FREEDOM
HEALTH INSURANCE

Worldwide Non-EEA

Table of benefits

Freedom Worldwide	Diamond	Platinum	Gold	Silver	Bronze
Maximum limit, per policy year	2,000,000	1,500,000	1,000,000	750,000	500,000
Currency	€/£/$	€/£/$	€/£/$	€/£/$	€/£/$

A.	In-patient & Day-patient Benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Hospital accommodation – costs of a standard single en-suite room	Covered in full				Covered in full
2	Nursing fees, medical expenses and ancillary charges					
3	Prescription drugs and dressings					
4	Operating theatre charges, surgical drugs and dressings					
5	Surgeon's, anaesthetist's and consultant's fees.					
6	Surgical appliances which form a permanent and integral part of the body, apart from neurostimulators and pacemakers as outlined in the exclusions.					
7	Organ transplant – surgical procedure in performing the following organ and/or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea transplants.	Covered up to 300,000	Covered up to 200,000	Covered up to 200,000	Covered up to 100,000	No cover available
8	Oral surgical procedures as specified in our definition	Covered in full				Covered in full
9	Emergency dental treatment required to restore your oral health following a serious eligible accident that requires you being admitted to hospital. Please refer to the definition of emergency in-patient dental treatment.					
10	Diagnostic tests, including pathology and radiology					
11	MRI/CT/PET scans					
12	Physician and therapist fees including physiotherapy during an in-patient stay					
13	Psychiatric treatment. **12 month waiting period applies.**	Fully covered up to a maximum of 28 days	Covered up to 10,000 for a maximum of 28 days	Covered up to 5,000 for a maximum of 28 days		No cover available
14	Accommodation for one parent staying with an insured child under 16	Covered in full				
15	In-patient cash benefit where treatment has been received and no charges have been made	100 per night, up to a maximum of 50 nights				

B.	Additional Benefits	Diamond	Platinum	Gold	Silver	Bronze
1	Complications during childbirth – cover for the following conditions that arise during childbirth and that require a recognised obstetric procedures: Postpartum haemorrhage and retained placental membrane. Complications of childbirth are only payable where the cover also includes a routine maternity benefit. In this case, complications of childbirth shall also refer to medically necessary caesarean sections. **12 month waiting period applies.**	Covered up to 10,000	Covered up to 5,000	Covered up to 2,500		No cover available
2	Complications in pregnancy resulting from, abnormal presentation; ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes or hydatidiform mole that arise during the antenatal stages of pregnancy. **12 month waiting period applies.**					
3	Hormone replacement therapy	Covered up to 250				No cover available
4	Home nursing benefit. Immediately following or instead of an in-patient stay	Covered up to 3,500	Covered up to 2,000	Covered up to 1,500		No cover available
5	Local ambulance	Covered in full				

C.	Out-patient Benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Medical practitioners, specialist and consultants fees, prescribed medicines, drugs and dressings	Covered in full	Covered up to 5,000	Covered up to 2,500	Covered up to 1,500	Covered to 1,000
2	Diagnostic tests, including pathology and radiology					
3	Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, specialist or consultant.^ Physiotherapy is initially restricted to six sessions per condition, after which the treatment must be reviewed by the referring medical practitioner. Should further sessions be required, a progress report must be submitted to us, which indicates the medical necessity for any further treatment.		^Section C3 sublimited to 1,000	^Section C3 sublimited to 500	^Section C3 sublimited to 500	Section C1 to C4 when following an in-patient surgical procedure for up to 90 days.
4	Chiropractic, osteopathic, homeopathic, Chinese herbal medicine and acupuncture.^		^Section C4 sublimited to 1,000	^Section C4 sublimited to 500	^Section C4 sublimited to 500	
5	Psychiatric treatment.* **12 month waiting period applies.**	Covered up to 2,000	*Section C5 sublimited to 1,000	*Section C5 sublimited to 500	*Section C5 sublimited to 500	No Cover
6	Routine health checks, including vaccinations#	Covered up to 300	#Section C6 sublimited to 200	#Section C6 sublimited to 200	#Section C6 sublimited to 100	No Cover
7	MRI/CT/PET scans	Covered in full				
8	Out-patient surgery	Covered in full				

D.	Cancer benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Oncology tests, drugs, consultant's fees including cover for chemotherapy and radiotherapy, when the treatment is aimed to cure the cancer	Covered in full				
2	Treatment on an in-patient, day-patient or out-patient basis that maintains, monitors and provides relief of symptoms of cancer that is diagnosed as a chronic medical condition	Covered within the limits specified in section E2				No cover available
3	Palliative treatment and end stage medical care of cancer that has been diagnosed as terminal	Covered within the limits specified in section F1				No cover available

E.	Chronic medical conditions benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Treatment of an acute episode of a chronic medical condition where you have become medically unstable	Covered within the limits specified in section A and C				
2	Treatment that maintains, monitors and provides relief of symptoms, including palliative treatment of a chronic medical condition on an in-patient, day-patient or out-patient basis	Covered up to a lifetime limit of 50,000	Covered up to a lifetime limit of 40,000	Covered up to a lifetime limit of 30,000	Covered up to a lifetime limit of 20,000	No cover available

