



# Contents

1. Welcome	3
2. Eligibility and underwriting	4
3. How to manage your policy	6
4. General policy conditions	9
5. Data protection (Freedom Health Insurance)	12
6. Your guide to cancer coverage	13
7. Your guide to chronic medical conditions coverage	16
8. What is not covered	18
9. How to make a claim	23
10. Complaints procedure	24
11. Financial Services Compensation Scheme	25
12. Definitions	26
13. Contact us	34

# 1. Welcome

Welcome and thank you for choosing Freedom Worldwide International Private Medical Insurance. This policy document explains:

- how your policy works.
- how to manage your policy.
- what is and is not covered.
- how to make a claim.
- if in the unlikely event you are unsatisfied, how to make a complaint.

It is therefore a valuable document and should be kept in a safe place.

Please read the policy document, table of benefits, and certificate of insurance carefully to make sure all the details are correct. If you have any questions about the information in this policy document, please contact us as soon as possible.

Certain words in this policy document, and the **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).

The application form and declarations completed by the **policyholder**, together with the policy document, **table of benefits**, and **certificate of insurance**, create a contract of insurance between the **policyholder** and the **underwriter**.

This policy is administered by Freedom Health Insurance ('we' / 'us' / 'our') and its appointed agents.

In return for payment of the premium, we will pay charges for **pre-authorised**, **appropriate** and **medically necessary** treatment received by an insured person ('you' / 'your') for eligible **acute medical conditions**. Payment of these charges will be subject to our **reasonable and customary** limits. All **treatment** must be **pre-authorised** during the **policy period**.



Hooshiar Mires

**Freedom Health Insurance**

## 2. Eligibility and underwriting

### Eligibility

This policy is exclusively available for persons (subject to age limitations) and their **dependants** whose **principal country of residence** is one where the **underwriter** is legally permitted to transact international private medical insurance; that is the United Kingdom.

This policy is not available to citizens of the USA living in the USA, those persons who are subject to exchange controls or where the purchase of this policy is illegal under local legislation.

The minimum age at entry for a **policyholder** is 18 years attained. In the case of an applicant being under the age of 18 years attained, a parent or guardian is required to sign the application form and will be the **policyholder** and will be charged the 18-year-old rate. No discounts will apply.

### Underwriting

Your policy is subject to different types of underwriting, and we have explained what these mean below:

#### a) Full medical underwriting

This is a type of underwriting where we ask you to answer a number of questions about your health.

We will review this information and decide what cover we can offer you. If necessary, we may ask your **medical practitioner** to provide more information to help us do this.

If you have any **pre-existing medical conditions** that may need **treatment** in the future, we will usually exclude them from the cover along with any **related medical condition**.

If you agree to the policy terms we are offering you, any exclusion we apply will be shown on your **certificate of insurance** and will start from your **commencement date**. In some cases, we will advise you that an exclusion can be reviewed at your request after a specific time period, after the policy has started. Please note that if we offer to review an exclusion, this does not automatically mean that the exclusion will be removed.

With full medical underwriting new **acute medical conditions** arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

A fully medically underwritten policy does not cover **pre-existing medical conditions** that you and your **dependants** already had prior to the policy **commencement date**, including any **related medical conditions** that have not been disclosed and accepted by us.

It is essential you give us all the information we ask for, even if you have symptoms that have not been diagnosed. If you don't, we will not pay any claim that you make in the future or may even cancel your policy. If you are not sure whether to mention something, you should do so.

#### b) Moratorium underwriting

If you choose this underwriting option, you do not need to complete any questions concerning your health at the point of application, however, you will not be covered for any claims made in respect of **pre-existing medical conditions** or **related medical conditions** during the first two years of the policy, for which you have received **treatment** and/ or medication, or asked **advice** on, or had symptoms of whether or not diagnosed, during the two years immediately before your policy **commencement date**.

We exclude any **medical condition** or **related medical condition** which:

- was foreseeable,
- manifested itself,
- you have experienced signs or symptoms of,
- you have sought **advice** for,
- you have received **treatment** and/or medication for, or
- to the best of your knowledge, existed

in the two years before the start of the **insured person's** cover. If you have:

- experienced symptoms,
- sought **advice**,
- required **treatment**, medication, or special diet, or,
- received **treatment**, medication, or special diet

in the 2 years after the policy **commencement date**, then you will have to wait until you have completed a continuous 2-year period where you have not;

- experienced symptoms,
- sought **advice**,
- required **treatment**, medication, or special diet, or,
- received **treatment**, medication, or special diet

in order for the **medical condition** or **related medical condition** to be considered for coverage.

#### c) Continued Personal Medical Exclusions (CPME) underwriting

If you have had previous medical insurance with another insurer and you were medically underwritten, you may be able to apply for a transfer to Freedom Health Insurance.

We will ask you to answer a number of questions about your health and provide a copy of your certificate of insurance from the other insurer. If we agree to accept your application, any personal exclusions outlined on the insurer's previous certificate of insurance will also be applied to your policy.

Please note that the terms and conditions of your Freedom Worldwide policy may be different to your previous insurance policy.

#### d) Continued Moratorium (CM or Switch Moratorium) underwriting

If you have had previous medical insurance with another insurer, and you were underwritten on a moratorium, you may be able to apply for a transfer to Freedom Worldwide.

We will ask you to answer a number of questions about your health and provide a copy of your certificate of insurance from the other insurer. If we agree to accept your application, we will transfer your moratorium commencement date from your previous insurer to your Freedom Worldwide policy.

Please note that the terms and conditions of your Freedom Worldwide policy may be different to your previous insurance policy. For information on the moratorium underwriting, please refer to the moratorium explanation in point 2b above.

#### e) Medical History Disregarded (MHD)

We do not apply any personal medical exclusions to your policy for **pre-existing medical conditions**.

## 3. How to manage your policy

### Paying the Premium

The premium is the amount you must pay us each year for the policy, exclusive of any applicable taxes and levies (including withholding tax). Any applicable tax, charged in line with local legislation, will be added to the premium and shown on the **certificate of insurance**.

The policy is an annual contract, and premiums are payable in British Pounds (£) either monthly, quarterly or yearly in advance. It is the responsibility of the policyholder to make sure premiums are paid on time.

### Methods of Premium Payment

For yearly premium payments, you can choose to pay by:

- Credit Card (Visa or Mastercard).
- Cheque.
- Direct Debit.
- Annual Debit.

For monthly premium payments, you can choose to pay by:

- Credit Card (Visa or Mastercard).
- Direct Debit.

For quarterly premium payments, you can choose to pay by:

- Credit Card (Visa or Mastercard).

Completing our credit card or Direct Debit instruction authorises us to debit your account with the appropriate premium due, depending on the premium frequency chosen. You are also authorising us to process subsequent renewal premiums as notified by us until we receive written instructions that you wish to alter the method of payment or cancel the policy.

