

Individuals & families

Health insurance plan agreement

For members 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

feefo

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 policy**, 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**.

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	SilverLite	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\$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.

	Bronze	SilverLite	Silver	Gold
Hospital accommodation With cover for a private hospital room, we will pay the cost of a standard single room with an en-suite bath or shower room when you are an inpatient or daypatient . With cover for a semi-private hospital room, we will pay the cost of a standard shared room with an en-suite bath or shower room when you are an inpatient or daypatient . Accommodation in a private hospital room is only available on the Bronze and SilverLite plans if you have selected this option.	✔ Semi-private hospital room + Private hospital room	✔ Semi-private hospital room + Private hospital room	✔ Private hospital room	✔ Private hospital room

	Bronze	SilverLite	Silver	Gold
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, imaging 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 the inpatient 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	✔ Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Hospital costs (continued)

Important notes:

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

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

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

 Up to US\$1,600 or £1,065 or €1,200 per **policy year**

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\$200 or £132 or €150 per night

US\$350 or £231 or €263 per night

Advanced imaging 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 **imaging test**.

Full cover

Full cover

Full cover

Full cover

Cancer treatment

Important notes:

- You must obtain pre-authorization 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

Full cover

Cancer genome tests

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

Full cover

Full cover

Full cover

Full cover

Key ✔ Full cover within annual benefit limit 🟡 Partial or limited cover ✘ No cover ⊕ Optional cover

Bronze	SilverLite	Silver	Gold
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Cancer treatment (continued)

Important notes:

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

Genetic testing for cancer (12-month waiting period)

We will pay for genetic tests (and any associated genetic counselling) for BRCA1 and BRCA2 genes (for breast, ovarian, prostate, and pancreatic cancer) and familial adenomatous polyposis (FAP) (for colorectal cancer).

We will only pay for such genetic tests if:

- your doctor has referred you; or
- you have a parent, sibling, or child with breast cancer or FAP, or their genetic testing has established the presence of a hereditary cancer syndrome; or
- tests take place outside of the USA.

We won't pay for genetic tests when similar tests are available free of charge in the public healthcare system of the country where you're receiving oncology treatment.

✘ No cover

✘ No cover

🟡 Lifetime limit of US\$2,000 or £1,320 or €1,500

🟡 Lifetime limit of US\$4,000 or £2,640 or €3,000

Preventive cancer treatment (12-month waiting period)

We will only pay for mastectomy (surgery to remove breasts), oophorectomy (surgery to remove ovaries), and colectomy (surgery to remove all or part of the bowel).

We will only pay for these surgeries if:

- your doctor has referred you; or
- you have a parent, sibling, or child with a disease that's part of a hereditary cancer syndrome (e.g., breast cancer, ovarian cancer), or their genetic testing has established the presence of a hereditary cancer syndrome; or
- treatment takes place outside of the USA.

We won't pay for such surgeries when they are available free of charge in the public healthcare system of the country where you're receiving oncology treatment.

✘ No cover

✘ No cover

🟡 Lifetime limit of US\$25,000 or £16,600 or €18,750, subject to a 20% co-insurance

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

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 (e.g., 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

✘ 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\$150 or £100 or €113

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

Key ✔ Full cover within annual benefit limit ⚡ Partial or limited cover ✘ No cover ⊕ Optional cover

Bronze

Silver*Lite*

Silver

Gold

Cancer treatment (continued)

Important notes:

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

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\$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\$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-authorization 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

✔ 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

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

Kidney dialysis

Important notes:

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

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

✔ Full cover

✔ Full cover

✔ Full cover

✔ Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

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** following reconstructive surgery

Full cover

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\$50,000 or £33,300 or €37,500

Lifetime limit of US\$60,000 or £40,000 or €45,000

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

Lifetime limit of US\$100,000 or £66,600 or €75,000

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\$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	SilverLite	Silver	Gold
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Mental health treatment

Important notes:

- **You** must obtain pre-authorization 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	No cover	US\$75,000 or £50,000 or €56,250	US\$100,000 or £66,600 or €75,000
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Inpatient and daypatient mental health treatment (12-month waiting period)

Inpatient and **daypatient treatment** received in a recognised mental health unit of a **hospital**. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.

