

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	Silver
Maximum limit, per policy year	750,000
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	Hospital accommodation – 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, and anaesthetist's fees.	
6	Surgical appliances and prosthesis 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 100,000
8	Oral surgical procedures.	Covered in full
9	Emergency dental treatment required to restore oral health following a serious eligible accidental dental injury that requires you to be admitted to hospital .	
10	Diagnostic tests , including pathology and radiology.	
11	MRI/CT/PET scans.	
12	Specialist and therapist fees including physiotherapy during an in-patient stay .	
13	Psychiatric treatment. 12 month waiting period applies	Covered up to 15 nights
14	Parent accommodation (child aged up to 18).	Covered in full
15	In-patient cash benefit where treatment has been received and no charges have been made.	Covered to 100 per night
16	External prosthesis related to an in-patient/day-patient 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	Rehabilitation received on an in-patient basis following from a disease, illness or injury that has been covered by this insurance policy.	Covered up to 13 weeks
19	Nursing at home immediately following or instead of an in-patient stay.	Covered up to 3 weeks
20	Local ambulance.	Covered in full

B.	Outpatient benefit	Coverage
1	Medical practitioners' fees, specialists' fees, and prescription drugs and medicines.	Covered up to 2,500
2	Diagnostic tests , including pathology and radiology.	
3	Treatment to maintain and provide relief of symptoms of a chronic medical condition that has been diagnosed after the commencement date of the policy.	
4	Physiotherapy by a registered physiotherapist when referred by a medical practitioner or specialist .	Covered up to 500
5	Complementary treatment (limited to chiropractic, osteopathic, homoeopathic, Chinese herbal medicine and acupuncture treatment).	Covered up to 500
6	MRI/CT/PET scans.	Covered in full
7	Outpatient surgery .	Covered in full
8	Emergency dental treatment required to restore oral health following a serious eligible accidental dental injury .	Covered in full
9	Psychiatric treatment . 12 month waiting period applies.	Covered in full (maximum of 5 visits)
10	Hormone replacement therapy.	Covered up to 250
11	Routine health checks including cancer screening. 12 month waiting period applies.	Covered up to 100
12	Vaccinations (excluding travel vaccinations). 12 month waiting period applies.	Covered up to 100
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 specialist). Twelve-month waiting period applies.	Covered up to 500
14	Hearing test. 12 month waiting period applies.	No cover available
15	Hearing aid benefit. 12 month waiting period applies.	No cover available

C.	Cancer benefit	Coverage
1	Oncology tests, prescription drugs and medicines, and specialists' fees including cover for chemotherapy and radiotherapy, when treatment is aimed at curing the cancer .	Covered in full
2	Treatment on an in-patient, 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	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	No cover available

E.	Dental and optical outpatient benefit	Coverage
1	Minor dental treatment – one annual check-up, diagnostic tests , and one annual scale and polish. Six-month waiting period applies.	No cover available
2	Major dental treatment and dental prosthesis - gum treatment, crowns, bridges, inlays and extractions are included. Six-month waiting period applies.	No cover available
3	Emergency outpatient dental treatment – treatment for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per policy period , and/or the repair of damage caused by an accidental dental injury . Treatment must be received within 24 hours of the accidental dental injury . 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.	

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

F.	Medical evacuation & repatriation benefit	Coverage
1	Emergency evacuation to the nearest available and most appropriate medical centre if adequate treatment 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 treatment .	Covered in full
4	Hotel accommodation for ongoing treatment .	Covered in full
5	Economy travelling expenses for a companion.	Covered in full
6	Reparation of mortal remains/local funeral when death is outside home country .	Covered in full

G. Compassionate emergency visit benefit		Coverage
1	Economy class return air ticket to return to the home country in the event of the death of a close family member 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 medically necessary costs incurred during a routine, non-complicated pregnancy or childbirth, including hospital charges, specialist fees, the mother's pre-natal care and post-natal care and midwife fees .	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 medically necessary examinations before discharge.	
3	Complications of pregnancy and childbirth (abnormal presentation, ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes, and hydatidiform mole) that arise during the antenatal stages of pregnancy and medically necessary caesarean sections.	Covered up to 2,500
4	Birth defects and congenital abnormalities.	No cover available
5	Newborn accommodation when staying in hospital with the mother.	Covered in full (maximum of 10 nights)

I. Emergency medical cover		Coverage
(Outside of area)		
1	Cover for emergency medical treatment outside your area of cover.	No cover available