The policyholder is responsible for keeping us informed of current credit card details and must tell us when changes are made to the credit card details so we can continue to collect the premiums.

In the event we are unable to collect a premium by Direct Debit or credit card in any month, for whatever reason, it may be necessary for us to collect more than one premium at the next payment date.

### Unpaid or Late Premium Payments

To enjoy the benefits of your policy, premiums must be paid on or before the due date. If premiums are not paid by the due date, all claims will be suspended until the premium due is paid.

If the premiums remain unpaid after 30 days from the premium due date, the policy will be suspended for 30 days after we or the **underwriter** has sent a letter to the **policyholder** to confirm suspension of the policy.

If, after 30 days, the outstanding premium has not been paid, the policy may be cancelled without further warning after a further 10 (ten) days.

We will notify you in writing when the premium payment is outstanding.

If we cancel the plan, you will have to re-apply for a new plan. Premium rates in force at the time of re-application will be charged and cover may be subject to new underwriting terms.

## Cancellation

If you decide this policy is not suitable for your needs, you can cancel the policy within 14 days (cooling off period) of receiving your policy documents or from your policy **commencement date**, whichever is the later. You will need to send the policy cancellation request in writing by letter, fax or email.

If you incur eligible claims costs within an insured period and cancel within that period, we reserve the right to reclaim monies paid on an eligible claim.

We will cancel the policy from the date we receive the cancellation request or on a date in the future. We will not backdate the cancellation date of the policy.

We also reserve the right to cancel the policy if you:

- fail to pay the premium in line with the paragraph headed 'Unpaid or Late Premium Payments'.
- misled us by misstatement, omission, deception or concealment in which case the **underwriter** can either declare the policy void or continue offering the policy under new conditions imposed by the **underwriter**.
- attempted, alone or with a third party, to obtain money unreasonably at our cost.
- no longer meet the Eligibility requirements for the policy (including, but not limited to, becoming a citizen of the USA and spend more than 180 days continuously in the USA).

## Change of circumstances

You must inform us as soon as possible of any changes in your circumstances or any **insured person's** circumstances for instance;

- change of name,
- change of address,
- change of occupation,
- any **material fact** which may affect the premium or the terms of the agreement.

We reserve the right to cancel or amend the terms or premium of the policy upon notification of such changes.

## Adding and removing dependants

Subject to our acceptance, you can apply to add your **dependant** onto your policy. Any request must be made in writing by letter, fax or email and you must tell us about all **material facts**.

If the **dependant** is a newborn child, born during the **policy period** then as long as you have notified us of the request before the child is 3 months old and you have told us of all material facts, which we accept, we will not apply a moratorium on **pre-existing medical conditions**.

At the renewal date, we will remove a **dependant** (child) from your policy if they are 21 years of age (or 25 if they are in full-time education). They may apply for their own policy and as long as there has been no break in coverage, their inception date will stay the same. Any application is subject to our acceptance.

### Renewal

Your policy is an annual contract. You are normally invited to renew your policy one month prior to the expiry of the one-year period. Renewal of your policy is at our discretion and subject to our acceptance.

We reserve the right to change the terms and conditions of the policy, and such changes will be advised to you when we invite you to renew.

Premiums are normally reviewed annually and are always based on the **insured person's** age, medical considerations and general inflation.

If you wish to amend your chosen benefits, premium frequency, or **excess** you can request to do so at renewal and subject to our acceptance.

Any change to your area of coverage at renewal is subject to our acceptance.

### Termination

The **policyholder** can terminate the policy at any time without cost or penalty after the end of the first **policy period** by contacting us by letter, e-mail, or fax. The termination will take effect one month after we have received the **policyholder's** notification.

### Death

If an **insured person** dies, there will be no premium refund under the policy, although valid claims will still be paid in accordance with the terms and conditions of this policy. Subject to our agreement and if requested, we can transfer the policy to the insured spouse or **dependants**, if over the age of 18.



## 4. General policy conditions

These are conditions which relate to the administration of the claims process and this policy in general.

- 4.1 This policy provides benefit for **reasonable and customary** costs for the **treatment** of eligible **acute medical conditions** as outlined in the **table of benefits**. The plan type you have chosen is shown on your **certificate**. If your policy does provide cover for **chronic medical conditions**, the limits available will be specified on your **table of benefits**.
- 4.2 We will pay benefit for eligible new **medical conditions** that arise after the acceptance and **commencement date** of cover, as stipulated in the **certificate of insurance**. The basis of underwriting acceptance is stated on the **certificate of insurance**.
- 4.3 All **treatment** and **diagnostic tests** must be by and under the care of **specialists** following referral by a **medical practitioner**.
- 4.4 All **in-patient**, **day-patient** and claims made under the medical evacuation and repatriation benefit must be **pre-authorised** by us. Failure to **pre-authorise treatment** will result in services being paid at 50% of the costs incurred.
- 4.5 Drug **treatment** will be considered **appropriate** when the drugs have been licensed by EMEA (European Medicines Agency) or MHRA (Medicines & Healthcare products Regulatory Agency) and are used within their licensed indications.
- 4.6 Benefits will be paid net of any **excess** agreed under the terms of the policy.
- 4.7 The limits on the **table of benefits** will be denominated in the currency in which the premiums are paid.
- 4.8 We reserve the right to require you to get a **third-party opinion** from a **specialist** of our choosing. We will be responsible for the **specialist's** costs for the **third-party opinion**.
- 4.9 If you choose to have your **treatment** by a visiting **medical practitioner** and their fees are considered not **reasonable and customary**, you will have to pay the difference.
- 4.10 Your policy will be cancelled if you have worldwide including USA cover, are a citizen of the USA, and spend more than 180 days continuously in the USA.
- 4.11 All correspondence about this policy will be sent to the **policyholder** at your last known address. If you do not receive this any changes we have made will still be valid.
- 4.12 When dealing with a claim, we will always correspond and communicate directly with the **claimant**, if aged 18 years or over. If the **claimant** is under 18 years of age, we will communicate directly with the **policyholder**.
- 4.13 If we have settled costs towards a claim you have submitted to us, we will be unable to return the original documents to you.

4.14 It is a condition of this policy that all **material facts** must be disclosed to us before we accept an application, make any changes to the policy or renew the policy. If you are unsure that a fact is material, then we recommend that you advise us for your own protection.

Please note, if you choose moratorium underwriting at the time of your application and advise us about any **pre-existing medical conditions** you may have, the moratorium underwriting terms will still apply to any **pre-existing medical condition**.

Failure to disclose a **material fact** which would have affected our assessment of the risk, may lead us to cancel the policy and not pay any benefits in respect of a claim.

**4.15 If you make a false declaration about a claim including the date, nature, causes, circumstances and/or consequences and/or amount of the loss, you will lose the right to any cover provided by the policy for the claim. The loss of this right also applies if you knowingly use inaccurate documents as supporting documents for that claim.**

Any fraud, misstatement or concealment in relation to any matter affecting the insurance or in connection with any claim shall render the cover of an **insured person** null and void and we will not provide cover for any claims made under the policy.

