

Health Insurance: Basic Scheme

Insurance Product Information Document



MAPFRE Middlesea Insurance | Middle Sea House | Floriana FRN 1442 | Malta

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

* Restrictions apply if you have opted for inpatient cover only

Day-case & In-patient treatment

- ✓ Hospital accommodation up to € 185 per night up to 5 nights
- ✓ Day-patient Hospital charges up to €135 per episode per day
- ✓ Operating theatre charges, drugs and dressings up to €380 (major), €265 (intermediate), €140 (minor)
- ✓ Eligible prosthesis up to €500
- ✓ Surgeon's & Anaesthetist's fees
- ✓ Consultant Physicians visits and medical consultations up to €75 per day max. 6 days per episode
- ✓ Specialist consultations, Pathology, radiology, diagnostic tests and Physiotherapy up to €325 per policy year
- ✓ Computerised Tomography Scans (CT Scans); Magnetic Resonance Imaging (MRI) and PET Scans up to € 250 per episode
- ✓ Psychiatric, Nervous and Mental Conditions up to € 260 per night max. 5 nights per episode. Treatment is paid only with our prior approval after 6 months cover

Cancer Treatment

- ✓ Inpatient and outpatient treatment including oncologist and hospital fees, chemotherapy and radiotherapy up to € 1,000 per course
- ✓ Oncology-related CT Scans; MRI and PET Scans up to €240 per scan
- ✓ Outpatient Cancer Drugs prescribed by oncologist up to €500 per policy year

Emergency Road Ambulance

- ✓ Emergency local road ambulance up to €800 per policy period

Outpatient Treatment

- ✓ Professional fees for specialist consultations, diagnostic procedures including pathology, physiotherapy (limited to 10 sessions), radiology and ECG and Alternative Treatment such as Osteopathy, Homeopathy, Acupuncture and Chiropractic Treatment provided by Qualified Practitioners (limited to 10 sessions) up to € 250 per policy year. Additionally up to €350 for 30 days pre and post inpatient and day-case treatment

- ✓ Out-patient psychiatry up to € 220 per policy year
- ✓ CT Scans and MRI's referred by a Specialist up to € 200 per policy year
- ✓ General Practitioners' charges up to € 100 per policy year
- ✓ Mini Minor Procedures performed by a general practitioner under local anaesthetic up to € 100 per procedure

Nursing Care

- ✓ Home nursing by a professional nurse following a surgical intervention

Funeral Expenses

- ✓ Cover for funeral costs up to € 1,200 per person

Optional extensions available at an additional cost:

- ✓ Second Medical Opinion
- ✓ Mediphone
- ✓ Routine and Preventative Care
- ✓ Dental Cover
- ✓ Evacuation and repatriation

Annual Policy maximum limit of € 250,000 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
- ✗ Pregnancy or childbirth, unless there is a complication
- ✗ 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.
- ✗ Dental Treatment except for emergency dental treatment necessary to restore or replace sound natural teeth lost or damaged following an accidental injury unless the Dental Benefit has been purchased.
- ✗ 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.



Are there any restrictions on cover?

- ! Cover for pre-existing conditions under this product is dependent on the method of underwriting that applies to each member.
- ! Doctors' and therapists' fees will only be covered up to the published reasonable fees.
- ! 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.
- ! 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 or by cheque. You may also pay in instalments. You may opt to pay your premium half yearly, quarterly or monthly. Charges will apply as follows: Half-Yearly – 2.5%, Quarterly - 5% and Monthly – 7.5%. When opting for any of these payments methods the premium plan must be arranged through a direct debit.

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.