health spas and health hydros
- private beds registered as nursing homes attached to such establishments or a **hospital** where the **hospital** has effectively become **your** home or permanent abode

Other than treatment **you** are eligible for under the rehabilitation **treatment** benefit.

Cosmetic surgery and treatment

You are not covered for investigations or **treatment** related to:

- cosmetic or aesthetic **treatment** to enhance **your** appearance, even when medically prescribed
- the removal of fat or surplus tissue
- breast enlargement or reduction
- sclerotherapy for spider veins, **treatment** of superficial varicose veins
- Botox, dermal fillers, or **treatment** of vitiligo or any skin pigmentation disorder

other than the **treatment you** are eligible for under the reconstructive surgery benefit.

Criminal activity

You are not covered for **treatment** arising from or related to injuries sustained while **you** are engaged in a criminal, illegal or unlawful act.

Dietitian

You are not covered for **treatment** or advice by a dietitian or nutritionist (unless covered under **your plan** under the dietitian benefit in the *cancer treatment* section of the **table of benefits**).

Drugs prescribed for outpatient mental health treatment

You are not covered for drugs prescribed for **outpatient** mental health **treatment**. However, there may be some cover under the *cancer treatment, counselling* section of the **table of benefits**.

Experimental drugs and treatments

You are not covered for **treatment** or medicine which in **our** reasonable opinion is experimental or unproven based on generally accepted current clinical evidence and generally accepted medical practice.

Eyesight

You are not covered for:

- LASIK eye surgery or any other surgical correction of short-sightedness (myopia), long-sightedness (hyperopia) or irregular-shaped cornea (astigmatism)
- any lens other than a standard mono-focal replacement lens as part of an eye operation, such as cataract surgery
- spectacles, and other visual aids, treatment of strabismus (squint) or amblyopia (lazy eye)
- sight tests (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**)

Failure to follow medical advice

You are not covered for:

- **treatment** arising from or related to **your** unreasonable failure to seek or follow medical advice and/or prescribed **treatment**, or **your** unreasonable delay in seeking or following such medical advice and/or prescribed **treatment**
- complications arising from ignoring such advice

Foetal surgery

You are not covered for surgery undertaken on a child while it is in its mother's womb.

Genetic testing or genetic engineering

You are not covered for genetic testing or genetic engineering, other than **treatment you** are eligible for under the cancer genome tests benefit in the *cancer treatment* section of the **table of benefits**.

Hearing

You are not covered for:

- **treatment** for or arising from deafness caused by maturing or ageing
- **treatment** for or arising from deafness caused by a **congenital condition** if either the abnormality was diagnosed, or **you** were showing signs or symptoms of the abnormality, before **your date of entry** (unless covered under **your plan** under the **treatment for congenital conditions** or hereditary conditions for newborn babies benefit in the *maternity costs* section of the **table of benefits**)
- hearing aids
- hearing tests (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**)

Infertility, IVF, and assisted reproduction

You are not covered for:

- testing or diagnosis related to infertility
- infertility **treatment, assisted reproduction** (e.g., IVF **treatment**), including establishing pregnancy

Learning and educational difficulties

You are not covered for learning and educational difficulties, including, but not limited to, dyslexia and speech disorders.

Natural changes as a result of ageing

You are not covered for:

- **treatment** to relieve the symptoms commonly associated with physiological or natural changes as a result of ageing e.g., menopause or puberty
- bone densitometry
- reproductive hormone testing, reproductive hormone therapy or hormone replacement therapy (unless covered under **your plan** under the hormone replacement therapy benefit in the *outpatient treatment* section of the **table of benefits**)

Palliative care

You are not covered for **palliative care** other than cover available to **you** for the **palliative care** of a **terminal medical condition** in the *lifetime care* section of the **table of benefits**.

Persistent vegetative state and neurological damage

You are not covered for **treatment** received after:

- **you** have been in a **vegetative state** for a period of eight weeks
- **you** have sustained permanent neurological damage and remained in **hospital** for a period of eight weeks

Except for any **treatment you** are eligible for under the lifetime care benefit.

Physical development, learning difficulties, speech disorders, and behavioural problems

You are not covered for any consultations, tests required to diagnose or exclude a diagnosis, or **treatment** of or related to:

- developmental delays
- learning and education difficulties, including, but not limited to, dyslexia and speech disorders
- behavioural problems, including, but not limited to, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and Tourette's syndrome
- physical development of any kind
- teething
- bed wetting

Pre-existing medical conditions or related conditions

You are not covered for **treatment** related to:

- any **pre-existing medical conditions** of the following types and any **related conditions**, if you have ever had them at any time before your **date of entry**, unless we have agreed otherwise:
 - *brain or nervous system conditions*
 - *cancer, tumours or growths*
 - *heart or circulatory conditions*
 - *mental health conditions, drug and alcohol issues or sleep disorders*
 - *joint replacements; and*
- any other **pre-existing medical conditions and related conditions** that you have had during the five years before your **date of entry**, unless we have agreed otherwise.

Preventive surgery

You are not covered for surgery when no physical signs or symptoms are shown, or diagnosis has been made.

Professional sports and motorised racing as an amateur or a professional

You are not covered for **treatment** for an illness or injury related to:

- participation in (including training for or practising for) any kind of professional sport or professional racing (by professional, we mean sport where you are being paid to participate and/or you are receiving sponsorship or other benefits as a result of your participation)
- participation in (including training for or practising for) any kind of racing (whether amateur or professional) which involves the use of a motorised vehicle

Repeat prescriptions and longer-term medication

We will only pay for medication that has been prescribed for you to use during your **policy year**. If you are prescribed medication that you need to take after your **policy year** has expired, we will pay for the proportion of the medication you need to take during your **policy year**.

Scalp conditions

You are not covered for:

- **treatment** specifically related to scalp conditions, including, but not limited to, alopecia
- wigs (unless covered under your plan in the *cancer treatment* section of the **table of benefits**)

Search and/or rescue

You are not covered for:

- search and/or rescue operations, including, but not limited to, mountain rescue or rescue from ski slopes or pistes, underground rescue, or underwater rescue; or
- evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht

Second opinions or duplicate tests

You are not covered for second or subsequent opinions from a **doctor, medical practitioner** or **specialist** or for duplicate tests for the same condition.

Self-inflicted injuries

You are not covered for **treatment** of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

Sexually transmitted diseases

You are not covered for **treatment** related to sexually transmitted diseases including genital/anal warts.

Sleep disorders

You are not covered for **diagnostic tests** for or **treatment** of any sleep related disorder, including, but not limited to, insomnia, snoring and sleep apnoea.

Stem-cell harvesting

You are not covered for stem cell harvesting other than prior to a stem cell transplant, or any **treatment** undertaken in anticipation of, prior to, or following such harvesting.

Sundry medical supplies

You are not covered for non-prescribed items such as hot and cold packs and support bandages, unless these are required as a result of **treatment** received during a medical emergency.

Temporomandibular joint (TMJ) disorders

You are not covered for treatment of disorders of the Temporomandibular joint (TMJ) including any **related condition**.

Travel costs

You are not covered for travel costs including airfares and hotel accommodation (unless covered under your plan in the *expat benefits* section of the **table of benefits**).

Treatment by a related party

You are not covered for **treatment** provided by and/or under the control of and/or on referral from:

- any family member, including, but not limited to, a spouse, partner, parent, brother, sister, child, grand-parent, grand-child, uncle or aunt
- any **medical services provider, medical practitioner or specialist** where the **member** has a financial interest and/or a professional interest, including, but not limited to, employees, employers, consultants and owners

Vitamins, dietary supplements, natural substances, and creams

You are not covered for commercially available substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, moisturisers, oils, creams, or other pharmaceutical products, other than any **treatment** available to **you** under the routine maternity care and childbirth benefit in the *maternity costs* section of the **table of benefits**.

War and terrorism

You are not covered for **treatment** arising directly or indirectly from war, foreign enemy hostility, terrorism, rebellion, civil war, revolution, military coup, riot, strike, martial law, state of siege or attempted overthrow of a government, unless **you** are an **innocent bystander**.

