

Benefit Limits: Limits shown are per Policy Year, unless stated otherwise.	Schengen Visa Bronze Plan	Schengen Visa Silver Plan	Schengen Visa Gold Plan
Area of Cover	European Union	European Union	Worldwide excl. USA & Canada <i>(USA &amp; Canada covered for emergencies only, up to €50,000 - vide Section 7)</i>
Overall Maximum Limit per Year	€100,000	€500,000	€750,000

### Section 1 - In-Patient and Day-Care Treatment

1. Accommodation and Ancillary charges, including amongst others: medicines, consumables (including dressings), food and nursing	Full Refund of Reasonable Charges	Full Refund of Reasonable 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	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
3. Parent Accommodation - staying with a child under the age of 16	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
4. Operating theatre charges, drugs, dressings and surgical appliances including prosthesis	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
5. Surgeon's and Anaesthetist's charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
6. Consulting Physician's Charges for daily visits, Pathology, Radiology (including CT and MRI Scans), Diagnostic Tests & Physiotherapy	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
7. Pregnancy and Childbirth Complications - we will pay for the cost incurred due to complications only	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
8. Treatment of Psychiatric illnesses (subject to a 12 month Moratorium from date of joining)	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
9. Road Ambulance charges	Full Refund of Reasonable Charges	Full Refund of Reasonable 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	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
2. Oncology-related CT Scans, MRI's and PET Scans	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges

### Section 3 - Out-Patient Treatment

1. Out-Patient General Practitioner charges, professional fees for Specialist consultations, and out-patient diagnostic tests and procedures. <i>Physiotherapy limited to 15 sessions per treatment.</i>	Not Covered under this plan.	Full Refund of Reasonable Charges up to €3,500 per year	Full Refund of Reasonable Charges up to €5,000 per year
2. Out-Patient Alternative Therapy including osteopathy, homeopathy, acupuncture and chiropractic treatment provided by <b>qualified practitioners. Limited to 10 sessions per treatment.</b>			
3. Out-Patient CT, MRI and PET Scans referred by a Specialist	Not Covered under this plan.	Full Refund of Reasonable Charges	Full Refund of Reasonable Charges
4. Prescribed drugs and dressings	Not Covered under this plan.	Up to €250 per year	Up to €500 per year
5. Home Nursing charges by a professional nurse following a surgical intervention by a Specialist, on recommendation of a Specialist	Not Covered under this plan.	Up to €350 per week; up to 26 weeks per year	Up to €700 per week; up to 26 weeks per year
6. Out-Patient Psychiatric Care ( <b>subject to a 12 month Moratorium from date of joining</b> )	Not Covered under this plan.	Up to €250 per year	Up to €500 per year
7. Vaccinations and their administration by a medical practitioner or nurse	Not Covered under this plan.	Not Covered under this plan.	Up to €250 per year

### Section 4 - Preventive and Routine Care

1. Annual Preventive Dental Treatment (including check-ups, x-rays, scaling & polishing)	Not Covered under this plan.	Not Covered under this plan.	Up to €100 per year
2. Annual Routine Eyesight Testing, including cost of Prescription Glasses	Not Covered under this plan.	Not Covered under this plan.	Up to €150 per year
3. Annual Skin Cancer Screening	Not Covered under this plan.	Not Covered under this plan.	Up to €100 per year
4. 4.1 Annual Mammogram/Breast Ultrasound (Female Members aged 40+) 4.2 Annual Prostate Examination (Male Members aged 40+)	Not Covered under this plan.	Not Covered under this plan.	Up to €100 per year
5. Annual Blood Tests including Lipid Profile, Liver Function, Fasting Glucose, Complete Blood Count (Members aged 40+)	Not Covered under this plan.	Not Covered under this plan.	Up to €100 per year
6. Annual Bone Density Scan (Members aged 40+)	Not Covered under this plan.	Not Covered under this plan.	Up to €100 per year

### Section 5 - Dental Treatment

1. 75% of routine treatment (incl. fillings, extractions and root canal therapy)	Not Covered under this plan.	Not Covered under this plan.	Up to €1,000 per year
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)	Not Covered under this plan.	Up to €750 per year	Up to €2,500 per year

### Section 6 - 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	Not Covered under this plan.	Up to €500 per pregnancy	Up to €5,000 per pregnancy
---	------------------------------	--------------------------	----------------------------

## Section 7 - Emergency Treatment & Assistance

1. Emergency <b>In-Patient or Day-Care</b> Treatment for a life-threatening acute medical condition which arises suddenly whilst you are travelling in the USA or Canada	Not Covered under this plan.	Not Covered under this plan.	Up to €50,000
2. Emergency <b>Out-Patient</b> Treatment for an acute medical condition which arises suddenly whilst you are travelling in the USA or Canada	Not Covered under this plan.	Not Covered under this plan.	Up to €1,500
3. Medical Evacuation to home country for emergency medical reasons and Repatriation to home country in the event of death. We will cover the cost of a standard air fare for the insured member unless specialised travel (air ambulance) is medically necessary.	Up to €30,000	Up to €30,000	Up to €30,000

## Section 8 - Cover for Newly-Diagnosed (i.e. diagnosed after date of joining) Chronic Medical Conditions - Subject to a 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 under this plan.	Not Covered under this plan.	Up to €2,500 per year
2. Kidney Dialysis for newly-diagnosed Acute Kidney Failure	Not Covered under this plan.	Not Covered under this plan.	Up to €20,000 for your lifetime

**“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](http://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](http://www.laferla.com.mt).

Laferla Insurance Agency Ltd (C 14529) is enrolled under the Insurance Distribution Act, Cap 487 to act as an Insurance Agent for MAPFRE Middlesea p.l.c. (C 5553), “MMS”. MMS is authorised by the Malta Financial Services Authority, “MFSA”, under the Insurance Business Act, Cap 403 of the Laws of Malta. Both entities are regulated by the MFSA.