✔ Up to 30 days per policy year	✘ No cover	✔ Cover up to the lifetime limit for mental health treatment	✔ Cover up to the lifetime limit for mental health treatment
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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**. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.

✔ 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 following inpatient or daypatient mental health treatment	✘ No cover	✔ Up to 10 consultations per policy year	✔ Up to 10 consultations per policy year
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Outpatient mental health medication (12-month waiting period)

Medication prescribed by a **doctor** or registered psychiatrist to treat a mental health condition. **Your** cover under this benefit is subject to the lifetime mental health **treatment** limit above.

✔ Up to US\$500 or £333 or €375 per policy year for post-hospital treatment received within the 90-day period following the date you are discharged from hospital following inpatient or daypatient mental health treatment , subject to a 20% co-insurance	✘ No cover	✔ Up to US\$500 or £333 or €375 per policy year , subject to a 20% co-insurance	✔ Up to US\$500 or £333 or €375 per policy year , subject to a 20% co-insurance
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Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Medical appliances

Medical aids

Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to **you** (e.g., 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**

No cover

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

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\$1,000 or £660 or €750 per device

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

Outpatient treatment

Annual limit for outpatient treatment

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

For **members** with a SilverLite **plan**:

- If **you** select Option A, **your** annual limit for **outpatient treatment** increases to the limit shown. **Your** limit for the primary medical care benefit (below) also increases to the limit shown for Option A.
- If **you** select Option B, **your** annual limit for **outpatient treatment** increases to the limit shown. **Your** limit for the primary medical care benefit (below) also increases to the limit shown for Option B.

You are not eligible for the higher limits if **you** have not selected Option A or Option B.

Full cover up to your annual plan limit

Up to US\$5,000 or £3,300 or €3,750 per **policy year**

Option A Up to US\$7,500 or £5,000 or €5,625 per **policy year**

Option B Up to US\$10,000 or £6,600 or €7,500 per **policy year**

Full cover up to your annual plan limit

Full cover up to your annual plan limit

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Outpatient treatment (continued)**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.

If you have a SilverLite **plan** and **you** select Option A or Option B, **your** annual limit for primary medical care increases to the limit shown.



Post-hospital treatment received within the 90-day period following the date **you** are discharged from **hospital**



Up to US\$1,500 or £1,000 or €1,125 **per policy year** (up to the annual limit for **outpatient treatment**)



Option A Up to US\$2,500 or £1,665 or €1,875 **per policy year** (up to the annual limit for **outpatient treatment**)



Option B Up to US\$3,500 or £2,310 or €2,625 **per policy year** (up to the annual limit for **outpatient treatment**)



Full cover



Full cover

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**



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



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



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



Full cover



Full cover

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**



No cover



Up to 10 **sessions** per **policy year**



Up to 15 **sessions** per **policy year**

Key ✔ Full cover within annual benefit limit ⚡ Partial or limited cover ✘ No cover ⊕ Optional cover

	Bronze	Silver <i>Lite</i>	Silver	Gold
Outpatient treatment (continued)				
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	✘ No cover	⚡ Maximum period of 12 months from the date of diagnosis	⚡ Maximum period of 18 months from the date of diagnosis
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	✘ No cover	⚡ Up to US\$50 or £33 or €38 per session , up to a maximum of 15 sessions	⚡ Up to US\$50 or £33 or €38 per session , up to a maximum of 20 sessions
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 policy year	⚡ Up to US\$250 or £165 or €188 per policy year up to the annual limit for outpatient treatment	✔ Full cover	✔ Full cover
Chronic conditions				
Acute flare-ups 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	⚡ Inpatient and daypatient treatment , with cover for outpatient treatment up to the benefit limit for primary medical care	✔ Full cover	✔ Full cover
Monitoring and maintenance Regular consultations, tests, and prescribed medication required to monitor and maintain the stability of a chronic condition .	✘ No cover	⚡ Up to the benefit limit for primary medical care	✔ Full cover	✔ Full cover

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Well-being 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**.