Weight-related conditions and eating disorders

You are not covered for investigations or **treatment** related to:

- obesity, or which is necessary because of obesity
- weight monitoring or control, such as slimming classes, aids and drugs
- bariatric surgery, or complications resulting from bariatric surgery
- eating disorders of any kind, such as anorexia nervosa or bulimia

Wilful exposure to needless danger

You are not covered for **treatment** of any conditions arising directly or indirectly from **your** gross negligence and/or **your** wilful exposure to needless danger except in an attempt to save a human life.

If you need to make a claim

As stated in the **table of benefits**, there are certain benefits and **treatments** for which **you** must obtain pre-authorisation.

If **you** need to claim for a benefit or **treatment** for which **you** must obtain pre-authorisation, **you** must contact **us** in advance of starting **your treatment** and give **us** all the information **we** require to assess if **your** proposed **treatment** will be eligible for cover under **your plan**. If **your** proposed **treatment** is eligible for cover, **we** will pre-authorise all eligible expenses. **We** will not pay for any **treatment** costs or expenses that have not been pre-authorised by **us** in advance.

Eligible medical services providers

You have the freedom to choose when and where **you** receive **your medical treatment** within **your coverage zone**. Please note that **we** will only pay up to the **reasonable and customary** monetary amount which is typically charged in the country where **treatment** is being received.

If you have cover for temporary trips to the USA and you seek treatment or care there

All **treatment** and care **you** receive in the United States of America must be pre-authorised in advance by **us** or by the **Assistance Service**. **We** will not pay for any **treatment** or care in the United States of America that has not been pre-authorised.

If **we** instruct a local agent to arrange the billing or cost adjustment of **your** medical expenses in the United States of America, any fees charged by the local agent will be deducted from the USA benefit limit available under **your plan**, as stated in the *Your coverage zone* section of this **agreement**.

If you are admitted to hospital

All **inpatient** and **daypatient hospital treatment** must be pre-authorised by **us** or by the **Assistance Service**.

Please contact **us** as soon as **you** know that **you** need **inpatient** or **daypatient treatment**. **You** must let **us** know that **you** need **inpatient** or **daypatient treatment** at least 5 days in advance of **your admission**. This gives **us** sufficient time to contact the **hospital** to obtain the necessary medical information.

When **you** contact **us**, **we** will ask **you** to complete a pre-authorisation form and a consent form that permits the **hospital** to release the necessary medical information to **us**. Once **we** have received all the medical information that **we** require, both from the **hospital** and **yourself** (including any other information **we** might need), **we** will advise **you** if the proposed medical **treatment** will be covered by **your plan**.

If **you** contact **us** less than 5 days in advance of **your** admission, **we** may be unable to pre-authorise **your treatment** in time. This means **you** may have to pay for the **treatment yourself** and submit a **claim** for reimbursement to **us** later. In some instances, **we** may decline **your** reimbursement **claim** or **we** may subject **your** reimbursement **claim** to a 20% **co-insurance**.

If **you** are admitted to **hospital** in an emergency and it's not reasonably possible for **you** to contact **us** in advance of **your**

admission, **we** will consider **your claim** provided that **you** contact **us** within 24 hours of **your** admission. If **you** do not contact **us** within 24 hours, **we** may decline **your claim** or subject **your claim** to a 20% **co-insurance**.

If you do not obtain pre-authorisation for treatment that we have specified must be pre-authorised

For eligible **treatment** which has not been pre-authorised, **we** will only reimburse 80% of the eligible costs.

How to claim back your eligible treatment costs

If **you** are claiming for a medical condition, **you** will need to download a [claim form from our website](#).

Please complete Section A of the claim form. If the total amount of **your claim** is likely to exceed US\$500 (or the foreign currency equivalent), please take the **claim** form with **you** when **you** visit **your doctor** and ask him or her to complete and sign Section B of the claim form.

Scan the completed **claim** form and the fully itemised invoices and receipts for the **treatment** **you** have received, and send to claims@william-russell.com.

Even if **your claim** is less than US\$500 **we** may in some cases require **your doctor** to complete and sign Section B of **your** claim form before **we** can settle **your claim**.

We can only reimburse **your claim** when **we** have fully itemised invoices and receipts which give a breakdown of the **treatment** and medical services **you** have received, and any drugs **you** have been prescribed.

Please retain **your** original invoices, receipts and **claim** forms for 12 months. **We** may require these for auditing purposes.

Claim forms are not required however when **you** are claiming for the following benefits:

- If **you** are claiming for the well-being benefit or dental benefit please send **us** the fully itemised invoices and receipts for which **you** are claiming reimbursement, together with **your** bank account details.
- If **you** are claiming for the compassionate home visit benefit please send **us** a copy of the death certificate of **your close family member**, together with a copy of the invoice for **your** round-trip airfare, stating the class of travel, and **your** bank account details.

Claims for which a medical referral letter is required

If **you** are claiming for **outpatient** physiotherapy, any **treatment** by a chiropractor, **outpatient** mental health **treatment**, osteopath, chiroprapist or podiatrist, a dietitian consultation or an MRI or CAT (CT) scan **you** must also send **us** **your medical referral letter**. If **you** are claiming for a PET scan, **you** must also send **us** **your specialist's medical referral letter**.

Supplying the information required to process your claim

We can accept the information required to process **your claim** via email. Simply, scan in PDF format **your** itemised invoices, receipts, **medical referral letter** (when required) and **your** fully completed claim form and email them all to claims@william-russell.com. Please always retain the original copies of everything for a period of 12 months as **we** reserve the right to receive these documents before **we** assess **your claim**. **We** may also require them at any time for auditing purposes. Or, **you** can send the information required to process **your claim** by post.

You must submit **your claim** within 6 months of **your treatment** date, unless it was not reasonably possible for **you** to submit the **claim** within this time. **We** will not pay any invoices received by **us** more than 12 months after the **treatment** date.

We will not pay fees charged by a **medical practitioner**, or anyone else, for completing a claim form.

Paying your claim

Where possible **we** will settle invoices for **inpatient** or **daypatient treatment** direct with the **hospital** or **medical services provider**. **We** will deduct any **excess** or **co-insurance** amount, as well as any other ineligible items, and **you** will be responsible for paying the shortfall direct to the **hospital** or **medical services provider**.

If **we** are paying **you** direct, **our** preferred method of payment is bank transfer. If **you** provide us with incorrect payment details and **we** cannot recover the payments, **we** will not make the payment again to **you**.

We will only make payment to **you** or to the **medical services provider** that provided **your treatment**. Payment will not be made for **treatment** that has not been received yet.

If **we** or the **Assistance Service** pre-authorise costs which subsequently turn out to have been related to a condition which is not covered by **your plan**, **you** will be responsible for all the costs incurred, and if **we** have made any settlement on **your** behalf, **you** will be responsible for repaying to **us** the amount **we** have paid.

Using the cashless access service

To be eligible to receive the cashless access service, **you** must have completed an application for the service and have paid any additional premium invoiced by **us**.

If you are eligible for the cashless access service this will be stated on **your certificate of insurance**, and **you** will be issued with a membership card which bears the letters 'DB'. This card, together with photographic identification, will enable **you** to receive eligible **treatment** at **cashless access medical services providers** within **our medical network**. The **cashless access medical services provider** will bill **us** directly for **your treatment**.

If the cost of **your treatment** is greater than US\$500, the **cashless access medical services provider** will contact **us** for pre-authorisation of the **treatment**. To avoid delays, **we** recommend that **you** contact **us** in advance of **your treatment**. Once **we** have verified that the **treatment** is eligible for cover, **we** will let the **cashless access medical services provider** know.

It is important to note that the **cashless access medical services provider** is not aware of the terms and benefits provided by **your plan**. They will provide **treatment** in accordance with a separate agreement between **us** and them.

This means that, for **claims** of less than US\$500 where the **cashless access medical services provider** is not obliged to contact **us** for pre-authorisation, it is **your** responsibility to claim only for **treatment** that is eligible for cover under **your plan**.

We have an obligation to settle all bills for **treatment** received from **cashless access medical services providers** within **our medical network**, provided that they fall within the terms of the contract between **us** and them.

