MAPFRE MIDDLESEA

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Registration Number: C5553

HEALTH INSURANCE SCHEMES

EXTENSIONS

Second Medical Opinion

If you are diagnosed with a serious illness and would like to get further confirmation, this benefit gives you access to a network of acknowledged international medical experts. It is recommended that, if and when required, this service is used in conjunction with your treating specialist.

How Does the Second Medical Opinion service work?
You are requested to send MAPFRE Middlesea p.l.c. your complete medical records (in English) which should include a treating physician's summary of the patient's condition, as well as all relevant investigations (e.g. X-Ray, CT Scan, MRI reports, etc) and a treatment plan. Documents are to be submitted in electronic format by the insured who needs to ask the attending doctor to compile and release the relevant medical records. For non-electronic documents we will not be liable for any postage/courier costs.
The medical experts appointed will provide the requested Second Medical Opinion on the medical condition in terms of diagnosis and recommendations for therapy, through a written report. The report could also include extended reference to latest scientific papers on the topic.

If further treatment on the basis of the Second Medical opinion is required the patient should contact MAPFRE Middlesea p.l.c. directly for confirmation of eligibility of cover. This cover is subject to the terms, exceptions, definitions and conditions of your health insurance policy. This cover is included at no additional premium with our Hospital (incl. Family Scheme) and International Schemes and it is available at an additional premium under our Basic Schemes

Mediphone

Our 24-hour telephone medical advice service which provides you the possibility to contact a doctor who can offer guidance in any health-related circumstance. This includes extensive services such as sending a doctor, nurse and medication to your home. Just call Middlesea Assist on 2248 0200 and inform them you would like to make use of this service. This service is included at no additional premium with our Hospital (incl. Family Scheme) and International Schemes and it is available at an additional premium under our Basic Schemes.

Routine and preventive care cover

This cover can be purchased with all our Inpatient and Outpatient Schemes.

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 Cover

This cover can be purchased with all our Inpatient and Outpatient Schemes.

Dental Benefit	Up to €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 treatments such root canal treatment and 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.

Loss of Income

If during the Policy Year, You or any Dependant/s, who are over 18 years of age and in Fixed Employment, are diagnosed with a long term Medical Condition then the Policy will pay You a Loss of Income benefit of Eur500 per week for three consecutive weeks subject to a maximum benefit limit of Eur1,500 per Policy year. This benefit will be paid subject to the provision of a completed claim form and payslips of the previous three months. This benefit will be paid after 12 weeks from Diagnosis provided the presence of the same Medical Condition of the Beneficiary is uninterrupted.

Waiting Period/Moratorium: 6 months (first period of insurance)

Definitions

Fixed employment - This refers to the full or part-time employment which the Beneficiary may be employed in at the time of Diagnosis and which cannot be performed due to the Beneficiary's Medical Condition.

Diagnosis - The identification of the nature of a Medical Condtion by examination of the symptoms by the attending Specialist.

This cover is included with the International Inpatient and Outpatient Scheme and can be purchased at an additional premium with the Hospital Inpatient and Outpatient Scheme.

Waiver of Standard Exclusions

At an additional Premium the Standard Exclusions relating to Clinic Fees, Allergies and Vaccinations can be waived from the cover. This cover can be purchased with our Hospital and international Inpatient and Outpatient Schemes.

	Exclusions Number found in Policy	Benefit Limit
Vaccinations	part of 7	Out of Benefit number 9
Clinic Fees	9	Out of Benefit number 9
Allergies	15	Out of Benefit number 9

The charges for such claims will be paid from the Outpatient benefit limits which are as follows:

	Hospital In & Outpatient Scheme	International In & Outpatient Scheme
9. a. Professional fees for specialist consultations, diagnostic procedures including pathology, physiotherapy (limited to 10 sessions), radiology and ECG	Full Refund of Reasonable Fees in Malta. Elsewhere up to €300 per year	Full Refund of Reasonable Fees
b. Alternative Treatment such as Osteopathy, Homeopathy, Acupuncture and Chiropractic Treatment provided by Qualified Practitioners (limited to 10 sessions)		

The purpose of the policy is to provide for the reasonable fees of recognised Treatment, which is medically necessary for acute medical conditions and injuries.
The 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 MAPFRE Middlesea Schedule of Reasonable fees maximum benefits which can be viewed on MAPFRE Middlesea website or at our offices. You may also refer to policy definitions.

For more information about the MAPFRE Middlesea Health Insurance Schemes and for information about the various products provided by the Company, visit www.middlesea.com

MAPFRE Middlesea p.l.c. (C-5553) is authorised by the Malta Financial Services Authority (MFSA) to carry on both Long Term and General Business under the Insurance Business Act, Cap 403 of the Laws of Malta