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

⊗ No cover

⊗ No cover

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

✔ Up to US\$1,200 or £780 or €900 per **policy year**

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
- Bone densitometry testing (every five years for women aged 50+)
- Neurological examination (physical examination)
- Hearing test
- Allergy patch testing (lifetime limit of one test per member)
- Smoking cessation aids prescribed by a doctor (up to US\$100 or £67 or €75 per **policy year**)
- Eye examination (limited to one test per **policy year**)

⊕ Up to US\$750 or £500 or €563 per **policy year** (if **you** have selected the enhanced option)

⊕ Up to US\$2,000 or £1,330 or €1,500 per **policy year** (if **you** have selected the enhanced option)

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+)

If **you** have a Silver or Gold **plan**, **you** can select a higher limit to enhance the well-being cover.

Vaccinations for adults

⊗ No cover

⊗ No cover

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

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

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**)

Well-child benefit (6-month waiting period)

⊗ No cover

⊗ No cover

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

✔ Up to US\$800 or £520 or €600 per **policy year**

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

We will waive the **waiting period** if either parent has been insured on the **policy** for at least 6 months on the date when children are added to the **policy**.

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

Silver

Gold

Rehabilitation treatment

Important notes:

- You must obtain pre-authorisation 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 US\$2,000 or £1,330 or €1,500 per **policy year**

Up to US\$2,000 or £1,330 or €1,500 per **policy year**

Up to US\$4,000 or £2,660 or €3,000 per **policy year**

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

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\$8,000 or £5,300 or €6,000 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**

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\$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

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

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

Up to the lifetime limit for all lifetime care

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

SilverLite

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

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**.

✔ Full cover

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

✔ Full cover

✔ Full cover

Emergency restorative treatment you receive as an outpatient

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**.

✘ No cover

✘ 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**

Dental Basic (6-month waiting period)

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 benefit is optional on the SilverLite and Silver **plans**. It's included as standard on the Gold **plan**.

✘ No cover

⚡ Up to US\$500 or £330 or €375 per **policy year**, subject to a 20% **co-insurance** (if **you** have selected the Dental Basic option)⚡ 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**

Dental Plus (10-month waiting period)

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

✘ No cover

✘ 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)

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Maternity costs

Important notes:

- Dependant children included on **your policy** are not eligible for these benefits.
- **You** must obtain pre-authorisation for all benefits in this section.
- **Treatment** of any newborn born following **assisted reproduction** (e.g., IVF) and within 36 weeks of conception is limited to the complications of childbirth benefit.
- Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and routine care of newborns 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 (unless there is a threat to the mother's health and **treatment** is provided in a recognised medical facility).
- **We** do not cover breast pumps.

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

✕ No cover

✕ No cover

✕ No cover

🟡 Up to US\$18,500 or £12,200 or €13,875 per pregnancy

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
- 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 centre accommodation costs will be limited to the cost of a standard **hospital** room.

Complications of childbirth (12-month waiting period)

✕ No cover

✕ No cover

✕ No cover

✔ Full cover

We will pay for complications experienced in childbirth, including post-partum haemorrhage, retained placental membrane, and childbirth by **emergency caesarean section**.

If **your** childbirth necessitates an emergency surgical procedure and **you** have already exhausted the benefit for routine maternity care and routine care of newborns, you may use this benefit as additional cover for:

- surgeons' anaesthetists' and theatre fees for complex deliveries
- additional accommodation charges incurred following a surgical procedure

We will also pay under this benefit for the **treatment** of any newborn born following **assisted reproduction** (e.g., IVF) when the birth occurs within 36 weeks of conception. This is subject to a maximum limit of US\$30,000 or £20,000, or €22,500.

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Maternity costs (continued)

Important notes:

- Dependant children included on **your policy** are not eligible for these benefits.
- **You** must obtain pre-authorisation for all benefits in this section.
- **Treatment** of any newborn born following **assisted reproduction** (e.g., IVF) and within 36 weeks of conception is limited to the complications of childbirth benefit.
- Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine maternity care and routine care of newborns 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 (unless there is a threat to the mother's health and **treatment** is provided in a recognised medical facility).
- **We** do not cover breast pumps.

Complications of pregnancy affecting the mother (12-month waiting period)

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

We will pay only for the following complications (which arise only during pregnancy): ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth, and hydatidiform mole (also known as molar pregnancy).