If **you** receive **treatment** for a medical condition that is not covered by **your plan**, the **cashless access medical services provider** will contact **you** to collect payment for the ineligible expenses **you've** claimed. **We** may remove cashless access from **your policy**, and—if **you** don't repay the ineligible expenses to the **cashless access medical services provider** within 30 days—**we** may not renew **your policy**.

If **you** cancel **your policy**, **you** must return **your** membership card to **us**. **We** will cancel **your** cover with effect from the date **we** receive **your** membership card. **We** can accept a photograph of a cut card.

The membership cards are **our** property and **we** can ask **you** to return the cards to **us** at any time.

We have the right to remove cashless access from **your policy** at any time within **your policy year**, at **our** discretion.

Exchange rates

We will settle **your claim** in the currency that **you** pay **your premium** (unless **you** instruct **us** to settle it in another currency **we** can support).

If the invoices for **your treatment** are in a currency different from **your policy** currency, then—using exchange rates from oanda.com—**we** will:

- calculate the amount payable in **your policy** currency;
- deduct any **excess** and/or **co-insurance**;
- apply any applicable benefit limits; then
- convert the amount payable into the currency in which **you** have asked **us** to pay **you**.

Exchange rates may fluctuate and **we** are not responsible for any losses **you** incur due to such fluctuations.

If **you** submit multiple invoices relating to the same **claim**, **we** will settle the invoices using the historic exchange rate from oanda.com for the date of the final invoice.

If **your treatment** spans two **policy years**, **we** will settle invoices for **treatment** received during **your** previous **policy year** at the historic exchange rate for the date of the final invoice of that **policy year**. **We** will settle subsequent invoices at the historic exchange rate for the date of the final invoice of the next **policy year**.

Excesses, co-insurance, and benefit limits

The **excess** shown on **your certificate of insurance** is the amount each **member** will have to pay towards the cost of their **treatment**.

If **your policy** has an **excess** and the benefit **you** are claiming for has **co-insurance** or limits, **we** will apply the **co-insurance** first, then the **excess**, then the limit.

If **your policy** has an **excess per claim**, this is the amount **you**

will have to pay in respect of each course of **treatment you** receive for each specific illness or injury. When **you** renew **your policy**, the **excess** applies again. If **you** later start a new course of **treatment** for the same illness or injury, **we** will treat the new course of **treatment** as a new **claim** and the **excess** will apply again. If **your claim** is in respect of the well-being benefits, **your excess** will be applied once per **policy year**.

If **your claim** is in respect of the well-being benefits, **your excess** will be applied once per **policy year**.

If **your excess** is per annum it will be applied once per **policy year**. For example, if **your excess** is US\$500 per annum, **we** will not pay for the first US\$500 of eligible expenses **you** incur during **your policy year**. **We** will apply one **excess** per **policy year** irrespective of the number of **claims you** make. **You** must submit all eligible **claims to us** - even **claims** within **your** annual **excess**, as **we** will only be able to reimburse **you** when the value of the eligible expenses **you** incur exceeds the amount of **your** annual **excess**. When **you** renew the **policy**, the annual **excess** will apply again in respect of **your** new **policy year**.

Our right to request additional information

We may request additional medical information to enable **us** to assess **your claim**, such as medical reports or tests. These must be provided at **your** own expense. **We** may also request an independent medical examination. If **you** do not agree to supply **us** with additional medical information that **we** reasonably request, **we** will not be able to assess **your claim**.

If **you** require ongoing **treatment we** may ask for further medical information, and if **we** do, the cost of providing this information must be borne by **you**. **We** are unable to return original documents such as invoices or medical letters, but **we** will send **you** copies upon request.

Our right to request a treatment review

We will not pay for **treatment** which in **our** opinion is inappropriate based on established medical and clinical practice and **we** are entitled to conduct a review of **your treatment** when it is reasonable for **us** to do so.

Illness or injury caused by a third party

If **you** are claiming for an illness or injury that was caused by some other person or organisation (a third party) **you** must let **us** know in writing straight away, or tell **us** on **your** claim form. **We** will then pay benefit in accordance with the terms of this **agreement** provided that **you** take all necessary steps **we** ask **you** to take to assist **us** in recovering **our** costs from the person or organisation at fault (such as through their insurance company) the cost of the **treatment** paid for by **us**, plus interest, at **your** own expense.

If **you** pursue a personal **claim** for damages against the third party, **you** must provide **us** with the full name and address of the solicitor handling the action. **We** will then contact the solicitor to register **our** interest and seek to recover **our** own costs, plus interest, in addition to any damages that **you** may recover or be awarded. **We** reserve the right to appoint **our** own solicitor to act on **your** behalf in this matter and to take over the conduct of the action.

If **you**, or any **member**, are able to recover from the third party (whether or not through legal action) compensation that includes any **treatment** costs **we** have paid, **you** must repay that amount to **us**. Any interest that **you** or any **member** may also have been awarded that relates to the recovered **treatment** costs **we** have

paid for must also be repaid to **us**. If **you** only receive a proportion of **your claim** for damages then **you** must repay to **us** the same proportion of **our** costs.

If you are covered by another insurance policy

If **you** have any other insurance that covers the same costs as **we** do, **we** will only pay **our** proportionate share of the **claim**. In this event, **you** must provide **us** with full details of the other insurance, including the name and address of the other insurer, their policy and **claim** number and any other relevant information, when **you** first submit **your claim**. **We** will then contact the other insurance company to ensure that **we** only pay **our** proportion of the **claim**. This may involve **us** sending **your** personal information regarding **your claim** to the other insurer.

We will also allow sums paid by another insurer to be offset against the **excess** payable under **your policy** with **us**, subject to receiving confirmation from the other insurer of any amounts already paid by them, and subject to the **treatment** costs being eligible for cover under **your plan** with **us**.

Receiving treatment in a higher tier room or restricted hospital

If **you** choose a **private room** for **your inpatient** or **daypatient treatment** and **you** have selected the semi-private hospital room option as **your** insured cover, then all of **your treatment** and accommodation costs will be subject to a 15% **co-insurance**.

If **you** choose a private room for **your inpatient** or **daypatient treatment** and **you** have selected the general ward option as **your** insured cover, then all of **your treatment** and accommodation costs will be subject to a 30% **co-insurance**. If **you** choose a semi-private room for **your inpatient** or **daypatient treatment** and **you** have selected the general ward option as **your** insured cover, then all of **your treatment** and accommodation costs will be subject to a 15% **co-insurance**.

In addition to the above, a **co-insurance** of 20% will apply if the private room is in a **restricted hospital in Hong Kong**, unless **you** have selected the full cover in a private hospital room option as **your** insured cover. For example if **you** have chosen the semi-private hospital room option and **you** opt for **treatment** in a private room in the Matilda hospital, a **co-insurance** of 15% and then an additional **co-insurance** of 20% will be applied to **your inpatient** or **daypatient treatment** and accommodation costs.

In the case of **emergency treatment**, where a semi-private hospital room or general ward is not available, **we** will reimburse 100% of the **inpatient** or **daypatient** accommodation and **treatment** costs. **You** will be transferred to a semi-private room or general ward once one is available.

Other information about your policy

Policy premiums

The **policy premiums** are age-related and will increase as **you** get older. The **policy premiums** are not guaranteed for the duration of **your policy** and are subject to annual review. The **policy premiums** are also dependent upon **your country of residence**. **You** must tell **us** if **your country of residence** changes.

All **premiums** are payable in advance of the **premium due date** as shown on **your invoice**. **Premiums** must be paid in the **policy** currency.

You may pay **your premiums** by the following method:

- annually by cheque or direct debit from a UK bank account, bank transfer, or an acceptable credit or debit card
- 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** have a **sterling policy**.

If **you** pay **your premiums** by direct debit, **we** will require **your** original, signed direct debit mandate before **we** can start **your policy**.

If insurance **premium** tax or any similar charge is levied by the government in **your country of residence**, **you** must also pay to **us** the amount of such tax.

Premiums must be paid directly to **us**. If **you** pay **your premiums** to anyone else such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** agent. **We** are not responsible for any **premiums** paid to any third party.

