

Health Insurance: Gold Plan

Insurance Product Information Document

204A, Vincenti Buildings, Triq I-Ifran, Il-Belt Valletta



Laferla Insurance Agency Ltd. is enrolled under the Insurance Intermediaries Act, 2006, to act as an Insurance Agent for MAPFRE Middlesea plc (MMS). MMS is authorised by the Malta Financial Services Authority (MFSA) to carry on both Long Term and General Business under the Insurance Business Act, 1998. Both entities are regulated by the MFSA.

This is a summary of the insurance policy. It is not personalised to your individual needs. Complete pre-contractual and contractual information can be found through <https://www.laferla.com.mt/health-insurance> as well as your policy documentation and on your schedule/membership certificate, which you will receive after you purchase the policy. If you form part of a group health policy, limits, terms and conditions may vary.

What is this type of insurance?

This Health policy gives you limited cover for the reasonable costs of recognised treatment, which is medically necessary for acute medical conditions and injuries as either an outpatient or inpatient, both in the country of residence and around the world.



What is insured?

In-Patient and Day-Care Treatment

- ✓ Accommodation and Ancillary charges up to full refund of reasonable charges for treatment received in Malta and up to € 250 per night for treatment received outside of Malta
- ✓ Rehabilitation Centre Costs for Rehabilitation on recommendation of a Specialist, following a surgical intervention up to € 700 per week, up to 26 weeks per year
- ✓ Parent Accommodation - staying with a child under the age of 16 up to full refund of reasonable charges for treatment received in Malta and up to € 100 per night for treatment received outside of Malta
- ✓ Operating theatre charges, drugs, dressings and surgical appliances including prosthesis up to full refund of reasonable charges for treatment received in Malta and up to € 500 per minor operation, € 1,000 per intermediate operation and € 1,500 per major operation for treatment received outside of Malta
- ✓ Surgeon's & Anaesthetist's charges up to full refund of reasonable charges for treatment received in Malta and up to € 500 per minor operation, € 1,000 per intermediate operation and € 1,500 per major operation for treatment received outside of Malta
- ✓ Consulting Physician's Charges for daily visits whilst In-Patient up to full refund of reasonable charges for treatment received in Malta and up to € 75 per day for treatment received outside of Malta
- ✓ Pathology, Radiology (including CT and MRI Scans), Diagnostic Tests and Physiotherapy up to full refund of reasonable charges for treatment received in Malta and up to € 500 per episode for treatment received outside of Malta
- ✓ Treatment of Psychiatric Illnesses up to 35 nights per year up to full refund of reasonable charges for treatment received in Malta and up to € 200 per day for treatment received outside of Malta, subject to a 12 month Moratorium from date of joining
- ✓ Road Ambulance charges up to full refund of reasonable charges for treatment received in Malta and up to € 250 per episode for treatment received outside of Malta

Cancer Treatment

- ✓ Consultant Oncologist fees for all the active phase of the cancer treatment and hospital charges for cancer tests and drugs, including chemotherapy and radiotherapy for each course of treatment up to full refund of reasonable charges for treatment received in Malta and up to € 2,000 per year for treatment received outside of Malta
- ✓ Oncology Related CT, MRI and PET Scans up to full refund of reasonable charges for treatment received in Malta and up to € 1,000 per year for treatment received outside of Malta

Other Benefits relating to In-Patient or Day-Care Treatment

- ✓ Home Nursing charges by a professional nurse following a surgical intervention by a Specialist, on recommendation of a Specialist up to € 700 per week; up to 26 weeks per year
- ✓ Cash benefit for In-Patient and Day-Care Treatment received free of charge in a non-paying hospital up to € 60 per day up to 90 days for adults and up to € 30 per day up to 45 days for children under 18 years, payable to the policyholder
- ✓ Prescribed drugs following a surgical procedure up to € 250 per year

Outpatient Treatment

- ✓ General Practitioner charges, professional fees for Specialist consultations and out-patient diagnostic tests and procedures up to full refund of reasonable charges for treatment received in Malta and up to € 500 per year for treatment received outside of Malta. Physiotherapy limited to 10 sessions per treatment.
- ✓ Alternative Therapy including osteopathy, homeopathy, acupuncture and chiropractic treatment provided by qualified practitioners up to full refund of reasonable charges for treatment received in Malta and up to € 500 per year for treatment received outside of Malta. Limited to 10 sessions per treatment
- ✓ CT and MRI Scans referred by a Specialist up to full refund for treatment received in Malta and up to € 500 per year for treatment received outside of Malta.
- ✓ Psychiatric Care up to € 250 per year, subject to a 12 month Moratorium from date of joining
- ✓ Drugs prescribed on an Out-Patient basis (must be prescribed by a Specialist) up to € 100 per year

Preventive & Routine Care

- ✓ Annual Preventive Dental Treatment (including check-ups, x-rays, scaling & polishing) up to € 50 per year
- ✓ Annual Routine Eyesight Testing, including cost of Prescription Glasses up to € 50 per year
- ✓ Annual Skin Cancer Screening up to € 50 per year
- ✓ Annual Mammogram/Breast Ultrasound (Female members aged 40+) and Annual Prostate Examination (Male members aged 40+) up to € 100 per year
- ✓ Annual Blood Tests: Lipid Profile, Liver Function, Fasting Glucose, Complete Blood Count (Members aged 40+) up to € 75 per year
- ✓ Annual Bone Density Scan (Members aged 40+) up to € 75 per year