If you suspect fraud, then you must notify us immediately

4.16 If we ask for more information to support a claim, this must be provided, or we may not pay your claim. If we require any medical certificates, information, evidence, and receipts, these must be obtained by the **insured person** at their expense. This includes, but is not limited to;

- Doctors;
- Hospitals;
- Other medical institutions;
- Care homes;
- Caregivers;
- Other personal insurance providers;
- Statutory health insurance bodies;
- Occupational insurance organisations; and
- Official bodies.

This information may be shared with the **underwriter's** advising medical expert to fully assess the claim.

If an **insured person** does not provide this information or does not give consent for us to request the information directly, we will not be able to pay the claim if we cannot make a proper assessment of it.

4.17 We reserve the right to re-evaluate a claim already **pre-authorised** should new information be received or disclosed. If this new information confirms that a claim is not valid under the policy, we have the right to recover any costs already paid towards the claim from you. Any **pre-authorisation** we may have given could also be withdrawn.

4.18 We may be unable to arrange a medical evacuation if a local situation makes it dangerous, not practical or impossible.

- 4.19 If any other insurance or indemnity covers the **treatment** for which the **insured person** is claiming benefit, we will only pay our share after that cover has been exhausted.
- 4.20 We have full rights of subrogation and may institute proceedings in your name, but at our expense, to recover, for our benefit, the amount of any payment made under another policy.
- 4.21 You must inform us as soon as possible if the **medical condition** for which a claim is being made is, or may be, the fault of a third party. In these circumstances:
- a) We may start legal proceedings in the **insured person's** name but at our expense to recover any benefits paid under this policy.
  - b) The **insured person** must give us all the necessary assistance and information to start legal proceedings or to settle or defend the claim.
  - c) The **insured person** must refund to us any compensation received or due relating to your claim up to the benefit amount paid by us.
- 4.22 If we decline a claim under the policy, the onus to prove the claim is covered is the responsibility of the **insured person**.
- 4.23 We do not accept proof of posting an application form, claim form or premium payment as proof that we have received it.
- 4.24 The issuance of the policy document and **certificate of insurance** is evidence that the contract is in force.
- 4.25 This policy is governed by the laws of England and Wales. Any claims or disputes arising in connection with the policy are subject to the jurisdiction of the courts of England and Wales.
- 4.26 It is a condition of this policy that the provision of any cover or benefit, or the payment of any claim, will be suspended if, by providing any cover or benefit or paying a claim, we or the underwriter would be exposed to any sanction, prohibition, or restriction under any:
- a) United Nations' resolution(s); or
  - b) the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or United States of America.

The suspension will continue until we and the underwriter would no longer be exposed to any sanction, prohibition, or restriction.

## 5. Data protection (Freedom Health Insurance)

If you have any queries concerning our data protection policy, write to the Chief Operating Officer at Freedom Health Insurance.

### Confidentiality and protecting your information

Freedom Health Insurance will deal with all personal information supplied to us in the strictest confidence. We will comply with all requirements of current data protection legislation.

We may appoint a third party to assist with the administration of claims. Any third party we appoint will only process personal information for the sole purpose of administering a claim and in line with our instructions and all processing carried out on our behalf is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by current data protection legislation.

From time to time, it may be necessary to process personal information outside of the United Kingdom (UK) – for example, to guarantee payment of medical treatment costs in an overseas hospital. We will take reasonable steps to ensure personal information is protected.

### How we will use personal information

The information we receive in connection with a policy, including any claims made under that policy, will be held by us for the purpose of providing and managing the insurance cover available under that policy. This includes, but is not limited to:

- processing claims and making payments on behalf of an insured person.
- obtaining further information about an insured person's condition and treatment plan from their family doctor, specialist, hospital or any other medical practitioner involved in their treatment.
- preventing and detecting fraud.
- sharing information with another insurer, a solicitor or other third party to recover our costs if we are legally entitled to do so.
- producing statistics to help us assess how our policies are used so we can develop future products and services.

We will not give medical information to anyone unless we have been given permission or we are allowed to by law.

### Freedom Health Insurance privacy policy

For more information on how we look after your personal information, you can read our privacy policy which can be found at [www.freedomhealthinsurance.co.uk/privacy-policy](http://www.freedomhealthinsurance.co.uk/privacy-policy).

### HDI Global Specialty SE privacy notice

HDI Global Specialty SE is a joint data controller. You can get a copy of its privacy notice at [www.hdi.global/legal/privacy](http://www.hdi.global/legal/privacy).

---

## 6. Your guide to cancer coverage

### Cancer treatment

We want you to have a clear understanding on what is covered and what is not covered for cancer **treatment** under your policy and have provided guidance below. However, if you need **treatment** for cancer then please call our Claims Helpline and one of our claims team will be able to help guide you through the coverage available.

### What is cancer?

Cancer is defined as 'a malignant tumour, tissues, or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

### What is covered for cancer?

The following **treatment** is covered to achieve a cure or reach remission. If you have available benefit under the chronic medical condition benefit and the terminal illness benefit, you will also be covered for the below if your cancer is being maintained or the **treatment** is to relieve the symptoms:

- Consultations with a **specialist** and **diagnostic tests** to establish the diagnosis.
- Surgery which must be widely recognised as a safe and effective **treatment**.
- Chemotherapy drugs and radiotherapy provided these are used within normal clinical practice. Acceptable chemotherapy drugs those approved for use in the NHS by NICE (National Institute for Health & Clinical Excellence), are used within their licensed indications, as licensed by EMEA (European Medicines Agency) or MHRA (Medicines & Healthcare products Regulatory Agency) and for combinations of drugs, the drugs must have been shown to be effective in actively treating the type of cancer the **patient** has.
- Hormonal and biological therapies, e.g. Monoclonal antibodies, such as Herceptin, if licensed with the EMEA. They must be approved by the National Institute of Health and Clinical Excellence (NICE) and be used for the purpose for which they are currently licensed and widely available within the NHS. If used in combination with other drugs, hormonal and biological therapies will only be considered if these combinations are widely recognised for use within the NHS.
- Follow-up consultations and monitoring for a period of 5 years once **treatment** to achieve a cure or to reach remission has ceased.
- Breast reconstruction and surgery to improve symmetry, following a mastectomy or lumpectomy. We will pay for such operations for a period of up to 24 months following initial surgery.

### What is not covered for cancer?

- Drugs that are still under trial or trials of combination drug therapies. These can be defined as **experimental treatment**.
- Surgical and non-surgical treatment of cancer that is not recognised for treating that particular type of cancer.
- Maintenance or long-term treatment where the condition is stable, remains in remission, or remission and a cure cannot be achieved.
- Treatment of cancer where the intent is to provide relief of symptoms.
- Treatment costs that exceed the procedure limits or policy limits (if applicable).

