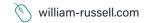


Just to let you know—The information in this document refers to Silver*Lite* plans starting between 01 January 2025 and 31 December 2025 (inclusive). You won't find complete information for the Silver*Lite* plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply if you purchase 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 policy year, 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	Full cover within annual benefit limit Partial or limited cover Optional	al cover				
	Silver <i>Lite</i>					
Annual benefit limit	nnual benefit limit US\$1,500,000 or £1,000,000 or €1,125,000					
Hospital costs						
Hospital accommodation	n Semi-private hospital room					
	Private hospital room					
Hospital treatment	treatment Sull cover					
Parent accommodation	✓ Full cover					
Local ambulance	Up to US\$1,600 or £1,065 or €1,200 per policy year					
Hospital cash benefit	US\$200 or £132 or €150 per night	US\$200 or £132 or €150 per night				
Advanced imaging tests	Full cover					
Cancer treatment						
Cancer treatment	✓ Full cover					
Cancer genome tests	✓ Full cover					
Wigs	∠ Lifetime limit of US\$150 or £100 or €113					
Counselling	∠ Lifetime limit of US\$500 or £330 or €375					
Dietitian	∠ Lifetime limit of US\$100 or £67 or €75					
Organ, bone marrow or	tissue transplants					
Transplant and related tro	ransplant and related treatment Full cover					
Donor costs	Up to US\$25,000 or £16,600 or €18,750 per transplant					
Kidney dialysis						
Kidney dialysis	✓ Full cover					
Reconstructive surgery						
Reconstructive surgery	✓ Full cover					
Congenital conditions or hereditary conditions						
Congenital conditions or conditions	r hereditary					





Key	Full cover with	nin annual benefit limit	Partial or limited cover	① Optional cover			
Silver <i>Lite</i>							
HIV/AIDS treatment							
HIV/AIDS treatment (24-month waiting period		Up to US\$5,000 or £3,3	000 or €3,750 per policy year				
Medical appliances							
Prosthetic implants		Full cover					
Prosthetic devices	•	Up to US\$1,000 or £660	or €750 per device				
Outpatient treatment							
Annual limit for outpati		US\$5,000 or £3,300 or Option A US\$7,500 or £ Option B US\$10,000 or	£5,000 or €5,625				
Primary medical care		•	E1,125 per policy year E1,665 or €1,875 per policy year E2,310 or €2,625 per policy yea				
Emergency ward treatm	ent	Up to the annual limit fo	or outpatient treatment				
Outpatient surgical prod	edures	Up to the annual limit fo	or outpatient treatment				
Physiotherapy		Up to US\$250 or £165 o	r €188 per policy year				
Chronic conditions							
Acute flare-ups		Inpatient and daypatien up to the benefit limit fo	nt treatment, with cover for outp or primary medical care	patient treatment			
Monitoring and mainten	ance	Up to the benefit limit fo	or primary medical care				
Rehabilitation treatmen	nt						
Rehabilitation treatment	t (Up to US\$2,000 or £1,3	30 or €1,500 per policy year				
Home nursing costs							
Home nursing costs		Up to US\$8,000 or £5,3 year	00 or €6,000 per medical cond	lition per policy			
Lifetime care							
Lifetime limit for all lifet	time care	US\$50,000 or £33,300	or €37,500				
Hospice and palliative c	are	Up to the lifetime limit for	or all lifetime care				
Artificial life maintenand	ce (Up to the lifetime limit for	or all lifetime care				
Persistent vegetative staneurological damage	ate &	Up to the lifetime limit for	or all lifetime care				





Key	Full cover within annual benefit limit		Partial or limited cover	① Optional cover		
Silver <i>Lite</i>						
Dental costs						
Emergency restorative treatment you receive as an inpatient		Up to US\$5,000 or £3,330 or €3,750 per policy year				
Dental Basic (6-month waiting period)		Up to US\$500 or £330 or €375 per policy year, subject to a 20% co-insurance				
Maternity costs						
Complications of pregnancy affecting the mother (12-month waiting period)		Up to US\$10,000 or £6,600 or €7,500 per policy year				
Expat benefits						
24-hour medical assistance helpline		Full cover				
Medevac Basic		Full cover				
Return airfare		✓ Full cover				
Travel expenses of a companion		Full cover				
Accommodation expenses of a companion		Up to US\$100 or £67 or €75 per night				
Repatriation of mortal remains		Up to US\$5,000 or £3,	330 or €3,750			
Burial or cremation		Up to US\$1,600 or £1,0	60 or €1,200			
Medevac Plus		+ Full cover				





Options for your plan

Private hospital room

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

Annual limit for outpatient treatment

The Silver*Lite* plan gives you cover for all outpatient treatment up to US\$5,000 or £3,330 or €3,750 per policy year. You can extend this limit to US\$7,500 or £5,000 or €5,625 per policy year (**Option A**) or to US\$10,000 or £6,600 or €7,500 per policy year (**Option B**).

Within the standard limit for outpatient treatment, you have US\$1,500 or £1,000 or €1,125 per policy year for primary medical care (e.g., doctor visits). Selection **Option A** extends that limit to US\$2,500 or £1,665 or €1,875 per policy year, while selecting **Option B** extends that limit to US\$3,500 or £2,310 or €2,625 per policy year.

Dental option

You can add cover for routine dental care with the Dental Basic option. The cover provided by Dental Basic includes screening, polishing, and simple extractions up to US\$500 or £330 or €375 per policy year, subject to a 20% co-insurance.

Medevac Plus

As standard on the Silver*Lite* plan, we 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 coverage zone) or your country of residence following your eligible evacuation. The circumstances under which we evacuate you are extended to include advanced imaging tests and cancer treatment that cannot be provided locally.

Personal accident plan

With an optional personal accident plan, we pay you a cash lump-sum benefit if an accident results in your death, loss of sight, loss of limb or their 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.





William Russell Europe SRL is registered at Place Marcel Broodthaers 8, B-1060 Saint-Gilles, Brussels and is registered in Belgium with the Financial Services & Markets Authority (no. 0731.975.658 RPM) as a limited liability company with share capital of €30,000. William Russell Europe SRL is a mandated underwriter for AWP Health & Life SA. The UK branch of William Russell Europe SRL is registered at William Russell House, The Square, Lightwater, Surrey, GU18 5SS, UK. The UK branch is authorised & regulated by the Financial Conduct Authority (FCA), reference no. 973067.