We do not provide cover for childbirth under this benefit.

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



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



Up to US\$10,000 or £6,600 or €7,500 per policy year



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



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 policy** within 30-days of birth and any additional **premium** paid
- **Your** newborn 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



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*Lite*

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 621 155 or william.russell@cegagroup.com.

 Full cover

 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

 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

 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

 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\$75 or £50 or €56 per night

 Up to US\$100 or £67 or €75 per night

 Up to US\$150 or £100 or €113 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

 No cover

 Lifetime limit of one claim per member

 Lifetime limit of one claim per member

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Expat benefits (continued)

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-authorization for all benefits in this section.

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

Up to US\$5,000 or £3,330 or €3,750

Full cover

Full cover

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.

Up to US\$1,600 or £1,060 or €1,200

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.

Medevac Plus

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

Evacuation if **you** need **advanced imaging** 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) Full cover (if **you** have selected the Medevac Plus option)

Key



Full cover within annual benefit limit



Partial or limited cover



No cover



Optional cover

Bronze

Silver*Lite*

Silver

Gold

Accidental death benefit

Accidental death benefit

The accidental death benefit becomes payable if a **member** dies as a consequence of an accidental bodily injury that is suffered during the **policy year**, provided that:

- The **plan** was in full force at the time the accidental bodily injury is sustained
- Death occurs within one year of the date on which accidental bodily injury is sustained
- The accidental bodily injury is not caused directly or indirectly by any risk excluded in this **agreement** or by any **special terms** stated on **your certificate of insurance**.

⊗ No cover

⊗ No cover

⊗ No cover

✓ US\$15,000 or £10,000
or €11,250

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 and **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; and
- 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; and
- 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.

Accidental death

You are not covered for the accidental death benefit when **your** death results from:

- war, warlike activities, military action, acts of foreign hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection, usurped power, mutiny, riot, strike, martial law, state of siege, attempted overthrow of government, any acts of terrorism, murder, attempted murder, kidnap (including attempted kidnap or attempted rescue from kidnapping), or assault of any kind, anywhere in the world (irrespective of whether the **member** is an active participant in any of the above activities or merely an innocent bystander);
- any illness or disease;
- food poisoning or bacterial infections (except infection which occurs through accidental cut or wound);
- suicide, or the consequences of attempted suicide;

- intentionally self-inflicted injuries, whether sane or insane;
- intentional inhalation of gas, or intentional ingestion of poisons or drugs;
- intentionally contracted infection by bacteria or virus;
- being under the influence of alcohol or drugs; or
- an accident whilst participating in a hazardous activity.

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; or
- 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; or
- allergy desensitisation or food neutralising injections.

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 in the *lifetime care* section of the **table of benefits**.

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); or
- 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**.

Commercially available substances

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**.

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; or
- 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/treatment and the removal of healthy tissue

You are not covered for investigations or **treatment**, even when medically prescribed, that are related to:

- cosmetic or aesthetic **treatment** to enhance **your** appearance;
- the removal of healthy tissue, including fat, skin or breast tissue;
- breast enlargement or reduction;
- sclerotherapy for spider veins, **treatment** of superficial varicose veins; or
- 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**).

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); or
- 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**; or
- 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 or genetic testing for cancer benefits 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; or
- 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; or
- 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 (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**); or
- 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; or
- **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* section of the **table of benefits**.

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; or
- bed wetting.

Pre-existing medical conditions or related conditions

The terms and conditions governing **pre-existing medical conditions** or **related conditions** depend on **your medical underwriting** type. The type of **medical underwriting** you have is stated on **your certificate of insurance**.

Full medical underwriting or CPME underwriting

You are not covered for **treatment** related to any **pre-existing medical conditions** and **related conditions** that **you** did not declare on **your application form**.

We rely on the information **you** provide us when we decide whether or not to accept **your application**, and whether or not we need to apply **special terms**. Unless we have agreed otherwise, **your** policy does not cover any **pre-existing medical condition** or **related conditions**.

Moratorium underwriting

You are not covered for **treatment** related to **pre-existing medical conditions** or **related conditions** that **you** knew about or for which **you** have experienced symptoms, sought medical advice, or received medical **treatment** in the two-year period before **your date of entry**.

