

GLOBAL HEALTH ELITE PLAN BENEFITS

Benefit	BRONZE PLAN	SILVER PLAN	GOLD PLAN		
TOTAL ANNUAL BENEFIT LIMIT PER INSURED PERSON					
The overall maximum limit to the amount that you can claim during any one period of cover.	£950,000 or \$1,500,000 or €1,100,000	£1,500,000 or \$2,500,000 or €1,800,000	£2,800,000 or \$4,500,000 or €3,300,000		
IN-PATIENT & DAY-PATIENT TREATMENT (YOU MUST OBTA	IN-PATIENT & DAY-PATIENT TREATMENT (YOU MUST OBTAIN PRE-AUTHORISATION FOR ALL BENEFITS INCLUDED IN THIS SECTION)				
Hospital accommodation and treatment costs.	Full refund	Full refund	Full refund		
Parent accommodation charges	Full refund	Full refund	Full refund		
Hospital cash benefit	£25 or \$40 or €30 per night (maximum of 60 nights)	£50 or \$80 or €60 per night (maximum of 60 nights)	£156 or \$250 or €187 per night (maximum of 60 nights)		
Road Ambulance	Full refund	Full refund	Full refund		
CANCER TREATMENT (YOU MUST OBTAIN PRE-AUTHORIS	ATION FOR ALL BENEFITS INCLUDED IN	I THIS SECTION)			
Cancer treatment including chemotherapy, radiotherapy and outpatient consultations	Full refund	Full refund	Full refund		
Wig benefit	Life-time limit of £94 or \$150 or €113	Life-time limit of £94 or \$150 or €113	Life-time limit of £94 or \$150 or €113		
Counselling	Up to a life-time limit of 10 consultations and a maximum of £313 or \$500 or €376	Up to a life-time limit of 10 consultations and a maximum of £313 or \$500 or €376	Up to a life-time limit of 10 consultations and a maximum of £313 or \$500 or €376		
Dietician	Up to a life-time limit of 2 consultations (£100 or \$63 or €76)	Up to a life-time limit of 2 consultations (£100 or \$63 or €76)	Up to a life-time limit of 2 consultations (£100 or \$63 or €76)		
RECONSTRUCTIVE SURGERY (YOU MUST OBTAIN PRE-AU	THORISATION FOR ALL BENEFITS INCLU	JDED IN THIS SECTION)			
Surgery to restore your appearance after an accident, or after surgery for breast cancer.	Full refund of in-patient, day-patient and post-hospital treatment	Full refund	Full refund		
ORGAN, BONE MARROW AND TISSUE TRANSPLANTS (YO	U MUST OBTAIN PRE-AUTHORISATION F	OR ALL BENEFITS INCLUDED IN THIS S	ECTION)		
Costs incurred whilst hospitalised, and all related out-patient treatment required prior to and after the transplant.	Full refund	Full refund	Full refund		
RENAL DIALYSIS (YOU MUST OBTAIN PRE-AUTHORISATION	N FOR ALL BENEFITS INCLUDED IN THIS	SECTION)			
Short-term kidney dialysis of up to 4 weeks	Full refund	Full refund	Full refund		
PSYCHIATRIC TREATMENT (YOU MUST OBTAIN PRE-AUTH	ORISATION FOR ALL BENEFITS INCLUDE	ED IN THIS SECTION)			
Life-time limit for all psychiatric treatment (This limit applies in respect of in-patient, day-patient and out-patient treatment combined)	£31,250 or \$50,000 or €37,500	£46,875 or \$75,000 or €56,250	£62,500 or \$100,000 or €75,000		
In-patient and day-patient psychiatric treatment. Cover is limited to 30 days per period of cover. All treatment must be administered under the direct control of a registered psychiatrist.	Full refund	Full refund	Full refund		
24 Out-patient psychiatric treatment	Full refund if post-hospital treatment (maximum 10 sessions)	Full refund (maximum 10 sessions)	Full refund (maximum 10 sessions)		
OUT-PATIENT TREATMENT					
Emergency ward treatment	Full refund for treatment necessary as a result of an accident only.	Full refund	Full refund		
Out-patient surgical procedure	Full refund	Full refund	Full refund		
GP and specialist consultations.	Full refund if post-hospital treatment	Full refund	Full refund		
Advanced diagnostic tests MRI, CAT (CT) scans and PET scans		Full refund	Full refund		
Treatment by a Chiropractor, Osteopath, Homeopath or Acupuncturist	Full refund if post-hospital treatment (maximum 10 sessions)	Full refund (maximum 10 sessions)	Full refund (maximum 15 sessions)		
Hormone Replacement Therapy prescribed by a medical doctor	Not covered	Full refund for a maximum period of 12 months from the date of diagnosis	Full refund for a maximum period of 18 months from the date of diagnosis		
Traditional Chinese medicine	Not covered	Up to £20 or \$32 or €24 per session	Up to £20 or \$32 or €24 per session		
Physiotherapy	£625 or \$1,000 or €750 per period of cover for post-hospital treatment	Full refund	Full refund		
WELL-BEING BENEFITS					
Preventative Health checks (Adults only)	Not covered	£188 or \$300 or €226 per period of cover	£344 or \$550 or €413 per period of cover		



