Freedom Health Insurance

Elite

Policy Summary for Group Schemes



This document gives a summary of the cover provided by Freedom Elite for group schemes. It does not contain full details of the policy terms, conditions and exclusions which can only be found in the Group Member's Guide to Cover and the Group Scheme Terms and Conditions booklet.

At the beginning of a group scheme, we will send each member a Group Member's Guide to Cover and the policyholder will receive a copy of the Group Scheme Terms and Conditions booklet, but in the meantime you can ask for copies by phoning us on **01202 756 350** or by visiting our website at **www.freedomhealthinsurance.co.uk**.

About the underwriter

This policy is underwritten by AWP P&C SA and administered by Freedom Health Insurance.

AWP P&C SA is registered as a foreign company in England and Wales with foreign company n. FC030280. Its registered office is 7 Rue Dora Maar, 93400 Saint-Ouen, France. It is authorised by L'Autorité de Contrôle Prudentiel et de Résolution in France (registration number 519490080 RCS) and is subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority.

AWP P&C SA acts through its UK branch AWP P&C UK, registered in the United Kingdom as a branch of AWP P&C SA (registered branch number: BR015275, registered office: PO Box 74005, 60 Gracechurch Street, London EC3P 3DS). AWP P&C SA, a subsidiary company of Allianz Partners SAS, is authorised and regulated by the Financial Conduct Authority (FCA reference number 534384) in the United Kingdom to provide insurance products and services.

Key features of Freedom Elite for group schemes

Freedom Elite is a private medical insurance plan from Freedom Health Insurance that covers the cost of private medical treatment needed to treat an unexpected acute illness or injury that first arises during a period of insurance.

All Freedom Elite group schemes must include the core cover as standard. This covers inpatient and daypatient treatment, certain pregnancy complications and dental surgical procedures, MRI, CT and PET scans, home nursing, private ambulance and NHS cash benefit. The core cover also includes full cancer cover. For more information about our cancer cover, please ask for a copy of our Cancer Cover Explained leaflet.

Freedom Elite also offers a number of optional benefit packages for outpatient cover and other additional benefits, a choice of two hospital bands and a range of excess options.

Summary of cover

This shows the type of treatment costs that can be covered under Freedom Elite and the limits that apply. Unless otherwise shown, all treatment must be carried out by, or under the direct control and supervision of, a specialist following referral from a General Practitioner and all benefit limits apply per insured person, per period of insurance.

More information on the benefits of Freedom Elite can be found in chapter seven of the Group Member's Guide to Cover.

Receiving treatment in a hospital not within the policy cover

An insured person must use a hospital shown on our hospital list within their level of cover in order for eligible hospital fees for all outpatient, inpatient and daypatient treatment (including psychiatric care) to be paid in full otherwise we will only pay 50% of the eligible hospital charges up to any stated maximum benefit limit. A copy of our most recent hospital list is available on request.

The core cover (mandatory cover included in all Freedom Elite group schemes)

Benefit	Limits	Significant exclusions or limitations
Specialist fees	Full refund	Fees must be in line with our schedule of procedures.
Hospital fees	Full refund	
Pregnancy complications		Specific conditions shown in the policy booklet.
Maternity cash benefit	£150 for each child	Only after being insured for at least 10 months.
Dental surgery		Specific procedures shown in the policy booklet.
Home nursing	Full refund for up to 13 weeks	Under the supervision of a specialist.
Private road ambulance	Full refund	Only covered when necessary for medical reasons.
NHS cash benefit (inpatient)	£200 for each night	For treatment received in an NHS hospital as an NHS patient that would be covered under the policy. No benefit is paid for time spent in an NHS accident and emergency department.
NHS cash benefit (daypatient)	£100 for each day	For treatment received in an NHS hospital as an NHS patient that would be covered under the policy. No benefit is paid for time spent in an NHS accident and emergency department.
MRI, CT and PET scans	Full refund	On specialist referral only.

Outpatient treatment (optional cover)

Benefit	Limits	Significant exclusions or limitations
Diagnostic tests arranged by a GP	£750	No cover for MRI, CT or PET scans.
Specialist fees, including diagnostic tests, and physiotherapy treatment	£1,500 or full refund depending on the level of cover chosen	Physiotherapy on GP referral is limited to a maximum of six sessions.

Alternative therapies (optional cover)

Benefit	Limits	Significant exclusions or limitations
Referral to an osteopath, chiropractor, acupuncturist, homeopath or podiatrist	£750 or £1,500 depending on the level of cover chosen	Therapy on GP referral is limited to a maximum of six sessions across all therapists combined.

Mental health care (optional cover)

Benefit	Limits	Significant exclusions or limitations
Treatment of acute mental or psychiatric illness	Outpatient – £2,000 Inpatient – full refund for up to 45 days	No cover for psychiatric treatment related to alcohol, solvent or drug abuse, addictions or eating disorders.

Private GP, dental and optical (optional cover) – compulsory £50 excess applies

Benefit	Limits	Significant exclusions or limitations
Routine dental costs	£300	
Accidental dental injury	£600	
Optical costs	£200	Glasses and contact lenses are only reimbursed if there has been a change in prescription.
Private GP costs	£300	

Exclusions (things that are not covered by the group scheme)

A list of the exclusions is shown below. This is not a full description of the exclusions which can only be found in chapter eight of the Group Member's Guide to Cover. It is strongly recommended you read this in full before proceeding.

