

Private Medical Insurance

Target Market Statement – Freedom Elite (for broker use only)

This statement has been prepared by Freedom Healthnet Ltd to provide an overview of our Freedom Elite (for individual policyholders) product. It is intended to help brokers understand the identified target market for this product. Further details of all our products can be found on our website at freedomhealthinsurance.co.uk.

Product name	Freedom Elite (for individual policyholders)
What is Freedom Elite?	<p>Freedom Elite is a traditional, fully comprehensive, private medical insurance product. It is available to individual policyholders (consumers) and Small to Medium Enterprises (SMEs).</p> <p>Freedom Elite is designed to meet the cost of elective, short-term medical treatment provided by a specialist which a consumer needs because they are suffering from an unexpected acute condition.</p> <p>Freedom Elite is a flexible product built around a mandatory core cover with options to adjust cover in line with individual needs and budgets.</p> <p>When sold to individual consumers, it should be considered a retail product.</p>
Who is Freedom Elite designed for?	<p>Freedom Elite is designed for individual consumers between the ages of 18 and 70 years (at policy inception) who are permanently resident in the UK or the Channel Islands. They can include their partner and children on their policy. Children can be covered up to the age of 25 years.</p>
Are there any specific characteristics, including, consumer vulnerability, to be aware of?	<p>Consumers who may be under financial or personal strain due to the impact of pandemic may not be able to afford premiums on an ongoing basis. However, they will still be able to use the NHS for their medical treatment.</p> <p>Consumers who have ongoing or recent medical symptoms, whether they have seen a doctor or been diagnosed with a specific condition or not, are unlikely to be able to use this product to receive private treatment for those symptoms.</p> <p>Consumers who have ongoing or recent medical conditions and are currently going through or have recently been through, medical treatment are unlikely to be able to use this product to receive private treatment for those conditions.</p>

Who is Freedom Elite not designed for, or are there any types of consumers for whom it would not provide the intended value?

Freedom Elite can be sold to a wide range of consumers, but there are a few types of consumers for whom it is either not suitable or available.

- Freedom Elite cannot be sold to consumers younger than 18 years or older than 70 years at policy inception. This includes dependants.
- Freedom Elite cannot be sold to consumers who live outside the UK or Channel Islands. It is also not suitable for consumers who live in the UK or Channel Islands but wish to receive treatment outside these areas.
- Certain high-risk occupations will not be covered such as asbestos workers, members of the armed forces and professional sportspeople.
- In keeping with other products of a similar nature, no cover is provided for pre-existing medical conditions so Freedom Elite may not be suitable for those with a significant medical history.
- Freedom Elite may be suitable for consumers with some medical history, but consideration needs to be given as to whether full medical underwriting or moratorium underwriting would be more suitable for their needs.
- The consumer should consider the availability of local hospitals, particularly if they live in central London or expect to use the hospitals which are only included in the Plus hospital list extension.

In more general terms, as with all products, you should consider whether the product and underwriting approach is suitable for the consumer you are advising, particularly if you identify them as vulnerable.

What are the key value elements of Freedom Elite which are important for the target market?

- Eligible costs are normally paid in full direct to the provider.
- UK-based claims team.
- No claim forms.
- Access to a 24-hour GP helpline at no additional cost.

What consumer need is met by Freedom Elite?

Freedom Elite is a health insurance product for individuals who would like immediate access to healthcare services without having to wait for an NHS appointment. This includes prompt referrals to specialists, quick admission to hospital for inpatient and daypatient treatment, and necessary follow-up treatment on discharge from hospital, all at a convenient time and place. Therefore, Freedom Elite could be suitable for individuals who want greater control over their medical treatment without having to rely solely on the NHS.

Freedom Elite enables access to healthcare services in a private hospital or clinic so could be suitable for individuals who want a higher standard of comfort including a private room with ensuite facilities.

Private medical insurance is a premium product, providing an alternative to free healthcare services offered by the NHS. Therefore, it is most likely to be suitable to those consumers with higher disposable incomes.

Can Freedom Elite be sold without advice?

Freedom Elite should be sold in line with FCA regulations and can be sold with or without advice.

How can Freedom Elite be sold?

We suggest Freedom Elite can be sold to individuals face to face, over the telephone, via email or digitally via the broker portal on our website.

Fair Value Assessment

Freedom Health Insurance are joint product manufacturers with our underwriters Allianz Worldwide Partners P&C SA. We are obliged to make available all relevant information required to assist in understanding the provision of fair value by our products.

