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LAFERLA HEALTHPLANS

INTERNATIONAL SILVER PLAN

table of benefits

Benefits	Limits per Policy Year (unless otherwise stated)
Area of Cover: Worldwide (excl. USA & Canada)	Overall Maximum Limit: €750,000
Section 1 - In-Patient and Day-Care Treatment	
1. Accommodation and Ancillary charges	Full Refund of Reasonable Charges
2. Rehabilitation Centre Costs for Rehabilitation on recommendation of a Specialist, following a surgical intervention	Full Refund of Reasonable Charges
3. Parent Accommodation - staying with a child under the age of 16	Full Refund of Reasonable Charges
4. Operating theatre charges, drugs, dressings and surgical appliances including prosthesis	Full Refund of Reasonable Charges
5. Surgeon's and Anaesthetist's charges	Full Refund of Reasonable Charges
6. Consulting Physician's Charges for daily visits, Pathology, Radiology (including CT and MRI Scans), Diagnostic Tests and Physiotherapy	Full Refund of Reasonable Charges
7. Treatment of Psychiatric illnesses - up to 35 nights per year (subject to a 12 month Moratorium from date of joining)	Full Refund of Reasonable Charges
8. Road Ambulance charges	Full Refund of Reasonable Charges
Section 2 - Cancer Treatment	
1. 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	Full Refund of Reasonable Charges
2. Oncology-related CT Scans, MRI's and PET Scans	Full Refund of Reasonable Charges
Section 3 - Other Benefits relating to In-Patient or Day-Care Treatment	
1. 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
2. Cash benefit for In-Patient and Day-Care Treatment received free of charge in a non-paying hospital	Adults @ €60 per day Children (Under 18) @ €30 per day (payable to Policyholder)
3. Prescribed drugs following a surgical procedure	Up to €250 per year
Section 4 - Out-Patient Treatment	
1. General Practitioner charges, professional fees for Specialist consultations, and out-patient diagnostic tests and procedures. <i>Physiotherapy limited to 15 sessions per treatment.</i>	Full Refund of Reasonable Charges up to €3,500 per year
2. Alternative Therapy including osteopathy, homeopathy, acupuncture and chiropractic treatment provided by qualified practitioners. <i>Limited to 10 sessions per treatment.</i>	
3. CT and MRI Scans referred by a specialist	Full Refund of Reasonable Charges
4. Psychiatric Care (subject to a 12 month Moratorium from date of joining)	Up to 250 per year
5. Drugs prescribed on an Out-Patient basis (must be prescribed by a Specialist)	Not Covered - Available under the International Gold Plan
6. Vaccinations and their administration by a medical practitioner or nurse	Not Covered - Available under the International Gold Plan

Section 5 - Preventive & Routine Care

1. Annual Preventive Dental Treatment (including check-ups, x-rays, scaling & polishing)	Not Covered - Available under the International Gold Plan
2. Annual Routine Eyesight Testing, including cost of Prescription Glasses	Not Covered - Available under the International Gold Plan
3. Annual Skin Cancer Screening	Not Covered - Available under the International Gold Plan
4. Annual Mammogram/Breast Ultrasound (Female members aged 40+) Annual Prostate Examination (Male members aged 40+)	Not Covered - Available under the International Gold Plan
5. Annual Blood Tests: Lipid Profile, Liver Function, Fasting Glucose, Complete Blood Count (Members aged 40+)	Not Covered - Available under the International Gold Plan
6. Annual Bone Density Scan (Members aged 40+)	Not Covered - Available under the International Gold Plan

Section 6 - Dental Treatment

1. 75% of routine treatment (incl. fillings, extractions and root canal therapy)	Not Covered - Available under the International Gold Plan
2. 50% of major restorative or orthodontic treatment (incl. crowns, bridges or orthodontic treatment of over-bite or under-bite)	
3. Emergency Dental Treatment necessary to restore or replace sound natural teeth lost or damaged as a result of an accident (initial treatment only)	Up to €750 per year

Section 7 - Pregnancy Cover (Subject to 12 month Moratorium from date of joining)

1. 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
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Section 8 - Emergency Treatment & Assistance

1. In-Patient Emergency Treatment for a life-threatening acute medical condition which arises suddenly whilst you are travelling in the USA or Canada	Up to €20,000
2. Out-Patient Emergency Treatment for an acute medical condition which arises suddenly whilst you are travelling in the USA or Canada	Up to €500
3. International Emergency Medical Cover (Repatriation; Evacuation and Mortal Remains)	Full Refund of Reasonable Charges within the Area of Cover

Section 9 - Chronic Medical Conditions (Subject to 12 month Moratorium from date of joining)

1. Routine Follow-Up Consultations or In-Patient Treatment of newly-diagnosed Chronic Medical Condition. <i>In-Patient Treatment limited to 14 days per year.</i>	Not Covered - Available under the International Gold Plan
2. Kidney Dialysis for newly-diagnosed Acute Kidney Failure	Not Covered - Available under the International Gold Plan

Section 10 - Additional Benefits

1. Funeral Expenses	Up to €1,500
2. Second Medical Opinion Service	Included in Cover
3. Mediphone - Medical Assistance over the phone, via a dedicated 24/7 call centre	Included in Cover

“Full Refund” means Full Refund of all Reasonable Charges for the Treatment in question, as per ‘Schedule of Reasonable Fees Maximum Benefits’ which can be viewed on www.laferla.com.mt or at our offices. Also refer to policy definitions.

The purpose of the policy is to provide cover for the customary and reasonable fees of recognised Treatment, which is medically necessary for acute medical conditions and injuries occurring after the date of joining.

This policy is not intended to cover any pre-existing medical conditions and conditions arising therefrom or associated therewith. The policy also does not 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).

Subject to terms, conditions, exclusions and limitations of the Laferla Healthplans policy which can be viewed on www.laferla.com.mt.

Laferla Insurance Agency Limited is licensed to act as an insurance agent for Mapfre Middlesea plc and both companies are authorised to transact insurance business by the Malta Financial Services Authority under the Insurance Business Act, 1998.