When **you** provide **us** with **your** credit or debit card details or direct debit mandate **you** are authorising **us** to debit **your** account with the appropriate **premiums** due for the current **policy year** and for all subsequent renewal **premiums** due as invoiced by **us**, until such time as **you** advise **us** in writing that **you** wish to alter **your** payment method or cancel **your policy**. It is **your** responsibility to keep **us** informed about **your** current credit or debit card details. Provided the details **we** hold for **you** are still valid, **we** will automatically debit **your** account with **your** renewal **premium** on or before **your renewal date**.

Unpaid or late premiums

You must contact **us** as soon as **you** become aware that **you** may not be able to pay **your premium**. **We** may automatically cancel **your** cover if **you** fail to pay **your premium** on or before the **premium due date**, or if **we** are unable to collect **your premium** from **your** credit or debit card, or by direct debit for any reason.

We may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **you** pay the outstanding **premium** within 30 days of the **premium due date**. During this 30-day period **we** will not accept any **claims** for **treatment** incurred on or after the **premium due date** until **you** have paid the **premium** due. This also applies to **treatment** that **we** have already pre-authorised.

If **you** do not pay **your premium** within 30 days of the **premium due date**, **we** will cancel **your policy** from midnight on the day

before **your premium due date**. Once **we** have cancelled **your policy**, **you** will have to complete a new **application form** which will be subject to **medical underwriting**.

Enhancing your cover

You may apply to enhance **your** cover at any time by completing a new **application form**, and the enhanced cover will be subject to **medical underwriting**.

If **we** accept **your application** for enhanced cover, **we** will issue an invoice for the increased **premium**. **Your** enhanced cover will start from the date **we** receive **your premium**, provided it is received within 30 days of the date of **your application**.

If **you** enhance **your plan**, **claims** in respect of benefits that are subject to a **waiting period** will be assessed in accordance with **your** former **plan** until the expiry of **your** new **plan's waiting period** for that benefit. For example, if **you** are covered by the Silver **plan**, and **you** enhance **your plan** to the Gold **plan**, any benefit payable in respect of the *well-being benefits* section will be restricted to the Silver **plan** benefit limit for the first 6 months of **your** Gold **plan**.

If **you** apply to reduce **your excess**, **we** will continue to apply **your** previous **excess** to any **claim** for any condition that first manifests itself after **your** original **date of entry** to **your** previous **plan**, but before the date **your excess** is reduced.

If **we** accept **your application** for enhanced cover, all conditions that existed prior to the date on which **your** cover is enhanced will be restricted to the level of cover that **you** held immediately prior to that date, even if **you** have previously held a higher level of cover.

Reducing your cover

If **you** wish to reduce the cover under **your plan** in any way, **you** must tell **us** in writing and **we** will make the change from **your** next **renewal date** only.

We may refuse any request to change **your excess** to a per annum basis.

If **you** wish to cancel the optional Dental Basic, Dental Plus or Medevac Plus benefits, they will be cancelled for all **members** on **your plan**.

Changing your policy currency

Once cover under **your policy** has started, **you** cannot change **your policy** currency.

However **you** can cancel **your policy** and apply for a new **policy**. **You** will have to complete a new **application form** which will be subject to **medical underwriting**.

Adding dependants to your policy

You may apply for cover on behalf of **your** spouse or partner, provided they are under 76 years of age on their **date of entry**.

You may also apply for cover for **your eligible dependant** children provided they are under 18 years old, or under 25 years old if they are in continuous full-time education. **We** reserve the right to request proof of a child being in full-time education.

We will not start cover for a new **eligible dependant** until we have accepted their **application** and we have received payment of their **premium**.

Adding newborn babies to your policy

You may add **your** newborn child to **your policy**, without any **medical underwriting**, and their **date of entry** can be backdated to birth, provided:

- **you** notify **us** of their full name and date of birth
- **you** pay the additional **premium** required, within 30 days of their date of birth
- **you** have been insured with **us** for a continuous period of twelve months or more at the date of birth

The child's cover will be restricted to the cover provided by **your plan**.

A new **application** and **medical underwriting** will be required if:

- **you** do not pay the additional **premium** within 30 days of their date of birth
- **you** have not been insured with **us** for a continuous period of twelve months or more at the date of birth
- **your** child has been born as a result of **assisted reproduction treatment** and born within 36 weeks of conception
- **you** apply for enhanced cover for **your** child

Adding a baby born by surrogacy, or adding an adopted/fostered child, to your policy

If **you** apply to add to **your policy** a baby born by surrogacy, or a child **you** have adopted or fostered, **we** will only consider their application once **you** have completed all legalities. **We** will need to see all relevant legal documents alongside a completed **application form**. The child must also reside with **you**, in the **country of residence** of the **policyholder** (as stated on the **certificate of insurance**).

We subject all such **applications** to **full medical underwriting**, and their cover will only start once **we** have received the additional **premium** following **our** acceptance of the **application**. For children under 3 months old, **we** require a copy of their hospital birth discharge report.

In the event of the death of a member

If **you** (the **policyholder**) die, provided no **claim** has been made on **your policy**, **we** will refund any **unused premium** from **your** date of death.

If **you** (the **policyholder**) have **eligible dependants** insured under **your policy**, as the contract is between **us** and **you** as the **policyholder**, **we** will have to transfer **your eligible dependants** on to their own **policy**.

To enable **us** to do this **we** will require a new **application form** which must be completed and returned to **us** within 30 days of **your** date of death. Provided **we** receive the new **application form**, and provided **premiums** continue to be paid up to date, **we** will continue their cover as before.

If **your eligible dependants** want to continue with cover that is enhanced in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

If **your eligible dependants** are under the age of 18, their

legal guardian will have to sign the **application form** as the **policyholder** on their behalf.

If an insured **eligible dependant** dies, please inform **us** as soon as possible. If they have made no **claim** on their **policy**, any **unused premium** from their date of death will be refunded. However if the deceased **member** had made a **claim**, no **premium** refund will be made.

Divorce and separation

If **you** (the **policyholder**) have **your** spouse or partner included under **your policy** and **you** become separated or divorced, **we** will have to transfer **your** insured spouse or partner on to their own **policy**. To enable **us** to do this **we** will require **your** spouse or partner to complete a new **application form** which must be completed and returned to **us** within 30 days of **your** date of divorce or separation.

Provided **we** receive the new **application form**, and provided **premiums** continue to be paid up to date, **we** will continue to cover **your** insured ex-spouse or partner as before. If **your** ex-spouse or partner wants to continue with cover that is enhanced in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

When a child dependant is no longer eligible to be covered under your policy

If one of **your** children has married, or has reached the age of 18 (or the age of 25 if they are in full time education) they will no longer be eligible to be included in **your policy** from the **renewal date** following their marriage/birthday.

However, **your** child may apply to continue their cover on their own **policy**, at the applicable adult **premium** rate, provided they send **us** their completed **application form** and **we** receive the appropriate **premium** within 30 days of **your renewal date**.

If they want to continue with cover that is enhanced in any way in comparison to their previous cover, they will have to complete a new **application form** and any enhancement in their cover will be subject to **medical underwriting**.

If **we** do not receive **your** child's **application form** and **premium** within 30 days of **your renewal date**, their cover will automatically cease from midnight on the day before **your renewal date**. If they subsequently wish to apply for cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

Changing your address, country of residence or country of nationality

You must inform **us** if **you** change **your** address and provide **us** with the new details.

If **you** change **your country of residence** or **you** change **your country of nationality**, **you** must tell **us** straight away.

If you no longer reside in Hong Kong

Under the terms of this **agreement** cover is not available to **you** if the **policyholder** no longer resides in Hong Kong, irrespective of **your** nationality. If Hong Kong is no longer the **policyholder's** place of residence you must tell **us**. **Your** cover will automatically terminate from the renewal date after **you** take up residence outside of Hong Kong.

We may be able to offer **you** continuation of cover under another William Russell **policy** if the **policyholder** no longer resides in Hong Kong. Please get in touch with **us**.