Where you have a recurrence of cancer, we will ask your **specialist** for specific information about the intent of treatment to determine whether your claim remains eligible for benefit.

## Guidance

If your cancer comes back, we will assess your **medical condition** and proposed **treatment** as a new episode of **treatment** and will follow the same process in assessing the eligibility of your claim.

Where the intent of **treatment** is to provide relief of symptoms, rather than attempting to cure the cancer, benefit will be provided under the chronic medical conditions benefit or the terminal illness benefit if available.

We have provided you with some examples in order to help explain further. All examples assume the **medical condition** is eligible under the policy and benefit is available.

### Example 1

Beverley has been with Freedom for five years when she is diagnosed with breast cancer. Following discussion with her **specialist** she decides to have the breast removed followed by breast reconstruction. Her **specialist** also recommends a course of radiotherapy and chemotherapy. In addition, she is to have hormone therapy tablets for several years.

Will her insurance cover this treatment plan and are there any limits to the cover?

We would cover the cost of mastectomy and breast reconstruction. We would then cover the course of radiotherapy and chemotherapy drugs provided these are used within normal clinical practice. The hormone tablets would also be eligible for benefit.

### Example 2

Cara has previously had a breast cancer which was previously treated by lumpectomy, radiotherapy and chemotherapy under her existing policy. She now has a recurrence in her other breast and has decided to have a mastectomy, radiotherapy and chemotherapy.

We would cover her for the mastectomy, radiotherapy and chemotherapy. The course of radiotherapy and chemotherapy drugs would be covered provided these are used within normal clinical practice.

### Example 3

Monica, who was previously treated for breast cancer under her existing policy, has a recurrence which has spread to other parts of the body. Her **specialist** has recommended this treatment plan:

- A course of six cycles of chemotherapy aimed at destroying cancer cells to be given over the next six months.
- Monthly infusions of a drug to help protect the bones against pain and fracture. This infusion is to be given for as long as it is working (hopefully years).
- Weekly infusions of a drug to suppress the growth of the cancer. These infusions are to be given for as long as they are working (hopefully years).

Will her insurance cover this treatment plan and are there any limits to the cover?

We will provide benefit for the six cycles of chemotherapy provided that these are used within normal clinical practice and where the treatment is given with curative intent and is not **experimental treatment**.

We do not provide benefit for **preventative treatments** such as the monthly infusions as described. However, whilst undertaking chemotherapy we would provide funding as necessary.

We would provide benefit for the weekly infusion under the chronic medical condition benefit if benefit available, as the drug is not being given with curative intent.

#### Example 4

John has been diagnosed with end stage cancer and would like to be admitted to a hospice for care aimed solely at relieving symptoms.

Will his insurance cover this and are there any limits to the cover?

We would provide benefit for the admission to the hospice under the terminal illness benefit.

## 7. Your guide to chronic medical conditions coverage

If you have a chronic medical condition, where the purpose of **treatment** is to keep the symptoms under control and a cure is not possible, benefit will be provided under the chronic medical condition benefit if available.

### What do we mean by a chronic medical condition?

We define a chronic medical condition as:

A disease, illness, or injury which has at least one of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your **rehabilitation** or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

### What does this mean in practice?

When you become ill with a **medical condition** for the first time, we will provide coverage for the **treatment** (if eligible under the policy) to stabilise your **medical condition**. Once your **medical condition** has stabilised and the **treatment** you are receiving appears only to be monitoring you, or controlling your **medical condition**, rather than curing it, then benefit will be provided under the chronic medical condition benefit if available.

### What if your chronic condition gets worse or becomes unstable?

If your chronic medical condition becomes unstable and gets worse, we will provide cover in order that your chronic medical condition can be stabilised as outlined under the chronic medical condition benefit if available.

We have provided you some examples in order to help explain further. All examples assume that the **medical condition** is eligible under the policy and benefit is available.

#### Example 1

Alan has been with Freedom for many years. He develops chest pain and is referred by his GP to a **specialist**. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms. Will Alan be covered?

We will cover Alan's initial consultations and tests to obtain the diagnosis. We will also cover further consultations with his **specialist** until his symptoms are under control and being maintained. Any treatment to control and maintain the symptoms will be covered under the chronic medical condition benefit if available.

Two years later, Alan's chest pain recurs more severely, and his specialist recommends that he has a heart bypass operation.

We will provide cover for the surgical procedure. We will also cover the post-operative check-ups to ensure that the medical condition has been stabilised. Once the medical condition has been stabilised, we will provide cover for the routine follow-ups required under the chronic medical condition benefit if available.



### Example 2

Eve has been with Freedom for five years when she develops breathing difficulties. Her GP refers her to a **specialist** who arranges for a number of tests. These reveal that Eve has asthma. Her **specialist** puts her on medication and recommends a follow-up consultation in three months to see if her condition has improved. At that consultation Eve states that her breathing has been much better, so the **specialist** suggests she have check-ups every four months.

We will cover the consultations and tests and will also agree to pay for the three-month check-up. Once the medical condition has been stabilised, we will provide cover for the routine follow-ups and medication needed to control the medical condition under the chronic medical condition benefit if available.

Eighteen months later, Eve has a bad asthma attack.

We would provide cover for admittance to hospital, if **medically necessary**, and the treatment provided to stabilise the medical condition.

### Example 3

Deirdre has been with Freedom for two years when she develops symptoms that indicate she may have diabetes. Her GP refers her to an endocrinology **specialist** who organises a series of investigations to confirm the diagnosis, and she then starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments to the medication regime, the **specialist** confirms that the condition is now well controlled and explains that he would like to see her every four months to review the condition.

We will pay for the treatment of the diabetes. When the **specialist** confirms that the condition is well controlled and only needs to see Deirdre every four months, cover for this routine monitoring will be provided under the chronic medical condition benefit if available.

One year later, Deirdre's diabetes becomes unstable, and her GP arranges for her to go into hospital for treatment.

We would provide cover for admittance to hospital and the treatment provided to stabilise the medical condition.

## 8. What is not covered?

Unless otherwise specified in your **table of benefits**, any written policy endorsement agreed by us, the policy does not cover claims arising from or connected with the following policy exclusions:

Read this section carefully in conjunction with the **table of benefits** and the **certificate of insurance**.

