

Health Insurance

Product: Hospital In- and Out-Patient Scheme

Insurance Product Information Document

MAPFRE Middlesea p.l.c. | Middle Sea House | Floriana FRN 1442 | Malta

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This is a summary of the insurance coverage. It is not personalised to your individual needs. Complete pre-contractual and contractual information can be found in the Health Insurance Policy document, Table of Benefits and Schedule of Approved fees available on <https://www.mapfre.com.mt/individuals/health-insurance/>, and on your schedule / membership certificate, which you will receive after you purchase the policy. Cover limits, terms and conditions may vary if you are insured as part of a group scheme.

What is this type of insurance?

The health policy covers approved costs of recognised in-patient or out-patient treatment, that is medically necessary for acute medical conditions. Treatment in Malta is covered in full up to approved fees; limits apply for treatment received elsewhere.



What is insured?

Annual maximum limit per person €600,000

In-patient & day-case treatment

- ✓ Hospital accommodation
- ✓ Operating theatre, drugs, dressings and eligible prosthesis
- ✓ Surgeon & anaesthetist fees
- ✓ Consultant physician and specialist medical consultations, pathology, radiology, diagnostic tests and physiotherapy
- ✓ CT, MRI & PET scans
- ✓ Mental health conditions

Cancer Treatment

- ✓ In- and out-patient oncologist and hospital fees, chemotherapy and radiotherapy
- ✓ Oncology-related CT, MRI & PET scans
- ✓ Out-patient oncologist-prescribed cancer drugs

Out-patient Treatment

- ✓ Professional fees for specialist consultations, diagnostic procedures including pathology, and physiotherapy
- ✓ Alternative treatment provided by an acupuncturist, homeopath, osteopath or chiropractor
- ✓ Mental health treatment
- ✓ CT, MRI & PET scans
- ✓ GP charges
- ✓ Mini minor procedures performed by a GP under local anaesthetic
- ✓ Out-patient surgical procedures

Other Benefits

- ✓ Cash benefit for treatment received in a state hospital as a non-paying in-patient or day-case
- ✓ Maternity cash benefit
- ✓ Emergency dental treatment to restore or replace sound medical teeth lost or damaged following accidental injury
- ✓ Emergency road ambulance
- ✓ Home nursing & prescribed drugs following a surgical intervention
- ✓ Funeral expenses
- ✓ Second medical opinion service

Optional extensions (available at an additional cost)

- Routine and preventative care
- Dental treatment
- Loss of income



What is not insured?

- ✗ Addiction and abuse of alcohol, drugs & substances
- ✗ Administrative fees
- ✗ Advanced therapy medicinal products
- ✗ Allergy tests
- ✗ AIDS / HIV
- ✗ Aids & appliances
- ✗ Assistant surgeon / anaesthetist fees
- ✗ Birth control
- ✗ Chronic medical conditions
- ✗ Congenital structural or functional anomalies
- ✗ Cosmetic treatment
- ✗ Criminal acts
- ✗ Developmental problems
- ✗ Dental or orthodontic treatment
- ✗ Dialysis
- ✗ Drugs, dressings, surgical or dental appliances
- ✗ Experimental or unproven treatment
- ✗ Eyesight correction
- ✗ Genetic testing
- ✗ Organ transplant treatment if you are the donor
- ✗ Pre-existing medical conditions, unless otherwise specified
- ✗ Pregnancy or childbirth
- ✗ Preventive treatment
- ✗ Sanctions
- ✗ Self-inflicted injury
- ✗ Sexual dysfunction
- ✗ Sexually transmitted infections
- ✗ Sleep disorders
- ✗ Social or domestic fees
- ✗ Sport injuries
- ✗ Unrecognised medical facilities
- ✗ War and like risks
- ✗ Weight Management



Are there any restrictions on cover?

- ! Limited cover applies for overseas treatment
- ! Specific treatments are subject to approved fees, refer to the Schedule of Approved Fees
- ! In-patient mental health treatment is limited to 28 days each year
- ! Alternative treatment is limited to 10 sessions each course and must be received on referral and overall control of a specialist
- ! Physiotherapy is limited to 10 sessions each course
- ! Home nursing must be specialist referred
- ! CT, MRI & PET scans must be specialist referred
- ! Waiting periods:
 - Pregnancy and childbirth complications: 10 months
 - Loss of income: 6 months
- ! Claims excess, where applicable



Where am I covered?

- ✓ You will be covered worldwide, subject to the limits set in your Table of Benefits.



What are my obligations?

- You must pay your premium
- You must provide medical history as required through the honest completion of the proposal form
- You must obtain pre-authorisation prior to in-patient or any surgical treatment, and CT, MRI & PET scans
- You must provide any information we require to assess your claim
- You must tell us if you are moving to a different country
- You must let us know if you have other insurance which also covers the same or similar benefits
- If the policyholder or a dependant dies we are to be notified in writing



When does the cover start and end?

- The contract start and end dates will be shown in the schedule
- If the policy is cancelled before expiry an endorsement will be sent to you showing the date of cancellation and refund of premium if applicable



When and how do I pay?

- Premium is payable annually in advance by credit/debit card, internet banking, cash or cheque; or in instalments which must be arranged through a direct debit. Instalment processing charges apply as follows: half-yearly 2.5%, quarterly 5%, monthly 7.5%.
- If you purchase your policy through an authorised intermediary, you must settle annual premium with them.
- Irrespective of the agreed frequency of payment, the full annual premium is always due.



How do I cancel the contract?

- You may cancel your, or any of your dependents' policy at any time, by writing to us. Unless you (or any dependents) have made a claim during the respective period of insurance, we will calculate a pro-rated premium refund based on the number of days remaining between the cancellation and policy expiry dates.