The table below lists all the exclusions that apply to all Freedom Elite group schemes. However, a policy may include cover for some of these exclusions depending on the specific cover purchased by the policyholder. For example, treatment of psychiatric and mental illness is excluded unless the policyholder purchases the optional cover for Mental Health care.

- Accident or emergency admissions
- AIDS and HIV
- Alcohol abuse, substance abuse and addiction
- Allergies
- Appliances, physical aids and devices
- Behavioural and developmental problems
- Chronic conditions
- Contraception and birth control
- Complications caused by excluded conditions and treatment
- Congenital abnormalities and birth defects
- Cosmetic or reconstructive treatment
- Critical care
- Dental treatment
- Dialysis
- Drugs and dressings taken home after treatment
- Experimental or unproven treatment
- Eyesight and vision disorders
- Failure to follow medical advice
- Failure to take reasonable care
- GP charges and primary care treatment
- Gender reassignment/gender confirmation
- Hazardous and dangerous activities
- Hearing disorders
- Healthy tissue removal
- Infertility investigations and assisted reproduction
- Mental health care
- No GP referral
- Non-medical costs
- Overseas treatment
- Pregnancy and childbirth
- Pre-existing conditions
- Professional sports
- Rehabilitation, convalescence and general nursing care
- Screening, monitoring and preventative treatment
- Sexual dysfunction
- Sleep disorders and sleep problems
- Transplants
- Unqualified or unrecognised practitioners
- Varicose veins – unless they meet the criteria detailed in the Group Member's Guide to Cover
- Warts and verrucae
- Weight loss treatment
- War, contamination and pandemics

Pre-existing conditions, acute conditions and chronic conditions

Private medical insurance (PMI) is designed to meet the cost of elective, short-term medical treatment provided by a specialist that an insured person needs because they are suffering from an unexpected acute condition that first arises during a period of insurance. This means we do not cover pre-existing conditions or chronic conditions.

A pre-existing condition is a medical condition an insured person had before their cover with us started. We will not cover a medical condition, or a related condition, an insured person had within the five-year period before their cover with us started unless we have agreed to cover that condition. For further information about how we exclude cover for pre-existing conditions, please read chapter 11 of the Group Member's Guide to Cover.

An acute condition is a disease, illness or injury that comes on suddenly and without warning, unexpectedly causing pain or discomfort or other outward physical symptoms. An acute condition will tend to respond quickly to a short period of treatment leading to a full recovery, restoring the insured person to the same state of health they enjoyed before they suffered from the acute condition. There should be no need for prolonged or long-term future treatment. PMI is only intended to cover treatment of acute conditions.

A chronic condition is the opposite of an acute condition. It is persistent and long-lasting in its effects and, in most cases, cannot be cured and only kept under control, perhaps by medication or diet or a change of lifestyle. Chronic conditions are often life-long and limiting in terms of quality of life. Our leaflet, Chronic Conditions Explained, gives more detailed guidance on how we look at claims for chronic conditions. It contains some typical case studies. You can get a copy of the leaflet from our website at **www.freedomhealthinsurance.co.uk** or by contacting us.

Length of contract

The group scheme will last for one year and may be renewed every 12 months. We reserve the right to make changes to the benefits, terms and conditions at each renewal and we do not guarantee that renewal terms will be issued.

More information on renewing a group scheme can be found in chapter 12 of the Group Scheme Terms and Conditions.

Cancellation rights

We hope you will be happy with your group scheme. However, if you decide it does not meet your company's needs, 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.

To cancel the group scheme, contact the insurance broker who arranged the group scheme for you and send them your policy documents. If you arranged the group scheme directly with us, you can write to us at **Freedom Health Insurance, County Gates House, 300 Poole Road, Poole BH12 1AZ** or via email at **info@freedomhealthinsurance.co.uk** to request cancellation of the group scheme.

More information on cancelling a group scheme can be found in chapter 13 of the Group Scheme Terms and Conditions.

Making a claim

Anyone wishing to make a claim must call our claims helpline on **01202 283 580** before arranging treatment. Our helpline is available between 9am and 6pm Monday to Friday (except public holidays). Calls may be recorded and monitored for training and quality purposes. Alternatively they can email us at **claims@freedomhealthinsurance.co.uk**.

More information on how to make a claim can be found in chapter 10 of the Group Member's Guide to Cover.

How to complain

We are committed to treating our customers fairly. However, we realise that there may be times when things go wrong. If this happens, our contact details are:

- by phone: **0800 999 2013** or **01202 756 350**
- by email: **complaints@freedomhealthinsurance.co.uk**
- in writing: **Managing Director, Freedom Health Insurance, County Gates House, 300 Poole Road, Poole BH12 1AZ**

If you are not happy with our final decision, you may be able to pass your complaint to the Financial Ombudsman Service.

More information on how to make a complaint can be found in chapter 14 of the Group Scheme Terms and Conditions. Alternatively, please ask for a copy of our complaints procedure.

Financial Services Compensation Scheme

AWP P&C SA is a member of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from this scheme if it cannot meet its liabilities under this policy. Further information about compensation is available from the FSCS at **www.fscs.org.uk** or telephone **0800 678 1100** or **020 7741 4100**.

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