If the USA, Ireland, or Switzerland is or becomes your country of residence

Under the terms of this **agreement**, insurance cover is not available to **you** if the United States of America, Ireland, or Switzerland is or becomes **your country of residence**, irrespective of **your** nationality. If the United States of America, Ireland, or Switzerland becomes **your country of residence** you must tell **us**. **Your** cover will automatically terminate from the renewal date after **you** take up residence in the United States of America, Ireland, or Switzerland.

Sanctions restrictions

We will not provide insurance cover or pay any **claims** under **your policy** if the laws of any relevant jurisdiction (including France, the UK, and the European Union), the resolutions, trade sanctions, and economic sanctions of the United Nations, or other sanctions under international law prevent or restrict **us** from doing so.

We will not provide **you** with any services or insurance cover including (but not limited to) acceptance of **premium** payments, **claim** payments, and other reimbursements if, in doing so, **we** would violate any applicable laws, regulations, codes, or court orders, or **we** are (or will be) otherwise sanctioned, prevented, or restricted.

We may cancel **your policy** if **we** consider **you** a sanctioned person, or if **you** conduct an activity that is sanctioned according to trade or economic laws and regulations.

Renewing your policy

You may continue to renew **your policy** each year regardless of **your** age or state of health, or the number or value of **claims** **you** have made. **We** will not cancel **your policy** unless **we** are entitled to do so under **our** cancellation policy.

If **you** regularly have **your treatment** in a country which is not **your** declared **country of residence**, **we** reserve the right to use the country where **you** regularly have **your treatment** as **your country of residence** when **we** calculate **your renewal premium**.

Prior to **your policy renewal date** **we** will send **you** an invoice by email stating **your premiums** for **your new policy year**.

Your premium for each new **policy year** will be determined by the following:

- **your age** at the start of **your new policy year**
- the ages of **your eligible dependants** at the start of their new **policy year**
- the number of eligible children **you** insure
- **your plan**
- **your coverage zone**
- **your excess** amount
- **your country of residence**

Other factors may affect **your renewal premiums**, such as general changes **we** make to **our premiums** annually, changes to the discounts and loadings **we** apply to **excesses**, changes to the child **premium** discounts, changes **we** make to the Low **Claims** Discount and No **Claim** Incentive, and changes to the surcharge

for instalment **premiums**.

We may also change the methods of payment **we** offer.

Your premiums may also be affected by the introduction of or increase to insurance **premium** tax or other tax, levy or charge applicable in **your country of residence**.

We may also change the benefits offered by **your plan** and/or **your excess** amount. **We** may also change the terms of the No **Claim** Incentive and the Low **Claims** Discount. If **we** do, **we** will write to **you** before **your renewal date** to confirm these changes. Any changes **we** make to **your** benefits or **excess** amount will come into effect from the **renewal date** of **your policy**.

From time to time **we** may decide to discontinue the **plan** **you** are a member of, and/or change the **excess** amount available. If this happens, **we** will transfer **your** membership to another similar **plan**.

Paying your renewal premium

You must pay **your renewal premium** on or before the due date.

If **you** pay **your premium** by credit or debit card or by direct debit, unless **you** tell **us** not to, and provided **your** credit or debit card details are current, **we** will withdraw **your renewal premium** on or around its due date.

You must contact **us** as soon as **you** become aware that **you** may not be able to pay **your renewal premium**. **We** will discuss the options available to **you**. If **you** do not pay **your renewal premium** within 30 days of the **premium due date**, **we** may cancel **your** policy from midnight on the day before **your premium due date**.

We may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **you** pay the outstanding **premium** within 30 days of the **premium due date**. During this 30-day period **we** will not accept any **claims** for **treatment** incurred on or after the **premium due date** until **you** have paid the **premium** due. This also applies to **treatment** that **we** have already pre-authorised.

If **you** do not wish to renew **your policy** **you** must inform **us** in writing as soon as **you** receive **your renewal premium** invoice and prior to **your renewal date**.

Premium discounts for children

When **you** have **eligible dependant** children included in **your** (the **policyholder's**) **policy**, the child **premium** discounts will be applied as follows:

- the discount for the oldest child insured on **your policy** is 0%
- the discount for each additional child insured on **your policy** is 5%

If a child leaves **your policy**, **we** will recalculate the **premiums** for the remaining children with effect from the date on which the child leaves. This means that the **premium** **you** pay will always be based on the actual number of children **you** insure.

No-claim incentive, (applicable only to members whose date of entry was prior to 01 January 2007 and who qualify for the no-claim incentive at their renewal date between 01 March 2024 and 28 February 2025)

If **you** are eligible for the no-claim incentive, it will be stated on **your certificate of insurance** together with the applicable terms & conditions.

Low Claims Discount at renewal (applicable only to members whose date of entry is prior to 01 March 2022 and who are currently entitled to a Low Claims Discount)

If the total cost of claims we have paid in respect of any member, for the preceding three years for coverage, plus the estimated value of any claims pending* for that member at the time of your renewal, is equal to, or less than, 35% of the total premium you have paid to us over that period, then the premium for that member will continue to qualify for a Low Claims Discount of 15%.

The Low Claims Discount is recalculated at each renewal. We reserve the right to change the terms of the Low Claims Discount

*Pending claims are claims that we have received but which have not yet been paid.

Cancelling your policy

If **you** wish to cancel **your policy**, or if **you** want to cancel cover for one of **your dependants**, **you** must instruct **us** in writing by letter or email. **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** are eligible for cashless access services, **we** will cancel **your** cover from the date on which **we** receive **your** returned membership card.

We will only make a refund in respect of **unused premium** if no claim has been made during the **policy year**. If a claim has been made by any **member**, no **unused premium** will be refunded in respect of that **member**.

In accordance with French law, this **agreement** may also be terminated, on the initiative of **policyholder** at any time, without fees or penalties at the expiration of a period of one year from the start of **your policy**. The termination takes effect one (1) month after **we** have received notification by email.

When we can cancel your policy

We have the right to cancel **your policy** immediately if:

- **you** do not pay **your premium** and other charges such as insurance **premium** tax within 30 days of any **premium due date**
- **you** cease to be a member of the **William Russell Association for Health, Financial Protection and Well-Being**.
- **you** have not provided **us** with medical information **we** have requested to enable **us** to assess a **claim** or any potential **claim** that may arise in the future
- **you** have not repaid to **us** fully any ineligible **claim** payments **we** have invoiced **you** with
- **you**, any **member** or any person acting on **your** behalf has made any threatening or abusive comment, or used any unacceptable language towards **us** or any member of **our** staff, or any service provider acting on **our** behalf, whether verbally (including any telephone conversation) or in writing (including any electronic communication)
- **we** reasonably suspect that any **member** has misled **us** or attempted to mislead **us**, whether intentionally or carelessly, either at the time of joining or when making a **claim**, by:

- making a claim under this **policy** knowing it to be dishonest, intentionally exaggerated or fraudulent in any way
- providing **us** with incomplete or false information
- working with another party to provide false information to **us**
- changing original documents

If **we** cancel **your policy** for any of the above reasons, **we**:

- will not refund any **premium you** have paid to us;
- may also report the matter to the relevant authorities, if appropriate;
- reserve the right to recover from **you** the costs of any fraudulent **claims we** have paid.

We have the right to cancel **your policy** from **your renewal date** if you move to a country where **we** are unable to offer continued cover due to compliance, and/or legal reasons.

When we may apply special terms to your plan

We have the right to apply **special terms** to **your policy** if **you** give **us** inaccurate or incomplete information. Such **special terms** will be applied from **your date of entry**.

Your responsibilities as the policyholder

It is **your** responsibility to:

- ensure that all **premiums** are paid when they are due
- inform **us** if **your** personal details, or the personal details of any **member**, change
- keep **us** advised of **your** current email address
- inform **us** if **you** change **your** address, **country of residency** or **country of nationality**

Our liability under this policy

Our liability under this **policy** is limited to paying for **treatment** or services in respect of eligible **claims** under this **policy**. The choice of provider of the **treatment** or services for which **you** are claiming under this **policy** is **your** responsibility. **We** make no representations or recommendations regarding the availability and standard of any **treatment** or services offered or provided by any **hospital** or **medical services provider**. **We** will not be held liable to **you** or any **member** for any loss, harm or damage of any description resulting from lack of availability or from a defect in the quality of any **treatment** or service offered or provided by any **hospital** or **medical services provider**. This **policy** represents the whole and only **agreement** between **you** and the **insurer** relating to the provision of private medical insurance.

