

EXCESS TABLES (BUSINESS)

The excess shown on your certificate of insurance is the amount you will have to pay towards the cost of your treatment.

If your excess is 'Per Claim', the excess is applied to each claim you submit unless stated otherwise in your Plan Agreement.

If your excess is 'Per Annum', your excess is applied once, per period of cover.

If you select to pay a higher excess than standard, a discount will be applied to your premium as per the table below. If you would prefer to pay a lower than standard excess, this will result in a premium increase.

ELITE EXCESS OPTIONS

EXCESS OPTIONS	BRONZE	SILVER	GOLD
Nil excess	BASE RATE	7.5% loading	7.5% loading
\$50 / £30 / €45 per claim	Not available	BASE RATE	BASE RATE
\$100 / £60 / €90 per claim	Not available	4.5% discount	4.5% discount
\$250 / £150 / €225 per annum*	5% discount	11.5% discount	7.5% discount
\$1,600 / £1,000 / €1,500 per claim	20% discount	30% discount	30% discount
\$5,000 / £3,000 / €4,500 per claim	30% discount	40% discount	40% discount

ESSENTIAL EXCESS OPTIONS

EXCESS OPTIONS	ESSENTIAL CARE	ESSENTIAL CARE PLUS
Nil excess	BASE RATE	7.5% loading
\$50 per claim	Not available	BASE RATE
\$250 per annum*	5% discount	15% discount

*\$250 / £150 / €225 are the only PER ANNUM excess available on either the Elite or Essential plans (as applicable).

All other options are applicable PER CLAIM (unless stated otherwise in the Plan Agreement).

PLEASE NOTE: These discounts/loadings apply to Global Health plans inception or renewed from 1st January 2017, are subject to periodic review, and are not guaranteed for the duration of your plan.

William Russell Limited only offers products on behalf of one insurer. We can provide you with information about the products that we offer, but we cannot provide you with any advice regarding the suitability of these products for your personal circumstances.

BENEFIT LIMITS AND EXCESS

If your policy has an excess and the benefit you are claiming for has a co-insurance and/or a capped benefit limit, we will apply the co-insurance first, then the excess and then the limit.

EXAMPLE: If you submit a claim for \$8,500 from a benefit with a 20% co-insurance and a \$5,000 benefit limit, and your excess is \$100 per claim, we will calculate the claim as follows:

Total eligible costs = \$8,500 x 80% (20% co-insurance) = \$6,800 - \$100 (Excess per claim) = \$6,700

Remaining amount exceeds \$5,000 (Maximum benefit limit) therefore claim amount paid = \$5,000