

Summary of benefits

Freedom Worldwide	Diamond	Platinum	Gold	Silver	Bronze
Maximum limit, per policy year	2,000,000	1,500,000	1,000,000	750,000	500,000
Currency	€/£/\$	€/£/\$	€/£/\$	€/£/\$	€/£/\$

Note: All benefit limits apply to each insured person in each period of insurance unless otherwise stated.

A.	Inpatient & day-patient benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Hospital accommodation – costs of a standard single en-suite room.	Covered in full				
2	Nursing fees, medical expenses and ancillary charges.					
3	Prescription drugs and dressings.					
4	Operating theatre charges, surgical drugs and dressings.					
5	Surgeon's, anaesthetist's and consultant's fees.					
6	Surgical appliances which form a permanent and integral part of the body.					
7	Organ transplant – surgical procedure in performing the following organ and/or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and corneal transplants.	Covered up to 300,000	Covered up to 250,000	Covered up to 200,000	Covered up to 100,000	No cover available
8	Oral surgical procedures as specified in our definition.	Covered in full				
9	Emergency dental treatment required to restore your oral health following a serious eligible accident that requires you being admitted to hospital.					
10	Diagnostic tests, including pathology and radiology.					
11	MRI/CT/PET scans.					
12	Physician and therapist fees including physiotherapy during an inpatient stay.					
13	Psychiatric treatment. 12 month waiting period applies.	Covered up to 30 nights	Covered up to 30 nights	Covered up to 15 nights	Covered up to 15 nights	No cover available
14	Parent accommodation (child aged up to 18).	Covered in full				
15	Inpatient cash benefit where treatment has been received and no charges have been made.	Covered to 200 per night	Covered to 200 per night	Covered to 100 per night	Covered to 100 per night	Covered to 50 per night
16	External prosthesis related to an in/daypatient surgical procedure.	Covered up to 2,500	Covered up to 2,500	Covered up to 2,500	Covered up to 2,500	No cover available
17	Kidney dialysis - when temporarily for sudden kidney failure resulting from a disease, illness or injury that has been covered by this insurance policy.	Covered up to 20,000 lifetime limit	Covered up to 20,000 lifetime limit	Covered up to 20,000 lifetime limit	Covered up to 20,000 lifetime limit	No cover available
18	Rehabilitation benefit received on an inpatient basis following from a disease, illness or injury that has been covered by this insurance policy.	Covered up to 13 weeks	Covered up to 13 weeks	Covered up to 13 weeks	Covered up to 13 weeks	Covered up to 13 weeks
19	Home nursing benefit immediately following or instead of an inpatient stay.	Full refund - 26 weeks	Full refund - 26 weeks	Full refund - 12 weeks	Full refund - 3 weeks	No cover available
20	Local ambulance.	Covered in full				

Summary of benefits (continued)

B.	Outpatient benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Medical practitioner's, specialist's and consultant's fees, prescribed medicines, drugs and dressings.	Covered in full	Covered up to 10,000	Covered up to 5,000	Covered up to 2,500	Covered up to 1,000 for post inpatient treatment (up to a maximum of 90 days after discharge)
2	Diagnostic tests, including pathology and radiology.					
3	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.					
4	Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, specialist or consultant.	Covered up to 2,000	Covered up to 1,500	Covered up to 1,000	Covered up to 500	No cover available
5	Chiropractic, osteopathic, homeopathic, Chinese herbal medicine and acupuncture.	Covered up to 2,000	Covered up to 1,500	Covered up to 1,000	Covered up to 500	No cover available
6	MRI/CT/PET scans.	Covered in full				
7	Outpatient surgery.	Covered in full				
8	Emergency dental treatment required to restore your oral health following a serious eligible accident.	Covered in full				
9	Psychiatric treatment. 12 month waiting period applies.	Covered to 30 visits	Covered to 15 visits	Covered to 10 visits	Covered to 5 visits	No cover available
10	Hormone replacement therapy.	Covered up to 350	Covered up to 250	Covered up to 250	Covered up to 250	No cover available
11	Routine health checks including cancer screening. 12 month waiting period applies.	Covered up to 1,000	Covered up to 500	Covered up to 200	Covered up to 100	Covered up to 50
12	Vaccinations (excluding travel vaccinations). 12 month waiting period applies.	Covered up to 300	Covered up to 200	Covered up to 200	Covered up to 100	No cover available
13	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). 12 month waiting period applies.	Covered up to 2,000	Covered up to 1,500	Covered up to 1,000	Covered up to 500	No cover available
14	Hearing test. 12 month waiting period applies.	One per year	One per year	No cover available	No cover available	No cover available
15	Hearing aid benefit. 12 month waiting period applies.	Covered up to 300	Covered up to 150	No cover available	No cover available	No cover available