Preventive surgery

You are not covered for surgery when no physical signs or symptoms are shown, or no diagnosis has been made, other than **treatment you're** eligible for under the cancer preventive **treatment** benefit in the *cancer treatment* section of the **table of benefits**.

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); or
- participation in (including training for or practising for) any kind of racing (whether amateur or professional) which involves the use of a motorised vehicle.

Scalp conditions

You are not covered for:

- **treatment** specifically related to scalp conditions, including, but not limited to, alopecia; or
- 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, 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.

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 infections

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

Sleep disorders

You are not covered for **imaging 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; or
- 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.

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; or
- 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.



Taking your insurance one step further

At William Russell, we're going to the next level for our members. Elevate gives you access to services like our online doctor, counselling, travel security assistance and well-being support—helping you live a healthier, happier, safer life when you're living or working abroad.

elevate

Elevate your insurance experience

What if your insurance policy could **be there for you all the time**, not just when you need to make a claim? At William Russell, we believe expat insurance should do more than just protect you. It should help you to live your life to the fullest.

That's why we've designed our policies to go one step further. With our complimentary services from Elevate, you can look after your health, mind, well-being and safety—no matter where you go.

We're taking your insurance to the next level with Elevate.



What is Elevate?

Elevate is a curated selection of complimentary services now included free with all William Russell insurance policies. Elevate makes it easy for you and your family to look after your health, mind, well-being and safety, anywhere in the world. Combining three digital platforms from our trusted partners, Elevate helps you thrive in your life abroad.



The convenience of care, anywhere

Elevate travels with you through intuitive apps and online platforms, making it easier than ever to look after your health, mind, well-being and safety. With everything managed from your fingertips, you can access the services you need anytime, anywhere in the world.



Knowledge that empowers you

Elevate ensures you're up-to-date with the latest news, information and helpful content to make the most of your life abroad. Benefit from the latest health and well-being advice and stay aware of travel alerts and security risks, wherever you go.



Enhancing your lifestyle

Elevate adds to your lifestyle with a collection of services you won't find anywhere else. With Elevate, you can live the life abroad you've always dreamed of, confident that your health, mind, well-being and safety are all taken care of.

Elevate your world

Living abroad is a life-changing and enriching experience. But for many people, moving to a foreign country comes with stress and anxiety. That's why William Russell is here. We want to give you the confidence to make the most of your new life overseas. To live fearlessly and free.

It's all part of our mission to offer the world's best international insurance.



Elevate your Health

With Elevate, it's easy to manage your health on the go. My Global Doctor connects you to a physician anytime, anywhere, with prescriptions delivered direct to your door.



Elevate your Well-being

Elevate makes it easier than ever to look after your well-being. Set yourself well-being targets and reach your goal with the help of an intuitive platform.



Elevate your Mind

Help is always at hand. Elevate gives you and other members named on your policy access to confidential counselling sessions – so when life gets on top of you, you'll always have someone to talk to.



Elevate your Safety

Wherever you go, go with peace of mind. Stay one step ahead with access to a global intelligence network at your fingertips – featuring round-the-clock monitoring and alerts delivered to your phone.

Elevate your health

Manage your health on the go, from anywhere in the world.

My Global Doctor lets you:

- ✓ Access primary healthcare from anywhere in the world
- ✓ Consult a primary physician 24 hours a day, 7 days a week
- ✓ Plan appointments to meet your schedule
- ✓ Find a doctor who speaks your language
- ✓ Have your prescription delivered straight to your door

My Global Doctor ensures you never lose sight of the thing that matters most: your health.



My Global Doctor

Live your healthiest life abroad.

As well as referring you for specialist treatment, Teladoc's doctors can provide

A global network

My Global Doctor connects you to a network of healthcare experts around the world. Speak to a primary care physician who understands your specific needs, helping to gain specialist referrals which can lead to better treatments and improved outcomes.

advice, guidance and coaching to help you achieve a healthier lifestyle.

This includes advice around conditions which might be excluded from your international health insurance policy.

Anytime, anywhere

With My Global Doctor, you can speak to a primary physician from your device, 24 hours a day, 7 days a week, whether you're at home, work, or travelling overseas. There's no need to attend in-person appointments, so you won't need to take time away from the things that matter.