F.	Terminal illness benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Palliative treatment and end stage medical care of a diagnosed terminal illness	Covered up to a lifetime limit of 50,000	Covered up to a lifetime limit of 40,000	Covered up to a lifetime limit of 30,000	Covered up to a lifetime limit of 20,000	No cover available

G.	Dental out-patient benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Routine dental treatment – one annual check- up, including one annual scale and polish	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	No cover available	No cover available
2	Diagnostic tests such as x-rays					
3	Clinically necessary dental treatment to restore your teeth and oral health, such as fillings, gum treatment, crowns, bridges, inlays and extractions.					
4	Emergency out-patient dental treatment – treatment received for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per policy period, and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment					
5	Dental surgery to include extraction of teeth and root canal surgery					
6	Orthodontic treatment for an insured person under 18 years of age only. **12 month waiting period applies**.					

H.	Medical evacuation & repatriation benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Medical evacuation when an insured person is placed on a critical list or in our opinion, adequate treatment is not available locally or if adequately screened blood is unavailable in the event of an emergency. If a medical evacuation is eligible, we will evacuate the insured person to the nearest appropriate medical centre (which may or may not be located in the insured person's home country) or we will, where appropriate, endeavour to locate and transport screened blood and sterile transfusion equipment. The medical evacuation will be carried out in the most economical way having regard to the medical condition.	Covered in full				Covered in full when an in-patient or day-patient admission is needed
2	Accommodation after a medical evacuation if you are unable to travel after discharge – If medical necessity prevents the insured member from undertaking the evacuation or transportation following discharge from an in-patient episode of care, we will cover the reasonable cost of hotel accommodation up to a maximum of 7 days, comprising of a private room with en-suite facilities. We do not cover costs for hotel suites, 4 or 5 star hotel accommodation. Hotel accommodation for an accompanying person is not covered.					
3	Economy class return airfare to country of residence – Following completion of treatment, we will cover the cost of the return trip, at economy rates, for the evacuated insured person to return to his/her principal country of residence. The return journey must be made within one month after the eligible treatment has been completed.					
4	Where an insured person has been evacuated to the nearest appropriate medical centre for ongoing treatment, we will agree to cover the reasonable cost of hotel accommodation comprising of a private room with en-suite facilities. The cost of such accommodation must be more economical than successive transportation costs to/from the nearest appropriate medical centre and the principal country of residence.					
5	Economy travelling expenses of a companion – We will cover the economy class travel, accommodation and economy class return airfare expenses for pre-authorised costs of a close business companion or the insured person's dependants having to accompany the insured person for an emergency medical evacuation, this benefit will only apply when the insured person is evacuated when placed on a critical list.					
6	Repatriation of mortal remains – the transportation costs of the deceased's mortal remains from the principal country of residence to the country of burial. Covered expenses include, but are not limited to, expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered in the event that this is required for legal purposes. Costs incurred by any accompanying persons are not covered. All covered expenses in connection with the repatriation of mortal remains must be pre-authorised by us.					Covered in full

I.	Compassionate emergency visit benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Costs incurred by an insured person for an economy class return airfare from the principal country of residence to visit a close family member, up to the age of 70 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person, per policy year.	Covered in full				

J.	Maternity Benefit Only available to Female members who are aged between 18 and 44. Cover only becomes available for treatment received 11 months after the Policy inception.	Diamond	Platinum	Gold	Silver	Bronze
1	Any medically necessary costs incurred during a routine, non-complicated pregnancy or childbirth, including hospital charges, specialist fees, the mother's pre and post-natal care and midwife fees. We will only provide cover for one 2D ultrasound scan in each trimester.	Covered up to 7,500	Covered up to 5,000	Covered up to 2,500	No cover available	No cover available
	New born care after a covered pregnancy – we will provide cover for reasonable routine accommodation charges of your newborn. We will also provide cover for necessary examinations before discharge to include: • a physical examination • Vitamin K • Hepatitis B vaccine • BCG vaccine • blood tests for PKU, congenital hypothyroidism and G6PD					
2	Medically necessary c-sections	Covered within the limits specified in section B1				
	Birth defects and congenital abnormalities	Covered up to 20,000	Covered up to 15,000	Covered up to 10,000		
	New born accommodation when staying in hospital with the mother up to 10 nights	Covered in full				

K.	Emergency Medical Cover (Outside of Area)	Diamond	Platinum	Gold	Silver	Bronze
1	Cover for emergency medical treatment outside your area of cover	Covered up to 50,000	Covered up to 40,000 for a maximum of 60 days	Covered up to 30,000 for a maximum of 30 days	No cover available	No cover available

L.	Accidental Death Benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Death of an insured person as a result of an accident	100,000			No cover	No cover

Please note: All limits above are per policy year unless otherwise specified.

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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