

freedom  
worldwide



health insurance: perfectly formed

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## WELCOME

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As more people work and live abroad, from both private and governmental organisations, healthcare provisions for individuals and their families are of paramount importance. It is essential to ensure that you have comprehensive insurance protection whilst resident abroad.

Freedom Healthnet is a private medical insurance provider offering innovative healthcare solutions for everyday needs. Our policies for individuals, families and businesses provide your health insurance benefits to suit all needs and financial budgets.

Freedom Worldwide is an international medical insurance policy offering expatriates access to a range of private healthcare benefits.

Furthermore, if you are a UK resident you can seamlessly transfer back to Freedom Elite, our UK private medical insurance scheme without loss of underwriting.

Freedom Healthnet provides a complete solution to your medical insurance needs.

This brochure outlines the Freedom Worldwide plan benefits, how to customise your Policy and most importantly how to use your cover when you need it most.

Freedom Worldwide is underwritten by Guardian Life of the Caribbean Limited.

Freedom Healthnet Limited is authorised and regulated by the Financial Services Authority.

## HANDPICK YOUR HEALTHCARE PLAN

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Freedom Worldwide offers 5 levels of cover:

**Diamond**  
(2,000,000 €/£/\$)

Cover for In-patient Accommodation, Surgeons Fees, Outpatient Surgery, Medical Practitioners Fees, Dental Benefits, Repatriation, Maternity, Accidental Death & Emergency Medical Cover.

**Platinum**  
(1,000,000 €/£/\$)

Cover for In-patient Accommodation, Surgeons Fees, Outpatient Surgery, Medical Practitioners Fees, Dental Benefits, Repatriation, Maternity, Accidental Death & Emergency Medical Cover.

**Gold**  
(750,000 €/£/\$)

Cover for In-patient Accommodation, Surgeons Fees, Outpatient Surgery, Medical Practitioners Fees, Dental Benefits, Repatriation, Maternity, Accidental Death & Emergency Medical Cover.

**Silver**  
(500,000 €/£/\$)

Cover for In-patient Accommodation, Surgeons Fees, Outpatient Surgery, Medical Practitioners Fees & Repatriation.

**Bronze**  
(500,000 €/£/\$)

Cover for In-patient Accommodation, Surgeons Fees, Outpatient Surgery & Repatriation

For full details see the **Benefit Table** on page 6, 7 & 8.



## THE FINISHING TOUCHES

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You can personalise your Private Medical Insurance Policy with further options:

### 1. Areas of Cover

Freedom Worldwide provides benefit for 3 areas:

Europe

Worldwide  
excluding USA

Worldwide

### 2. Excess

You can reduce your premiums by up to 40% by choosing an excess on your Policy.

Excess per person, per year (€/£/\$)	Premium reduction (%)
50	5%
100	10%
250	15%
500	20%
1000	25%
2500	30%
5000	40%

### 3. Premiums

You can pay your premium in Euros, Pound Sterling or US Dollar. Your benefit will be paid in the same currency.

You can pay your Policy by:

Monthly

Quarterly

Annually

## BENEFITS TABLE

<b>Freedom Worldwide</b>	<b>Diamond</b>	<b>Platinum</b>	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>
<b>Maximum Annual Plan Benefit</b>	<b>2,000,000</b>	<b>1,000,000</b>	<b>750,000</b>	<b>500,000</b>	<b>500,000</b>
<b>Currency</b>	<b>€/£/\$</b>	<b>€/£/\$</b>	<b>€/£/\$</b>	<b>€/£/\$</b>	<b>€/£/\$</b>

<b>In-patient &amp; Day-patient Benefit</b>					
Hospital accommodation	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Nursing fees, medical expenses and ancillary charges	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Surgeons', consultants', anaesthetists' and medical practitioners' fees	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Prescription drugs and medicines	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Surgical appliances and prostheses	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
MRI, PET and CT scans (in-patient and out-patient)	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
X-rays, pathology, diagnostic tests and procedures	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Physician and therapist fees including physiotherapist (referral by a medical practitioner, consultant)	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Oncology including chemotherapy and radiotherapy (in-patient and out-patient)	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Cost of accommodation for one parent staying with insured child under 16	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Out-patient surgery	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Psychiatric treatment (after 10 month waiting period) max 28 days	Full Refund	10,000	5,000	5,000	No Cover
Organ transplant	300,000	200,000	200,000	100,000	No Cover