- 8.1 A benefit not available on your policy.
- 8.2 A benefit where you have not satisfied the **waiting period**.
- 8.3 Amounts claimed in excess of the overall maximum annual limit for any given policy year. Any continuing **treatment** or other **medical conditions** are excluded thereafter.
- 8.4 Any consequential loss.
- 8.5 Any form of **treatment** or drug therapy which in our reasonable opinion is **experimental treatment** or unproven based on generally accepted medical practice in the country where the **treatment** is provided.
- 8.6 Assisted reproduction including In vitro fertilisation (IVF).
- 8.7 Burial, cremation or transportation where death of an **insured person** occurs in their **home country**.
- 8.8 Care and/or **treatment** of drug addiction or alcoholism and/or a disease, illness or injury directly or indirectly arising from alcohol, drug or substance **abuse** or dependency.
- 8.9 Charges made by a **specialist** or **hospital** we do not regard as **reasonable and customary**.
- 8.10 Congenital birth defects, including the correction of congenital abnormalities unless otherwise specified.
- 8.11 Consultations performed, as well as any drugs or **treatment** prescribed, by you, your spouse, parents or children.
- 8.12 **Complementary treatment** or alternative therapies, including but not limited to ayurvedic medicine, rolfing, massage, pilates, yoga, fango therapy, milta therapy and energy therapy, with the exception of those **treatments** indicated in the **table of benefits** and cover is available.
- 8.13 Cosmetic or plastic surgery or any **treatment** arising from it, whether or not for medical/psychological purposes. The only exception is re-constructive surgery necessary to restore function or appearance after a disfiguring **accident**, or as a result of surgery for **cancer**, if the **accident** or surgery occurs during the **insured person's** membership.
- 8.14 Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.
- 8.15 Dental implants.
- 8.16 **Eating disorders**.
- 8.17 Expenses for the acquisition of an organ including, but not limited to, donor search, typing, transport and administration costs.
- 8.18 Expenses incurred because of complications directly caused by a **medical condition** or **treatment** for which cover is excluded or limited under the policy.

- 8.19 Failure to follow medical **advice**, prescribed care and complications arising from ignoring such **advice**. This includes failure to follow advice against travel, activity, action or pursuits.
- 8.20 Foetal surgery including **treatment** on mother or unborn child.
- 8.21 Genetic testing.
- 8.22 Growth hormone **treatment**.
- 8.23 HIV/AIDS/related conditions.
- 8.24 Home visits unless they are **medically necessary** following the sudden onset of an **acute medical condition**, which renders the insured incapable of visiting their **medical practitioner**, specialist, or **therapist**.
- 8.25 **Infertility treatment** unless otherwise specified.
- 8.26 **In-patient treatment** for multiple birth babies born as a result of medically assisted reproduction is limited to £20,000 per child for the first 3 months following birth. **Out-patient treatment** will be covered under the limits of the **out-patient treatment** benefit. The newborns must have been added to the policy within 30 days from birth.
- 8.27 Investigations into and **treatment of obesity**.
- 8.28 Investigations into and **treatment** of loss of hair and any hair replacement unless the loss of hair is due to **cancer treatment**.
- 8.29 Investigations of and **treatment** for sexually transmitted diseases.
- 8.30 Investigations into, **treatment** and complications arising from sexual dysfunction, impotence, sterilisation and contraception, including insertion and removal of contraceptive devices and all other contraceptives, even if prescribed for medical reasons. The only exception is the prescribing of contraceptives for the **treatment** of acne, where prescribed by a dermatologist.
- 8.31 Learning difficulties, behavioural and development problems.
- 8.32 **Medical conditions** and the consequences thereof, as well as instances of death that are caused by the misuse of alcohol or drugs by the **insured person**.
- 8.33 Medical error/medical negligence.
- 8.34 **Medical practitioner fees** for the completion of a claim form or other administration charges.
- 8.35 Myopia, hypermetropia, astigmatism, natural/non-medical degenerative sight defects, non-medical/natural degenerative hearing defects, aids to assist eyesight and hearing, contact lens solutions/liquids and eye drops.
- 8.36 Natural perils and nuclear risks.
- 8.37 Non-emergency transportation.
- 8.38 **Orthodontic treatment**, unless otherwise specified.
- 8.39 **Orthomolecular treatment**.
- 8.40 **Palliative treatment** or **treatment** for **chronic medical conditions** unless you have the available benefit in your **table of benefits**.
- 8.41 Personal Medical Exclusions.

8.42 **Phobias.**

8.43 Placing yourself in needless danger.

8.44 Podiatry and chiropody.

8.45 **Pre-natal care** and **post-natal care** classes or any other educational classes.

8.46 **Pre-existing medical conditions** or **related medical conditions** (unless we have accepted to underwrite you on a Medical Histories Disregarded (MHD) basis):

- a. If you are underwritten on a moratorium, (also known as MORI), we exclude any **medical condition** or **related medical condition** which:

- was foreseeable,
- manifested itself,
- you have experienced signs or symptoms of,
- you have sought **advice** for,
- you have received **treatment** and/or medication for, or
- to the best of your knowledge, existed

in the two years before the start of the **insured person's** cover. If you have:

- experienced symptoms,
- sought **advice**,
- required **treatment**, medication, or special diet, or,
- received **treatment**, medication, or special diet

in the 2 years after the policy **commencement date**, then you will have to wait until you have completed a continuous 2-year period where you have not;

- experienced symptoms,
- sought **advice**,
- required **treatment**, medication, or special diet, or,
- received **treatment**, medication, or special diet

for the **medical condition** or **related medical condition** to be considered for coverage.

- b. If you are underwritten on Full Medical Underwriting (also known as FMU), we exclude any **pre-existing medical condition**, or any **related medical condition** unless you have notified us of the condition when you applied for cover and we did not apply an exclusion on the **insured person's certificate of insurance**. Any medical exclusion we have applied is shown on the **certificate of insurance**.
- c. If you are underwritten on a Continuous Personal Medical Exclusion (CPME) or Switch Moratorium, and transferred to us without a break in cover, you are subject to the **pre-existing medical conditions** applied by the previous insurer or the moratorium date applied by your previous insurer. Please refer to points a or b above.

8.47 **Preventative treatment** or procedures.

8.48 Products classified as vitamins or minerals (except during **pregnancy** or to treat diagnosed, clinically significant vitamin deficiency syndromes), nutritional or dietary consultations and supplements, including, but not limited to, special infant formula and cosmetic products, even if medically recommended or prescribed or acknowledged as having therapeutic effects.

