

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

A. Inpatient & day-patient benefit		Old benefit limit	New benefit limit
13	Psychiatric treatment. Twelve-month waiting period applies.	Fully covered up to a maximum of 28 days	Covered up to 30 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 200 per night (no maximum)
16	(NEW BENEFIT) External prosthesis related to an in/day-patient surgical procedure.	N/A	Covered up to 2,500
17	(NEW BENEFIT) 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	(NEW BENEFIT) 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	(PREVIOUSLY B4) Home nursing benefit immediately following or instead of an inpatient stay.	Covered up to 3,500	Covered in full (maximum of 26 weeks)

B. Outpatient benefit		Old benefit limit	New benefit limit
4	(PREVIOUSLY C3) Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, specialist, or consultant.	Covered in full	Covered up to 2,000
5	(PREVIOUSLY C4) Chiropractic, osteopathic, homeopathic, Chinese herbal medicine and acupuncture.	Covered in full	Covered up to 2,000
8	(PREVIOUSLY G4) Emergency dental treatment required to restore your oral health following a serious eligible accident.	Covered up to 3,000 (25% co-pay applies)	Covered in full
9	(PREVIOUSLY C5) Psychiatric treatment. Twelve-month waiting period applies.	Covered up to 2,000	Covered in full (maximum of 30 visits)
10	(PREVIOUSLY B3) Hormone replacement therapy.	Covered up to 250	Covered up to 350
11	(PREVIOUSLY C6) Routine health checks including cancer screening. Twelve-month waiting period applies.	Covered up to 300	Covered up to 1,000
13	(NEW BENEFIT) 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). Twelve-month waiting period applies.	N/A	Covered up to 2,000
14	(NEW BENEFIT) Hearing test. Twelve-month waiting period applies.	N/A	One per year
15	(NEW BENEFIT) Hearing aid benefit. Twelve-month waiting period applies.	N/A	Covered up to 300

C. Cancer benefit		Old benefit limit	New benefit limit
2	(PREVIOUSLY D2) 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 a lifetime limit of 50,000	Covered in full

3	(PREVIOUSLY D3) Palliative treatment and end stage medical care of cancer that has been diagnosed as terminal.	Covered up to a lifetime limit of 50,000	Covered in full
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D. Terminal illness benefit		Old benefit limit	New benefit limit
1	(NEW BENEFIT) End of life (hospice care) medical care within a hospice.	N/A	Covered up to 14 nights
2	(NEW BENEFIT) HIV and AIDS where contracted as a result of a blood transfusion.	N/A	Covered up to 7,500 (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	(PREVIOUSLY G1-G2) Minor dental treatment – one annual check- up, diagnostic tests, and one annual scale and polish. Six-month waiting period applies.	Covered up until 3,000 (25% co-pay applies)	Covered up to 1,500 (10% co-pay applies)
2	(PREVIOUSLY G3) Major dental treatment - gum treatment, crowns, bridges, inlays and extractions are included. Six-month waiting period applies.		Covered up to 1,500 (10% co-pay applies)
3	(PREVIOUSLY G4) 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	(PREVIOUSLY G5) Dental surgery to include extraction of teeth and root canal surgery. Six-month waiting period applies.		
5	(PREVIOUSLY G6) Orthodontic treatment for an insured person under 19 years of age only. Twelve-month waiting period applies.		
6	(NEW BENEFIT) Optical eye test. Twelve-month waiting period applies.	N/A	One visit per year
7	(NEW BENEFIT) Optical - vision aids (spectacles and contact lenses). Twelve-month waiting period applies.	N/A	Covered up to 300
8	(NEW BENEFIT) Laser eye surgery. Twelve-month waiting period applies.	N/A	Covered in full

F. Medical evacuation & repatriation benefit		Old benefit limit	New benefit limit
2	(PREVIOUSLY H2) 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
1	(PREVIOUSLY J1) 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 7,500	Covered up to 10,000
2	(PREVIOUSLY J1) New-born care after a covered pregnancy – we will provide cover for reasonable routine accommodation charges of your new-born. We will also provide cover for necessary examinations before discharge.	Covered up to 7,500	
3	(PREVIOUSLY B1-B2 & J2) 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 10,000	Covered in full
5	(PREVIOUSLY J2) 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
	(PREVIOUSLY L1) Death of an insured person as a result of an accident.	Covered up to 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.