

Health Insurance: Bronze Plan

Insurance Product Information Document

204A, Vincenti Buildings, Triq l-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?

* Restrictions apply if you have opted for inpatient cover only

In-Patient and Day-Care Treatment

- ✓ Private Clinic/Hospital accommodation and nursing up to € 175 per night up to 4 nights per episode
- ✓ Day-patient Hospital charges up to €125 per episode
- ✓ Operating theatre charges, drugs, dressings and surgical appliances used for an operation up to € 300 (major), €175 (intermediate), € 125 (minor)
- ✓ Surgeon's & Anaesthetist's charges including post-operative care up to: Surgeon - € 600 (major), € 250 (intermediate), € 125 (minor); Anaesthetist - € 200 (major), € 100 (intermediate), € 75 (minor) - by classification of procedure
- ✓ Physician's charges up to € 35 per day
- ✓ Road ambulance charges up to € 175
- ✓ Specialist consultations, physiotherapy, pathology, radiology up to € 175

Additional Benefits

- ✓ Cash benefit for In-Patient Treatment received free of charge up to € 20 per night for the first 30 nights, € 15 per night for the next 30 nights and for children up to € 10 per night up to 30 nights

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 € 200 per course of treatment
- ✓ Oncology Related CT, MRI and PET Scans up to € 400 per year

Outpatient Treatment

- ✓ General Practitioner charges up to € 75 per year
- ✓ Out-Patient specialist consultations, pathology, radiology, ECG and physiotherapy up to € 200 per year
- ✓ CT and MRI Scans referred by a Specialist up to € 200 per scan.

Annual Policy maximum limit of € 150,000 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 specifically covered.
- ✗ 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.
- ! 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.