Limitations on actions

The provisions relating to the statute of limitations on actions arising from the insurance contract are established by Articles L.114-1 - L.114-3 of the French Insurance Code indicated hereafter:

Article L. 114-1 of the French Insurance Code

All actions arising from an insurance contract are limited to two years after the incident giving rise thereto. However, this statute of limitations only applies:

1° In case of concealment, omission, false or inaccurate declaration of the risk involved, from the day on which the **insurer** had knowledge thereof;

2° In the event of a **claim** of damages, from the day on which the Parties involved became aware thereof, if they prove that they were unaware of it until then.

When the action of the Insured Party against the **Insurer** is due to the action of a third party, the statute of limitations only starts to run from the day on which the third party initiated legal proceedings against the Insured Party or was compensated by him.

The limitation is extended to ten years in life insurance contracts when the beneficiary is a person distinct from the policyholder and, in accident insurance contracts affecting people, when the beneficiaries are the beneficiaries of the deceased insured party.

For life insurance contracts, notwithstanding the provisions of Item 2, the actions of beneficiaries are limited to thirty years after the death of the Insured Party.

Article L. 114-2 of the French Insurance Code

The running of the statute of limitations is interrupted by one of the ordinary causes of interruption and by the appointment of experts following an incident. The interruption of the statute of limitations of the action can furthermore result from the sending of a registered letter with return receipt requested sent by the **Insurer** to the Insured Party regarding the action for the payment of the **premium** and by the Insured Party to the **Insurer** for the payment of the compensation.

Article L. 114-3 of the French Insurance Code

As an exception to article 2254 of the French Civil Code, the Parties to the insurance contract cannot, even by joint agreement, modify the duration of the statute of limitations, nor add to the causes of its suspension or interruption.

Additional information

The ordinary causes of interruption of the statute of limitations are mentioned in Article 2240 and in accordance with the Civil Code; among the latter include notably: the questioning of one of the joint debtors by a judicial action or by an act of compulsory execution or the acknowledgement by the debtor of the right of the person against whom he applied the statute of limitations. For the exhaustive list of the ordinary causes of interruption of the statute of limitations refer to the aforementioned articles of the Civil Code herein above.

How to make a complaint

At William Russell, each one of **our members** is important to **us**. We believe that **you** have the right to professional customer service of the highest quality at all times. If you think **we** have fallen short of this standard, please follow the procedures outlined below.

If **you** are not happy with the service **you** have received, **you** may write to **us** at any time at the following address:

William Russell Europe SRL

Place Marcel Broodthaers, 8
1060 Saint-Gilles
Brussels, Belgium

Phone +44 1276 486 455

Email contact@william-russell.com

We will acknowledge receipt of **your** complaint within 2 working days. We will investigate **your** complaint and send a response to **you** within 4 weeks of the receipt of **your** complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** advising **you** of when **we** will be able to respond. **We** will endeavour to send a final response to **you** within 8 weeks of the receipt of **your** complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** again explaining why and advising **you** of when **you** may expect a final response.

William Russell acts as mandated underwriter on behalf of the **insurer** of **your plan** in respect of **policy** administration and **claims** handling. If **your** complaint relates to a decision **we** have made on behalf of **our insurers** (e.g., a decision regarding a **claim you** have made), **you** can write to the **insurers** at any stage in the process.

AWP Health & Life SA

Customer Relationships
Eurosquare, 2
7 rue Dora Maar
93400 Saint Ouen
France

Email client.care@allianzworldwidecare.com

AWP Health & Life SA is a signatory to the French Insurance Mediation charter. In the event of a persistent and definitive disagreement, the **policyholder** has the option, after the exhaustion of all domestic remedies referred to above, to call for the French Insurance Mediator without prejudice to possibilities of legal action.

La Médiation de l'assurance

TSA 50 110
75441 Paris Cedex 09
France

Web mediation-assurance.org

If **your** complaint relates to a service provided by William Russell Europe SRL and **you** have not received a response from **us** within 8 weeks of **our** receipt of **your** initial complaint, or **you** are dissatisfied with the final response **you** have received from **us**, **you** may write to the Financial Ombudsman Service in the UK or the Belgian Ombudsman des assurances.

Financial Ombudsman Service

Exchange Tower
London E14 9SR, UK

Phone +44 (0)20 7964 0500

Email complaint.info@financial-ombudsman.org.uk

Web financial-ombudsman.org.uk

L'Ombudsman des assurances

Square de Meeûs, 35
1000 Brussels, Belgium

Phone +32 (0)2 547 58 71

Fax +32 (0)2 547 59 75

Email info@ombudsman-insurance.be

Web ombudsman-insurance.be

Arbitration and applicable law

All disputes arising out of or in connection with the present contract shall be finally settled under the Rules of Arbitration of the International Chamber of Commerce of Paris by one or more arbitrators appointed in accordance with the said rules, and shall take place in Paris. The arbitration shall be conducted in English and French law shall apply. A sole arbitrator shall be appointed by the International Chamber of Commerce of Paris unless the parties to the dispute agree otherwise.

How we process your data

Your policy is underwritten by AWP Health & Life SA and administered by William Russell Europe SRL. What follows here is a summary of the [William Russell privacy policy](#) and the [AWP privacy policy](#).

The following information refers to **your** personal data and the personal data of all other **members on your policy**. Please ensure that all **members on your policy** read the information in this section and the information on the privacy policies linked above.

The personal data we collect

We collect data about **you** and other **members on your policy** from **you**, from other **members on your policy**, **your medical practitioners**, **your** insurance adviser (if **you** have appointed one), and other third parties involved in arranging and administering **your policy**.

We collect data as part of **your application** and in correspondence with **you** by phone, email, post, or other means of communication. This data may include sensitive medical data such as details of **your** physical health, mental health, and well-being.

Failing to provide the personal data we require in order to underwrite and administer **your policy**, or to process **your claims**, could result in us rejecting or not fully paying **your claims**, or us cancelling **your policy**.

How we use your personal data

We will only collect data that is necessary to provide **you** with the services we offer. These include:

- Underwriting and administration of **your policy**
- Processing **claims**
- **Our** business processes, such as auditing, business planning, and accounting
- Compliance with legal and regulatory obligations
- Research or statistical analysis to help us improve **our** services
- Communicating with **you**

We only use **your** personal data in ways the law permits us. Where the use of **your** personal data relies on **your** consent, **you** can withdraw **your** consent. But if **you** do, we may not be able to process **your claims** or manage **your policy** properly.

Who we may share data with

We may disclose **your** personal data to selected third parties for the purposes listed above, including:

- **Our** providers of payment services
- Organisations (such as regulatory authorities) with which we have a duty to disclose or share **your** personal data to comply with **our** legal obligations
- Providers of research, marketing, and analysis services
- The **insurers** or reinsurers of **your policy**
- **Our** emergency Assistance Service providers

- **Your** insurance adviser (if **you** have appointed one)

Your personal data may be disclosed to other parties (such as other insurance companies) with a view to preventing fraudulent or improper **claims**. We never sell, rent or share unlawfully **your** personal data to third parties.

Processing claims

In the event of a **claim**, we may have to share **your** personal data to those involved in **your treatment** or care, or to **your** representative (if **you** have appointed one). This will be done confidentially.

Unless specifically instructed, correspondence about all **claims** (including those made by other **members on your policy**) will be addressed to the **policyholder**. An insured dependant over the age of 16 has the right to confidentiality in relation to their **claims** and personal data. For them to exercise this right, they should contact **our** policy services team.

If **you** have another insurance policy that covers the same costs that **you** are claiming from us, then we may also disclose **your** relevant personal data to the other insurer so we can ensure that we only pay **our** portion of the **claim** costs.

How we keep, store, and dispose of your personal data

We hold **your** personal data in various forms, including electronic databases, computerised files, and paper files. Personal data may be held for a period after **your policy** ends with a view to preventing or detecting fraud, or as we are required to under Belgian, French, or UK law. When we dispose of **your** personal data, we will do so securely. We may continue to keep non-personally identifiable data for the purposes of research and statistical analysis to improve the services we offer.