- 8.49 Products that can be purchased without a doctor's prescription.
- 8.50 Removal of fat or healthy tissue from any part of the body whether or not it is needed for medical or psychological reasons (including but not limited to breast reduction).
- 8.51 Routine **pregnancy** or childbirth, unless otherwise specified.
- 8.52 Self-inflicted conditions or any injury incurred from attempted suicide.
- 8.53 Services or **treatment** at any **long-term care** facility, nursing home, spa, hydro-clinic, sanatorium, recovery centre that is not a **hospital**. Even if the stay is medically prescribed.
- 8.54 Sex change or gender reassignment whether or not for psychological reasons.
- 8.55 Ship to shore transportation costs.
- 8.56 Sleep apnoea, snoring, sleep disorders and sleep-related breathing disorders.
- 8.57 **Speech therapy**, unless in the context of a diagnosed physical impairment, such as, but not limited to, nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). We do not pay for **speech therapy** related to developmental delay, dyslexia, dyspraxia or expressive language disorder.
- 8.58 Surgical/medical appliances, such as aids or equipment, including optical and hearing aids, dentures and dental appliances. **Surgical appliances and prostheses** inserted during a surgical procedure are covered.
- 8.59 Travel costs to and from medical facilities (including parking costs) for eligible **treatment**, except any travel costs covered under **local ambulance**, medical evacuation and medical repatriation benefits.
- 8.60 Termination of pregnancy except in the event of danger to the life of the pregnant woman.
- 8.61 Terrorism whether or not this involves the use or release or threat of any nuclear weapon or any chemical or biological agents.
- 8.62 **Treatment** as a consequence of criminal activity.
- 8.63 **Treatment** for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorders, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 8.64 War, riots, civil disturbances, terrorism or acts against any foreign hostility, whether war has been declared or not.
- 8.65 **Treatment** in the USA is not covered, if we know or suspect that cover was purchased for the purpose of travelling to the USA to receive treatment for a condition, when the symptoms of the condition were apparent to the member prior to the purchase of cover.
- 8.66 **Treatment** or **diagnostic tests** of injuries arising from engagement in **professional sports**.
- 8.67 **Treatment** outside the geographical area of cover as stated on the **certificate of insurance** unless for emergencies and/or authorised by us.
- 8.68 **Treatment** undertaken solely at your request.

8.69 **Treatment** undertaken without the referral of a **medical practitioner**.

8.70 **Treatment** that has taken place:

- a. before your **commencement date**.
- b. after your end date unless you have renewed with us and paid your premium due and the **medical condition** is eligible.
- c. if you have not paid the premium due.

8.71 Triple/bart's, quadruple or spina bifida tests, except for women aged 35 or over who have purchased the maternity benefit and have satisfied the **waiting period**.

## 9. How to make a claim

Before making a claim, please read this policy document, including your **table of benefits** to see if you have the relevant coverage available to you. If you have any questions concerning coverage, please call the international helpline.

### Medical evacuations or emergency in-patient/day-patient pre-authorisation

In an **emergency** where you require admittance to a **hospital** or a medical evacuation, you or your representative must contact the Freedom Health Insurance international claims helpline immediately.

### In-patient/day-patient claims

**In-patient** and **day-patient treatment** will be paid direct to the **medical practitioner, specialist, hospital** or clinic. This means you will not need to pay for any **treatment** unless you have an **excess** or **co-payment** on your policy, or the **treatment** is ineligible, or your benefit has been exhausted.

You must obtain **pre-authorisation** for any **in-patient** or **day-patient treatment**. Failure to pre-authorise **treatment** will result in services being paid at 50% of the costs incurred.

### Pre-authorisation process:

- The claims procedure will start at the time your **medical practitioner** refers you to a **specialist**. You must tell your **medical practitioner** that you wish to have private **treatment**.
- Contact the international claims helpline on 01202 283 580.
- A member of our claims team will take your details. Please have your policy number, as shown on your card, ready when you phone.
- We will then contact your **medical practitioner**, and the **hospital** or clinic, to ensure arrangements are in place for your **treatment**.
- We will then confirm authorisation and the arrangements that have been agreed for your **treatment**. You will not need to complete any claim forms.
- Receive your **treatment** at the **hospital** or clinic.

### Out-patient claims

You must pay the **hospital** or clinic for your **out-patient treatment**. We will reimburse the expenses you have incurred, apart from any **excess** or **co-payment**, subject to policy terms and conditions.

If you need any help or advice, please contact the claims team at the numbers provided. You do not need to contact the international claims helpline for **pre-authorisation** of out-patient claims.

- See your **medical practitioner, therapist, or specialist** in the normal way.
- Settle your bill for the **treatment** you have received.
- Complete a claim form. You can obtain a claim form by contacting the international claims helpline on 01202 283 580, by email at [claims@freedomhealthinsurance.uk](mailto:claims@freedomhealthinsurance.uk) or downloading a claim form from: [www.freedomhealthinsurance.co.uk/documents/forms](http://www.freedomhealthinsurance.co.uk/documents/forms)
- Send your fully completed claim form along with the original itemised invoice and an original receipt to the claims department. You must include the following items to make sure we can consider your claim:
  - A fully completed medical claim form.
  - The original itemised invoice(s).
  - The original receipt(s).
  - A copy of the prescription if medication forms part of the claim.

## 10. Complaints procedure

At Freedom Health Insurance, our customers have the right to expect excellent customer service at all times. However, from time to time, things can go wrong and, when they do, we want you to tell us.

### 10.1 How to contact Freedom Health Insurance

Phone: **0800 999 2013 or 01202 756 350**

Email: **[complaints@freedomhealthinsurance.co.uk](mailto:complaints@freedomhealthinsurance.co.uk)**

Post: **County Gates House, 300 Poole Road, Poole, Dorset, BH12 1AZ**

We will investigate your complaint on behalf of the underwriter named on your certificate of insurance and provide you with our final decision within no more than eight weeks.

If you remain unhappy with our response, or if we have not replied within eight weeks, you may have the right to refer your complaint to the Financial Ombudsman Service.

### 10.2 About the Financial Ombudsman Service (FOS)

The Financial Ombudsman Service provides a free and independent service for resolving complaints with financial services firms. The FOS will only consider your complaint if you have given us the opportunity to resolve the matter first and you must refer your complaint to the FOS within six months of our final decision letter.

If you do not refer your complaint in time, the FOS will not have our permission to consider your complaint and so will only be able to do so in very limited circumstances. For example, if the FOS believes the delay was as a result of exceptional circumstances.

### 10.3 How to contact the Financial Ombudsman Service

Phone: **0800 023 4567 or 0300 123 9 123**

Email: **[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)**

Website: **[www.financial-ombudsman.org.uk/make-complaint](http://www.financial-ombudsman.org.uk/make-complaint)**

More information about the Financial Ombudsman Service is available on its website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

If you contact the FOS, this does not affect your right to take legal action if you are dissatisfied with, and do not accept, the outcome of the review.



## 11. Financial Services Compensation Scheme

The underwriter is a member of the Financial Services Compensation Scheme (FSCS). The FSCS may assist if it believes the underwriter cannot meet its liabilities under this policy. The FSCS may arrange to transfer a policy to a new insurer, provide a new policy or pay compensation. The maximum level of compensation is 90% of the claim with no upper limit.

Further information about the FSCS is available on the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk) or by phone on 0800 678 1100 or 020 7741 4100.

## 12. Definitions

### Abuse

Improper or excessive use of alcohol, drugs or any other intoxicating substance. This includes the use of drugs in quantities other than as directed or prescribed on medical authority or for a reason other than it is originally intended.

### Accident

An injury which is the result of an unexpected event independent of the will of the insured and which arises from a cause outside the individual's control. The cause and symptoms must be medically and objectively definable, allow for a diagnosis and require therapy.

### Accidental dental injury

A sudden unforeseen external blow to the face, teeth or jaws which occurs at an identifiable place and time resulting in dental injury.

