Freedom Health Insurance

Freedom Worldwide UK

Table of benefits

This **table of benefits** is one of the documents which make up your **policy**. You should read it in conjunction with the policy document and your **certificate of insurance**. Your **certificate of insurance** will confirm the cover type you have.

Freedom Worldwide UK	Diamond	Platinum	Gold	Silver	Bronze
Maximum limit, per policy year	2,000,000	1,500,000	1,000,000	750,000	500,000
Currency	British Pounds (£)	British Pounds (£)	British Pounds (£)	British Pounds (£)	British Pounds (£)

Note: All benefit limits apply to each **insured person** in each **policy period** unless otherwise stated.

Certain words in this table of benefits are printed in bold type. This is because they are important words which have a specific meaning when used in a particular context. A full list of all these words, with their meanings, is found in chapter 12 (Definitions) of the Freedom Worldwide UK policy booklet.

A.	In-patient & day-patient benefit	Diamond	Platinum	Gold	Silver	Bronze
1	**Hospital accommodation** – standard single en-suite room.	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, and anaesthetist's fees.					
6	**Surgical appliances and prosthesis** which form a permanent and integral part of the body.					
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 corneal transplants.	Covered up to 300,000	Covered up to 250,000	Covered up to 200,000	Covered up to 100,000	No cover available
8	**Oral surgical procedures**.	Covered in full				
9	**Emergency** dental **treatment** required to restore oral health following a serious eligible **accidental dental injury** that requires you to be admitted to **hospital**.					
10	**Diagnostic tests**, including pathology and radiology.					
11	MRI/CT/PET scans.					
12	**Specialist** and **therapist** fees including physiotherapy during an **in-patient stay**.					
13	**Psychiatric treatment**. Twelve-month **waiting period** applies.	Covered up to 30 nights	Covered up to 30 nights	Covered up to 15 nights	Covered up to 15 nights	No cover available
14	Parent accommodation (child aged up to 18).	Covered in full				
15	**In-patient** cash benefit where **treatment** has been received and no charges have been made.	Covered to 200 per night	Covered to 200 per night	Covered to 100 per night	Covered to 100 per night	Covered to 50 per night
16	External prosthesis related to an **in-patient/day-patient** surgical procedure.	Covered up to 2,500	Covered up to 2,500	Covered up to 2,500	Covered up to 2,500	No cover available

17	Kidney dialysis - when temporarily for sudden kidney failure resulting from a disease, illness or injury that has been covered by this insurance policy.	Covered up to 20,000 (lifetime limit)	Covered up to 20,000 (lifetime limit)	Covered up to 20,000 (lifetime limit)	Covered up to 20,000 (lifetime limit)	No cover available
18	**Rehabilitation** received on an **in-patient** basis following from a disease, illness or injury that has been covered by this insurance policy.	Covered up to 13 weeks	Covered up to 13 weeks	Covered up to 13 weeks	Covered up to 13 weeks	Covered up to 13 weeks
19	**Nursing at home** immediately following or instead of an **in-patient** stay.	Covered up to 26 weeks	Covered up to 26 weeks	Covered up to 12 weeks	Covered up to 3 weeks	No cover available
20	**Local ambulance.**	Covered in full				

B.	Outpatient treatment benefit	Diamond	Platinum	Gold	Silver	Bronze
1	**Medical practitioners' fees**, **specialists' fees**, and **prescription drugs and medicines**.	Covered in full	Covered up to 10,000	Covered up to 5,000	Covered up to 2,500	Covered up to 1,000 for post-**in-patient treatment** (maximum of 90 days after discharge)
2	**Diagnostic tests**, including pathology and radiology.					
3	**Treatment** to maintain and provide relief of symptoms of a **chronic medical condition** that has been diagnosed after the **commencement date** of the policy.					
4	Physiotherapy by a registered physiotherapist when referred by a **medical practitioner** or **specialist**.	Covered up to 2,000	Covered up to 1,500	Covered up to 1,000	Covered up to 500	No cover available
5	**Complementary treatment** (limited to chiropractic, osteopathic, homoeopathic, Chinese herbal medicine and acupuncture **treatment**).	Covered up to 2,000	Covered up to 1,500	Covered up to 1,000	Covered up to 500	No cover available
6	MRI/CT/PET scans.	Covered in full				
7	**Outpatient surgery.**	Covered in full				
8	**Emergency** dental **treatment** required to restore oral health following a serious eligible **accidental dental injury**.	Covered in full				
9	**Psychiatric treatment**. Twelve-month **waiting period** applies.	Covered in full (maximum of 30 visits)	Covered in full (maximum of 15 visits)	Covered in full (maximum of 10 visits)	Covered in full (maximum of 5 visits)	No cover available
10	Hormone replacement therapy.	Covered up to 350	Covered up to 250	Covered up to 250	Covered up to 250	No cover available
11	**Routine health checks** including cancer screening. Twelve-month **waiting period** applies.	Covered up to 1,000	Covered up to 500	Covered up to 200	Covered up to 100	Covered up to 50
12	**Vaccinations** (excluding travel vaccinations). Twelve-month **waiting period** applies.	Covered up to 300	Covered up to 200	Covered up to 200	Covered up to 100	No cover available
13	Medical aids and devices - including the hire of mobility aids (such as crutches, casts, splints, canes, slings, trusses, braces, orthotics and the temporary rental of a wheelchair when prescribed by a **specialist**). Twelve-month **waiting period** applies.	Covered up to 2,000	Covered up to 1,500	Covered up to 1,000	Covered up to 500	No cover available
14	Hearing test. Twelve-month **waiting period** applies.	One per year	One per year	No cover available	No cover available	No cover available
15	Hearing aid benefit. Twelve-month **waiting period** applies.	Covered up to 300	Covered up to 150	No cover available	No cover available	No cover available