<b>Additional Benefits</b>					
Local ambulance	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Nursing at home (immediately following or instead of an in-patient)	3,500	2,000	1,500	1,500	No Cover
Complications in pregnancy or childbirth (12 month waiting period applies)	10,000	5,000	2,500	2,500	No Cover
In-patient cash benefit (per night at non-charging hospital)	100 max 50 nights	100 max 50 nights	100 max 50 nights	100 max 50 nights	100 max 50 nights
Hormone replacement therapy	250	250	250	250	No Cover
Chronic medical conditions inc maintenance, palliative treatment, drugs/dressings	50,000 life time limit	40,000 life time limit	30,000 life time limit	20,000 life time limit	No Cover
Terminal illness hospice care and palliative treatment, following diagnosis	50,000 life time limit	40,000 life time limit	30,000 life time limit	20,000 life time limit	No Cover
Emergency in/day-patient dental treatment for accidental damage to natural teeth	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund

<b>Out-patient Benefit</b>					
Maximum benefit	No Limit	5,000	2,500	1,500	1,000
Medical practitioners fees including medicines, drugs and dressings	Full Refund	Full Refund	Full Refund	Full Refund	Cover following an inpatient surgical procedure for up to 90 days
Specialist and consultants fees	Full Refund	Full Refund	Full Refund	Full Refund	
Diagnostic tests	Full Refund	Full Refund	Full Refund	Full Refund	
Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, consultant or specialist	Full Refund	1,000	500	500	
Chiropractic treatment, osteopathy, homeopathy, chinese herbal medicine and acupuncture when referred by a medical practitioner, consultant or specialist	Full Refund	1,000	500	500	
Psychiatric treatment (after 12 months waiting period)	2,000	1,000	500	500	No Cover
Routine health checks, including vaccinations	300	200	200	100	No Cover

## BENEFITS TABLE (continued)

<b>Dental Benefit</b>					
Maximum benefit	3,000	1,000	500	No Cover	No Cover
Dental treatment including surgery	Covered up to 75% of the max benefit	Covered up to 75% of the max benefit	Covered up to 75% of the max benefit	No Cover	No Cover
Emergency out-patient dental treatment	Covered up to 75% of the max benefit	Covered up to 75% of the max benefit	Covered up to 75% of the max benefit	No Cover	No Cover
Orthodontic treatment (12 month waiting period and only available to members under 18 years of age)	Covered up to 75% of the max benefit	Covered up to 75% of the max benefit	Covered up to 75% of the max benefit	No Cover	No Cover

<b>Repatriation Benefit</b>					
Medical repatriation to home country including cost of insured persons dependent(s) or close business colleague to accompany them, to include economy class air fare and accommodation	Full refund	Full refund	Full refund	Full refund	Full refund
Compassionate emergency visit Costs incurred by an insured person for an economy class return airfare attained age of 70 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured per plan year	Full refund	Full refund	Full refund	Full refund	Full refund
Repatriation of mortal remains	Full refund	Full refund	Full refund	Full refund	Full refund
Medical evacuation	Full refund	Full refund	Full refund	Full refund	Full refund

<b>Maternity Benefit</b>					
Only available to Female members who are aged between 18 and 44. Cover only becomes available for treatment received 11 months after the Policy inception.					
Routine maternity	7,500	5,000	2,500	No Cover	No Cover
Birth defects and congenital abnormalities	20,000	15,000	10,000	No Cover	No Cover
New born accommodation when staying in hospital with mother	Full refund	Full refund	Full refund	No Cover	No Cover

<b>Accidental Death Benefit</b>					
Death in the event of an accident	100,000	100,000	100,000	No Cover	No Cover

<b>Emergency Medical Cover (Outside Of Area)</b>					
Cover for Emergency medical treatment outside of your chosen area of cover	50,000	Max 60 days, up to 40,000	Max 30 days, up to 30,000	No Cover	No Cover

Please note: All limits above are per Policy year unless otherwise specified.



