

Private medical insurance

Insurance Product Information Document



Company: Advent Insurance PCC Limited – Freedom Health Cell

Advent Insurance PCC Limited (C52394) is a Protected Cell Company authorised and regulated by the Malta Financial Services Authority to provide general insurance. This can be checked on the MFSA website www.mfsa.com.mt.

Product: Freedom Your Choice (Gold, Platinum and Diamond)

This document is a summary of the key features and exclusions of the plan and does not form part of the contract between us. The full policy terms and conditions are included in the policy documents.

What is this type of insurance?

Private medical insurance covers the cost of pre-planned, private treatment needed to treat an unexpected acute illness or injury that first arises after the date the plan starts.



What is insured?

Inpatient and daypatient treatment

- ✓ A cash benefit towards the cost of inpatient and daypatient surgical treatment carried out as a self-pay private patient.
- ✓ Half of the cash benefit that would be paid towards private treatment if it is carried out as an NHS patient in an NHS hospital with no charge.

Additional benefits

- ✓ Obstetric procedures shown in the policy document.
- ✓ Oral surgical procedures shown in the policy document.

Outpatient treatment under the care of a specialist

- ✓ CT, MRI and PET scans.

Treatment of cancer

- ✓ Oncologist fees and diagnostic tests.
- ✓ Radiotherapy and chemotherapy.

Optional cover

- Consultations with a specialist and diagnostic tests if you take an Outpatient treatment cover option.
- Treatment with a physiotherapist if you take an Outpatient treatment cover option.
- Treatment with a chiropractor, osteopath, homeopath, acupuncturist or podiatrist if you take an Alternative Therapies cover option.
- Inpatient, daypatient and outpatient mental health treatment if you take the Psychiatric Care option.
- Cover for home nursing, rehabilitative care and a second opinion with a specialist if you take the Rehabilitation benefits cover option.



What is not insured?

This is a summary of some of the key exclusions in Freedom Your Choice (Gold, Platinum and Diamond). It is not a full list of all exclusions which can only be found in the policy document.

- ✗ Treatment of a medical condition you had, or had symptoms of, before cover starts unless we have agreed to cover that condition.
- ✗ Ongoing, recurrent and long-term medical conditions (known as 'chronic conditions').
- ✗ Treatment of a condition that arises because you did not have inpatient treatment within six months of it being authorised.
- ✗ Accident and emergency services.
- ✗ AIDS / HIV.
- ✗ Alcohol and substance abuse and addiction.
- ✗ Allergies.
- ✗ Appliances, devices, drugs and dressings.
- ✗ Contraception and birth control.
- ✗ Cosmetic and reconstructive treatment.
- ✗ Congenital abnormalities and birth defects.
- ✗ Dental treatment.
- ✗ Experimental treatment.
- ✗ Failure to follow medical advice.
- ✗ Hazardous and dangerous activities.
- ✗ Pregnancy and childbirth (except for complications of pregnancy shown in the Guide to Cover).
- ✗ Professional sports.
- ✗ Psychiatric care (unless you buy the optional Psychiatric Care cover).
- ✗ Screening, monitoring and preventative treatment.
- ✗ Transplants.
- ✗ Varicose veins.
- ✗ Warts and verrucae.



Are there any restrictions on cover?

- ! Cover is only provided if you have been referred by your doctor (GP) so you will need to be registered with a GP in order to take a policy with us.
- ! Some benefits have specific limits which will be shown in the policy documents.
- ! If you need inpatient or daypatient treatment, we will pay you a cash sum based on the national average cost for the same treatment as a self-pay patient. In most situations, this will cover the cost of the treatment in full but if you have treatment in a more expensive hospital, particularly one based in London, you may find the benefit you receive will not cover the cost in full and you will be responsible for settling the difference yourself.
- ! Examples of the benefit amounts we pay for a selection of procedures can be found on our website at <http://www.freedomhealthinsurance.co.uk/downloads/your-choice-procedure-payment-guide>.
- ! If you select an excess, we will deduct this amount from the first valid invoice we receive and from any subsequent valid invoices until the excess has been fully applied. A new excess applies at the start of each claim.



Where am I covered?

- ✓ The cash benefit we pay for inpatient and daypatient treatment can be used to arrange this treatment anywhere in the world.
- ✓ Otherwise cover is only provided for treatment received in the United Kingdom (Great Britain, Northern Ireland, the Channel Islands and the Isle of Man).



What are my obligations?

- You must give us complete and accurate answers to any questions we ask when you arrange your policy and whenever you make a claim. Failure to do so may invalidate your policy and we can refuse to pay a claim.
- You must pay the premium on time otherwise cover will be suspended and we will not pay any claims. If premiums remain unpaid for more than 30 days, we may cancel the policy.
- You must tell us if any of your personal details change, including your address.
- If you need to make a claim, you must contact our claims team to make sure it is covered under the policy.
- You must help us by providing any information we need to administer your policy or assess a claim.
- All claims must be sent to us within six months otherwise we may not accept them.



When and how do I pay?

The premium can be paid in full at the start of the period of insurance by cheque, credit or debit card, direct debit or by bank transfer (details available on request). The premium can also be paid by monthly direct debit.



When does the cover start and end?

The period of insurance will typically be a period of 12 months starting from the commencement date and ending on the cover end date shown on the certificate of insurance as long as the premium has been paid.



How do I cancel the contract?

- 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. This is called the 'cooling-off period'.
- If you cancel the policy after the cooling-off period has ended, we may refund any premium that has been paid for the rest of that period of insurance if no claim has been made. If a claim has been made, we will cancel the policy but not refund any premium and you must pay the rest of the full annual premium.
- To cancel the policy, contact the insurance broker who arranged the policy for you and send them your policy documents.