

Private Medical insurance

Insurance Product Information Document

Freedom
Health Insurance

Company: This insurance is underwritten by 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).

Product: Freedom Essentials

This document is a summary of the key features and exclusions of the policy and does not take into consideration your specific demands and needs. The full policy terms and conditions are included in the policy documents.

What is this type of insurance?

Health insurance provides benefit towards the cost of pre-planned, private medical treatment which is needed to treat an unexpected acute illness or injury which first arises after the date the policy starts.



What is insured?

Inpatient and daypatient treatment (where a procedure is required)

- ✓ Fixed cash benefit towards the cost of inpatient and daypatient treatment, arranged under a self-pay contract at a private hospital.
- ✓ 50% of the fixed cash benefit if inpatient or daypatient treatment is carried out as an NHS patient in an NHS hospital.

Additional benefits

- ✓ Pregnancy complications shown in the Policyholder's Guide to Cover.
- ✓ Dental surgery procedures shown in the Policyholder's Guide to Cover.

Inpatient and daypatient treatment (where no procedure is required)

- ✓ £200 cash benefit for each day or night spent in hospital for inpatient and daypatient treatment.

Outpatient treatment under the care of a specialist

- ✓ CT, MRI and PET scans.

Cancer cash benefit

- ✓ 50% of the fixed cash benefit if a procedure is required as part of a course of active cancer treatment carried out as an inpatient or daypatient.
- ✓ £150 for each visit for radiotherapy and chemotherapy.

Outpatient treatment package –

optional cover only, not included as standard

If you have this cover, it will be on the certificate.

- Diagnostic tests arranged by a GP – up to £500.
- Consultations with a specialist, diagnostic tests and physiotherapy treatment – up to £500 or £1,500 depending on the level of cover chosen.
- Minor outpatient procedures – fixed cash benefit with treatment arranged under a self-pay contract.
- Routine dental costs – up to £150.
- Routine optical costs – up to £150.
- Maternity cash benefit – £150 per child born after the policy start date (ten-month waiting period).



What is not insured?

This is a summary of the key exclusions in Freedom Essentials. It is not a full list of all exclusions which can only be found in the Policyholder's Guide to Cover.

- ✗ Medical conditions you had, or had symptoms of, before cover starts unless we agreed to cover the condition (known as 'pre-existing conditions').
- ✗ Ongoing, recurrent and long-term medical conditions.
- ✗ Treatment of a condition which arises because you did not have recommended inpatient or daypatient treatment within six months of it being authorised.
- ✗ Accident and emergency services.
- ✗ Alcohol and substance abuse and addiction.
- ✗ Allergies.
- ✗ Cancer treatment (except the cancer cash benefit).
- ✗ Complications following overseas treatment.
- ✗ Cosmetic and reconstructive treatment.
- ✗ Congenital abnormalities and birth defects.
- ✗ Dental treatment (except the dental surgery procedures in the Policyholder's Guide to Cover).
- ✗ Experimental treatment.
- ✗ Mental health care.
- ✗ Pregnancy and childbirth (except the pregnancy complications in the Policyholder's Guide to Cover).
- ✗ Screening, monitoring and preventative treatment.
- ✗ Weight loss treatment.



Are there any restrictions on cover?

- ! The maximum age of joining is 70.
- ! Cover is only provided if you are referred by your doctor (GP) so you will need to be registered with a GP to take a policy with us.
- ! Some benefits have specific limits which will be shown in the policy documents.
- ! For inpatient or daypatient treatment, we pay a cash benefit based on the national average cost (excluding central London hospitals) for the treatment. If you have treatment in a more expensive hospital, the benefit you receive may not cover the cost in full and you will be responsible for settling the difference yourself.
- ! All policies have a compulsory £100 excess per claim.



Where am I covered?

- ✓ The cash benefit we pay for inpatient and daypatient treatment can be used to arrange the treatment anywhere in the world.
- ✓ Otherwise cover is only provided for treatment received in the United Kingdom and the Channel Islands.



What are my obligations?

- You must give us complete and accurate answers to any questions we ask when you arrange your policy and whenever you make a claim. Failure to do so may invalidate your policy and we can refuse to pay a claim.
- You must pay the premium on time otherwise cover will be suspended, and we will not pay any claims. If premiums remain unpaid for more than 30 days, we may cancel the policy.
- You must tell us if any of your personal details change, including your address.
- If you need to make a claim, you must contact our claims team to make sure it is covered under the policy.
- You must help us by providing any information we need to administer your policy or assess a claim.
- All claims must be sent to us within six months otherwise we may not accept them.



When and how do I pay?

The premium can be paid in full at the start of the period of insurance by cheque, credit or debit card, direct debit or by bank transfer (details available on request). The premium can also be paid by monthly direct debit.



When does the cover start and end?

The period of insurance will typically be a period of 12 months starting from the commencement date and ending on the cover end date shown on the certificate of insurance as long as the premium has been paid.



How do I cancel the contract?

- 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 already been made. This is called the 'cooling-off period'.
- If you cancel the policy after the cooling-off period has ended, we may refund any premium that has been paid for the rest of that period of insurance if no claim has been made. If a claim has been made, we will cancel the policy but not refund any premium and you must pay the rest of the full annual premium.
- To cancel the policy, contact the insurance broker who arranged the policy for you and send them your policy documents.