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About Freedom Health Insurance

Founded in 2003, Freedom Health Insurance is an award-winning private medical insurance (PMI) provider aiming to offer exceptional customer service and simple yet flexible products at competitive premiums for people living in the United Kingdom (UK) and overseas.

We offer a range of products suited to individuals, families and businesses insuring two employees upwards. Our products include Freedom Elite, Freedom Essentials and Freedom Worldwide.

Friendly and helpful service

At Freedom, we take care to place our supporting brokers and their clients at the heart of everything we do and aim to provide the highest quality of customer service at all times.

We are proud to have won or been shortlisted for the Best Customer Service by a Provider Award at the Health Insurance & Protection Awards since 2015.

Our friendly and knowledgeable teams understand how important it is to develop strong long-term business relationships and continuously provide exceptional levels of customer service. With clients based in many countries all around the world and our experienced team based in Poole, Dorset (mainland UK), Freedom is a well-established business always prepared to go the extra mile to make sure you and your clients feel supported.

Protected clients

Freedom Elite policies are underwritten by A rated insurers and administered by Freedom Health Insurance, a trading name of Freedom Healthnet Limited which is authorised and regulated by the Financial Conduct Authority, registration number 312282.

Investing in the future

With continuing investment building Freedom's infrastructure and a focus on providing sustainable premiums for clients, we are well placed to enjoy a promising future and we look forward to working with you.



Taking care of tomorrow

Our service promise to you

We understand how important it is to have an insurance provider you can rely on and trust, and who can get things done quickly and accurately. This is exactly what Freedom aims to continuously deliver.

Our service standards are published below.

Quotations and new business

- Telephone calls will be answered within five rings.
- Quotations will be provided within two working days of receipt of all relevant information.
- New business documentation will be issued within five working days of receipt of all relevant information.

Existing policies

- Telephone calls will be answered within five rings.
- Policy amendments will be actioned within two working days.
- Revised policy documents will be issued within five working days.
- Renewal invitations will be issued at least four weeks in advance of the renewal date.
- All other general correspondence will be responded to within five working days.



Why Freedom Elite?

With a comprehensive core cover for individuals and companies, a selection of additional benefits offering a choice of limits, two hospital bands and a range of excess options, Freedom Elite offers the opportunity for brokers to recommend a tailor-made policy to suit all needs and financial budgets.

Claims

- Telephone calls will be answered within five rings.
- Emails will be responded to within two working days.
- New claims will be authorised or declined within two working days of receiving all the required information.
- Authorisation codes will be issued within one working day.
- Invoices will be processed within five working days of receipt.
- Payments to policyholders will be issued within 21 working days of being processed.
- All other general correspondence will be responded to within five working days.



Complaints

- We recognise that complaints can arise and when they do, prompt resolution and communication to customers is essential. At Freedom we will listen, react and respond to complaints in a timeframe that meets the needs of our customers.
- For more information about making a complaint, please ask for a copy of our complaints procedure.



Welcome to Freedom Elite

Freedom Elite is a menu-driven private medical insurance (PMI) product designed to provide brokers with a range of options that can easily be tailored to meet the needs of clients.

Core cover

With **mandatory core cover** for inpatient and daypatient treatment along with full cancer cover, Freedom Elite offers a comprehensive foundation on which you and your client can build a tailored product. The core section also covers certain pregnancy complications and dental surgical procedures, MRI, CT and PET scans, home nursing, private road ambulance and NHS cash benefit.

- | | | |
|-------------------|---------------------------|---------------------------------|
| ✓ Hospital fees | ✓ Private road ambulance | ✓ NHS cash benefit (daypatient) |
| ✓ Specialist fees | ✓ Pregnancy complications | ✓ NHS cash benefit (inpatient) |
| ✓ Dental surgery | ✓ Maternity cash benefit | ✓ Cancer cover |
| ✓ Home nursing | ✓ MRI, CT and PET scans | |

Optional cover

Freedom Elite also offers a number of **optional benefit packages** which can be added to the core cover:

- | | | |
|---|---|----------------------------------|
| ✓ Outpatient cover -
up to £1,500 or full refund
(plus up to £750 for
GP-referred diagnostics) | ✓ Alternative therapies -
£750 or £1,500 | ✓ Dental, optical and private GP |
| | | ✓ Mental health care |

Hospital list

The Freedom Elite hospital list offers a comprehensive range of private hospitals throughout the UK. It includes the UK's largest hospital groups, such as BMI Healthcare, Nuffield Health, Spire Healthcare and Ramsay Health Care, together with a number of select local providers, regional independent hospitals and NHS hospitals with private patient facilities.

