

The Bronze Plan for Individuals

Just to let you know—you won't find complete information for the Bronze plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase it. You can find these in the plan agreement, which we suggest you read together with this guide. All the benefits in this guide are per member per period of cover, unless stated otherwise. Some benefit limits are stated in multiple currencies—the currency that applies to you is the currency in which you pay your premium.

Key	O Full cover within annual benefit limit	O Partial or limited cover	Optional cove			
	Bronze					
Annual benefit limit	US\$1,500,000 or £1,000,000 or €1,125,000					
Hospital costs You're only eligible for certain ber	nefits in this section only if you select them and the	ey are stated on your Certificate of Ins	urance.			
Hospital accommodation	O Semi-private hospital	Semi-private hospital room				
	Private hospital room (only if you select this option)					
Hospital treatment	O Full cover					
Parent accommodation	Full cover					
Road ambulance	Full cover					
Hospital cash benefit	O US\$150 or £100 or €11	O US\$150 or £100 or €113 per night				
Cancer treatment						
Cancer treatment	O Full cover					
Cancer genome tests	O Up to US\$6,000 or £4,	O Up to US\$6,000 or £4,000 or €4,500 per period of cover				
Wigs	C Lifetime limit of US\$1	O Lifetime limit of US\$150 or £100 or €113				
Counselling	C Lifetime limit of US\$5	O Lifetime limit of US\$500 or £330 or €375				
Dietitian	C Lifetime limit of US\$1	00 or £67 or €75				
Organ, bone marrow or tissue transplants						
Transplant and related trea	tment					
Donor costs	O Up to US\$25,000 or £	16,600 or €18,750 per transplant				
Kidney dialysis						
Kidney dialysis	Full cover					
Reconstructive surgery						
Reconstructive surgery		O In-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital				





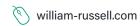
Key Full cover	within annual benefit limit	O Partial or limited cover	Optional cover			
	Bronze					
Congenital conditions or hereditary conditions						
Congenital conditions or hereditary conditions	In-patient, day-patient and post-hospital treatment received within the 90-day period following the date you are discharged from hospital, up to a lifetime limit of US\$20,000 or £13,300 or €15,000					
Mental health treatment						
Lifetime mental health treatment limit US\$50,000 or £33,300 or €37,500						
In-patient and day-patient mental health treatment (12-month waiting period)	Oup to 30 days per period o	f cover				
Out-patient mental health treatment (12-month waiting period)	Oup to 10 consultations per preceived within the 90-day from hospital	period of cover for post-hospi period following the date you				
HIV/AIDS treatment						
HIV/AIDS treatment (24-month waiting period)	O In-patient and day-patient t €3,750 per period of cover	treatment only, up to US\$5,00	0 or £3,300 or			
Medical appliances						
Medical aids	O Up to US\$250 or £160 or €	188 per medical condition pe	r period of cover			
Prosthetic implants	O Full cover					
Prosthetic devices	O Up to US\$500 or £330 or €	375 per device				
Out-patient treatment						
Primary medical care	O Post-hospital treatment received within the 90-day period following the date you are discharged from hospital					
Emergency ward treatment	 Essential and immediate tre plus one follow-up appoint 	eatment necessary as the res ment with a medical doctor	ult of an accident,			
Out-patient surgical procedures	O Full cover					
Advanced diagnostic tests	O Full cover					
Complementary treatments	O Up to 10 sessions per perio within the 90-day period fol	od of cover for post-hospital t lowing the date you are disch				
Physiotherapy		ceived within the 90-day perion om hospital, up to US\$1,000 o				
Chronic conditions						
Acute flare-ups	 In-patient, day-patient, and post-hospital treatment received within the 90- day period following the date you are discharged from hospital 					
Rehabilitation treatment						
Rehabilitation treatment	O Up to 7 days per medical c	ondition				
Home nursing costs						
Home nursing costs	O Up to 12 weeks per medica	al condition				





Key	O Full cover within	n annual benefit limit	O Partial or limited cover	Optional cover		
Bronze						
Lifetime care						
Lifetime limit for all lif	etime care	US\$25,000 or £16,600 or €18,750				
Hospice and palliative	care	O Up to the lifetime	limit for all lifetime care			
Artificial life maintena	nce	O Up to the lifetime	limit for all lifetime care			
Persistent vegetative s neurological damage	state and	O Up to the lifetime	limit for all lifetime care			
Dental costs						
Emergency restorative receive as an in-patien		Full cover				
Maternity costs						
Complications of preg (12-month waiting period		O Up to US\$4,800 or £3,200 or €3,600 per period of cover				
Expat benefits You're only eligible for certain benefits in this section only if you select them and they are stated on your Certificate of Insurance.						
24-hour medical assist	4-hour medical assistance helpline					
Medevac Basic		O Full cover				
Return airfare		O Full cover				
Travel expenses of a companion		O Full cover				
Accommodation exper	nses of a companion	O Up to US\$72 or £48 or €54 per night				
Compassionate home visit (12-month waiting period)		O Lifetime limit of one claim per insured person				
Repatriation of mortal	Repatriation of mortal remains		O Full cover			
Burial or cremation		O Up to US\$1,600 or £1,060 or €1,200				
Medevac Plus		Full cover (only if you select this option)				







Customising your plan

Direct billing

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

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

Private hospital room

As standard on the Bronze plan, you'll have cover for a semi-private room when you're admitted to hospital. If you choose the private hospital room option, you'll have cover for a private room when you're admitted to hospital.

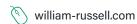
Medevac Plus

As standard on the Bronze plan, we'll organise your emergency medical evacuation should you suffer a life-threatening or limb-threatening condition that cannot be treated locally. If you choose Medevac Plus, you can request repatriation to your country of nationality (if within your area of cover) or your country of residence following your eligible evacuation. The circumstances under which we'll evacuate you are extended to include advanced diagnostics and cancer treatment that cannot be provided locally.

Personal accident plan

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







Tailoring your plan

Area of cover

The area of cover is a feature of international health plans that you don't typically find in domestic plans. The area of cover is the geographic or territorial limits of your plan. In short, it specifies in which countries you're covered. You can choose from three areas of cover, with each one giving you different levels of cover in different countries and regions.

USA cover

The Bronze plan doesn't cover medical treatment costs in the USA as standard. You can, however, choose cover for temporary trips of up to 45 days or 90 days, with no limit to the number of temporary trips you can make each year.

Excess

An excess is the fixed cash amount you pay towards a claim. You must choose one when you first apply for your health plan. You pay the excess for each medical condition, per period of cover. There's a range of excess options, including 'per claim' and 'per annum' excesses.

Medical underwriting

When you apply for a health plan, we assess your medical records, including any medical conditions or injuries you have suffered in the past. This process is known as medical underwriting. It helps us decide the terms under which we can offer you cover. You can choose from Full Medical Underwriting, Moratorium Underwriting or Switch Underwriting.

Payment frequency

When you apply for a health plan, you choose the frequency with which you pay your premium. You can pay annually, monthly, quarterly or half-yearly. Paying your premium annually is the cheapest option overall. If you pay half-yearly, you'll pay a surcharge of 3%. If you pay quarterly or monthly, you'll pay a surcharge of 5%.





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