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HIV & AIDS (YOU MUST OBTAIN PRE-AUTHORISATION FOR	ALL BENEFITS INCLUDED IN THIS SECT	TION)	
24 Treatment for a maximum period of 5 years	£3,125 or \$5,000 or €3,750 per period of cover for in-patient or day-patient treatment only	£46,875 or \$75,000 or €56,250 per period of cover	£62,500 or \$100,000 or €75,000 per period of cover
REHABILITATION			
In-patient rehabilitation carried out in a recognised rehabilitation hospital or unit	Full refund up to 7 days per medical condition	Full refund up to 15 days per medical condition	Full refund up to 30 days per medical condition
HOME NURSING (YOU MUST OBTAIN PRE-AUTHORISATION	FOR ALL BENEFITS INCLUDED IN THIS	SECTION)	
The medical services of a qualified nurse to treat you in your own home. Cover is restricted to a maximum of 12 weeks per medical condition per period of cover	Full refund	Full refund	Full refund
HOSPICE & PALLIATIVE CARE (YOU MUST OBTAIN PRE-AU	THORISATION FOR ALL BENEFITS INCLU	JDED IN THIS SECTION)	
The palliative care of a medical condition up to the lifetime limit shown	Life-time limit of £15,625 or \$25,000 or €18,750	Life-time limit of £31,250 or \$50,000 or €37,500	Life-time limit of £62,500 or \$100,000 or €75,000
MEDICAL AIDS AND DEVICES			
Supplying, fitting or hiring instruments, apparatus or devices, such as crutches, wheelchairs, orthopaedic supports/braces, stoma supplies and compression stockings	£156 or \$250 or €187 per medical condition per period of cover	£313 or \$500 or €376 per medical condition per period of cover	£625 or \$1,000 or €750 per medical condition per period of cover
PROSTHESES			
Surgically implanted artificial body parts needed as a vital part of an operation	Full refund	Full refund	Full refund
Prosthetic devices. External prosthetic body parts, such as prosthetic limbs, fitted at the time of a surgical operation	£313 or \$500 or €376 per device	£625 or \$1,000 or €750 per device	£938 or \$1,500 or €1,126 per device
PREGNANCY & CHILDBIRTH BENEFITS (YOU MUST OBTAIN	PRE-AUTHORISATION FOR ALL BENEF	ITS INCLUDED IN THIS SECTION)	
10 In- & Day-patient complications of pregnancy	£3,000 or \$4,800 or €3,600 per period of cover	£9,375 or \$15,000 or €11,250 per period of cover	Full refund
10 Childbirth necessitating an emergency surgical procedure	Not covered	Not covered	Full refund
Routine maternity care, out-patient complications of pregnancy and childbirth	Not covered	Not covered	£6,250 or \$10,000 or €7,500 per Pregnancy
Cover for new-borns (For first 90 days of life)	Not covered	£6,250 or \$10,000 or €7,500 per pregnancy	£62,500 or \$100,000 or €75,000 per pregnancy
DENTAL BENEFITS			
In-patient emergency restorative dental treatment	Full refund	Full refund	Full refund
Out-patient emergency dental treatment	Not covered	£313 or \$500 or €376 per period of cover	£625 or \$1,000 or €750 per period of cover
6 Routine dental treatment	Not covered	Not covered	£625 or \$1,000 or €750 per period of cover
EMERGENCY EVACUATION BENEFIT (YOU MUST OBTAIN P	RE-AUTHORISATION FOR ALL BENEFITS	INCLUDED IN THIS SECTION)	
Emergency evacuation	Full refund	Full refund	Full refund
Return airfare	Full refund	Full refund	Full refund
Travelling expenses of a companion	Full refund	Full refund	Full refund
Accommodation expenses of a companion	Up to £45 or \$72 or €54 per night (Maximum of 15 nights)	Up to £60 or \$96 or €72 per night (Maximum of 15 nights)	Up to £156 or \$250 or €187 per night (Maximum of 15 nights)
12 Compassionate home	Full refund (Life-time limit of 1 claim only)	Full refund (Life-time limit of 1 claim only)	Full refund (Life-time limit of 1 claim only)
Repatriation of mortal remains	Full refund	Full refund	Full refund
Burial or cremation	£1,000 or \$1,600 or €1,200	£1,000 or \$1,600 or €1,200	£1,000 or \$1,600 or €1,200