Doctors that speak your language

If you've ever struggled to communicate complex health conditions, you'll know the importance of having a doctor fluent in your native tongue. My Global Doctor connects you with doctors fluent in English, Spanish, Mandarin, Cantonese, Thai, Arabic and Bahasa, with video consultations in English and Spanish.*

Medicine direct to your door

With My Global Doctor, you won't even need to take time out of your day to collect your prescription – it can be delivered direct to your home.**

*Appointments are subject to availability. You are free to request an appointment 24/7/365. Callbacks are typically within 24 hours. You do not need to pay or claim for a consultation, but you will be charged for the cost of the initial phone call when using the callback service. You won't be charged if you request a callback using the online portal. Video appointments in English, Spanish and Mandarin are available between 08:00 and 00:00 UK time, Monday to Friday. Video appointments in German are available between 08:00 and 20:00 CET, Monday to Friday. In Singapore, all appointments are conducted only via video and in English, between 10:00 and 19:00 Singapore Standard Time 7 days a week. These services are provided by an independent third party, Teladoc Health.

**Prescription delivery is available in the UK, UAE, Singapore and Hong Kong. Where prescription delivery is not available, physicians can offer prescriptions to be redeemed at your local pharmacist, OTC and medication recommendations though this will depend on the type of medication you require and its availability and legal status in the country you're living. Where medication cannot be procured, your physician can advise you on the best next steps.

Elevate your well-being

Prioritise your well-being, wherever you go.

Life abroad is full of challenges. TELUS Health Engage helps you build a happier, healthier, more resilient lifestyle with:

- ✔ Complete well-being support
- ✔ Over 3,000 pieces of health and wellness content
- ✔ Gamified challenges and daily incentives
- ✔ Reports to help track your progress

You could be living a more mindful life in no time.



TELUS Health Engage

Keep track of your progress.

With up-to-the-minute reports through a live dashboard, you can track your health

Incentives to keep you going

Gamified milestones help you to gradually build up your mental health and well-being over time, with communities, incentives and challenges to keep you motivated and engaged; plus calendars and surveys to help you keep track.

Over 3,000 pieces of content

improvements in real time. See challenges completed, rewards earned and next steps on your well-being journey as you build a healthier you.

You're only ever a click away from a piece of friendly help and advice. With exclusive content covering everything from mental health and well-being, to mindfulness, nutrition, movement, holistic health and more, you'll have the tools you need to live a healthier life.

There when you need a break

The TELUS Health Engage platform is there whenever you need it, with services available in eight languages: English, French, Spanish, German, Portuguese, Italian, Dutch and Flemish.

Reach your well-being targets

Set yourself targets, and achieve them at your own pace. The TELUS Health Engage platform is designed to ensure you stay motivated and committed, so you'll notice the difference over time.

Elevate your mind

Counselling that fits around your busy life.

When life abroad gets on top of you, it's good to know there's someone to talk to. TELUS Health Engage gives international health insurance members access to:

- ✔ Expert guidance to help navigate professional and personal challenges
- ✔ Personalised, confidential counselling sessions
- ✔ Immediate crisis support when you need it

Even if you aren't covered for mental health benefits through your William Russell insurance, you can still get the support you need with Elevate.



TELUS Health Engage

The help you need, when you need it.

Your confidential counselling sessions are there for you when you need them***. Whether you're trying to work out a particular problem in your life, your career or your relationship, or you just want someone to talk to, it's good to know you're never far from the help you need.

Six free sessions

Elevate gives you and other members named on your policy up to six confidential counselling sessions with a professional therapist. You can use these sessions to get things off your chest and seek mental health support.

Always at your convenience

Your sessions will be hosted via the TELUS Health Engage platform, meaning there's no need to attend a therapist's office – you can dial in from anywhere in the world.

Set your own pace

Book your counselling sessions as and when you need them, at a time you find convenient.

Trusted professionals

Trusted professionals

You can trust that your counsellor is experienced and qualified to master's or doctorate level in psychology, clinical social work, marriage and family therapy, or a related mental health field, with a minimum of three years' clinical experience and 2,500 hours of counselling.

