

Health Insurance

Product: International In-Patient Only Scheme

Insurance Product Information Document



Mapfre Malta p.l.c. | Middle Sea House | Floriana FRN 1442 | Malta

Mapfre Malta 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. Mapfre Malta p.l.c. is regulated by the MFSA.

This is a summary of the insurance coverage. It is not personalised to your individual needs. Complete pre-contractual and contractual information can be found in the Health Insurance Policy document, Table of Benefits and Schedule of Approved Healthcare Provider Fees available on <https://www.mapfre.com.mt/individuals/health-insurance/>, and on your schedule / membership certificate, which you will receive after you purchase the policy. If you are covered under a group health policy, limits, terms and conditions may vary.

What is this type of insurance?

The health policy covers the approved costs of medically essential in-patient treatment for acute medical conditions, received in Malta and elsewhere in the world. Limited cover applies for treatment received in the U.S.A. and Canada.



What is insured?

Annual maximum limit per person €900,000

In-patient & day-case treatment

- ✓ Hospital accommodation
- ✓ Operating theatre, drugs, dressings and eligible prosthesis
- ✓ Surgeon & anaesthetist fees
- ✓ Consultant physician and specialist medical consultations, pathology, radiology, diagnostic tests and physiotherapy
- ✓ CT, MRI & PET scans
- ✓ Mental health treatment

Cancer Treatment

- ✓ In- and out-patient oncologist and hospital fees, chemotherapy and radiotherapy

Other Benefits

- ✓ Cash benefit for treatment received in a state hospital as a non-paying in-patient or day-case
- ✓ Emergency road ambulance
- ✓ Evacuation and repatriation
- ✓ International emergency medical telephone assistance
- ✓ Home nursing by a professional nurse following a surgical intervention
- ✓ Funeral expenses
- ✓ Emergency in-patient treatment in the USA & Canada
- ✓ Second medical opinion service



What is not insured?

- ✗ Addiction and abuse of alcohol, drugs & substances
- ✗ Administrative fees
- ✗ Advanced therapy medicinal products
- ✗ Allergy tests
- ✗ AIDS / HIV
- ✗ Aids & appliances
- ✗ Assistant surgeon / anaesthetist fees
- ✗ Birth control
- ✗ Chronic medical conditions
- ✗ Congenital structural or functional anomalies
- ✗ Cosmetic treatment
- ✗ Criminal acts
- ✗ Developmental problems
- ✗ Dental or orthodontic treatment
- ✗ Dialysis
- ✗ Drugs, dressings, surgical or dental appliances
- ✗ Experimental or unproven treatment
- ✗ Eyesight correction
- ✗ Genetic testing
- ✗ Organ transplant treatment if you are the donor
- ✗ Pre-existing medical conditions, unless otherwise specified
- ✗ Pregnancy or childbirth
- ✗ Preventive treatment
- ✗ Sanctions
- ✗ Self-inflicted injury
- ✗ Sexual dysfunction
- ✗ Sexually transmitted infections
- ✗ Sleep disorders
- ✗ Social or domestic fees
- ✗ Sport injuries
- ✗ Unrecognised medical facilities
- ✗ War and like risks
- ✗ Weight management



Are there any restrictions on cover?

- ! Specific treatments are subject to approved fees, refer to the Schedule of Approved Healthcare Provider Fees
- ! In-patient mental health treatment is limited to 28 days each year
- ! Home nursing must be specialist referred
- ! CT, MRI & PET scans must be specialist referred
- ! Waiting periods:
Pregnancy and childbirth complications: 10 months
- ! Claims excess, where applicable



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 in-patient or any surgical treatment, and CT, MRI & PET scans
- You must provide any information we require to assess your claim
- You must tell us if you are moving to a different country
- You must let us know if you have other insurance which also covers the same or similar benefits
- If the policyholder or a dependant dies we are to be notified in writing



When does the cover start and end?

- The contract start and end dates will be shown in the schedule
- If the policy is cancelled before expiry an endorsement will be sent to you showing the date of cancellation and refund of premium if applicable



When and how do I pay?

- Premium is payable annually in advance by credit/debit card, internet banking, cash or cheque; or in instalments which must be arranged through a direct debit. Instalment processing charges apply as follows: half-yearly 2.5%, quarterly 5%, monthly 7.5%.
- If you purchase your policy through an authorised intermediary, you must settle annual premium with them.
- Irrespective of the agreed frequency of payment, the full annual premium is always due.



How do I cancel the contract?

- You may cancel your, or any of your dependents' policy at any time, by writing to us. Unless you (or any dependents) have made a claim during the respective period of insurance, we will calculate a pro-rated premium refund based on the number of days remaining between the cancellation and policy expiry dates.