

MAPFRE Middlesea Health Insurance Basic Scheme
In-Patient & Out-Patient cover
Table of Benefits

Day-case & In-patient treatment	
1. a. Hospital accommodation, including intensive care, rehabilitation centre charges, nursing care and ward prescribed drugs	Inpatient: Up to €185 per night, Max. 5 nights per episode. Daycase: Up to €135 per episode per day
b. Accommodation for 1 adult relative staying with a child under 16	Up to €45 per night. Max. 5 nights per episode
2. Operating theatre charges, drugs and surgical dressings, eligible prosthesis	Per Operation up to: Major Operation € 380 Intermediate operation € 265 Minor operation € 140 Eligible Prosthesis € 500
3. Surgeon's & Anaesthetist's fees for surgical operations	Per operation up to: Minor (Local Anaesthetic) € 130 Minor (general Anaesthetic) € 350 Intermediate operation: € 700 Major operation € 1,100 Extra Major € 1,200 Complex: € 1,350
4. Consultant Physicians visits and medical consultations	Reasonable Fees up to € 75 per day Max. 6 days per episode
5. Specialist consultations, Pathology, radiology, diagnostic tests and physiotherapy	Reasonable Fees up to € 325 per policy year
6. Computerised Tomography Scans (CT Scans); Magnetic Resonance Imaging (MRI) and PET Scans	Up to € 250 per episode
7. Psychiatric, Nervous & Mental conditions (Treatment is paid only with our prior approval after 6 months of cover)	Reasonable Fees up to €260 per night max. 5 nights per episode
Cancer Treatment	
8. a. Cancer inpatient and outpatient treatment including oncologist and hospital fees, chemotherapy and radiotherapy	Reasonable Fees up to €1,000 for each course of treatment
b. Oncology-related CT Scans; MRI and PET Scans	Up to €240 per scan
c. Outpatient Cancer Drugs prescribed by oncologist	Up to €500 per policy year
Out-patient treatment	
9 a. Professional fees for specialist consultations, diagnostic procedures including pathology, physiotherapy (limited to 10 sessions), radiology and ECG	Reasonable Fees up to €250 per policy year. Additionally up to €350 for 30 days pre & post in-patient or day-case treatment
b. Alternative Treatment such as Osteopathy, Homeopathy, Acupuncture and Chiropractic Treatment provided by Qualified Practitioners (limited to 10 sessions)	

10.	Out-patient psychiatry (Treatment is paid only with our prior approval after 6 months of cover)	Reasonable Fees up to €220 per policy year (Payable out of benefit 9)
11.	CT Scans and MRI's referred by a Specialist	Up to €200 per policy year
12.	General Practitioners' charges	Up to € 100 per policy year
13.	Mini Minor Procedures performed by a general practitioner under local anaesthetic	Up to € 100 per procedure
14.	Out- Patient Surgical procedures	Payable out of benefits 1 to 3
Emergency Road Ambulance		
15.	Emergency local road ambulance	€800 per policy year
Nursing Care		
16.	Home nursing by a professional nurse following a surgical intervention and if prescribed by a specialist	Full Refund of Reasonable Fees up to 7 days then up to €300 per week for 26 weeks immediately following a 7 day period as stated above
Emergency Dental Treatment		
17.	Emergency Dental Treatment necessary to restore or replace sound natural teeth lost or damaged following an accidental injury.	Not Covered
Cash Benefit		
18	a. Cash benefit – for treatment received in a State or private hospital for a medical condition as a non-paying patient	€ 30 per night For up to 40 nights each policy year
	b. Day-case following day surgery as a non-paying patient	€ 25 per episode
19.	Maternity Cash Benefit (payable to the mother after 10 months of membership)	Not Covered
Other Additional Benefits		
20.	Prescribed drugs following a surgical procedure	Not covered
21.	Cover for funeral expenses	€1,200
22.	Telephone assistance for International Medical Emergency	Included in cover
23.	Return Airfares from Malta to Europe involving a minimum 7 night inpatient stay in a hospital outside Malta	Not Covered
24.	Hotel Accommodation in Europe whilst receiving treatment outside Malta	Not Covered
25.	Outside area of cover for USA & Canada for emergency treatment only	Not Covered
Extensions		
26.	Second Medical Opinion	Available at an additional premium
27.	Mediphone	Available at an additional premium
28.	Routine and Preventive Care Cover	Available at an additional premium
29.	Dental Cover	Available at an additional premium
30.	Evacuation (to nearest country where treatment is available) and Repatriation to home country for medical treatment or of mortal remains	Available at an additional premium

31. Loss of Income (Benefit is paid only after 6 months cover)	Not Covered
32. Waiver of Standard Exclusions	Not Covered
Annual overall Max. payable per person	€250,000
Territorial Scope:	Worldwide

Purpose of the policy

The purpose of the policy is to provide cover for recognised treatment, which is medically necessary for acute medical conditions and injuries.

This policy is not intended to cover experimental or unproven Treatment but should such situations arise we will discuss these with the beneficiary's specialist and decide whether the cost of the proposed treatment is covered. Claims will be paid for those items specified in the policy benefits (up to the amounts stated, if applicable).

Note: Full Refund means as per MMS Schedule of Reasonable fees maximum benefits which can be viewed on MMS website or at our offices. You may also refer to policy definition.

Routine & Preventive Care Cover

1. Routine eyesight testing by an optometrist	Up to €60 per policy year
2. Skin cancer screening	Up to €60 per policy year
3. Cervical Cancer screening	Up to €50 per policy year
4. Routine tests for the monitoring of a Chronic Medical Condition	Up to €120 per policy year
5. Routine mammography/ultrasound examination for a woman aged 40 years or over, annual prostate examination and PSA test for men aged 40 years or over	Up to €80 every 2 years
6. Liver Function Tests and Lipid Profile; Complete Blood count; Blood Glucose Test and Urine Analysis for members aged 40 years or over	Up to € 130 per policy year
7. Bone densitometry for members aged 40 years or over	Up to €130 every two years
8. Stress ECG for members aged 40 years and over	Up to €150 every two years

Benefits 7 & 8 are not payable when incurred within the first twelve months of being registered for these optional benefits. Benefits are per policy year unless otherwise stated.

Dental Benefit

Dental Benefit:	€150 per policy year

Our Dental Benefit covers:

- Routine Treatments – reimbursement towards your regular treatments such as scale and polish and x-rays.
- Restorative Treatments – reimbursement towards more expensive treatments such as crowns and bridges.

Exclusions and limitations of our Dental benefit:

- Restorative treatment which is diagnosed in your first examination after you take out the policy if you have not had an exam two years prior to taking the policy out.
- Claims under the Injury or Emergency benefits for treatment required as a result of an incident which took place prior to the start date of the policy.
- Treatments in connection with Dental Injury which commenced more than 6 months from the date of the Injury or completed more than 18 months from the date of the original incident.
- Any treatment relating to damage or injury caused while participating in contact sports (including training).
- Dental implants and all costs associated with the preparation and fitting of such a device.
- Treatment for mouth cancer diagnosed before or within 90 days after you joined or for which tests or consultations began within those 90 days even if the diagnosis is not made until later.
- Orthodontics (braces).
- Drugs and dressings except for that provided under emergency dental treatment.