# UNDERWRITING

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Freedom Worldwide offers four methods of underwriting your policy. These are detailed below:

## **Moratorium**

Moratorium means we exclude any conditions for which you have received medication, advice or treatment or you have experienced symptoms whether the condition has been diagnosed or not in the two years before the start of your cover (pre-existing conditions).

Related conditions (those which are medically considered to be associated with a pre-existing condition) will also not be covered.

However, if you have not had any such symptoms, treatment, medication or advice for a pre-existing condition or any related condition for a continuous period of 2 (two) years after the start date of your Policy for a particular condition, the condition will become eligible for cover under this Policy.

Pre-existing means any medical or related medical condition which has one or more of the following characteristics:

- was foreseeable,
- manifested itself,
- the person had signs or symptoms of,
- the person sought advice for,
- the person received treatment for, or,
- to the best of the person's knowledge, was aware existed.

After a period of twenty-four (24) months continuous cover under the policy/plan, pre-existing medical conditions may become eligible for benefit, if the person concerned has not:

- experienced symptoms,
- sought advice,
- required treatment, medication, or special diet, or,
- received treatment, medication, or special diet.

If the person concerned has experienced any of the above, he/she will be required to wait a further twenty-four (24) months from the last date of treatment and must meet the above criteria, before being eligible to claim benefit for the pre-existing medical condition in question.

Maximum age of entry is 65.

## **Full Medical Underwriting**

We will ask you to complete a health questionnaire when you apply for cover with us. Based on your medical history, we may apply specific exclusions to your Policy. For example, if you have a pre-existing condition that may need further treatment in the future, we may exclude it and any conditions relating to it. This will be detailed in your Certificate of Insurance.

You must disclose all your medical conditions, treatments and procedures. Non disclosure will invalidate future claims.

Maximum age of entry is 75.

## UNDERWRITING (continued)

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### **Continued Personal Medical Exclusions & Continued Moratorium**

If you are currently insured with another provider, we may be able to switch your cover to Freedom Worldwide on the same personal terms. This can be offered in two ways:

1. Continued Personal Medical Exclusions – If you have completed a health questionnaire with your previous insurer and have personal medical exclusions, this will be transferred to your new Policy with us.
2. Continued Moratorium – If you are currently insured on moratorium terms with your insurer, you can join Freedom Worldwide on the same continued terms.

This is subject to our acceptance terms, you must disclose previous and pending claims, Private or NHS. Please refer to the application form for full details.

Maximum age of entry is 65.

### **Medical History Disregarded (MHD)**

We do not apply any personal medical exclusion to your Policy as a result of pre-existing conditions.

Maximum age of entry is 65.

This option is only available on our corporate plans.

**For more information please contact us on +44 (0)1202 756350.**

## INTERNATIONAL FLEXIBILITY

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### **Freedom Worldwide & Freedom Elite**

In a world of increasing international trade, communications and corporation, moving and working abroad is increasingly more common. The provision of healthcare insurance for all expatriates and their families needs to be flexible, comprehensive, simple and cost effective.

When based in the United Kingdom, a domestic private medical insurance plan is the obvious healthcare solution. If you decide to work or move abroad, you would need to replace this cover with an international medical insurance plan providing appropriate benefits. Ideally you would expect to transfer from your UK policy to an International policy when you move abroad and revert back to your UK policy when you return to the UK.

Currently this is not only complicated and time consuming, but often involves loss of underwriting terms. This can mean starting a new policy with new terms, where any conditions that have arisen during your period abroad may not be covered. Often this is a costly exercise.

Freedom Healthnet offers an innovative solution to this.

Opt for Freedom Elite whilst residing in the UK as a comprehensive domestic medical insurance plan. When you move abroad, your cover can be easily switched into Freedom Worldwide, a comprehensive international plan. On return to the UK, your cover can revert back to your original Freedom Elite policy. This is subject to cover being in force for a minimum of six months. Transfers are acceptable on the renewal of your policy or at a six month period.

No loss of underwriting. No change of insurance provider. No fuss.

Freedom Worldwide & Freedom Elite – a partnership perfectly formed.



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## THE CORPORATE ADVANTAGE

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Freedom Healthnet's Corporate Worldwide Policy offers an excellent range of benefits and the flexibility to choose a healthcare plan that suits all businesses.