KEY:



POST-HOSPITAL TREATMENT (BRONZE): Post-hospital treatment means medically necessary follow-up consultations and treatment received within 90 days of being discharged from hospital, following in-patient or day-patient treatment covered by your plan.

Benefit is available after either 6,10,12 or 24 months continuous cover respectively. No benefit is paid in respect of treatment received during the waiting period.

IMPORTANT NOTE: All benefits limits and amounts are per insured person per annum unless stated otherwise. Please refer to the Global Health Elite plan agreement for a full description of the cover provided at www.william-russell.com/useful-documents



GLOBAL HEALTH ELITE OPTIONAL BENEFITS

OPTIONAL DENTAL BENEFIT AVAILABLE WITH THE SILVER PLAN

The Optional Dental benefit is only available when you and all persons insured as dependants on your plan are insured by the Elite Silver plan, and provided you and your dependants have all paid the appropriate Optional Dental benefit premium.

OPTIONAL DENTAL BENEFIT	SILVER PLAN
 Routine dental treatment Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary; Preventative scaling, polishing, and sealing (twice per year); Fillings (standard amalgam or composite fillings only); Extractions; Root-canal treatment (but not the fitting of a crown following root canal treatment). We do not pay for drugs prescribed for dental treatment. We do not pay for treatment that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth. 	80% of costs up to £625 or \$1,000 or €750 per period of cover
Complex dental treatment Crowns; Inlays; Bridges. We do not pay for drugs prescribed for dental treatment. We do not pay for treatment that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth	80% of costs up to £938 or \$1,500 or €1,126 per period of cover

COMPLEX DENTAL BENEFIT AVAILABLE WITH THE GOLD PLAN

The Complex Dental benefit is only available if you and all persons insured as dependants on your plan have an Elite Gold plan, and provided you and your dependants have all paid the appropriate Complex Dental benefit premium.

COMPLEX DENTAL BENEFIT	GOLD PLAN
12 Complex dental treatment Crowns; Inlays; Bridges. We do not pay for drugs prescribed for dental treatment. We do not pay for treatment that is required as a result of biting on food, or for damage sustained to crowns, dentures, bridge work or false teeth	80% of costs up to £1,250 or \$2,000 or €1,500 per period of cover

KEY:

WAITING PERIODS 6 12

Benefit is available after either 6 or 12 months continuous cover respectively. No benefit is paid in respect of treatment received during the waiting period.

IMPORTANT NOTE: All benefits limits and amounts are per insured person per annum unless stated otherwise.

Please refer to the Global Health Elite plan agreement for a full description of the cover provided at www.william-russell.com/useful-documents

AREAS OF COVER AVAILABLE

AREA OF COVER OPTIONS AVAILABLE WITH BRONZE, SILVER AND GOLD PLANS		
AREA ONE, AREA ONE (ORCHID) AND AREA ONE (UAE)	World-wide excluding cover in the United States of America (USA).	
AREA TWO	World-wide, subject to cover in the USA being limited to \$100,000 during temporary trips of not more than 45 days duration.	
AREA THREE	World-wide, subject to cover in the USA being limited to \$250,000 during temporary trips of not more than 90 days duration.	
AREA FOUR	Africa & Indian Sub-continent. Plus cover for unforeseen emergency treatment, covered by your plan, and received during temporary trips of up to 90 days duration outside Africa & Indian Sub-continent (up to \$100,000). No cover is provided for any treatment received in the USA, Canada, the Caribbean countries and islands, or within the London area.	

