

Insurance Product Information Document

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Product: Freedom Worldwide EEA (Diamond, Platinum and Gold)

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?

International private medical insurance, designed to cover the costs of private healthcare, from day to day medical and dental needs, through to diagnosis and treatment of acute medical illnesses, whilst living overseas.



What is insured?

Inpatient and daypatient treatment

- ✓ Private hospital charges.
- ✓ Specialist fees.
- ✓ Transplants.
- ✓ Psychiatric treatment (12-month waiting period).
- ✓ Home nursing.
- ✓ Local road ambulance.

Outpatient treatment from a doctor or specialist

- ✓ Consultations, diagnostic tests and prescription drugs.
- ✓ Physiotherapy and alternative therapies.
- ✓ CT, MRI and PET scans.
- ✓ Surgery.
- ✓ Emergency dental treatment.
- ✓ Psychiatric treatment (12-month waiting period).
- ✓ Hormone replacement therapy.
- ✓ Health checks and vaccinations (12-month waiting period).

Treatment of cancer

- ✓ Oncology fees, diagnostic tests, radiotherapy and chemotherapy.
- ✓ Symptom relief and palliative care.

Terminal illness

- ✓ Symptom relief and palliative care.

Dental and optical outpatient treatment (10% co-pay for dental treatment)

- ✓ Check-ups, diagnostic tests, repairs, extractions and root canal surgery (six-month waiting period).
- ✓ Emergency treatment for immediate relief of pain.
- ✓ Orthodontic treatment for an insured person under 19 years of age (12-month waiting period).
- ✓ Eye test, vision aids and laser eye surgery (12-month waiting period).

Medical evacuation and repatriation

- ✓ Evacuation if critical treatment not available locally.
- ✓ Accommodation and other travel expenses.



What is not insured?

These are some of the key exclusions in Freedom Worldwide UK (Diamond, Platinum and Gold) but 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.
- ✗ Alcohol and substance abuse and addiction.
- ✗ Cosmetic or plastic surgery.
- ✗ Eating disorders.
- ✗ Experimental treatment.
- ✗ Failure to follow medical advice.
- ✗ Infertility and assisted reproduction.
- ✗ Learning difficulties, behavioural and developmental problems.
- ✗ Obesity and weight loss surgery.
- ✗ Preventative treatment and procedures.
- ✗ Sex change / gender reassignment.
- ✗ Sleep disorders.
- ✗ Treatment of complications caused by a medical condition or treatment excluded under the policy.
- ✗ Treatment in the USA if the policy was bought for the purpose of travelling to the USA to receive treatment.



Are there any restrictions on cover?

- ! The maximum age of joining is 70.
- ! There is an overall maximum limit shown in the table of benefits.
- ! All charges must be reasonable and customary based on our experience and knowledge.
- ! 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 is paid.

- ✓ Repatriation of mortal remains.

Compassionate emergency visit

- ✓ Travel costs to return home in the event of the death of a close family member under 70 years of age.

Maternity benefit (ten-month waiting period)

- ✓ Routine, non-complicated pregnancy or childbirth.
- ✓ Medically necessary Caesarean sections.
- ✓ Complications of pregnancy and childbirth shown in the table of benefits.
- ✓ Birth defects and congenital abnormalities.
- ✓ New born accommodation.

Emergency medical cover

- ✓ Emergency medical treatment whilst temporarily travelling outside your area of cover.

Any limits will be shown in the table of benefits.

! Inpatient treatment for multiple birth babies born as a result of assisted conception is limited to £20,000 per child for the first 3 months following birth.



Where am I covered?

- ✓ Cover is provided for treatment received in your area of cover (Europe, Worldwide excluding USA or Worldwide).
- ✓ Limited cover is provided for emergency medical treatment outside of your area of cover.



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.