In this global marketplace, employee welfare and satisfaction is crucial to the development of any organisation. A comprehensive international medical insurance policy takes care of your employees when they work abroad and ensures their good health is maintained. Our versatile policies enable you to meet your company and your employees' healthcare requirements. This also ensures that you only pay for the cover that is needed.

We offer a very competitive pricing arrangement. Please contact us if you would like to discuss your options.

Freedom Worldwide is the perfect choice for your international healthcare solutions.



## ELIGIBILITY

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This Policy is available to persons (subject to age limitations) and their dependants in countries where Guardian Life of the Caribbean Limited is legally permitted to transact Private Medical Insurance. This policy is not available to citizens of the USA residing in the USA, those persons who are subject to exchange controls or where the purchase of this policy is illegal under local legislation.

The minimum age at entry for a Policyholder is 18 years attained. In the case of an applicant being under the age of 18 years attained, a parent or guardian is required to sign the application form and will be considered to be the Policyholder and will be charged the 18 year old rate. No discounts will apply.

The maximum entry age of an applicant varies depending on the chosen underwriting.

We do not accept proof of posting an Application Form, Claim Form or premium payment as proof that we have received it. The issuance of the Policy Document and Certificate of Insurance is evidence that the contract is in force. We reserve the right to refuse an application.

For Groups, eligibility is subject to our acceptance of the Worldwide Corporate Application Form, previous Certificates of Insurance (if applicable) and Worldwide Member Application form(s).

## POLICY LIMITATIONS & EXCLUSIONS

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There are exclusions you should be aware of under the Freedom Worldwide plan. Some examples of our exclusions are as follows:

Treatment outside the geographical area of cover unless for emergencies.

Treatment not pre-authorised in advance.

Care and/or treatment of drug addiction or alcoholism.

Pre-existing conditions (unless we have approved treatment relating to them).

Cosmetic Surgery.

Excess (Optional).

Professional sports injuries.

Self inflicted injuries.

Sexual dysfunction.

Weight loss surgery.

For a full list of exclusions, please refer to our Policy Document.

**Our claims procedure is simple:**

Claims are subject to Policy Benefits and Limits, Excesses and Co-payment. All In/Day-patient treatment must be Pre-authorized in advance.

**Out-patient Claims**

Out-patient treatment is payable on reimbursement, you must pay the hospital or clinic for your Out-patient treatment in advance. We will then settle the expenses that you have incurred, apart from any excess or co-payment.

- The claims procedure will start at the time you see your Medical Practitioner, Therapist, Specialist or Consultant.
- Settle your bill for the treatment you have received.
- Complete a claim form and ensure your Medical Practitioner completes their part, you can obtain a claim form by contacting the International Claims Helpline on +44 (0)208 481 7735.
- Ensure you send your completed claim form along with original itemised invoice and an original receipt to ensure reimbursement for eligible treatment.
- Send your claim to the Claims Department. You must send the following items to make sure that we can fully assess your claim:
  - The fully completed medical claim form.
  - The original itemised bill.
  - The original receipt.

**In/Day-patient Claims**

In-patient and Day-patient treatment will be paid direct to the Medical Practitioner, Consultant, Hospital or Clinic. This means that you will not need to pay for any treatment unless you have an excess or co-payment on your Policy or the treatment is in-eligible or your benefit has been exhausted.

You must obtain pre-authorization for any In-patient or Day-patient treatment. Failure to pre-authorise treatment will result in services being paid at 50% of the costs incurred.

**Pre-authorization process:**

- The claims procedure will start at the time your Medical Practitioner refers you to a Specialist. You must tell your Medical Practitioner that you wish to have private treatment.
- Contact the International Claims Helpline on +44 (0)208 481 7735.
- A member of our claims team will take your details. Please have your Policy number ready when you phone.
- We will then contact your Medical Practitioner and the Hospital or Clinic concerned to ensure arrangements are in place for your treatment.
- We will then confirm authorisation and the arrangements that have been agreed for your treatment. You will not need to complete any claim forms.
- Receive your treatment at the Hospital or Clinic.

## CONTACT DETAILS

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### Contact us

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Tel: **+44 (0)1202 756350**

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Please note telephone calls may be recorded.





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