There is a small number of hospitals based in central London that will only be covered if the London Plus hospital list extension is purchased for an additional premium. Please ask for a copy of our most recent hospital list to see which hospitals are included in the London Plus extension.

All HCA Healthcare UK facilities, both inside and outside of London, are only covered in full if the insured person has the London Plus hospital list extension. This includes all HCA Healthcare UK hospitals, diagnostic centres, outpatient clinics and specialist treatment centres throughout the UK.

Receiving treatment in a hospital not within the policy cover

An insured person must use a hospital 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.

What is not covered?

As with most health insurance policies, there are things we do not cover. Some of these are shown below. This is not a full list of all the exclusions so please ask for a copy of our policy summaries or the full terms and conditions for further information.

- Pre-existing medical conditions.
- Long-term or chronic conditions.
- Accident or emergency admissions.
- Congenital abnormalities.
- Cosmetic treatment, healthy tissue removal and weight loss treatment.
- Experimental or unproven treatment.
- Failure to follow medical advice or take reasonable care.
- Infertility investigations and assisted reproduction.
- No GP referral.
- Overseas treatment.
- Pregnancy and childbirth (except for the listed complications).
- Professional sports and certain hazardous activities.
- Dental treatment (except for the listed surgical procedures).
- Screening, monitoring and preventative treatment.
- Transplants.
- Varicose veins – unless they meet the required clinical criteria.

A policy may include cover for some of our exclusions depending on the specific cover purchased.

Voluntary excesses

Premiums can be reduced by including a voluntary excess.

Excess	Premium reduction (individual policies)
£100	10%
£250	15%
£500	22.5%
£1,000	35%

The excess applies to each insured person for each period of insurance unless otherwise stated. Discounts may be changed without notice.



Payment of the premium

The premium can be paid in full at the start of the policy by cheque, credit or debit card, direct debit or by bank transfer (details available on request). The premium can also be paid by monthly direct debit. Clients can save 6% by paying the full annual premium at the start of each period of insurance.

Ask us for more information

For more detailed information about the benefits provided by Freedom Elite, including the relevant limits that apply, please see pages 8 – 10 of this brochure. Alternatively, please ask for a copy of our policy summaries and policy documents.

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.

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	
<p>Fees charged by a hospital for providing inpatient and daypatient treatment including:</p> <ul style="list-style-type: none"> • 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	
<p>Fees charged by a specialist and a hospital for inpatient and daypatient treatment related to the pregnancy complications listed below.</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>This means the insured person will still have to pay the proportion of the cost equivalent to that of a normal private delivery.</p> <p>Outpatient treatment Related outpatient treatment costs will be covered under the outpatient treatment benefit.</p>	<p>As per limits for inpatient and daypatient treatment.</p> <p>As per limits for outpatient treatment.</p>

The core cover (mandatory cover) - continued

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.
Dental surgery carried out by an oral specialist	Limits
<p>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.</p> <ul style="list-style-type: none"> 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. <p>Outpatient treatment Related outpatient treatment costs will be covered under the outpatient treatment benefit.</p>	<p>As per limits for inpatient and daypatient treatment.</p> <p>As per limits for outpatient treatment.</p>
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
<p>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.</p> <ul style="list-style-type: none"> Magnetic Resonance Imaging (MRI scan) Computerised Tomography (CT scan). Positron Emission Tomography (PET scan). <p>We do not pay for MRI, CT or PET scans requested by a GP.</p>	Full refund when using a hospital within the policy cover.
Cancer cover	Limits
<p>Fees charged by hospitals and specialists and other practitioners approved by us for providing active cancer treatment.</p> <p>For more information about our cancer cover, see our Cancer Cover Explained leaflet.</p>	Detailed in our Cancer Cover Explained leaflet.

