



This document gives a summary of the cover provided by Freedom Essentials. It does not contain full details of the policy terms, conditions and exclusions which can only be found in the Policyholder's Guide to Cover.

At the beginning of a new policy, we will send each policyholder a guide to the cover, but in the meantime you can ask for a copy by phoning us on 01202 756 350 or by visiting our website at www.freedomhealthinsurance.co.uk.

About the underwriter

This policy is underwritten by HCC INTERNATIONAL INSURANCE COMPANY PLC trading as Tokio Marine HCC and administered by Freedom Health Insurance.

This policy is issued by HCC INTERNATIONAL INSURANCE COMPANY PLC trading as Tokio Marine HCC, having its registered office at 1 Aldgate, London EC3N 1RE (United Kingdom), authorised by the Prudential Regulation Authority of the United Kingdom (PRA) and regulated by the PRA and the Financial Conduct Authority of the United Kingdom (FCA) Registration number 202655. This can be found on the Financial Services Register at www.fca.org.uk.

Key features of Freedom Essentials

Freedom Essentials is a health insurance plan from Freedom Health Insurance which is primarily designed to provide a fixed cash benefit towards the cost of planned, elective inpatient and daypatient treatment when a procedure is needed to treat an unexpected acute illness or injury which first arises during a period of insurance.

The core cover, which is included in all Freedom Essentials policies, pays a fixed cash benefit based on the average cost of the procedure (excluding central London). You then have the procedure under a self-pay contract at a hospital of your choice in the United Kingdom or overseas. If the cost of the procedure is lower than the fixed cash benefit, you can keep the surplus but if the hospital charges more than the benefit you will be responsible for paying the extra amount directly to the hospital.

Examples of the benefit amounts we pay for a selection of procedures can be found on our website at www.freedomhealthinsurance.co.uk/essentials/procedure-payment-guide

If you have the procedure through the NHS, at no cost to you, we will pay you 50% of the fixed cash benefit after you have had the treatment. This is yours to keep.

The core cover also includes certain complications of pregnancy, certain oral surgical procedures and MRI, CT and PET scans. It also pays a fixed cash benefit if you need inpatient or daypatient treatment but do not require a procedure.

There is no cover for cancer treatment, but we will pay 50% of the fixed cash benefit if you have a procedure and a cash benefit if you have chemotherapy or radiotherapy.

Freedom Essentials also offers an optional benefit package for outpatient treatment and a range of excess options although there is a compulsory £100 excess which applies once to each insured person during each period of insurance.

Summary of cover

This shows the type of treatment costs which can be covered under Freedom Essentials and the limits which apply. Unless otherwise shown, all treatment must be carried out by, or under the direct control and supervision of, a specialist following referral from a General Practitioner. All benefit limits apply to each insured person, for each period of insurance.

More information about the benefits of Freedom Essentials is given in chapter eight of the Policyholder's Guide to Cover.

1. Core cover (included in all Freedom Essentials policies)

There is no annual limit applying to the core cover.

1.1 Inpatient and daypatient treatment	Limits	Significant exclusions or limitations
Inpatient and daypatient treatment where a procedure is required	Fixed cash benefit	For treatment received in a private hospital under a self-pay contract which is inclusive of all hospital and specialist fees and aftercare.
Inpatient and daypatient treatment where no procedure is required	£200 for each night or day spent in hospital	
Pregnancy complications	Fixed cash benefit	Specific conditions shown in the Guide to Cover.
Dental surgery	Fixed cash benefit	Specific conditions shown in the Guide to Cover.
1.2 NHS cash benefit	Limits	Significant exclusions or limitations
Inpatient and daypatient treatment where a procedure is required	50% of the fixed cash benefit	For treatment received in an NHS hospital as an NHS patient which would be covered under the policy.
Inpatient and daypatient treatment where no procedure is required	£200 for each night or day spent in hospital	No benefit is paid for accident and emergency services.
1.3 MRI, CT and PET scans	Limits	Significant exclusions or limitations
MRI, CT and PET scans	Full refund	On specialist referral only. Must take place in the UK.

2. Cancer cash benefit (included in all Freedom Essentials policies)

Freedom Essentials does not include cover for cancer treatment. We will provide a cash benefit if, as part of a course of active cancer treatment, you need a procedure or undergo chemotherapy or radiotherapy.

2.1 Cancer cash benefit	Limits	Significant exclusions or limitations
Inpatient and daypatient treatment where a procedure is required	50% of the fixed cash benefit	As part of a course of active cancer treatment in an NHS or private hospital, carried out in the UK or overseas.
Chemotherapy and radiotherapy	£150 for each hospital visit	

3. Outpatient treatment, including dental and optical costs and maternity cash benefit (optional cover)

The benefits listed below are only available as a single optional package and cannot be purchased individually.

3.1 Outpatient treatment	Limits	Significant exclusions or limitations
Diagnostic tests arranged by a GP	Full refund up to £500	No cover for MRI, CT or PET scans.
Specialist fees, including consultations, diagnostic tests, and physiotherapy treatment	Full refund up to £500 or £1,500 depending on the level of cover chosen	Physiotherapy on GP referral is limited to a maximum of six sessions.
Minor outpatient procedures not requiring inpatient or daypatient treatment	Fixed cash benefit	For treatment received in a private hospital under a self-pay contract which is inclusive of all hospital and specialist fees and aftercare.

3.2 Dental and optical costs	Limits	Significant exclusions or limitations
Routine dental costs	£150	
Routine optical costs	£150	Glasses and contact lenses are only reimbursed if there has been a change in prescription.