***TELUS Health Engage (Mind) counselling sessions are only available to members with an international health insurance policy. Anyone named on the health insurance policy can take advantage of up to six confidential counselling sessions per year.

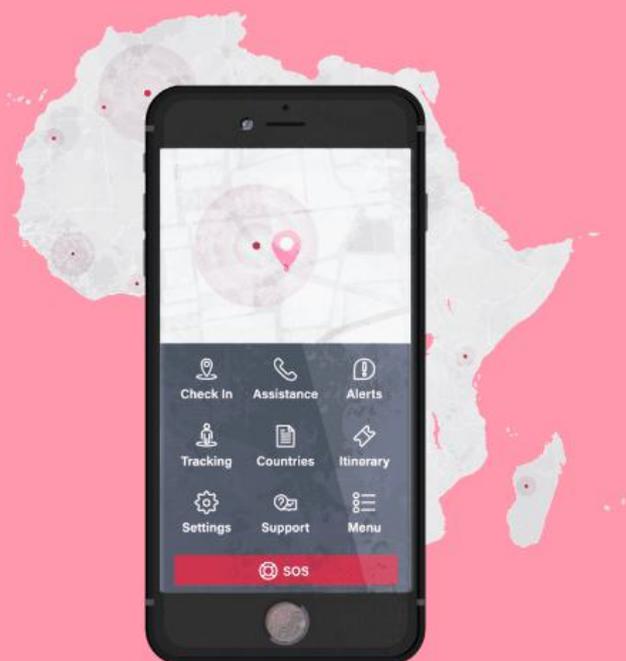
Elevate your safety

Stay informed, safe, and one step ahead.

As an expat, you must be prepared for the unexpected. That's why Elevate helps you stay one step ahead of global threats, with the help of Solace Secure, including:

- ✓ Country intelligence to help you to plan your trips abroad
- ✓ Round-the-clock monitoring and alerts to keep you informed of any potential threats such as natural disasters to terrorism
- ✓ Backed by a global intelligence network

And, when crisis strikes, you're one phone call away from Solace Secure experts who can track your location, alert the authorities, and guide you to safety.



Solace Secure

Intelligence experts who work for you.

When crisis strikes, press your Call for Assistance button to be connected to a Solace expert. Available 24 hours a day, 7 days a week, they're on-hand to offer real-time support while also keeping track of your location and alerting local authorities to provide immediate assistance.

Real-time alerts for thousands of threats

From natural disasters to civil unrest, armed conflict, **acts of terrorism**, pandemics and health alerts, Solace Secure provides real-time monitoring of threats in your area and delivers alerts directly to your devices, giving you the information and time you need to take decisive action.

Stay one step ahead of the news

Where local and national journalism can't deliver accurate news on time, Solace Secure provides country intelligence reports, specialist interest reports and guides to help you stay informed.

Round-the-clock vigilance

Solace Secure is on hand 24 days a day, 7 days a week, constantly monitoring and alerting you and your family to any signs of danger. You can rest easy knowing Solace Secure is always on the lookout for danger.

Worldwide coverage

Whether at home or on the road, Solace Secure taps into a global intelligence network to provide coverage in every country with pinpoint location data helping you to keep track of threats in your proximity.

What else can you expect?



World-leading expat content

We not only strive to be the world's best expat insurance provider, we also aim to be the world's best expat news source. The William Russell blog is updated every week with new articles designed to support the lives and lifestyles of expats everywhere, covering topics such as health and well-being, money, relocation, insurance, careers and culture. All of our content is available free to everyone via the William Russell website.



Award-winning customer service

While other insurance companies put you through to an automated call centre, we're proud to say our phones are manned by real people. That means you're never more than a phone call away from the William Russell team – and you can call us any time, from anywhere in the world. We even provide every William Russell member with a dedicated claims manager to help them when it's time to make a claim.



Medical evacuation as standard

With William Russell, no matter where you choose to live, you'll always be connected to the highest quality medical care available. Our international health insurance policies include medical evacuation cover as standard, meaning even if you live in a remote area or a country where quality healthcare is hard to come by, we'll cover the cost of transporting you to another country or region for treatment.