

These following changes apply to your Freedom Worldwide plan from your renewal date.

Maximum limit per policy year	Old benefit limit	New benefit limit
	750,000	1,000,000

A. Inpatient & Day-patient benefit	Old benefit limit	New benefit limit
13 Psychiatric treatment. <b>Twelve-month waiting period applies.</b>	Covered up to 5,000 for a maximum of 28 days	Covered up to 15 nights
14 Parent accommodation	Child up to the age of 16	Child up to the age of 18
15 Inpatient cash benefit where treatment has been received and no charges have been made.	Covered to 100 per night (maximum of 50 nights)	Covered to 100 per night (no maximum of nights)
16 <b>(NEW BENEFIT)</b> External prosthesis related to an in/day-patient surgical procedure.	N/A	Covered up to 2,500
17 <b>(NEW BENEFIT)</b> Kidney dialysis - when temporarily for sudden kidney failure resulting from a disease, illness or injury that has been covered by this insurance policy.	N/A	Covered up to 20,000 (lifetime limit)
18 <b>(NEW BENEFIT)</b> Rehabilitation benefit received on an inpatient basis following from a disease, illness or injury that has been covered by this insurance policy.	N/A	Covered up to 13 weeks
19 <b>(PREVIOUSLY B4)</b> Home nursing benefit immediately following or instead of an inpatient stay.	Covered up to 1,500	Covered in full (maximum of 12 weeks)

B. Outpatient benefit	Old benefit limit	New benefit limit
1 <b>(PREVIOUSLY C1)</b> Medical practitioners, specialists, and consultants' fees, prescribed medicines, drugs, and dressings.	Covered up to 2,500	Covered up to 5,000
2 <b>(PREVIOUSLY C2)</b> Diagnostic tests, including pathology and radiology.		
3 <b>(PREVIOUSLY E2)</b> Treatment that maintains and provides relief of symptoms of a chronic medical condition that has been diagnosed after the start date of the policy or agreed to be covered by us at the time of application.	Covered up to 30,000 (lifetime limit)	
4 <b>(PREVIOUSLY C3)</b> Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, specialist, or consultant.	Covered up to 500 (within outpatient limit)	Covered up to 1,000
5 <b>(PREVIOUSLY C4)</b> Chiropractic, osteopathic, homeopathic, Chinese herbal medicine and acupuncture.	Covered up to 500 (within outpatient limit)	Covered up to 1,000
8 <b>(PREVIOUSLY G4)</b> Emergency dental treatment required to restore your oral health following a serious eligible accident.	Covered up to 500 (25% co-pay applies)	Covered in full
9 <b>(PREVIOUSLY C5)</b> Psychiatric treatment. <b>Twelve-month waiting period applies.</b>	Covered up to 500 (within outpatient limit)	Covered in full (maximum of 10 visits)
11 <b>(PREVIOUSLY C6)</b> Routine health checks including cancer screening. <b>Twelve-month waiting period applies.</b>	Covered up to 200 (within outpatient limit)	Covered up to 200
12 <b>(PREVIOUSLY C6)</b> Vaccinations (excluding travel vaccinations) <b>Twelve-month waiting period applies.</b>	Covered up to 200 (within outpatient limit)	Covered up to 200

13	<b>(NEW BENEFIT)</b> Medical aids and devices - including the hire of mobility aids (such as crutches, casts, splints, canes, slings, trusses, braces, orthotics, and the temporary rental of a wheelchair when prescribed by a Physician or Surgeon). <b>Twelve-month waiting period applies.</b>	N/A	Covered up to 1,000
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C. Cancer benefit		Old benefit limit	New benefit limit
2	<b>(PREVIOUSLY D2)</b> Treatment on an inpatient, day-patient or outpatient basis that maintains, monitors, and provides relief of symptoms of cancer that is diagnosed as a chronic medical condition.	Covered up to 30,000 (lifetime limit)	Covered in full
3	<b>(PREVIOUSLY D3)</b> Palliative treatment and end stage medical care of cancer that has been diagnosed as terminal.	Covered up to 30,000 (lifetime limit)	Covered in full

