



Some important facts about your health insurance policy are summarised below. This policy summary does not contain the full terms and conditions of the insurance policy, which can be found in the Global Health Elite plan Agreement and on your Certificate of Insurance. It is important that you read these documents carefully when you receive them to make sure that you understand the cover your policy provides.

The Insurer

The insurer of the Global Health plan is Allianz Nederland Schadeverzekering NV. Coolsingel 139, Postbus 64, NL-3000 AB Rotterdam, Netherlands. Allianz Nederland Schadeverzekering NV is an E E A insurer registered in the Netherlands.

Type of policy

Your policy provides cover for necessary medical treatment of acute medical conditions covered by your plan.

Significant features and benefits

The extent of the cover provided is detailed in the [Global Health Elite plan agreement](#) and outlined in the attached summary of cover.

The plan you have chosen will be stated on your Certificate of Insurance.

Significant and unusual exclusions or limitations

The following limitations apply to your policy:

- Any limitations contained in your Certificate of Insurance,
- The overall limit of cover for the plan you have chosen,
- The limits specified for particular benefits within the plan you have chosen,
- The excess, as specified on your Certificate of Insurance,
- Cover is restricted to treatment within the area of cover you have selected (see area of cover options in the attached summary of cover) and as specified on your Certificate of Insurance.

The following are excluded from cover under your policy:

- Pre-existing conditions,
- Addictive conditions/disorders and alcohol, drug and solvent abuse,
- Birth control, infertility treatment, assisted reproduction, foetal surgery, sexual problems and sex changes,
- Birth defects and congenital conditions (although there is limited cover for the first 28 days of life, provided the mother has been insured under a Silver, Gold or Platinum plan for a continuous period of 12 months at the time of birth),
- Chemical, biological or nuclear contamination, or active participation in war and terrorism,
- Chronic conditions (although there is limited cover for the out-patient treatment of chronic conditions under the Silver, Gold and Platinum plans),
- Convalescence,
- Cosmetic surgery,
- Dental cover is limited depending on your plan type - please see the [Global Health Elite plan agreement](#),
- Eating disorders and weight-related conditions,
- Experimental drugs and treatments,
- Hearing,
- Kidney dialysis continuing for more than 4 weeks,
- Long-term kidney dialysis,
- Nasal septum deviation,

- Organ transplant (except as stated under the organ transplant benefit and up to the stated limit),
- Pregnancy (although there is limited cover for pregnancy under the Gold and Platinum plans, and limited cover for in-patient treatment for complications of pregnancy after 12 months continuous cover under all plans),
- Illness or injury caused by professional sports and racing,
- Psychiatric conditions (although there is limited cover after 24 months continuous cover),
- Routine preventive health checks and vaccinations (although there is limited cover under the Silver, Gold and Platinum plans after 12 months continuous cover),
- Sexually transmitted diseases,
- Search and/or rescue,
- Self-inflicted injuries, suicide and/or wilful exposure to needless danger,
- Sleep disorders,
- Surgical or medical appliances and equipment,
- Treatment associated with any bodily change such as the menopause, puberty or ageing,
- Treatment by a family member,

A full list of exclusions is contained in the [Global Health Elite plan Agreement](#).

Duration of the policy

Your cover will remain in force for a period of 12 months provided you maintain your premium payments in accordance with the Global Health Elite plan agreement. Your cover may be renewed each year with our agreement. Premiums are age-related and will increase as you get older. We review our premiums annually. The current premium rates are not guaranteed for the duration of your plan.

Right of Cancellation

You have a right to cancel during the first 30 days of the policy, provided that you confirm this to us in writing and have not made a claim. We will refund the premium you have paid to us.

Claims

Please call +44 1276 486460 or our 24-hour emergency number +44 1276 486464 or email us on claims@william-russell.com. More information about making a claim can be found in the [Global Health Elite plan Agreement](#).

Complaints

Any complaints should be addressed to:
Allianz Nederland Schadeverzekering NV,
Coolsingel 139,
Postbus 64, NL-3000, AB Rotterdam,
Netherlands.

Compensation scheme

Allianz Nederland Schadeverzekering NV is not covered by any compensation scheme.