Outpatient treatment (optional cover) - choice of limit

Diagnostic tests requested by a GP	Limits
<p>Fees charged by a hospital or other diagnostic imaging facility approved by us for diagnostic tests that have been requested by a GP.</p> <p>We do not pay for MRI, CT or PET scans requested by a GP.</p>	Up to £750 when using a hospital within the policy cover.
Specialist fees and physiotherapy treatment	Limits
<p>Fees charged for outpatient treatment given by, or under the supervision of, a specialist including:</p> <ul style="list-style-type: none"> • consultations with the specialist; • diagnostic tests; • minor surgical procedures not needing a stay in hospital; and • drugs and dressings used during the outpatient treatment. <p>We will not pay for any repeat diagnostic tests that the GP has already carried out.</p> <p>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.</p>	Up to £1,500 or full refund depending on the level of cover chosen.

Alternative therapies (optional cover) - choice of limit

Alternative therapies (on GP or specialist referral)	Limits
<p>Fees charged by the therapists listed below.</p> <ul style="list-style-type: none"> • Acupuncturist. • Chiropractor. • Homeopath. • Osteopath. • Podiatrist. <p>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.</p>	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.	<p>Inpatient and day patient treatment – full refund for up to 45 days.</p> <p>Outpatient treatment – Full refund</p>

Dental, optical and private GP costs (optional cover)

– compulsory £50 excess applies per insured person for each period of insurance

Dental, optical and private GP costs	Limits
<p>Routine dental costs</p> <p>Fees charged by a dentist for routine dental services to maintain oral hygiene.</p>	Up to £300.
<p>Accidental dental injury</p> <p>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.</p>	Up to £600.
<p>Optical costs</p> <p>Fees charged by an optician for eye tests, prescription glasses and contact lenses.</p> <p>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.</p>	Up to £200.
<p>Private GP costs</p> <p>Fees a private GP charges for consultations, diagnostic tests and minor surgery carried out in the GP's own surgery.</p>	Up to £300.



Our cancer cover

According to Cancer Research UK, a person in the UK is diagnosed with cancer every two minutes and, between 2015 - 2017, the latest years for which cancer incidence data is available, there was an average of 367,167 new cases of cancer diagnosed in the UK each year – that's around 1,000 cases every day*.

We understand how difficult it can be for anyone living with the realities of being diagnosed with any form of cancer so our experienced team will work alongside your client's oncologist to help make the claims process as easy as possible.

Freedom Elite includes, as standard, full cancer cover including cover for palliative treatment and we do not apply the 'chronic conditions' exclusion to claims relating to the treatment of cancer. Our leaflet, Cancer Cover Explained, gives more detail about the cover we provide for cancer treatment and a copy is available on request.



Our cancer cover – in summary

Our approach is to pay for specialist consultations, diagnostic tests and active cancer treatment such as surgery, radiotherapy and chemotherapy. We will also pay for ongoing follow up monitoring by a specialist for as long as the policy is in force once the active cancer treatment is complete.

What we will pay for

Our cancer cover is designed to meet the cost of active cancer treatment intended to affect the growth of the cancer by shrinking it, stabilising it or slowing the spread of the disease. This means we will cover:

- the initial investigation, diagnosis and subsequent monitoring;
- surgical treatment, chemotherapy treatment and radiotherapy treatment;
- genetic testing to see whether chemotherapy treatment will be beneficial;
- targeted therapies, hormonal therapies and bisphosphonates;
- treatment for the side effects of chemotherapy and radiotherapy;
- reconstructive surgery;
- bone marrow and stem cell transplant; and
- follow-up monitoring for as long as the patient has a policy with us.



We will also provide cover for active cancer treatment for both primary cancer (where the cancer first started) and advanced cancer where it has come back or spread to another part of the body.

If active cancer treatment is no longer effective, the specialist may recommend palliative care to help control the symptoms of cancer and relieve pain or other symptoms. We will also cover the cost of palliative care given solely to relieve pain and other symptoms of end-stage or terminal cancer.

What we will not pay for

There are some treatments we do not cover, including:

- experimental or unproven treatments;
- unlicensed drugs or drugs being used outside the terms of their licence;
- preventative treatments; or
- take home drugs and medications.

* Cancer Research UK, Accessed March 2020

Underwriting and membership

The following pages outline our acceptance criteria for individual policies and group schemes. However, all policies are subject to underwriting acceptance and we reserve the right to alter our acceptance terms without notice.