D. Terminal illness benefit		Old benefit limit	New benefit limit
1	<b>(NEW BENEFIT)</b> End of life (hospice care) medical care within a hospice.	N/A	Covered up to 14 nights
2	<b>(NEW BENEFIT)</b> HIV and AIDS where contracted as a result of a blood transfusion.	N/A	Covered up to 2,500 (lifetime limit of 37,500)

E. Dental and optical outpatient benefit (Note: Optical: If you wear glasses or contact lenses prior to start date of your policy, replacement spectacles, contact lenses or laser eye surgery are excluded from benefit).		Old benefit limit	New benefit limit
1	<b>(PREVIOUSLY G1-G2)</b> Minor dental treatment – one annual check- up, diagnostic tests, and one annual scale and polish. <b>Six-month waiting period applies.</b>	Covered up until 500 (25% co-pay applies)	Covered up to 750 (10% co-pay applies)
2	<b>(PREVIOUSLY G3)</b> Major dental treatment – gum treatment, crowns, bridges, inlays and extractions are included. <b>Six-month waiting period applies.</b>		Covered up to 750 (10% co-pay applies)
3	<b>(PREVIOUSLY G4)</b> Emergency outpatient dental treatment – treatment received for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per policy period, and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment.		
4	<b>(PREVIOUSLY G5)</b> Dental surgery to include extraction of teeth and root canal surgery. <b>Six-month waiting period applies.</b>		
5	<b>(PREVIOUSLY G6)</b> Orthodontic treatment for an insured person under 19 years of age only. <b>Twelve-month waiting period applies.</b>		
6	<b>(NEW BENEFIT)</b> Optical eye test. <b>Twelve-month waiting period applies.</b>	N/A	One visit per year
8	<b>(NEW BENEFIT)</b> Laser eye surgery. <b>Twelve-month waiting period applies.</b>	N/A	Covered in full

F. Medical evacuation & repatriation benefit		Old benefit limit	New benefit limit
2	<b>(PREVIOUSLY H2)</b> Accommodation (4 and 5-star excluded) following discharge after evacuation if medically unable to return home.	Covered in full	Covered up to 7 nights

H. Maternity benefit Cover only becomes available for treatment received 10 months after the policy inception		Old benefit limit	New benefit limit
3	<b>(PREVIOUSLY B1-B2 &amp; J2)</b> Complications of pregnancy and childbirth (abnormal presentation, including ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes, hydatidiform mole that arise during the antenatal stages of pregnancy and medically necessary caesarean sections).	Covered up to 2,500	Covered up to 10,000
5	<b>(PREVIOUSLY J2)</b> New-born accommodation when staying in hospital with the mother.	Covered in full	Covered in full (maximum of 10 nights)

Accidental death benefit (REMOVED)		Old benefit limit	New benefit limit
	<b>(PREVIOUSLY L1)</b> Death of an insured person as a result of an accident.	100,000	No cover available (REMOVED)

Please make sure you read the table of benefits in full to understand the cover which applies to your Freedom Worldwide policy. If you have any questions, you should contact your broker for assistance.

FREEDOM WORLDWIDE | TABLE OF BENEFITS UPDATES | GOLD COVER | 01/07/2023

This insurance is underwritten by AWP Health & Life SA, Public Limited Company with a capital of EUR 65,190,446, registered with the Trade and Corporations Registrar of Bobigny under number 401 154 679. Governed by the French Insurance Code and whose registered office is located at Eurosquare 2, 7 rue Dora Maar, 93400 Saint Ouen, France.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority (Autorité de Contrôle Prudentiel et de Résolution (ACPR)) located at 4 Place de Budapest, CS 92459 - 75436 PARIS CEDEX 09

This insurance is administered by Freedom Health Insurance. Freedom Health Insurance is a trading name of Freedom Healthnet Limited.

Freedom Healthnet Limited is authorised and regulated by the Financial Conduct Authority with registration number 312282. Registered address: County Gates House, 300 Poole Road, Poole BH12 1AZ. Company registration number: 04815524.