

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

Maximum limit per policy year	Old benefit limit	New benefit limit
	500,000	750,000

A. Inpatient & day-patient benefit	Old benefit limit	New benefit limit
13 Psychiatric treatment. <b>12-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 3 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 1,500	Covered up to 2,500
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 20,000 (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 500
5 <b>(PREVIOUSLY C4)</b> Chiropractic, osteopathic, homeopathic, Chinese herbal medicine and acupuncture.	Covered up to 500 (within outpatient limit)	Covered up to 500
8 <b>(NEW BENEFIT)</b> Emergency dental treatment required to restore your oral health following a serious eligible accident.	N/A	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 5 visits)
11 <b>(PREVIOUSLY C6)</b> Routine health checks including cancer screening. <b>Twelve-month waiting period applies.</b>	Covered up to 100 (within outpatient limit)	Covered up to 100
12 <b>(PREVIOUSLY C6)</b> Vaccinations (excluding travel vaccinations). <b>Twelve-month waiting period applies.</b>	Covered up to 100 (within outpatient limit)	Covered up to 100

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 500
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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 20,000 (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 20,000 (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

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
6	<b>(NEW BENEFIT)</b> Optical eye test. <b>Twelve-month waiting period applies.</b>	N/A	One visit per year

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 limit
5	<b>(PREVIOUSLY J2)</b> New-born accommodation when staying in hospital with the mother.	No cover available	Covered in full (maximum of 10 nights)

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 | SILVER 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.