Dental Treatment

- ✓ 75% of routine treatment (incl. fillings, extractions and root canal therapy); 50% of major restorative or orthodontic treatment (incl. crowns, bridges or orthodontic treatment of over-bite or under-bite) up to € 500 per year
- ✓ Emergency Dental Treatment necessary to restore or replace sound natural teeth lost or damaged as a result of an accident up to € 600 per year

Pregnancy Cover (Subject to 12 month Moratorium from date of joining)

- ✓ Pregnancy Cover - covers female insured members for Out-Patient consultations, examinations and tests relating to pregnancy, and In-Patient charges relating to childbirth up to € 500 per pregnancy

Additional Benefits

- ✓ Funeral Expenses up to € 1,500
- ✓ Second Medical Opinion Service
- ✓ Mediphone - Medical Assistance over the phone, via a dedicated 24/7 call centre

Annual Policy maximum limit of € 750,000 per person, unless a sublimit is mentioned.



What is not insured?

- ✗ Policy excess if applicable
- ✗ Waiting Periods
- ✗ Claims which are received 3 months after the date of treatment
- ✗ Cosmetic Treatment
- ✗ Experimental or unproven Treatment
- ✗ Pre-existing medical conditions (unless you form part of a group which has these included in the cover)
- ✗ Congenital Abnormalities and developmental problems in children whether physical or psychological, speech disorders or learning difficulties
- ✗ Any type of contraception, sterilisation, termination of pregnancy, infertility and/or any form of assisted reproduction, and treatment of sexual problems, including impotence, sex changes or treatment for, or arising from, any of the above.
- ✗ Treatment for symptoms caused by ageing, menopause or puberty, or other natural physiological cause.
- ✗ The cost of vaccinations, routine or preventive medical examinations, medical screening including health check-ups, sight and hearing tests or any preventive treatment and treatment to remove any tissue that is not diseased; except for certain examinations and tests which are specifically covered and mentioned in the Table of Benefits.
- ✗ Regular or long-term kidney dialysis or end stage renal failure.
- ✗ Treatment arising from a deliberate self-inflicted injury or attempted suicide.
- ✗ Treatment given to relieve any allergic condition or disorder.
- ✗ Treatment arising in any way from sexually transmitted diseases.
- ✗ Treatment arising in any way from alcohol, drug or substance abuse.
- ✗ Treatment arising in any way from HIV or AIDS
- ✗ Treatment arising from nuclear or chemical contamination, war, terrorism, invasion, act of a foreign enemy, hostilities (whether war be declared or not), civil war, riot, civil disturbance, rebellion, revolution, military force or coup.
- ✗ Fees charged for aids and appliances including spectacles, contact lenses, hearing aids, wheelchairs, stair lifts and the like.
- ✗ Fees charged for weight management and control.
- ✗ Injuries arising from taking part in sporting activities of any kind for which the Beneficiary gets paid or receives benefit.
- ✗ Treatment or monitoring given in respect of Chronic Medical Condition or Palliative Treatment of a terminal Medical condition.
- ✗ Treatment for sleep disorders.
- ✗ Treatment to correct eyesight including spectacles or contact lenses and laser
- ✗ Treatment, unless caused as a result of an injury or an acute condition.
- ✗ Treatment following an organ transplantation where the Beneficiary is the donor.
- ✗ The use of life support machines and/or similar devices beyond the first 14 days of use.



Are there any restrictions on cover?

- ❗ Cover for preventive care, such as health screening and routine dental examinations is only covered if you have the respective Optional cover. Benefits are available for specified tests only.
- ❗ Doctors' and therapists' fees will only be covered up to the published reasonable fees.
- ❗ Some of our benefits have specific limits. Please refer to your terms and conditions for full details.



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 inpatient treatment unless in case of an Emergency.
- You must provide any information we require to assess your claim.
- You must tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes.
- You must let us know if you have other insurance which also covers your covered benefits.
- If the policyholder or a dependant dies we should be notified in writing.



When does the cover start and end?

- The contract will commence from the start date shown on the policy schedule.
- It will also end on the expiry date or 'to' date shown on the policy schedule unless cover is cancelled before.
- If cover is cancelled, an endorsement will be sent to you showing the date of cancellation and refund of premium if applicable.



When and how do I pay?

You may pay your premium annually by credit/debit card, by internet banking, in cash, by cheque, or by using certain cryptocurrencies via a payment gateway on <https://www.laferla.com.mt>.

If your policy is purchased through an authorised intermediary, the payment for the policy should be made to them.



How do I cancel the contract?

You may cancel your policy at any time through the giving of written instructions. Should you wish to cancel the cover during the policy year a pro-rata refund of premium will be made by us provided that no claim/s (even by dependants) whether paid or outstanding shall have been made in connection with the policy during the policy year in which this cover is to be cancelled. Subject to the above, the refund of the premium will be based on the number of days remaining between the cancellation date and the expiry date of the policy. A cancellation fee may be deducted from the pro-rata refund.