

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

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Registration Number: C5553

### HEALTH INSURANCE SCHEMES

|    | IN-PATIENT AND OUT-PATIENT COVER  |   |  |   |  |
|----|---|---|--|---|--|
|    |   | Basic In &<br>Outpatient Scheme   | Hospital In &<br>Outpatient Scheme   | International In &<br>Outpatient Scheme           |  |
|    | Day-case & In-pati  | ent treatment   |  |   |  |
| 1. | a. Hospital<br>accommodation,<br>including intensive care,<br>rehabilitation centre<br>charges, nursing care and<br>ward prescribed drugs | Inpatient: Up to €185 per night,<br>max. 5 nights per episode.<br>Daycase: Up to €135 per day   | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere: Inpatient: Up to<br>€185 per night max. 5 nights<br>per episode.<br>Daycase: Up to €135 per day  | Full refund of Reasonable Fees                    |  |
|    | b. Accommodation for 1<br>adult relative staying with<br>a child under 16   | Up to €45 per night max. 5<br>nights per episode  | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere: Up to €45 per night<br>max. 5 nights per episode   | Full refund of Reasonable Fees                    |  |
| 2. | Operating theatre charges,<br>drugs and surgical<br>dressings, eligible<br>prosthesis   | Per operation up to:Major Operation€380Intermediate operation€265Minor operation€140Eligible Prosthesis€500   |  | Full refund of Reasonable Fees                    |  |
| 3. | Surgeon's and<br>Anaesthetist's fees for<br>surgical operations   | Per operation up to:<br>Minor (local Anaesthetic) €130<br>Minor (general Anaesthetic) €350<br>Intermediate €700<br>Major €1,100<br>Extra Major €1,200<br>Complex €1,350 | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere per operation up to:<br>Minor (local Anaesthetic) €190<br>Minor(general Anaesthetic)€350<br>Intermediate €700<br>Major €1,100<br>Extra Major €1,275<br>Complex €1,650 | Full refund of Reasonable Fees                    |  |
| 4. | Consultant Physicians<br>visits and medical<br>consultations  | Reasonable Fees up to €75 per<br>day Max. 6 days per episode  | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere up to €65 per day   | Full refund of Reasonable Fees                    |  |
| 5. | Specialist consultations,<br>Pathology, radiology,<br>diagnostic tests and<br>physiotherapy   | Reasonable Fees up to €325 per<br>policy year   | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere up to €400 per policy<br>year   | Full refund of Reasonable Fees                    |  |
| 6. | Computerised<br>Tomography Scans<br>(CT Scans); Magnetic<br>Resonance Imaging (MRI)<br>and PET Scans                                      | Up to €250 per episode  | Full Refund of Reasonable Fees<br>in Malta.<br>Elsewhere up to €250 per<br>episode   | Full refund of Reasonable Fees                    |  |
| 7. | Psychiatric, Nervous<br>& Mental conditions<br>(Treatment is paid only<br>with our prior approval<br>after 6 months cover)                | Reasonable Fees up to €260 per<br>night max. 5 nights per episode   | Full Refund of Reasonable Fees<br>for up to 28 days in Malta.<br>Elsewhere up to €120 per day<br>up to 28 days per year  | Full Refund of Reasonable Fees<br>up to 35 nights |  |

### **Cancer Treatment**

| 8. | a. Cancer inpatient and<br>outpatient treatment<br>including oncologist<br>and hospital fees,<br>chemotherapy and<br>radiotherapy | Reasonable Fees up to €1,000<br>for each course of treatment | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere up to €2,000 per<br>year | Full refund of Reasonable Fees |
|----|---|--|---|--------------------------------|
|    | b. Oncology related CT<br>Scans, MRI and PET<br>Scans.  | Up to €240 per scan  | Full refund of Reasonable Fees<br>in Mata.<br>Elsewhere up to €1,000 per<br>year  | Full refund of Reasonable Fees |
|    | c. Outpatient Cancer Drugs<br>prescribed by oncologist  | Up to €500 per policy year                                   | Full refund of Reasonable Fees<br>in Malta.<br>Elsewhere up to €700 per year      | Full refund of Reasonable Fees |

