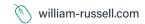


Just to let you know—The information in this document refers to Bronze plans starting between 01 January 2025 and 31 December 2025 (inclusive). You won't find complete information for the Bronze plan in this guide, nor the full T&Cs, limitations, and exclusions that would apply you purchase it. You can 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, 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 cover | | | |
|--|--|---|----------------|--|--|--|
| | Bronze | | | | | |
| Annual benefit limit | US\$1,500,000 or £1,00 | US\$1,500,000 or £1,000,000 or €1,125,000 | | | | |
| Hospital costs | | | | | | |
| Hospital accommodation | Semi-private hospital | Semi-private hospital room | | | | |
| | Private hospital room | | | | | |
| Hospital treatment | Full cover | | | | | |
| Parent accommodation | Full cover | | | | | |
| Local ambulance | ✓ Full cover | | | | | |
| Hospital cash benefit | US\$150 or £100 or €11 | 3 per night | | | | |
| Advanced imaging tests | ✓ Full cover | | | | | |
| Cancer treatment | | | | | | |
| Cancer treatment | Full cover | | | | | |
| Cancer genome tests | Full cover | | | | | |
| Wigs | Lifetime limit of US\$15 | 50 or £100 or €113 | | | | |
| Counselling | Lifetime limit of US\$50 | 00 or £330 or €375 | | | | |
| Dietitian | Lifetime limit of US\$10 | 00 or £67 or €75 | | | | |
| Organ, bone marrow or tissue transplants | | | | | | |
| Transplant and related trea | atment | | | | | |
| 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 | | k post-hospital treatment receiv ne date you are discharged from | | | | |





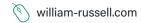
| Key Sull cover | within annual benefit limit Partial or limited cover | | | | | |
|--|--|--|--|--|--|--|
| | Bronze | | | | | |
| Congenital conditions or hereditary conditions | | | | | | |
| Congenital conditions or hereditary conditions | Inpatient, daypatient & post-hospital treatment received 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 | | | | | |
| Mental health treatment | | | | | | |
| Lifetime mental health treatment limit | US\$50,000 or £33,300 or €37,500 | | | | | |
| Inpatient and daypatient mental health treatment (12-month waiting period) | Up to 30 days per policy year | | | | | |
| Outpatient mental health treatment (12-month waiting period) | 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 | | | | | |
| Outpatient mental health medication (12-month waiting period) | Up to US\$500 or £333 or €375 for medication prescribed 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 | | | | | |
| HIV/AIDS treatment | | | | | | |
| HIV/AIDS treatment (24-month waiting period) | ✓ Inpatient and daypatient treatment only, up to US\$5,000 or £3,300 or €3,750 per policy year | | | | | |
| Medical appliances | | | | | | |
| Medical aids | Up to US\$250 or £160 or €188 per medical condition per policy year | | | | | |
| Prosthetic implants | Full cover | | | | | |
| Prosthetic devices | Up to US\$500 or £330 or €375 per device | | | | | |
| Outpatient treatment | | | | | | |
| Annual limit for outpatient treatment | Full cover up to your annual plan limit | | | | | |
| Primary medical care | Post-hospital treatment received within the 90-day period following the date you are discharged from hospital | | | | | |
| Emergency ward treatment | Essential and immediate treatment necessary as the result of an accident, plus one follow-up appointment with a medical doctor | | | | | |
| Outpatient surgical procedures | ✓ Full cover | | | | | |
| Complementary treatments | 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 | | | | | |
| Physiotherapy | 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 | | | | | |
| Chronic conditions | | | | | | |
| Acute flare-ups | Inpatient, daypatient & post-hospital treatment received within the 90-day period following the date you are discharged from hospital | | | | | |





| Key | Full cover | within annual benefit limit | Partial or limited cover | ① Optional cover | | |
|---|---------------|--|------------------------------|------------------|--|--|
| Bronze | | | | | | |
| Rehabilitation treat | ment | | | | | |
| Rehabilitation treatm | nent | Up to US\$2,000 or £1,3 | 30 or €1,500 per policy year | | | |
| Home nursing costs | 5 | | | | | |
| Home nursing costs | | Up to US\$5,000 or £3,300 or €3,750 per medical condition per policy year | | | | |
| Lifetime care | | | | | | |
| Lifetime limit for all | lifetime care | US\$25,000 or £16,600 | or €18,750 | | | |
| Hospice and palliativ | ve care | Up to the lifetime limit for all lifetime care | | | | |
| Artificial life mainter | nance | Up to the lifetime limit for all lifetime care | | | | |
| Persistent vegetative neurological damage | | Up to the lifetime limit for all lifetime care | | | | |
| Dental costs | | | | | | |
| Emergency restorati receive as an inpatie | | Full cover | | | | |
| Maternity costs | | | | | | |
| Complications of pregnancy affecting the mother (12-month waiting period) | | Up to US\$4,800 or £3,200 or €3,600 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 exp | enses of a | Up to US\$75 or £50 or €56 per night | | | | |
| Compassionate hom (12-month waiting pe | | ✓ Lifetime limit of one claim per member | | | | |
| Repatriation of mort | al remains | Full cover | | | | |
| Burial or cremation | | Up to US\$1,600 or £1,060 or €1,200 | | | | |
| Medevac Plus | | + Full cover | | | | |





Options for your plan

Private hospital room

As standard on the Bronze 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.

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.

Medevac Plus

As standard on the Bronze 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.





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.