3.3 Maternity cash benefit	Limits	Significant exclusions or limitations
Maternity cash benefit	£150 for each child	Only after being insured for at least 10 months.

Exclusions (things which are not covered by the policy)

A list of the exclusions is shown below. This is not a full description of the exclusions which can only be found in chapter eight of the Policyholder's Guide to Cover. It is strongly recommended you read this in full before proceeding.

The table below lists all the exclusions which apply to all Freedom Essentials policies. However, a policy may include cover for some of these exclusions depending on the specific cover purchased.

- Accident or emergency admissions
- AIDS and HIV
- Alcohol abuse, substance abuse and addiction
- Allergies
- Appliances, physical aids and devices
- Behavioural, developmental, educational and learning problems
- Cancer treatment
- Chronic conditions
- Contraception and birth control
- Complications caused by excluded conditions and treatment
- Congenital abnormalities and birth defects
- Cosmetic or reconstructive treatment
- Dental treatment (except specified surgical procedures)
- Dialysis
- Drugs and dressings taken home after treatment
- Experimental or unproven treatment
- Eyesight and vision disorders (unless an acute condition)
- Failure to follow medical advice
- Failure to proceed with inpatient or daypatient treatment
- Failure to take reasonable care to prevent disease, illness or injury from occurring
- Gender reassignment/gender confirmation
- GP charges and primary care treatment
- Hazardous and dangerous activities
- Hearing disorders
- Healthy tissue removal
- Infertility investigations and assisted reproduction
- Mental health care
- No GP referral
- Non-medical costs
- Pre-existing conditions
- Pregnancy and childbirth (except specified complications)
- Professional sports
- Rehabilitation, convalescence and general nursing care
- Screening, monitoring and preventative treatment
- Sexual dysfunction
- Sleep disorders and sleep problems
- Transplants
- Unqualified or unrecognised practitioners
- Varicose veins
- Warts and verrucae
- Weight loss treatment
- War, contamination, pandemics and natural disasters

Pre-existing conditions, acute conditions and chronic conditions

Health insurance is designed to meet the cost of elective, short-term medical treatment, provided by a specialist, which you need because you are suffering from an unexpected acute condition and which first arises during a period of insurance. This means we do not cover pre-existing conditions or chronic conditions.

A pre-existing condition is a medical condition you had before your cover with us started. We will not cover a medical condition, or a related condition, you had within the five-year period before your cover with us started unless we have agreed to cover this condition. For further information about how we exclude cover for pre-existing conditions, read chapter 11 of the Policyholder's Guide to Cover.

An acute condition is a disease, illness or injury which comes on suddenly and without warning, unexpectedly causing pain or discomfort or other outward physical symptoms. An acute condition will tend to respond quickly to a short period of treatment leading to a full recovery, restoring you to the same state of health you enjoyed before you suffered from the acute condition. There should be no need for prolonged or long-term future treatment. Health insurance is only intended to cover treatment of acute conditions.

A chronic condition is the opposite of an acute condition. It is persistent and long-lasting in its effects and, in most cases, cannot be cured and only kept under control, perhaps by medication or diet or a change of lifestyle. Chronic conditions are often life-long and limiting in terms of quality of life. Our leaflet, Chronic Conditions Explained, gives more information about how we look at claims for chronic conditions. It contains some typical case studies. You can get a copy of the leaflet from our website at www.freedomhealthinsurance.co.uk or by contacting us.

Length of contract

The policy will last for one year and may be renewed every 12 months. We reserve the right to make changes to the benefits, terms and conditions at each renewal and we do not guarantee renewal terms will be issued.

More information about renewing the policy is given in chapter 15 of the Policyholder's Guide to Cover.

Cancellation rights

We hope you will be happy with your policy. However, if you decide it does not meet your needs, you have 14 days from the date you received the policy documents to cancel it and get a full refund of the premium as long as a claim has not been made.

To cancel the policy, contact the insurance broker who arranged the policy for you and send them your policy documents. If you arranged the policy directly with us, you can write to us at Freedom Health Insurance, County Gates House, 300 Poole Road, Poole BH12 1AZ or via email at info@freedomhealthinsurance.co.uk to request cancellation of the policy.

More information about cancelling the policy is given in chapter 16 of the Policyholder's Guide to Cover.

Making a claim

Anyone wishing to make a claim must call our claims helpline on 01202 283 580 before arranging treatment. Our helpline is available between 9am and 6pm Monday to Friday (except public holidays). Calls may be recorded and monitored for training and quality purposes. Alternatively, they can email us at claims@freedomhealthinsurance.co.uk.

More information about how to make a claim is given in chapter 10 of the Policyholder's Guide to Cover.

How to complain

We are committed to treating our customers fairly. However, we realise there may be times when things go wrong. If this happens, our contact details are:

- by phone: **0800 999 2013** or **01202 756 350**
- by email: complaints@freedomhealthinsurance.co.uk
- in writing: **Chief Operating Officer, Freedom Health Insurance, County Gates House, 300 Poole Road, Poole BH12 1AZ**

If you are not happy with our final decision, you may be able to pass your complaint to the Financial Ombudsman Service.

More information about how to make a complaint is given in chapter 17 of the Policyholder's Guide to Cover. Alternatively, you can ask for a copy of our complaints procedure.

Financial Services Compensation Scheme

Tokio Marine HCC is a member of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from this scheme if it cannot meet its liabilities under this policy. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 0800 678 1100 or 020 7741 4100.