Summary of benefits (continued)

C.	Cancer benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Oncology tests, drugs, consultant's fees including cover for chemotherapy and radiotherapy, when the treatment is aimed to cure the cancer.	Covered in full				
2	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 in full				
3	Palliative treatment and end stage medical care of cancer that has been diagnosed as terminal.	Covered in full				

D.	Terminal illness benefit	Diamond	Platinum	Gold	Silver	Bronze
1	End of life (hospice care) medical care within a hospice.	Covered up to 14 nights	Covered up to 14 nights	Covered up to 14 nights	Covered up to 14 nights	No cover available
2	HIV and AIDS where contracted as a result of a blood transfusion.	Covered up to 7,500 (lifetime limit of 37,500)	Covered up to 5,000 (lifetime limit of 37,500)	Covered up to 2,500 (lifetime limit of 37,500)	No cover available	No cover available

E.	Dental and optical outpatient benefit (Note: Optical - If you wear glasses or contact lenses prior to the start date of your policy, replacement spectacles, contact lenses or laser eye surgery are excluded from benefit)	Diamond	Platinum	Gold	Silver	Bronze
1	Minor dental treatment – one annual check-up, diagnostic tests, and one annual scale and polish. 6 month waiting period applies.	Covered up to 1,500 (10% co-pay applies)	Covered up to 1,000 (10% co-pay applies)	Covered up to 750 (10% co-pay applies)	No cover available	No cover available
2	Major dental treatment - gum treatment, crowns, bridges, inlays and extractions are included. 6 month waiting period applies.	Covered up to 1,500 (10% co-pay applies)	Covered up to 1,000 (10% co-pay applies)	Covered up to 750 (10% co-pay applies)	No cover available	No cover available
3	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	Dental surgery to include extraction of teeth and root canal surgery. 6 month waiting period applies.					
5	Orthodontic treatment for an insured person under 19 years of age only. 12 month waiting period applies.	One visit per year	One visit per year	One visit per year	One visit per year	No cover available
6	Optical eye test. 12 month waiting period applies.					
7	Optical - vision aids (spectacles and contact lenses). 12 month waiting period applies.	Covered up to 300	Covered up to 100	No cover available	No cover available	No cover available
8	Laser eye surgery. 12 month waiting period applies.	Covered in full	Covered in full	Covered in full	No cover available	No cover available

Summary of benefits (continued)

F.	Medical evacuation & repatriation benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Emergency evacuation to the nearest available and most appropriate medical centre if adequate treatment not available locally.	Covered in full				
2	Accommodation (4 and 5-star excluded) following discharge after evacuation of medically unable to return home.	Covered up to 7 nights	Covered up to 7 nights	Covered up to 7 nights	Covered up to 7 nights	Covered up to 7 nights
3	Economy class return airfare to country of residence following completion of treatment.	Covered in full				
4	Hotel accommodation for ongoing treatment.	Covered in full				
5	Economy travelling expenses for a companion.	Covered in full				
6	Repatriation of mortal remains/local funeral when death is outside home country.	Covered in full				

G.	Compassionate emergency visit benefit	Diamond	Platinum	Gold	Silver	Bronze
1	Economy class return air ticket to return home in the event of the death of a close family member under 70 years of age.	Covered in full				

H.	Maternity benefit Cover only becomes available for treatment received 10 months after the policy inception	Diamond	Platinum	Gold	Silver	Bronze
1	Any medically necessary costs incurred during a routine, non-complicated pregnancy or childbirth, including hospital charges, specialist fees, the mother's pre- and post-natal care and midwife fees.	Covered up to 10,000	Covered up to 7,500	Covered up to 2,500	No cover available	No cover available
2	Newborn care after a covered pregnancy – we will provide cover for reasonable routine accommodation charges of your newborn. We will also provide cover for necessary examinations before discharge.					
3	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 in full	Covered up to 15,000	Covered up to 10,000	Covered up to 2,500	No cover available
4	Birth defects and congenital abnormalities.	Covered up to 20,000	Covered up to 20,000	Covered up to 10,000	No cover available	No cover available
5	Newborn accommodation when staying in hospital with the mother.	Covered in full (maximum of 10 nights)				

I.	Emergency medical cover (Outside of area)	Diamond	Platinum	Gold	Silver	Bronze
1	Cover for emergency medical treatment outside your area of cover.	Covered up to 50,000	Covered up to 40,000 for a maximum of 60 days	Covered up to 30,000 for a maximum of 30 days	No cover available	No cover available