Individual policies			
Minimum adult age	18 years old at policy inception	Maximum adult age	70 years old at policy inception
Minimum child age	None		
Maximum child age	24 years at policy inception. Children can remain on the policy until the renewal date following their 25th birthday		
Underwriting options available	<ul style="list-style-type: none">• Full medical underwriting (FMU)• Continued personal medical exclusions (CPME)• Moratorium underwriting• Switch moratorium underwriting		
Group schemes			
Minimum group size	Two employees	Maximum group size	250 employees
Minimum adult age	18 years old at policy inception	Maximum adult age	70 years old at policy inception (negotiable based on risk)
Minimum child age	None		
Maximum child age	29 years at policy inception. Children can remain on the policy until the renewal date following their 30th birthday		
Underwriting options available	<ul style="list-style-type: none">• Full medical underwriting (FMU)• Continued personal medical exclusions (CPME)• Medical history disregarded (MHD) (specific criteria apply)• Moratorium underwriting• Switch moratorium underwriting		
Choose different cover options for different groups of employees	Yes		
Eligible employee	Someone who is employed by the company on a PAYE basis, a partner or equity partner or a registered director		

Occupations we do not cover

- Offshore workers.
- Entertainers including circus performers, dancers, acrobats, stunt persons. We will consider actors, musicians and singers.
- Underground workers (not including underground transport staff).
- Professional and semi-professional sports persons.
- Asbestos workers.
- Civil and heavy engineering workers (who work on site).
- Quarrying and mining workers.
- Underwater workers.
- Members of the armed forces or emergency services (Police, Fire, Ambulance).

This list contains a sample of occupations that we are unable to cover. Please contact us regarding specific occupations.

Transferring to Freedom Worldwide

Clients who are normally UK residents but are moving abroad may be able to transfer seamlessly from Freedom Elite to Freedom Worldwide. Please contact us for more information.





Making a claim

When an insured person needs to make a claim, they will find our process simple and efficient. We aim to answer any questions they may have about their claim in a caring and understandable way.

The Freedom Elite claims process

Visit a General Practitioner (GP)

If an insured person feels unwell or suffers from any injury, they must first see their GP for advice. If the GP wants to refer the insured person to a specialist for treatment, the GP will write a referral letter to the specialist detailing the reason for the referral.



Call the claims helpline

If the insured person is referred for private treatment, they must then call our claims helpline to find out if the claim will be covered by their policy and, if so, any limits that apply. If we accept the claim, we will give them a claim number and let them know what to do next.



Keeping in touch

The insured person must keep in touch with us as treatment progresses, particularly if daypatient or inpatient treatment is needed as specific limits may apply. If they do not let us know about future treatment in advance, it may not be covered by us.



Submitting claims

We prefer to settle invoices directly with the providers, but if an insured person does settle any invoices themselves, they can send them to us. This includes claims for NHS cash benefit and maternity cash benefit.

Full details about the Freedom Elite claims process will be provided in the policy documents at the start of the policy.

How to contact Freedom Health Insurance

Get a quote & general enquiries

For intermediaries:

Phone: 01202 283 581

Email: info@freedomhealthinsurance.co.uk

For your clients:

Phone: 0800 999 2013 or 01202 756 350

Email: info@freedomhealthinsurance.co.uk

Please call the underwriting team for new business quotations, renewal quotations, quotation reviews and general policy administration matters in relation to existing policies.

Making a claim

Phone: 01202 283 580

Email: claims@freedomhealthinsurance.co.uk

An insured person can call the claims helpline if they want to make a new claim, if they need further treatment, if they have a question about an existing claim or if they want to know whether a specific treatment would be covered.



Become a Freedom intermediary

Phone: 01202 283 582

Email: info@freedomhealthinsurance.co.uk

We are available between 9am and 6pm Monday to Friday (except public holidays). If you call outside these hours, you can leave a message and we will call you back on the next working day.

Calls to 0800 numbers are free from all consumer landlines and mobile phones. If you are calling from a business phone, you should check with your provider whether there will be a charge for calling an 0800 number.

