FREEDOM
HEALTH INSURANCE

Elite

Summary of Benefits



Important information

1. All Freedom Elite policies must have the core cover as a minimum level of cover.
2. The benefits provided in each optional section come as complete units – you cannot select individual benefits from each section.
3. All benefit limits apply to each insured person in each period of insurance unless otherwise stated.

Receiving treatment in a hospital not within the policy cover

An insured person must use a hospital shown on our hospital list within their level of cover in order for eligible hospital fees for all outpatient, inpatient and daypatient treatment (including mental health care) to be paid in full otherwise we will only pay 50% of the eligible hospital charges up to any stated maximum benefit limit.

A copy of our most recent hospital list is available on request.

The core cover (mandatory cover)

Inpatient and daypatient treatment	Limits
Specialist fees Fees charged by surgeons, anaesthetists, physicians and other specialists for providing inpatient and daypatient treatment.	Full refund as long as the charges are in line with our schedule of procedures.
Hospital charges Fees charged by a hospital for providing inpatient and daypatient treatment including: • pre-admission tests; • accommodation, meals and nursing care; • critical care; • operating theatre and drugs; • implanted prosthesis such as a joint replacement; • diagnostic tests; • physiotherapy; and • accommodation for a parent accompanying a child aged 18 years or under.	Full refund when using a hospital within the policy cover.
Pregnancy complications	**Limits**
Fees charged by a specialist and a hospital for inpatient and daypatient treatment related to the pregnancy complications listed below. • Miscarriage, including missed miscarriage (loss of a pregnancy before 24 weeks). • Still birth (loss of a pregnancy after 24 weeks). • Ectopic pregnancy (where the foetus grows outside the womb). • Molar pregnancy, also called a hydatidiform mole (the placenta and foetus do not form properly and a baby does not develop). • Post-partum haemorrhage (heavy bleeding immediately after childbirth). • Retained placenta (where part of the placenta or membrane remains in the womb after childbirth). • Complications following any of the above conditions. **Caesarean sections** Cover for an emergency Caesarean section is available (in line with current NHS guidelines) if there is an immediate risk to the health or life of the baby or mother, or if the baby needs to be delivered early. If the insured person chooses to have private care for the birth at their own expense, and an emergency Caesarean section is needed, we will only pay the extra cost that is above the cost of a normal private delivery. This means the insured person will still have to pay the proportion of the cost equivalent to that of a normal private delivery. **Outpatient treatment** Related outpatient treatment costs will be covered under the outpatient treatment benefit.	As per limits for inpatient and daypatient treatment. As per limits for outpatient treatment.
Maternity cash benefit	**Limits**
A cash benefit for each child born after the start date of the policy as long as the member has had this cover for at least 10 months when the child is born.	£150 per child.

The core cover (mandatory cover) (continued)

Dental surgery carried out by an oral specialist	Limits
Fees charged by a specialist and a hospital for inpatient and daypatient treatment related to the oral surgical procedures listed below when they cannot be carried out by a dentist and the insured person is referred by their dentist to an oral specialist. • Putting a natural tooth back into the jaw bone after it is knocked out or dislodged because of an accidental dental injury. • Treating a jaw bone cyst. • An apicectomy to remove the tip of the root of a tooth and treat the surrounding infected tissue. • Surgical removal of impacted teeth, buried teeth and complicated buried roots as long as this is treatment of an acute condition. **Outpatient treatment** Related outpatient treatment costs will be covered under the outpatient treatment benefit.	As per limits for inpatient and daypatient treatment. As per limits for outpatient treatment.
Home nursing	**Limits**
Fees charged by a nurse for providing skilled medical treatment in the home immediately following inpatient or daypatient treatment.	Full refund for up to 13 weeks.
Private road ambulance	**Limits**
Fees charged for the use of a private road ambulance if an insured person needs private inpatient or daypatient treatment and has to be medically supervised during the journey.	Full refund.
NHS cash benefit (elective inpatient treatment only)	**Limits**
A cash benefit for each night spent in an NHS hospital to receive inpatient treatment that would be covered by the policy. All treatment costs must be paid by the NHS.	£200 per night.
NHS cash benefit (elective daypatient treatment only)	**Limits**
A cash benefit for each day spent in an NHS hospital to receive daypatient treatment that would be covered by the policy. All treatment costs must be paid by the NHS.	£100 per day.
MRI, CT and PET scans	**Limits**
Fees charged by a hospital or other facility that provides diagnostic imaging services approved by us for providing the following scans when referred by a specialist. • Magnetic Resonance Imaging (MRI scan). • Computerised Tomography (CT scan). • Positron Emission Tomography (PET scan). We do not pay for MRI, CT or PET scans requested by a GP.	Full refund when using a hospital within the policy cover.
Cancer cover	**Limits**
Fees charged by hospitals and specialists and other practitioners approved by us for providing active cancer treatment. For more information about our cancer cover, see our leaflet Cancer Cover Explained.	Detailed in our leaflet Cancer Cover Explained.

Outpatient treatment (optional cover)

Diagnostic tests requested by a GP	Limits
Fees charged by a hospital or other diagnostic imaging facility approved by us for diagnostic tests that have been requested by a GP. We do not pay for MRI, CT or PET scans requested by a GP.	Up to £750 when using a hospital within the policy cover.
Specialist fees and physiotherapy treatment	**Limits**
Fees charged for outpatient treatment given by, or under the supervision of, a specialist including: • consultations with the specialist; • diagnostic tests; • minor surgical procedures not needing a stay in hospital; and • drugs and dressings used during the outpatient treatment. We will not pay for any repeat diagnostic tests that the GP has already carried out. Fees charged by a physiotherapist. If the GP has referred for treatment, we will not pay any more than six sessions of physiotherapy treatment during a single period of insurance.	Up to £1,500 or full refund depending on the level of cover chosen.

Alternative therapies (optional cover)

Alternative therapies (on GP or specialist referral)	Limits
Fees charged by the therapists listed below. • Acupuncturist. • Chiropractor. • Homeopath. • Osteopath. • Podiatrist. If the GP has referred for treatment, we will not pay any more than six sessions of treatment during a single period of insurance for all the listed practitioners combined.	Up to £750 or £1,500 depending on the level of cover chosen.

Mental health care (optional cover)

Mental health care (inpatient, daypatient and outpatient treatment)	Limits
Fees charged by a psychiatric specialist and hospital for inpatient, daypatient and outpatient treatment of an acute mental or psychiatric illness.	Inpatient and daypatient treatment – full refund up to 45 days. Outpatient treatment – up to £2,000.

Dental, optical and private GP costs (optional cover) – compulsory £50 excess applies

Dental, optical and private GP costs	Limits
Routine dental costs Fees charged by a dentist for routine dental services to maintain oral hygiene.	Up to £300.
Accidental dental injury Fees charged by a dentist for treatment of an accidental dental injury or the relief of severe acute pain which cannot be controlled by non-prescription medication.	Up to £600.
Optical costs Fees charged by an optician for eye tests, prescription glasses and contact lenses. We will only pay for glasses and contact lenses if the optician has issued a new or amended prescription because the insured person's eyesight has changed.	Up to £200.
Private GP costs Fees a private GP charges for consultations, diagnostic tests and minor surgery carried out in the GP's own surgery.	Up to £300.

Freedom Health Insurance is a trading name of Freedom Healthnet Limited.
Freedom Healthnet Limited is authorised and regulated by the Financial Conduct Authority with the registration number 312282.
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