Freedom products are distributed through brokers with commission. A fair value assessment of the Freedom Elite Consumer product has been carried out and it is believed that inclusive of commission the products offer fair value. No additional fees should be charged with the sale of Freedom Health Insurance products without customers being aware of the added value being provided over and above that available from the product alone and the product also being available without additional services.

Freedom Health Insurance is one of the smaller PMI providers and focusses on the provision of competitively priced products, backed by first class customer service and personal interaction with customers. In assessing customer value, we have considered the cover provided, the premium collection processes, the value of claims paid under each product, the average and maximum value of claims and the numbers of claims paid. We have also considered volumes of complaints and feedback through root cause analysis. The consideration of these matters is an ongoing process, the latest assessment was completed in Q3 2023.

Freedom Elite (for individual policyholders) benefits

Product cover	Cover available	What is covered	Who could this be suitable for?
Core cover	All Freedom Elite policies include the core cover as standard.	<p>Inpatient and daypatient treatment costs covered in full.</p> <p>The core cover includes certain pregnancy complications and dental surgical procedures, MRI, CT and PET scans, home nursing, private ambulance, and an NHS cash benefit.</p> <p>The core cover includes full cancer cover which covers active cancer treatment, palliative care, and aftercare.</p> <p>The core cover includes access to a 24-hour GP helpline.</p>	<p>Consumers who choose the core cover only will want reassurance of having cover for inpatient and daypatient treatment of an acute condition, in a private hospital, under the care of a specialist without having to wait for an NHS appointment.</p> <p>They will also have extensive cover for the treatment and aftercare of cancer following diagnosis.</p> <p>As there will be no cover for outpatient treatment such as diagnostic tests, consumers will be prepared to pay for their own outpatient treatment, including specialist consultations, diagnostic tests, and physiotherapy, or to use the NHS for such services.</p>

Additional cover options – these come at an extra cost and can be added to the core cover to provide a more comprehensive policy			
Product cover	Cover available	What is covered	Who could this be suitable for?
Outpatient treatment	One option which covers all elements listed.	<p>Provides cover for outpatient treatment including:</p> <ul style="list-style-type: none"> • diagnostic tests (excluding MRI, CT and PET scans) requested by a GP (up to £750); and • specialist consultations, diagnostic tests and physiotherapy treatment (full refund or up to £1,500 depending on the level of cover chosen). <p>Cover for physiotherapy on GP referral is limited to a maximum of six sessions.</p> <p>MRI, CT and PET scans are covered in full under the core cover.</p> <p>There is no cover for treatment not recommended by a GP or a specialist.</p> <p>If a consumer limits their cover for outpatient treatment to £1,500, the limit does not apply to outpatient cancer treatment received after they have been diagnosed with cancer.</p>	<p>Consumers who add this cover want reassurance of having prompt access to diagnostic tests if they have symptoms which their GP believes need investigating. This means they will not have to self-fund or rely on NHS services for diagnostic tests to find out what is causing their symptoms.</p> <p>They will also want peace of mind of having comprehensive cover for outpatient treatment (including diagnosis) of an acute condition provided by a specialist when referred by a GP.</p> <p>‘Full refund’ option This option is more suitable for consumers who want reassurance of all eligible costs being settled in full without the risk of having to pay some of the costs themselves if extensive or expensive outpatient treatment is required.</p> <p>‘£1,500 limit’ option This option could be suitable for consumers who want to be covered for the more expensive procedures, but are prepared to self-fund, in all or</p>

			<p>in part, minor outpatient services such as consultations and diagnostic tests, or to make use of NHS services.</p> <p>This option is unlikely to be suitable for consumers who do not want to expose themselves to cost. If the consumer limits their outpatient cover and reaches this limit within a period of insurance, they will either need to self-fund the rest of their outpatient treatment until a new period of insurance begins or transfer their care to the NHS.</p> <p>This option is unlikely to be suitable for consumers who live in areas of high medical costs such as central London and intend to use private medical facilities in these areas.</p>
Alternative therapies	One option which covers all elements listed.	<p>Provides cover for treatment provided by acupuncturist, chiropractor, homeopath, osteopath, and podiatrist, in full, up to the chosen annual limit (either £750 or £1,500) when referred by a specialist.</p> <p>GP referred treatment is limited to a maximum of six sessions across all treatments combined.</p> <p>There is no cover for treatment not recommended by a GP or a specialist.</p>	<p>Consumers who add this cover want the choice of accessing a range of different therapies without the need to see a specialist first. Their GP can refer them for treatment. This is usually for more minor ailments and injuries which do not need extensive specialist investigations.</p> <p>This option could be suitable for more active consumers who may be prone to injury as a result.</p>