# **Out-patient Treatment**

| 9.  | a. Professional fees for   |  |  |  |
|-----|--|--|--|--|
|     | specialist consultations,<br>diagnostic procedures<br>including pathology,<br>physiotherapy (limited to<br>10 sessions), radiology<br>and ECG                                  | Reasonable Fees up to €250 per<br>policy year.<br>Additionally up to €350 for 30 | Full Refund of Reasonable Fees   | Full Refund of Reasonable Fees   |
|     | b. Alternative Treatment<br>such as Osteopathy,<br>Homeopathy, Acupuncture<br>and Chiropractic<br>Treatment provided by<br>Qualified Practitioners<br>[limited to 10 sessions] | days pre & post in-patient or<br>day-case treatment                              | Elsewhere up to €300 per year  |  |
| 10. | Out-patient psychiatry<br>(Treatment is paid only<br>with our prior approval<br>after 6 months of cover)   | Reasonable Fees up to €220<br>per policy year (Payable out of<br>benefit 9)      | Reasonable Fees up to €600 per<br>policy year in Malta.<br>Elsewhere up to €200 per year | Reasonable Fees up to €750 per<br>policy year  |
| 11. | CT Scans and MRI's referred by a Specialist  | Up to €200 per policy year   | Full Refund of Reasonable Fees<br>in Malta.<br>Elsewhere up to €500 per year             | Full refund of Reasonable Fees   |
| 12. | General Practitioners<br>charges   | Up to €100 per policy year   | Up to €175 per policy year   | Up to €350 per policy year (incl.<br>prescription drugs & dressings<br>prescribed by a specialist) |
| 13. | Mini Minor procedures<br>performed by a general<br>practitioner under local<br>anaesthetic   | Up to €100 per procedure   | Up to €100 per procedure   | Up to €100 per procedure   |
| 14. | Out-patient surgical<br>procedures   | Payable out of benefits 1 to 3   | Payable out of benefits 1 to 3   | Full Refund of Reasonable Fees   |

## **Emergency Road Ambulance**

15. Emergency local road ambulance

Up to €800 per policy year

Full Refund of Reasonable Fees in Malta. Elsewhere up to €800 per year Full Refund of Reasonable Fees

#### **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 Full Refund of Reasonable Fees up to 10 days then up to €375 per week for 26 weeks immediately following a 10 day period as stated above Full Refund of Reasonable Fees up to 14 days then up to €450 per week for 26 weeks immediately following a 14 day period as stated above

### **Emergency Dental Treatment**

| 17 | Emergency Dental<br>Treatment necessary to<br>restore or replace sound<br>natural teeth lost or<br>damaged following an<br>accidental injury | Not covered   | Reasonable Fees up to €600 per<br>policy year         | Reasonable Fees up to €900 per<br>policy year         |
|----|--|---|---|---|
|    | Cash Benefit   |   |   |   |
| 18 | a. Cash benefit – for<br>treatment received in a<br>State or private hospital<br>for a medical condition as<br>a non-paying patient          | €30 per night for up to 40 nights<br>each policy year | €65 per night for up to 45 nights<br>each policy year | €65 per night for up to 60 nights<br>each policy year |
|    | b. Day-case following day<br>surgery as a non-paying<br>patient  | €25 per episode                                       | €35 per episode                                       | €40 per episode                                       |
| 19 | Maternity Cash Benefit<br>(payable to the mother<br>after 10 months of<br>membership)  | Not covered   | €300 per pregnancy                                    | €650 per pregnancy                                    |

### **Other Benefits**

| 20. | Prescribed drugs following<br>a surgical procedure   | Not covered       | Up to €200 per policy year | Up to €300 per policy year  |
|-----|--|-------------------|----------------------------|---|
| 21. | Cover for funeral expenses   | €1,200            | €1,500                     | €2,000  |
| 22. | Telephone assistance<br>for International Medical<br>Emergency   | Included in cover | Included in cover          | Included in cover   |
| 23. | Return Airfares from<br>Malta to Europe involving<br>a minimum 7 night<br>inpatient stay in a hospital<br>outside Malta. | Not covered       | Not covered                | Up to €450 per policy year  |
| 24. | Hotel Accomodation in<br>Europe whilst receiving<br>treatment outisde Malta  | Not covered       | Not covered                | Up to €125 per night max. 7<br>nights per year  |
| 25. | Outside area of cover<br>for USA & Canada for<br>emergency treatment only  | Not covered       | Not covered                | Inpatient - Up to €50,000 per<br>policy year<br>Outpatient- Up to €1,500 per<br>policy year |

#### **Extensions**

| 26. Second Medical Opir   | nion Available at an additional premium | Included in Cover                     | Included in Cover                             |  |
|---|---|---------------------------------------|---|--|
| 27. Mediphone   | Available at an additional premium      | Included in Cover                     | Included in Cover                             |  |
| 28. Routine and Prevent<br>Care Cover   | ive Available at an additional premium  | Available at an additional premium    | Available at an additional premium            |  |
| 29. Dental Cover  | Available at an additional<br>premium   | Available at an additional premium    | Available at an additional premium            |  |
| 30. Evacuation (to neare<br>country where treatr<br>is available) and<br>Repatriation to home<br>country for medical<br>treatment or of more<br>remains | ment premium<br>e                       | Available at an additional<br>premium | Available at an additional<br>premium         |  |
| 31. Loss of Income  | Not covered                             | Available at an additional premium    | €500 per week up to €1,500 per<br>policy year |  |
| 32. Waiver of Standard<br>Exclusions  | Not covered                             | Available at an additional premium    | Available at an additional premium            |  |
| Annual overall Max. payable €250,000 €600,000 €900,000  |   |                                       |   |  |
| per person  | 0200,000                                | 0000,000                              | 0,00,000                                      |  |
| Territorial scope   | Worldwide                               | Worldwide                             | Worldwide<br>(excl. USA and Canada)           |  |

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

TOB IN&OUT 01.05.19

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