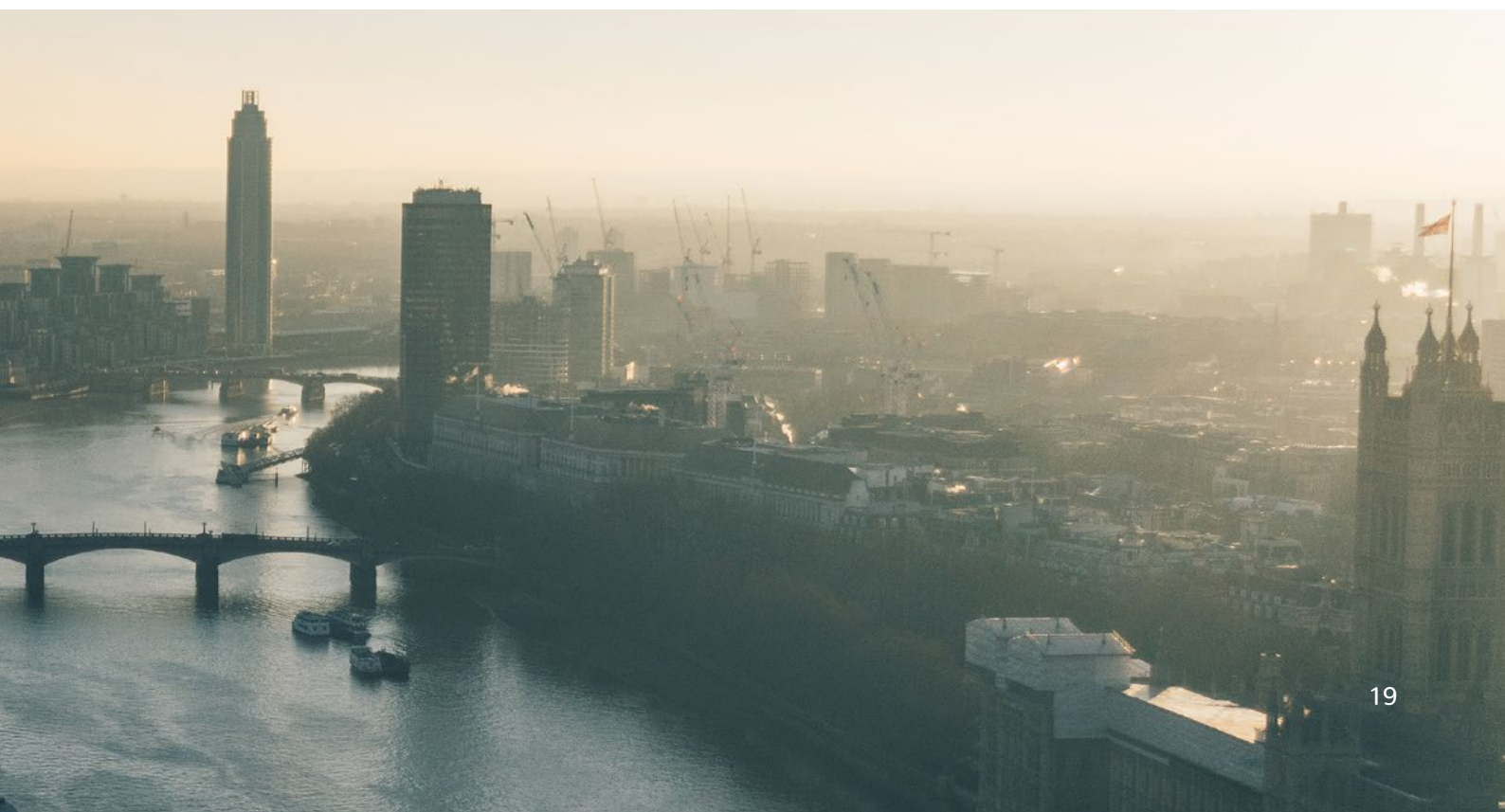
Calls may be recorded and monitored for training and quality purposes.

Our address

All written correspondence should be sent to:

Freedom Health Insurance
County Gates House
300 Poole Road
Poole
Dorset
BH12 1AZ

www.freedomhealthinsurance.co.uk





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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.

Registered address: County Gates House, 300 Poole Road, Poole, BH12 1AZ. Company registration number: 04815524.