### Acute medical condition

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

### Advice

Any consultation regarding any symptoms or abnormalities that you have experienced from a **medical practitioner, specialist, therapist** or allied healthcare specialist, or otherwise.

### Appropriate

- a. The type, level, length of service, and setting needed to provide safe and adequate care.
- b. Rendered in accordance with generally accepted medical practice and professionally recognised standards.
- c. Not generally regarded as **experimental treatment**, investigational or unproven by recognised medical professionals or appropriate government agencies.
- d. Specifically allowed by laws which apply to the provider who renders service.

If there is any doubt as to the appropriateness of **treatment** in respect of a claim, appropriateness shall be decided by our Chief Medical Officer.

### Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. Please refer to our cancer guide to understand the coverage provided for the **treatment** of cancer.

### Certificate of Insurance

The document accompanying this Policy which lists the **insured persons**, the **commencement date** and any endorsements.

### Chronic medical condition

A disease, illness or injury which has at least one of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.
- It needs ongoing or long-term control or relief of symptoms.
- It requires your **rehabilitation** or for you to be specially trained to cope with it.
- It continues indefinitely.
- It has no known cure.
- It comes back or is likely to come back.

### Claim

The costs incurred relating to a course of **treatment** undergone in relation to a specific **acute medical condition** that we have **pre-authorised** in writing as an eligible benefit under the policy.

### Claimant

An **insured person** who had made a **claim** under the policy.

### Close family member

A **dependant**, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law or legal guardian.

### Commencement date

The date of the start of the contract with us, as shown in your **certificate of insurance**.

### Complementary treatment

Therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes chiropractic **treatment**, osteopathy, Chinese herbal medicine, homeopathy and acupuncture as practiced by an approved **therapist**.

### Co-payment

The percentage of the costs which the **insured person** must pay.

### Day-patient

A **patient** who is admitted to a **hospital** or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

### Dental prostheses

Includes crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary **treatment** required.

### Dental surgery

Includes the extraction of teeth, apicoectomy, as well as the **treatment** of other oral problems such as congenital jaw deformities (e.g. cleft jaw), fractures and tumours. Dental surgery does not cover any surgical treatment that is related to dental implants.

### Dependant

Your husband, wife, partner or unmarried child included on your policy. By partner we mean a person with whom you are cohabiting on a permanent basis. By child we mean you or your partner's unmarried own, adopted or step children who are under 21 (or 25 in the case of students enrolled in full time education).

### Diagnostic test

Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

### Eating disorder

Any psychological disorder such as anorexia nervosa or bulimia that involves insufficient or excessive food intake.

### Emergency

Onset of a sudden and unforeseen **acute medical condition** that requires urgent medical assistance. Only **treatment** commencing within 24 hours of the emergency event will be covered.

### Excess

The amount of money shown on the **certificate of insurance** which you have agreed to pay towards the cost of eligible **treatment** each policy year.

### Experimental treatment

A diagnostic, medical or surgical procedure, **treatment** or drug therapy that is considered experimental or unproven based on generally accepted medical practice.

### Home country

The country for which the **insured person** holds a current passport and to which the **insured person** would want to be repatriated to.

### Hospital

An establishment which is licensed as a medical or surgical hospital in the country where it operates and where the **patient** is permanently supervised by a **medical practitioner**. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.

### Hospital accommodation

A standard private or semi-private accommodation as indicated in the **table of benefits**. Deluxe, executive rooms and suites are not covered.

### Hospital charges

Charges for **hospital accommodation**, nursing, operating theatres, drugs, dressing, pathology, radiology and any other charges made by a **hospital** for **treatment** and within our fee schedule.

### Infertility treatment

**Treatment** for both sexes including all invasive investigative procedures necessary to establish the cause for infertility such as hysterosalpingogram, laparoscopy or hysteroscopy.

### In-patient

A **patient** who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

### Insured person

Any of the individuals specified on the **certificate of insurance**.

### Local ambulance

Ambulance transport required for an **emergency** or out of **medical necessity**, to the nearest available and appropriate **hospital** or licensed medical facility.

### Long term care

Care given over an extended period of time after **treatment** of the **acute medical condition** has been completed, usually for a **chronic medical condition** or disability requiring periodic, intermittent or continuous care. Long term care can be provided at home, in the community, in a hospital or in a nursing home.

### Material fact(s)

Information which is likely to influence us in the assessment, acceptance or renewal of the policy, or in making any changes to it. For example, information:

- about you or your **dependants**, your lifestyles, health or medical conditions, that we may have asked you questions about.
- that you have chosen to give to us.
- that we have not asked you any questions about, but which you must disclose to us.

If you are in any doubt about whether or not a fact is material please tell us.

### Medical condition

Any signs, symptom, illness, sickness, disease or injury.

### Medical necessity/medically necessary

**Treatment** which is:

- **Appropriate** for the signs, symptoms, diagnosis or **treatment** of the **medical condition**.
- Provided for the diagnosis or direct care and **treatment** of the injury or disease.
- Within standards of good medical practice within an organised medical community.
- Not primarily for the convenience of the **insured person** or any other participating supplier providing appropriate covered services to the **insured person**.
- An **appropriate** supply and level of service needed to provide safe and adequate care.

If there is any doubt as to the medical necessity of **treatment** in respect of a claim, this shall be decided by our Chief Medical Officer.

### Medical practitioner

A physician who is licensed to practice medicine under the law of the country in which **treatment** is given and where he/she is practicing within the limits of his/her licence.

### Medical practitioner fees

Fees charged for a non-surgical **treatment** performed or administered by a **medical practitioner**.

### Midwife fees

Fees charged by a midwife or birth assistant, who, according to the law of the country in which treatment is given, has fulfilled the necessary training and passed the necessary state examinations.

### Newborn care

Customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures. These essential examinations are carried out immediately following birth. Further preventive diagnostic procedures, such as routine swabs, blood typing and hearing tests, are not covered. Any **medically necessary** follow-up investigations and **treatment** are covered under the newborn's own policy.

### Nursing at home or in a convalescent home

Skilled nursing services given by a qualified nurse at your home. The nursing must be under the supervision of a **specialist** and for medical not domestic purposes.

### Obesity

Diagnosed when a person has a BMI (Body Mass Index) of over 30.

### Oncology

**Specialist fees, diagnostic tests**, radiotherapy, chemotherapy and **hospital charges** incurred in relation to the planning and carrying out **treatment** for **cancer**, from the point of diagnosis.

### Oral surgical procedures

Surgical procedures, such as;

- Replantation of tooth/teeth following trauma.
- Surgical removal of impacted/buried tooth/teeth.
- Surgical removal of complicated buried roots.
- Surgical drainage of dental abscess.
- Apicectomy.
- Enucleation of cyst of jaw.
- **Treatment** of mandibular, zygomatic or maxillary fractures including internal or external fixation.
- Excision or resection of mandible or maxilla, including removal of malignancy.
- Maxillary osteotomy and prosthetic surgery.
- Open operations of the jaw including the temporo-mandibular joint.
- Hospitalisation for dental **treatment** where anti-coagulant therapy requires management when carried out in a **hospital** by an oral or maxillofacial surgeon.