C.	Cancer benefit	Diamond	Platinum	Gold	Silver	Bronze
1	**Oncology** tests, **prescription drugs and medicines**, and **specialists' fees** including cover for chemotherapy and radiotherapy, when **treatment** is aimed at curing the **cancer**.	Covered in full				
2	**Treatment** on an **in-patient**, **day-patient** or **outpatient** basis that maintains, monitors and provides relief of symptoms of **cancer** that is diagnosed as a **chronic medical condition**.	Covered in full				
3	**Palliative treatment** and end-stage medical care of **cancer** that has been diagnosed as terminal.	Covered in full				

D.	Terminal illness benefit	Diamond	Platinum	Gold	Silver	Bronze
1	End-of-life (hospice care) medical care within a hospice.	Covered up to 14 nights	Covered up to 14 nights	Covered up to 14 nights	Covered up to 14 nights	No cover available
2	HIV and AIDS where contracted as a result of a blood transfusion.	Covered up to 7,500 (lifetime limit of 37,500)	Covered up to 5,000 (lifetime limit of 37,500)	Covered up to 2,500 (lifetime limit of 37,500)	No cover available	No cover available

E.	Dental and optical outpatient benefit (Note: Optical - If you wear glasses or contact lenses prior to the **commencement date** of the policy, replacement spectacles, contact lenses and laser eye surgery are excluded from cover).	Diamond	Platinum	Gold	Silver	Bronze
1	Minor dental treatment – one annual check-up, **diagnostic tests**, and one annual scale and polish. Six-month **waiting period** applies.	Covered up to 1,500 (10% **co-pay**)	Covered up to 1,000 (10% **co-pay**)	Covered up to 750 (10% **co-pay**)	No cover available	No cover available
2	Major dental treatment and **dental prosthesis** - gum treatment, crowns, bridges, inlays and extractions are included. Six-month **waiting period** applies.	Covered up to 1,500 (10% **co-pay**)	Covered up to 1,000 (10% **co-pay**)	Covered up to 750 (10% **co-pay**)	No cover available	No cover available
3	**Emergency outpatient** dental treatment – **treatment** for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per **policy period**, and/or the repair of damage caused by an **accidental dental injury**. Treatment must be received within 24 hours of the **accidental dental injury**. This does not include any form of **dental prostheses** or root canal treatment.					
4	**Dental surgery** to include extraction of teeth and root canal surgery. Six-month **waiting period** applies.					
5	**Orthodontic treatment** for an **insured person** under 19 years of age only. Twelve-month **waiting period** applies.					

6	Optical eye test. Twelve-month **waiting period** applies.	One visit per year	One visit per year	One visit per year	One visit per year	No cover available
7	Optical - vision aids (spectacles and contact lenses). Twelve-month **waiting period** applies.	Covered up to 300	Covered up to 100	No cover available	No cover available	No cover available
8	Laser eye surgery. Twelve-month **waiting period** applies.	Covered in full	Covered in full	Covered in full	No cover available	No cover available

F.	Medical evacuation & repatriation benefit	Diamond	Platinum	Gold	Silver	Bronze
1	**Emergency** evacuation to the nearest available and most appropriate medical centre if adequate **treatment** is not available locally.	Covered in full				
2	Accommodation (4 and 5-star excluded) following discharge after evacuation if medically unable to return home.	Covered up to 7 nights	Covered up to 7 nights	Covered up to 7 nights	Covered up to 7 nights	Covered up to 7 nights
3	Economy class return airfare to country of residence following completion of **treatment**.	Covered in full				
4	Hotel accommodation for ongoing **treatment**.	Covered in full				
5	Economy travelling expenses for a companion.	Covered in full				
6	Repatriation of mortal remains/local funeral when death is outside the **home country**.	Covered in full				

G.	Compassionate emergency visit benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Economy class return air ticket to return to the **home country** in the event of the death of a **close family member** under 70 years of age.	Covered in full				

H.	Maternity benefit Cover only available for treatment received10 months after the policy **commencement date**	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-natal care**-and **post-natal care** and **midwife fees**.	Covered up to 10,000	Covered up to 7,500	Covered up to 2,500	No cover available	No cover available
2	**Newborn care** after a covered **pregnancy** – we will provide cover for reasonable routine accommodation charges of your newborn. We will also provide cover for **medically necessary** examinations before discharge.					
3	Complications of **pregnancy** and childbirth (abnormal presentation, ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes, and hydatidiform mole) that arise during the antenatal stages of **pregnancy** and **medically necessary** caesarean sections.	Covered in full	Covered up to 15,000	Covered up to 10,000	Covered up to 2,500	No cover available
4	Birth defects and congenital abnormalities.	Covered up to 20,000	Covered up to 20,000	Covered up to 10,000	No cover available	No cover available
5	Newborn accommodation when staying in **hospital** with the mother.	Covered in full (maximum of 10 nights)				

I.	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 (maximum of 60 days)	Covered up to 30,000 (maximum of 30 days)	No cover available	No cover available

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