Where we store your personal data

The personal data we collect from **you** may be transferred to and stored at a destination outside the European Economic Area (EEA). It may also be processed by staff operating outside of the EEA who work for us or for one of **our** suppliers. By submitting **your** personal data, **you** agree to this transfer, storing, and processing. We will take all steps necessary to ensure that **your** personal data are treated securely and in accordance with the information in this section.

Marketing

You have the right to ask us not to process **your** personal data for marketing purposes. We will always seek **your** explicit consent before collecting **your** personal data for marketing purposes. **You** can withdraw **your** consent for us to use **your** personal data in this way at anytime by emailing us at marketing@william-russell.com.

Obtaining a copy of the information we hold about you

You have a right to request a copy of the personal data we hold about you. You also have a right to restrict or object to how we use your personal data, or to request that any inaccurate data be corrected. To exercise any of these rights, please contact:

The Data Protection Officer

William Russell Europe SRL
Place Marcel Broodthaers, 8
1060 Saint-Gilles
Brussels, Belgium

Phone +44 1276 486 455

Email contact@william-russell.com

Where personal data has been supplied by a **medical practitioner**, you should be aware that we need their consent before we can supply this to you. Alternatively, you can request such personal data directly from the **medical practitioner**.

If you believe we are not processing your personal data in accordance with the law, you can complain to:

The Data Protection Authority

Rue de la Presse-Drukpersstraat, 35
1000 Brussels, Belgium

You can view our full privacy policy at william-russell.com/privacy.

Definitions

This section explains what **we** mean by certain emboldened words and phrases bolded in this **agreement**.

Accident

A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place independently of all other causes, which results directly, immediately and solely in physical bodily injury which results in a loss. In no event shall the contracting of any disease and/or illness (including, but not limited to, heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an **accident**. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an **accident**.

Acute medical condition

A disease, injury or illness that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Advanced diagnostics

Diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET).

Agreement

The contents of this document, read in conjunction with **your** completed and signed **application form** and **your certificate of insurance**. Together, these items make up **your agreement** and determine the terms and conditions of **your** cover under the **master policy**.

Application or application form

The **application form** **you** have completed and signed on behalf of **yourself** and on behalf of any **eligible dependants** for whom cover is requested. Please note that on some occasions an alternative form such as a health declaration or an upgrade form may be required to be completed instead of a full **application form**. **We** will advise **you** when this is the case. The alternative form will then be classed as the **application** or **application form** for the purpose of this **agreement**. Information on previously completed **application forms**, if applicable, may also be used by **us** for underwriting and **claims** assessment reasons.

Artificial life maintenance

When you require medical equipment that assists or replaces important bodily functions, including mechanical ventilation, percutaneous endoscopic gastronomy (PEG), and nasal feeding.

Assistance Service

The emergency assistance company contracted by **us** to provide assistance services to **plan** members at the time of **your claim**. The contact details for the **Assistance Service** can be found at the beginning of this **agreement**.

Assisted reproduction

The use of medical techniques, including, but not limited to, in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI), gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction, received during the 3-month period prior to conception.

Cashless access medical services provider

A **hospital**, **outpatient clinic** or **doctor** with whom **we** hold a current cashless access agreement.

Certificate of insurance

The confirmation of **your** insurance cover issued by **us**. It confirms the **plan** **you** have bought, the currency **you** selected, **your coverage zone**, **policy year**, **date of entry**, **renewal date**, **excess amount**, **special terms**, **your country of residence**, **your country of nationality**, and the schedule of **members**. The schedule of **members** lists the persons insured by **us** under **your agreement** with **us**. If there are any changes to the details on **your certificate of insurance** **we** will issue **you** with a new one confirming the changes.

Chronic condition

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- **you** need to be rehabilitated or specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

Claim

A course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy, or the use of an **expat benefit**.

Close family member

Your spouse, civil partner, a co-habiting partner, parent, brother, sister, child or grand-child.

Co-insurance

A contribution that **you** must make towards the eligible costs of **your claim**.

Complications of pregnancy

Treatment received for a medical condition which arises because of the antenatal or postnatal stages of pregnancy.

Congenital condition

Whether hereditary or not, any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy, or caused during childbirth.

Country of nationality

Your country of origin, for which you hold a passport. If you hold more than one passport your country of nationality will be the country you have declared on your application form.

Country of residence

The country in which you are habitually resident, as specified on your application form or subsequently advised to us in writing. Your country of residence is a factor when we calculate the premium you pay for your cover. If you regularly have your treatment in a country which is not your declared country of residence, we reserve the right to use the country where you regularly have your treatment as your country of residence when we calculate your renewal premium.

Coverage zone

The territorial limits of your policy.

Date of entry

The date on which cover for you, and each of your dependants, first started. Your date of entry is as stated on your certificate of insurance.

Daypatient

A patient admitted to a hospital or daypatient unit for a medical procedure which for medical reasons could not have been performed on an outpatient basis and which requires them to occupy a hospital bed for a period of medically supervised recovery, but it is not medically necessary for them to occupy a bed overnight.

Dental treatment

Dental procedures undertaken by your dental practitioner which are clinically necessary for the maintenance and/or restoration of oral health, and are provided in accordance with accepted standards of dental practice.

Dentist or dental practitioner

A qualified person legally carrying out this profession in the country in which he or she is located.

Diagnostic tests

Investigations, such as x-rays or blood tests to diagnose the cause of your symptoms.

Doctor

A person who is legally qualified in medical practice following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation) to provide medical treatment and who is licensed to practise medicine in the country where the treatment is received.

Eligible dependants

Your spouse or partner, provided they are under age 76 at their date of entry, and your unmarried children (i.e., your son, daughter, step-son, step-daughter, adopted children and children subject to legal guardianship) provided the unmarried children are aged less than 18 years old, or less than 25 years old if in continuous full-time education. If a child is adopted or the subject of legal guardianship we may require proof. We may also require proof of a dependant child being in full-time education.

Emergency caesarean section

A caesarean section, which must take place immediately and cannot be planned.

Emergency treatment

Essential treatment, covered by your plan, that is immediately required if you suffer an accident or a sudden and unforeseen illness you have never suffered from before, which is not a pre-existing medical condition, or a related condition, or a condition for which you have a personal medical exclusion.

Experimental drugs and treatments

Any treatment that independent, randomised clinical trials have not—in reputable, peer-reviewed studies in medical/scientific journals—established as having clear benefits over existing, conventional treatments.

Excess

The amount stated as the excess in your certificate of insurance, being the amount you must contribute to each claim.

Hospital

An establishment which is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated.

Innocent bystander

Someone who is not involved with, participating in or reporting on war, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, or actively participating in operations countering any such activities.

Inpatient

A patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons.

Insurer

The insurance company that provides the insurance cover for your policy. The insurer is Allianz (AWP Health & Life SA).

Life-threatening condition

A critical medical condition covered by your plan, which in the opinion of the Assistance Service constitutes a life-threatening situation which requires immediate inpatient treatment.

Master policy

The contract of insurance issued by us to the William Russell Association for Health, Financial Protection and Well-Being, for the benefit of its members.

Medically necessary

Treatment that is **medically necessary** and appropriate. The **treatment** must be:

- essential to diagnose or treat a patient's condition, illness or injury;
- consistent with the patient's symptoms, diagnosis or **treatment** of the underlying condition;
- in accordance with generally accepted medical practice and professional standards of medical care at the time;
- required for reasons other than the comfort or convenience of the patient or his or her physician
- proven and been demonstrated to have medical value, with international medical and scientific evidence of the effectiveness and safety of the **treatment**;
- considered to be the most appropriate type and level of **treatment** taking patient safety and cost effectiveness into consideration;
- provided at an appropriate facility, in an appropriate setting, and at an appropriate level of care for the **treatment** of the patient's medical condition;
- provided only for an appropriate duration of time.