	PLATINUM PLAN
ANNUAL BENEFIT LIMIT (Plan available in US dollars, euros or GBP sterling)	\$2,500,000
IN-PATIENT AND DAY-PATIENT TREATMENT	
Private hospital accommodation and nursing	100% refund
Parent accommodation	100% refund
Surgery, treatment and tests	100% refund
Organ and bone marrow transplants	100% refund
Surgically implanted artificial body parts	100% refund
Road ambulance charges	100% refund
Hospital cash benefit (Max 60 nights per period of cover)	\$350 (per night)
Hospice and palliative care (Life-time limit)	\$75,000
TREATMENT FOR CANCER	
In- & day-patient treatment, radiotherapy and chemotherapy	100% refund
Out-patient follow-up consultations and tests (Excess applied per claim, per period of cover)	100% refund
POST HOSPITAL TREATMENT	
Home Nursing (max 12 weeks per period of cover)	100% refund
Rehabilitation treatment following discharge from hospital	\$10,000
Medical Aids such as wheelchairs, crutches	\$1,000
External Prosthetic Devices	\$2,500 (per device)
OUT-PATIENT TREATMENT	
Emergency ward treatment	100% refund
Out-patient surgical procedure	100% refund
GP and specialist consultations, treatments, tests and prescribed drugs	100% refund
Complementary medicine (max 10 visits per annum)	100% refund
Traditional Chinese medicine (China only, max 10 visits per period of cover)	\$32 (per visit)
Physiotherapy	Full Refund
CHRONIC CONDITIONS	
Periodic examinations, tests and treatment (Excess applied once per condition, per period of cover)	100% refund
Treatment for acute flare-ups of a chronic condition	100% refund
TREATMENT FOR HIV & AIDS	
In- & out-patient treatment (Per annum, for a max of 5 years)	\$10,000
PSYCHIATRIC CARE (Up to life-time limit)	
In-patient psychiatric treatment (Max 30 days per annum)	\$80,000(Life-time limit)
Out-patient psychiatric care (Max 10 consultations per annum)	
WELL-BEING BENEFIT	
Excess applied once per period of cover in respect of all claims under this benefit	
Well-being health screening	\$550
Well-child health screening	\$500 (Life-time limit)
Vaccinations for adult members only	\$100
Annual optical examination	\$50

	PLATINUM PLAN
MATERNITY CARE BENEFIT AND COVER FOR NEWBORNS	
Routine maternity care, out-patient complications of pregnancy, and normal child birth	\$12,000 per pregnancy
Childbirth that necessitates an emergency surgical procedure	100% refund
In- & day-patient treatment for medical conditions that arise as a result of pregnancy	100% refund
Cover for newborns In-and day-patient accommodation and treatment charges received during the first 28 days of life	\$100,000 per pregnancy
Investigations into the causes of infertility Includes the male partner, provided the partner has also been insured by the Platinum plan for a continuous period of 24 months. (Lifetime limit)	80% of costs up to \$2,500
DENTAL CARE	
Emergency in-patient dental treatment for accidental injury (Within 15 days of accident)	100% refund
Emergency out-patient dental treatment for accidental injury (Within 72 hours of accident)	\$1,500
Routine dental treatment (Excess applied per claim, per period of cover)	\$2,500
Complex dental treatment (Excess applied per claim, per period of cover)	
EMERGENCY EVACUATION	
Emergency evacuation	100% refund
Economy class return airfare to country of residence	100% refund
Economy class travelling expenses of a companion	100% refund
Accommodation expenses of a companion (Up to 15 nights per period of cover)	\$160 (per night)
Economy class airfare for compassionate home travel (One claim only)	100% refund
Repatriation of mortal remains, <i>or</i>	\$20,000
Local burial or cremation (If death occurs outside your home country)	\$1,600
STANDARD EXCESS	
Applied per claim unless otherwise stated (More excess options available)	\$50 excess
TRAVEL PLAN – Policy holder and spouse/partner only	
All the benefits of the Global Travel Plan whilst you are travelling away from your country of residence (and for trips within your country of residence when a trip is pre-booked and involves at least two nights paid accommodation).	
Personal accident cover	\$85,000
Accidental loss or damage to personal baggage *	\$4,250 (\$850 for any one article) per trip
Cancellation and curtailment*	\$4,250 per trip
Travel delay - \$85 for each full 12 hour delay	\$340 per trip
Personal liability	\$1,700,000
Personal money *	\$850 (\$340 in respect of cash) per trip
Legal expenses	\$42,500
Travel disruption	\$1,700 per trip
Hijack - \$85 for each full day	\$850 per trip
Passport replacement	\$425 per trip
Piste closure due to lack of snow	\$340 (Maximum \$34 per day) per trip
Ski hire if your skis are lost or damaged	\$255 (Maximum \$17 per day) per trip
Being unable to ski due to illness or injury	\$170 (Maximum \$17 per day) per trip
*Excess of \$68 per claim applies in respect of the Travel Plan	

KEY:
WAITING PERIODS

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

IMPORTANT NOTE: All benefits 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/member.

Please refer to the Global Travel Plan Rules for a full description of the cover provided by the Travel Plan.

