

This **table of benefits** is one of the documents which make up your **policy**. You should read it in conjunction with the policy document and your **certificate of insurance**. Your **certificate of insurance** will confirm the cover type you have.

Freedom Worldwide	Gold
Maximum limit, per policy year	1,000,000
Currency	Euros (€)

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

Certain words in this **table of benefits** are printed in bold type. This is because they are important words which have a specific meaning when used in a particular context. A full list of all these words, with their meanings, is found in chapter 12 (Definitions) of the Freedom Worldwide EEA policy booklet.

A.	Inpatient & Day-patient benefit	Coverage
1	<b>Hospital accommodation</b> – standard single en-suite room.	Covered in full
2	Nursing fees, medical expenses, and ancillary charges.	
3	<b>Prescription drugs and dressings.</b>	
4	Operating theatre charges, surgical drugs, and dressings.	
5	Surgeon's, and anaesthetist's fees.	
6	<b>Surgical appliances and prosthesis</b> 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 200,000
8	<b>Oral surgical procedures.</b>	Covered in full
9	<b>Emergency dental treatment</b> required to restore oral health following a serious eligible <b>accidental dental injury</b> that requires you to be admitted to <b>hospital</b> .	
10	<b>Diagnostic tests</b> , including pathology and radiology.	
11	MRI/CT/PET scans.	
12	<b>Specialist and therapist</b> fees including physiotherapy during an <b>in-patient stay</b> .	
13	<b>Psychiatric treatment.</b> 12 month <b>waiting period</b> applies	Covered up to 15 nights
14	Parent accommodation (child aged up to 18).	Covered in full
15	<b>In-patient</b> cash benefit where <b>treatment</b> has been received and no charges have been made.	Covered to 100 per night
16	External prosthesis related to an <b>in-patient/day-patient</b> surgical procedure.	Covered up to 2,500
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)
18	<b>Rehabilitation</b> received on an <b>in-patient</b> basis following from a disease, illness or injury that has been covered by this insurance policy.	Covered up to 13 weeks
19	<b>Nursing at home</b> immediately following or instead of an <b>in-patient</b> stay.	Covered up to 12 weeks
20	<b>Local ambulance.</b>	Covered in full

B.	Outpatient benefit	Coverage
1	<b>Medical practitioners' fees, specialists' fees, and prescription drugs and medicines.</b>	Covered up to 5,000
2	<b>Diagnostic tests</b> , including pathology and radiology.	
3	<b>Treatment</b> to maintain and provide relief of symptoms of a <b>chronic medical condition</b> that has been diagnosed after the <b>commencement date</b> of the policy.	
4	Physiotherapy by a registered physiotherapist when referred by a <b>medical practitioner</b> or <b>specialist</b> .	Covered up to 1,000
5	<b>Complementary treatment</b> (limited to chiropractic, osteopathic, homoeopathic, Chinese herbal medicine and acupuncture <b>treatment</b> ).	Covered up to 1,000
6	MRI/CT/PET scans.	Covered in full
7	<b>Outpatient surgery</b> .	Covered in full
8	<b>Emergency dental treatment</b> required to restore oral health following a serious eligible <b>accidental dental injury</b> .	Covered in full
9	<b>Psychiatric treatment</b> . 12 month <b>waiting period</b> applies.	Covered in full (maximum of 10 visits)
10	Hormone replacement therapy.	Covered up to 250
11	<b>Routine health checks</b> including cancer screening. 12 month <b>waiting period</b> applies.	Covered up to 200
12	<b>Vaccinations</b> (excluding travel vaccinations). 12 month <b>waiting period</b> applies.	Covered up to 200
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 <b>specialist</b> ). Twelve-month <b>waiting period</b> applies.	Covered up to 1,000
14	Hearing test. 12 month <b>waiting period</b> applies.	No cover available
15	Hearing aid benefit. 12 month <b>waiting period</b> applies.	No cover available

C.	Cancer benefit	Coverage
1	<b>Oncology tests, prescription drugs and medicines, and specialists' fees</b> including cover for chemotherapy and radiotherapy, when <b>treatment</b> is aimed at curing the <b>cancer</b> .	Covered in full
2	<b>Treatment</b> on an <b>in-patient, day-patient</b> or <b>outpatient</b> basis that maintains, monitors, and provides relief of symptoms of <b>cancer</b> that is diagnosed as a <b>chronic medical condition</b> .	Covered in full
3	<b>Palliative treatment</b> and end-stage medical care of <b>cancer</b> that has been diagnosed as terminal.	Covered in full

D.	Terminal illness benefit	Coverage
1	End-of-life (hospice care) medical care within a hospice.	Covered up to 14 nights
2	HIV and AIDS where contracted as a result of a blood transfusion	Covered up to 2,500 (lifetime limit of 37,500)

E.	Dental and optical outpatient benefit	Coverage
1	Minor dental treatment – one annual check-up, <b>diagnostic tests</b> , and one annual scale and polish. Six-month <b>waiting period</b> applies.	Covered up to 750 (10% <b>co-pay</b> )
2	Major dental treatment and <b>dental prosthesis</b> - gum treatment, crowns, bridges, inlays and extractions are included. Six-month <b>waiting period</b> applies.	Covered up to 750 (10% <b>co-pay</b> )
3	<b>Emergency outpatient</b> dental treatment – <b>treatment</b> for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per <b>policy period</b> , and/or the repair of damage caused by an <b>accidental dental injury</b> .  Treatment must be received within 24 hours of the <b>accidental dental injury</b> . This does not include any form of <b>dental prostheses</b> or root canal treatment	
4	<b>Dental surgery</b> to include extraction of teeth and root canal surgery. 6 month <b>waiting period</b> applies.	
5	Orthodontic treatment for an insured person under 19 years of age only. 12 month <b>waiting period</b> applies.	

6	Optical eye test. Twelve-month <b>waiting period</b> applies.	One visit per year
7	Optical – vision aids (spectacles and contact lenses). 12 month <b>waiting period</b> applies.	No cover available
8	Laser eye surgery. 12 month <b>waiting period</b> applies.	Covered in full

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

G. Compassionate emergency visit benefit		Coverage
1	Economy class return air ticket to return to the <b>home country</b> in the event of the death of a <b>close family member</b> under 70 years of age.	Covered in full

H. Maternity benefit		Coverage
Cover only becomes available for treatment received 10 months after the policy inception		
1	Any <b>medically necessary</b> costs incurred during a routine, non-complicated <b>pregnancy</b> or childbirth, including hospital charges, specialist fees, the mother's <b>pre-natal care</b> and <b>post-natal care</b> and <b>midwife fees</b> .	Covered up to 2,500
2	<b>Newborn care</b> after a covered <b>pregnancy</b> – we will provide cover for reasonable routine accommodation charges of your newborn. We will also provide cover for <b>medically necessary</b> examinations before discharge.	
3	Complications of <b>pregnancy</b> and childbirth (abnormal presentation, ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes, and hydatidiform mole) that arise during the antenatal stages of <b>pregnancy</b> and <b>medically necessary</b> caesarean sections.	Covered up to 10,000
4	Birth defects and congenital abnormalities.	Covered up to 10,000
5	Newborn accommodation when staying in <b>hospital</b> with the mother.	Covered in full (maximum of 10 nights)

I. Emergency medical cover		Coverage
(Outside of area)		
1	Cover for <b>emergency medical treatment</b> outside your area of cover.	Covered up to 30,000 (maximum of 30 days)