### Orthodontic treatments

The use of devices to correct malocclusion and restore the teeth to proper alignment and function.

### Orthomolecular treatment

**Treatment** which aims to restore the optimum ecological environment for the body's cells by correcting deficiencies on the molecular level based on individual biochemistry. It uses natural substances such as vitamins, minerals, enzymes, hormones, etc.

### Out-patient surgery

A surgical procedure performed in a surgery, **hospital**, day-care facility or out-patient department that does not require the **patient** to stay overnight out of **medical necessity**.

### Out-patient

A patient who attends a **hospital**, consulting room, or Out-Patient clinic and is not admitted as a **day-Patient** or an **in-Patient**.

### Palliative treatment

Any **treatment** given for the sole purpose of relieving symptoms rather than attempting cure of a **medical condition**.

### Patient

The **insured person** being treated for a **medical condition**.

### Phobia

A persistent, irrational, intense fear of a specific object, activity or situation.

### Policy

The application form, declaration, policy document, **reasonable and customary** fees, **certificate of insurance**, **table of benefits**, definitions, and any endorsements.

### Policyholder

The first named person on the **certificate of insurance** who has a legal contract with the **underwriter** and is responsible for paying the premium.

### Policy period

The period between the **commencement date** and the end date shown on the **Certificate of Insurance**.

### Post-natal care

Routine post-partum medical care to be received by the mother up to six weeks after delivery.

### Pre-authorisation

A process through which an **insured person** seeks approval from us prior to undertaking **treatment** or incurring costs. If pre-authorisation is not obtained, we will only cover 50% of the costs that would have been agreed if the correct procedure had been taken.

### Pre-existing medical conditions

Any disease, illness or injury for which:

- You have received medication, **advice** or **treatment**; or
- You have experienced symptoms;

whether the condition has been diagnosed or not in the two years before the start of your cover.

### Pregnancy

The period of time from the date of the first diagnosis until delivery.

### Pre-natal care

Common screening and follow-up tests, as required during a **pregnancy**. For women aged 35 and over, this includes Triple/Bart's, Quadruple or Spina Bifida tests, amniocentesis and DNA-analysis, if directly linked to an eligible amniocentesis.

### Prescription drugs and medicines

A chemical substance licensed as a medicine, which requires a prescription for the **treatment** of a confirmed diagnosis or **medical condition** or to compensate vital bodily substances. The prescription drugs must be clinically proven to be effective and recognised by the pharmaceutical regulator in a given country.

### Preventive treatment

**Treatment** undertaken without any clinical symptoms being present at the time of **treatment**. An example of such **treatment** is the removal of a pre-cancerous growth (e.g. mole on the skin).

### Principal country of residence

The country where you and your **dependants** live for more than six months of the year.

### Professional sports

Professional sporting activities of any kind where a fee is received.

### Psychiatric treatment

**Treatment** of a mental or nervous disorder carried out by a clinical psychiatrist or clinical psychologist. The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The disorder must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as the Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

### Reasonable and customary

What we consider to be acceptable **treatment** charges based on our experience and knowledge.

### Rehabilitation

**Treatment** aimed restoration of a normal form and/or function after an **acute medical condition**. The rehabilitation benefit is payable only for **treatment** that starts immediately after **treatment** of the **acute medical condition** ceases. **Treatment** must take place in a licensed rehabilitation facility.

### Related medical condition

Any **medical condition**, which is medically considered to be associated with another **medical condition**.

### Routine health checks

Tests/screenings that are undertaken without any clinical symptoms being present. Such tests include the following examinations performed, at an **appropriate** age interval, for the early detection of illness or disease:

- Vital signs (blood pressure, cholesterol, pulse, respiration, temperature, etc.).
- Cardiovascular exam.
- Neurological exam.
- Cancer screening.
- Well child test (for children up to the age of 6 years).

### Specialist

A qualified and licensed medical physician possessing the necessary additional qualifications and expertise to practice as a recognised specialist of diagnostic techniques, **treatment** and prevention in a particular field of medicine.

### Specialist fees

Fees charged for **treatment** provided by a **specialist**.

### Speech therapy

**Treatment** carried out by a qualified speech therapist to treat diagnosed physical impairments, including but not limited to nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate).

### Surgical appliances and prostheses

Artificial body parts or devices, which are an integral part of a surgical procedure or part of any **medically necessary treatment** following surgery.

### Table of benefits

This indicates the benefits available to you and is included with your **certificate of insurance**.



### Therapist

A chiropractor, osteopath, Chinese herbalist, homeopath, acupuncturist, or physiotherapist, who is qualified and licensed under the law of the country in which **treatment** is being given.

### Third party opinion

Obtaining an alternative opinion of a **medical condition** from a second **specialist** chosen by us.

### Treatment

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

### Underwriter

The following insurers:

HDI Global Specialty SE. HDI Global Specialty is authorised and regulated by BaFin. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from HDI Global Specialty SE on request. (FRN: 659331) HDI Global Specialty SE is registered in Germany (commercial register number HRB 211924) and has its registered office at HDI Platz 1, 30659 Hannover, Germany, and its UK branch office at 20 Gracechurch Street, London, EC3V 0BA, United Kingdom.

HCC International Insurance Company plc ('HCCII') trading as Tokio Marine HCC. HCCII is registered in England and Wales, (Company Reg No: 01575839) with its registered office at 1 Aldgate, London EC3N 1RE. HCCII is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Firm Reference Number 202655).

Starr International (Europe) Limited, registered office address 30 Fenchurch Avenue, London EC3M 5AD, United Kingdom. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference Number: 676783.

### Vaccinations

All basic immunisations and booster injections required under regulation of the country in which **treatment** is being given, any **medically necessary** travel vaccinations and malaria prophylaxis. The cost of consultation for administering the vaccine as well as the cost of the drug is covered.

### Waiting period

A period of time starting on your policy **commencement date** (or effective date if you are a **dependant**), during which you are not entitled to cover for particular benefits. Your **table of benefits** will indicate which benefits are subject to a **waiting period**.

## 13. Contact us

### General enquiries

**Phone:** 0800 999 2013 or 01202 756 350  
**Email:** [info@freedomhealthinsurance.co.uk](mailto:info@freedomhealthinsurance.co.uk)

### Making a claim

**Phone:** 01202 283 580  
**Email:** [intclaims@freedomhealthinsurance.co.uk](mailto:intclaims@freedomhealthinsurance.co.uk)

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

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.

All written correspondence should be sent to:

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

---

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, Dorset BH12 1AZ, United Kingdom. Company registration number: 04815524.

This Policy Document applies to Freedom Worldwide policies where the policyholder resides in the UK.