Additional cover options (continued)			
Product cover	Cover available	What is covered	Who could this be suitable for?
Mental health care	One option which covers inpatient, daypatient and outpatient treatment.	<p>Provides cover for diagnosis and treatment of an acute mental or psychiatric illness associated with present distress or substantial impairment in the ability to function in a major life activity.</p> <p>Cover for inpatient and daypatient treatment is limited to 45 days and cover for outpatient treatment is limited to £2,000.</p>	<p>Consumers who add this cover want reassurance of being able to access prompt treatment from a specialist if they experience an acute deterioration in their mental health which impairs their day-to-day life such as severe anxiety or depression.</p> <p>This option is unlikely to be suitable for consumers who have existing chronic mental health conditions.</p>

Additional cover options (continued)			
Product cover	Cover available	What is covered	Who could this be suitable for?
Dental, optical and private GP costs	One option which covers all elements listed.	<p>Routine dental costs cover provides reimbursement (up to £300) for routine dental services to maintain oral hygiene such as check-ups, x-rays, cleaning, fillings, and crowns.</p> <p>Accidental dental injury cover provides reimbursement (up to £600) for treatment of an accidental dental injury.</p> <p>Optical costs cover provides reimbursement (up to £200) for routine eye tests, prescription glasses and contact lenses following a change in prescription.</p> <p>Private GP costs provides reimbursement (up to £300) for consultations with, and diagnostic tests and treatment provided by, a private GP.</p> <p>A compulsory £50 excess applies to this whole section of cover. The excess applies per person, per period of insurance.</p>	<p>Consumers who add this cover may incur regular dental and optical costs each year and so this cover could be suitable for consumers who want to be able to claim a contribution towards these costs.</p> <p>Consumers who add this cover may also prefer to use the services of a private GP instead of an NHS GP so this cover could be suitable for consumers who want the reassurance they can receive a contribution towards these costs.</p> <p>Consumers choosing this option recognise an excess and monetary limits apply so may not receive the full cost of their treatment.</p> <p>This option might not be appropriate for consumers who already have a dental plan or a cash plan as they could have duplicate cover.</p>
Excess options	£100, £250, £500 or £1,000	<p>An excess is an amount each person on the policy pays towards the cost of their treatment which is covered by the policy.</p> <p>The first costs incurred each policy year must be paid by the consumer up to the chosen excess level. The remaining eligible</p>	<p>An excess could be suitable for consumers who are willing to pay the first part of the cost of eligible treatment themselves. In choosing an excess, the consumer normally benefits from a discount.</p>

		<p>costs will then be covered by their policy regardless of the number of claims made during the same policy year.</p> <p>Freedom Elite does not have a mandatory excess, but we reserve the right to impose one at the beginning of a policy year without giving a premium discount.</p>	<p>Consumers choosing an excess know how much they will need to contribute towards their treatment costs. They will need to make sure they choose an excess amount they are comfortable with and can afford should they need to claim.</p>
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Product cover	Cover available	What is covered	Who could this be suitable for?
Hospital list	One to be chosen	<p>Freedom Elite offers two hospital bands – Standard and Plus.</p> <p>The Standard hospital list is the default list associated with Freedom Elite if the Plus list is not selected. It provides access to a comprehensive range of private hospitals throughout the UK (excluding all HCA Healthcare facilities across the UK) as well as all NHS hospitals which provide private patient treatment services.</p> <p>The Plus list includes all the hospitals on the Standard list and the HCA Healthcare facilities across the UK.</p>	<p>Consumers choosing the Standard hospital list have the reassurance of being able to access most private hospitals across the country. They are likely to be able to choose from several hospitals in their local area although more remote parts of the UK may have fewer choices.</p> <p>The Standard hospital list may not be suitable for consumers living in central London and who are likely to use HCA Healthcare facilities unless they are willing to pay half of their treatment cost.</p> <p>The Plus hospital list may be more suitable for consumers living in central London and the surrounding areas and are likely to use HCA Healthcare facilities for their treatment although other hospitals may be available.</p> <p>The Plus hospital list may also be more suitable for consumers willing to travel to central London for treatment at the HCA Healthcare facilities or who live elsewhere in the UK and are likely to use other HCA Healthcare facilities if they need treatment.</p>

			<p>Consumers choosing the Plus hospital list agree to pay an increased premium.</p> <p>The Plus hospital list is unlikely to be suitable for consumers who do not live in, or travel to, central London for their treatment or are unlikely to use HCA Healthcare facilities elsewhere in the UK.</p>
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01/10/2023