	GOLD PLAN	SILVER PLAN	BRONZE PLAN
ANNUAL BENEFIT LIMIT (Plans available in US dollars, Euros or GBP sterling)	\$2,500,000	\$2,000,000	\$1,000,000
IN-PATIENT AND DAY-PATIENT TREATMENT			
Private hospital accommodation and nursing	100% refund	100% refund	100% refund
Parent accommodation	100% refund	100% refund	100% refund
Surgery, treatment and tests	100% refund	100% refund	100% refund
Organ and bone marrow transplants	100% refund	100% refund	100% refund
Surgically implanted artificial body parts	100% refund	100% refund	100% refund
Road ambulance charges	100% refund	100% refund	100% refund
Hospital cash benefit (Max 60 nights per annum)	\$160 (per night)	\$80 (per night)	\$40 (per night)
Hospice and palliative care (Life-time limit)	\$50,000	\$25,000	\$20,000
TREATMENT FOR CANCER			
In- & day-patient treatment, radiotherapy and chemotherapy	100% refund	100% refund	100% refund
Out-patient follow-up consultations and tests (Excess applied per claim, per period of cover)	100% refund	100% refund	100% refund
POST HOSPITAL TREATMENT			
Home Nursing (Maximum 12 weeks per period of cover)	100% refund	100% refund	100% refund
Rehabilitation treatment following discharge from hospital	\$7,500	\$5,000	\$2,500
Medical aids such as wheelchairs, crutches	\$500	\$250	\$150
External prosthetic devices	\$1,500 (per device)	\$1,000 (per device)	\$500 (per device)
OUT-PATIENT TREATMENT			
Emergency ward treatment	100% refund	100% refund	Not covered
Out-patient surgical procedure	100% refund	100% refund	100% refund
GP and specialist consultations, treatments, tests and prescribed drugs	100% refund	100% refund	100% refund for post-hospital treatment only
Complementary medicine (Max 10 visits per period of cover)	100% refund	100% refund	100% refund for post-hospital treatment only
Traditional Chinese medicine (China only, max 10 visits per period of cover)	\$32 (per visit)	\$32 (per visit)	Not covered
Physiotherapy	\$5,000	\$2,500	\$1,000 (Post-hospital treatment only)
CHRONIC CONDITIONS			
Periodic examinations, tests and treatment (Excess applied once per condition, per period of cover)	\$15,000	\$10,000	Not covered
Treatment for acute flare ups of a chronic condition	100% refund	100% refund	(Post-hospital treatment only)
TREATMENT FOR HIV & AIDS			
24 In- & day-patient treatment (Per period of cover, max 5 years)	\$5,000	\$5,000	\$5,000
12 Out-patient treatment (Per period of cover, max 5 years)			(Post-hospital treatment only)
PSYCHIATRIC CARE (Up to life-time limit)			
24 In- & day-patient psychiatric treatment (Max 30 days per annum)	\$64,000 (Life-time limit)	\$48,000 (Life-time limit)	\$40,000 Life-time limit
24 Out-patient psychiatric care (Max 10 consultations per annum)			(Post-hospital treatment only)

KEY:
WAITING PERIODS

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

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.

	GOLD PLAN	SILVER PLAN	BRONZE PLAN
WELL BEING BENEFIT			
(Excess applied once per period of cover in respect of all benefits)			
12 Well-being health screening	\$400	\$250	Not covered
12 Well-child health screening	\$250 (life-time limit)	Not covered	Not covered
12 Vaccinations for adult members only	\$50	Not covered	Not covered
MATERNITY CARE BENEFIT & COVER FOR NEWBORNS			
12 Routine maternity care, out-patient complications of pregnancy, and normal child birth	80% of costs up to \$6,400 per pregnancy	Not covered	Not covered
12 Child birth that necessitates an emergency surgical procedure		Not covered	Not covered
12 In- & day-patient treatment for medical conditions that arise as a result of pregnancy	\$15,000 per pregnancy	\$6,400 per pregnancy	\$4,800 per pregnancy
12 Cover for newborns In- and day-patient accommodation and treatment charges received during the first 28 days of life	\$75,000 per pregnancy	\$5,000 per pregnancy	Not covered
DENTAL CARE			
Emergency in-patient dental treatment for accidental injury (Within 15 days of accident)	\$12,800	\$8,000	\$4,800
Emergency out-patient dental treatment for accidental injury (Within 72 hours of accident)	\$1,000	\$500	Not covered
6 Routine dental treatment (Excess applied per claim, per period of cover)	\$1,000	Not covered	Not covered
EMERGENCY EVACUATION			
Emergency evacuation	100% refund	100% refund	100% refund
Economy class return airfare to country of residence	100% refund	100% refund	100% refund
Economy transport expenses of a companion	100% refund	100% refund	100% refund
Accommodation expenses of a companion (Up to 15 nights per period of cover)	\$120 (per night)	\$96 (per night)	\$72 (per night)
12 Compassionate home travel – economy class (One claim only)	100% refund	100% refund	100% refund
Repatriation of mortal remains, <i>or</i> Local burial or cremation (If death occurs outside your home country)	\$16,000 \$1,600	\$11,200 \$1,600	\$8,000 \$1,600
STANDARD EXCESS			
Applied per claim unless otherwise stated (More excess options available)	\$50	\$50	Not Applicable

AREA OF COVER OPTIONS AVAILABLE WITH PLATINUM, GOLD, SILVER AND BRONZE PLANS

AREA ONE	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, or within the London area.

KEY:

WAITING PERIODS

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

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