Medical practitioner

A person who has full registration under the Medical Acts of the country where they practice and who specialises in nursing, homeopathy, acupuncture, orthopaedic medicine, traditional Chinese medicine, osteopathy, chiropractic, chiropody, podiatry or physiotherapy **treatment**, and to whom **you** have been referred by a **doctor**.

Medical referral letter

A letter from **your doctor** or **specialist** which refers **you** to another **medical practitioner** for **treatment** covered by **your plan**. We will only pay for **treatment** when the start date of **your treatment** is within 3 months of the date of **your medical referral letter**.

Medical services provider(s)

A **hospital**, **outpatient clinic**, **medical practitioner**, **dental practitioner**, **optician** or **pharmacy**.

Medical underwriting

The process of **you** providing and **us** assessing the health and medical information **we** ask for to decide the terms under which **we** will accept **your application** for cover, or for enhanced cover. Based on the information **you** give **us**, **we** may decide to place **special terms** on **your** cover, such as **personal medical exclusions**, or **we** may decide not to offer **you** cover.

Member

You and any **eligible dependants** specified in **your certificate of insurance** as being included in the **policy**.

Outpatient

A patient who attends a **hospital** consulting room, emergency room or **outpatient clinic**, when it is not **medically necessary** for them to be admitted as a **daypatient** or an **inpatient**.

Outpatient surgical procedure

An **outpatient** procedure where one or more of the following is **medically necessary**:

- general or local anaesthesia or intravenous sedation
- manipulation or relocation of a fractured bone or dislocated joint by a **doctor**
- invasive surgical procedures
- invasive diagnostic procedures involving venous cannulation
- the use of endoscopic equipment

Palliative care

The care that takes place when all other active modalities of **treatment** for **your** medical condition have been withdrawn, and **treatment** is not longer aimed at curing **your** condition. The aim of such care is to prevent and relieve suffering through the correct assessment and **treatment** of pain and other problems, whether physical, psychosocial, or spiritual.

Personal medical exclusions

A restriction on **your** cover that is stated on **your certificate of insurance** and specifically excludes **treatment** of a certain medical condition or conditions and any **related conditions**.

Plan

The Bronze **plan**, Silver **plan** or Gold **plan** on which **you** and **your eligible dependants** are covered.

Planned caesarean section

A caesarean section which has been scheduled to take place more than 24 hours in advance, whether this be for medical or elective reasons.

Policy

The insurance cover **you** and **your eligible dependants** derive from **your** membership of the **WRA**. We set out the terms and conditions of **your** insurance cover in this **agreement**. **You** can find the terms and conditions of **your WRA** membership in the [membership rules](#).

Policy year

A period of 12 months from **your date of entry** or from any subsequent **renewal date**. **Your policy year** is as shown on **your certificate of insurance**.

Policyholder

The person stated as the **policyholder** on the **certificate of insurance**.

Post-hospital treatment

Medically necessary follow-up consultations, physiotherapy, **diagnostic tests** and/or **treatment** required on an **outpatient** basis following **inpatient** or **daypatient treatment** covered by **your plan**.

Pre-admission tests

An **outpatient** assessment during which **your** health is assessed in order to confirm that **you** are medically fit to undergo the planned **treatment** and that **you** are sufficiently prepared for it.

The assessment may include an electrocardiogram, blood and/or urine tests and a chest x-ray.

Pre-existing medical conditions

Any disease, illness or injury, whether the condition has been diagnosed or not before **your date of entry**, for which:

- **you** have received medication, advice or **treatment**; or
- **you** have experienced symptoms

Premium

The amount(s) **you** are required to pay to **us** either annually, half-yearly, quarterly or monthly for **your policy**.

Premium due date

The date on which **your premium** is due to be paid.

Preventive health checks

Health tests, screening and/or clinical procedures specifically designed for disease prevention and early detection.

Qualified nurse

A nurse whose name is currently on any official register of nurses maintained by a statutory nursing registration body within the country where **treatment** is provided.

Reasonable and customary

The charge that would typically be made for **your treatment** by **medical services providers** in the country where **you** receive **your treatment**, and for the **medically necessary** length of stay required. If the cost of **your treatment** is not **reasonable and customary**, **we** will only pay up to the amount which is typically charged in that country. If the length of stay is not **reasonable and customary**, **we** will only pay for the **medically necessary** length of stay required.

Rehabilitation

Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

Rehabilitation hospital or unit

A medical facility licensed under the regulations of the country in which it operates and designed for patients who no longer need acute **hospital** care but who still require medical or nursing supervision and/or assistance with activities of daily living because of their medical disability.

Related condition

Any disease, illness or injury that is caused by a **pre-existing medical condition** or results from the same underlying cause as a **pre-existing medical condition**.

Renewal date

The anniversary date of **your policy** as shown on **your certificate of insurance**, normally the anniversary of **your original date of entry** to the **policy**.

Restricted hospitals in Hong Kong

- Matilda International Hospital
- Hong Kong Adventist Hospital
- Hong Kong Sanatorium & Hospital

Session

A single continuous consultation during which time **you** may receive advice, **treatment** and/or prescribed medication.

Specialist

A **medical practitioner** who is fully registered by the regulatory body of the country in which he or she practices following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation). They must be on a **specialist** register appropriate for the condition for which **treatment** is sought. Where regulation demands, the **medical practitioner** must also have a licence to practice. **We** reserve the right to withhold or remove recognition of any **specialist** for reasons such as suspension of registration, fraud or unreasonable charges.

Special terms

Any **personal medical exclusions**, restrictions or **premium** adjustments **we** may apply to **your policy**. Any **special terms** relating to **your policy** will appear on **your certificate of insurance**.

Table of benefits

The table in this **agreement** that sets out the benefits covered by each **plan**.

Temporary trip

A trip for business and/or recreational purposes, which has a defined return date, and is for a period of no more than 90 days. If **your trip** to a country where **you** only have restricted cover extends beyond the number of days specified for **your coverage zone**, **we** will not pay for **treatment you** receive after that number of days has elapsed. For example, if **you** have selected the USA-45 option and **you** are on a 30-day trip to the United States of America, which becomes extended to 60 days, **your** cover in the United States of America will cease 45 days after **your** entry date to the United States of America.

Terminal medical condition

A condition that has become incurable and all the **treatments** given are to prolong life.

Treatment

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

Unused premium

The amount of **premium** that is attributable to the period from the date after the date of cancellation, up to the date before the next **premium due date**.

In the event of a refund of **unused premium** being eligible, the **unused premium** amount refunded (using an annually paid **policy** as an example) will be the annual **premium** paid divided by 12 and multiplied by the number of whole calendar months remaining in the **policy year**. If the **policy** is cancelled part way through a

month, an additional amount, equal to one twelfth of the annual **premium** paid, multiplied by the proportion of days without cover in the calendar month of cancellation will also be paid.

For example, if the annual **premium** for a **member** is US\$3,000, the **policy year** is 01 January to 31 December 2025, and the **member** leaves the **policy** on 27 September 2025, the **unused premium** will be US\$775, as:

- $((US\$3,000 / 12) \times 3) = US\750 for the three whole months without cover (October, November and December); added to -
- $((US\$3,000 / 12) \times 0.1) = US\25 for the three days in September without cover (the 0.1 calculated in this example by dividing 3 (the days in September without cover, i.e., the 28th, 29th and 30th) by the total number of days in September (30))

Appropriate calculation methods using the same principle as the above example will be used if the **premium** frequency is not annual.

Us, we, our

William Russell Europe SRL, on behalf of the **insurer**.

Vegetative state

A state where there is no sign of awareness or any cognitive function, even if the **member** can open their eyes and/or breathe unaided. If the **member** is in a **vegetative state** for a continuous period of eight weeks, they will be considered to be in a persistent **vegetative state**.

Waiting period

When specified, the amount of time **you** must be covered by the same **plan** before **you** can **claim** for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**. When a **waiting period** is not specified there is no **waiting period** applicable.

William Russell Association for Health, Financial Protection and Wellbeing (WRA)

The not-for-profit association registered in Belgium as the **William Russell Association for Health, Financial Protection and Well-Being**.

You, your, yourself

Any and all persons named in the schedule of **members** on your **certificate of insurance**.

We're here to help



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