Laferla Insurance Agency Ltd. Registered Address: 204A, Vincenti Buildings, Old Bakery Street, Valletta VLT 1453. Malta.

LAFERLA

Postal Address: P.O. Box 347, Valletta VLT1000, Malta.

Underwriting: medical@laferla.com.mt
Claims: medicalclaims@laferla.com.mt

www.laferla.com.mt

LAFERLA HEALTHPLANS

MALTA RESIDENCE PERMIT / WORK PERMIT BRONZE PLAN table of benefits

The benefit limits shown below are per Policy Year, unless stated otherwise.

	Area of Cover	Malta & Schengen ¹
	Overall Maximum Limit per Policy Year	€100,000
Se	ction 1 - In-Patient and Day-Care Treatment	
١.	Accommodation and Ancillary charges, including amongst others: medicines, consumables (including dressings), food and nursing	Full Refund of Reasonable Charge
2.	Rehabilitation Centre Costs for Rehabilitation on recommendation of a Specialist, following a surgical intervention	Full Refund of Reasonable Charge
3.	Parent Accommodation - staying with a child under the age of 16	Full Refund of Reasonable Charge
ŀ.	Operating theatre charges, drugs, dressings and surgical appliances including prosthesis	Full Refund of Reasonable Charge
	Surgeon's and Anaesthetist's charges	Full Refund of Reasonable Charge
j.	Consulting Physician's Charges for daily visits, Pathology, Radiology (including CT and MRI Scans), Diagnostic Tests & Physiotherapy	Full Refund of Reasonable Charge
	Pregnancy and Childbirth Complications - we will pay for the cost incurred due to complications only	Full Refund of Reasonable Charge
3.	Treatment of Psychiatric illnesses (subject to a 12 month Moratorium from date of joining)	Full Refund of Reasonable Charge
9.	Road Ambulance charges	Up to €250 per episode
se	ction 2 - 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	Full Refund of Reasonable Charge
2.	Oncology-related CT Scans, MRI's and PET Scans	Full Refund of Reasonable Charge
ie	ction 3 - Out-Patient Treatment	
	Out-Patient General Practitioner charges, professional fees for Specialist consultations, and out-patient diagnostic tests and procedures. <i>Physiotherapy limited to 10 sessions per treatment.</i>	Full Refund of Reasonable Charge
	Out-Patient Alternative Therapy including osteopathy, homeopathy, acupuncture and chiropractic treatment provided by qualified practitioners . <i>Limited to 10 sessions per treatment</i> .	up to €300 per year
	Out-Patient CT, MRI and PET Scans referred by a Specialist	Up to €500 per scan
	Drugs and Dressings for Out-Patient use, when prescribed by a Specialist	Not Covered
	Out-Patient Psychiatric Care (subject to a 12 month Moratorium from date of joining)	Not Covered

ction 4 - Preventive and Routine Care	
Annual Preventive Dental Treatment (including check-ups, x-rays, scaling & polishing)	Not Covered
Annual Routine Eyesight Testing, incouding cost of Prescription Glasses	Not Covered
Annual Skin Cancer Screening	Not Covered
4.1 Annual Mammogram/Breast Ultrasound (Female Members aged 40+) 4.2 Annual Prostate Examination (Male Members aged 40+)	Not Covered
Annual Blood Tests including Lipid Profile, Liver Function, Fasting Glucose, Complete Blood Count (Members aged 40+)	Not Covered
Annual Bone Density Scan (Members aged 40+)	Not Covered
ction 5 - Dental Treatment	
75% of routine treatment (incl. fillings, extractions and root canal therapy)	Not Covered
50% of major restorative or orthodontic treatment (incl. crowns, bridges or orthodontic treatment of over-bite or under-bite)	
Emergency Dental Treatment necessary to restore or replace sound natural teeth loost or damaged as a result of an accident (initial treatment only)	Not Covered
ction 6 - Pregnancy Cover - Subject to 12 month Moratorium from date of joining	
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
ction 7 - Repatriation of Mortal Remains	
Cover for repatriation of your mortal remains to your home country in case of death	Not Covered
	Annual Routine Eyesight Testing, incouding cost of Prescription Glasses Annual Skin Cancer Screening 4.1 Annual Mammogram/Breast Ultrasound (Female Members aged 40+) 4.2 Annual Prostate Examination (Male Members aged 40+) Annual Blood Tests including Lipid Profile, Liver Function, Fasting Glucose, Complete Blood Count (Members aged 40+) Annual Bone Density Scan (Members aged 40+) ction 5 - Dental Treatment 75% of routine treatment (incl. fillings, extractions and root canal therapy) 50% of major restorative or orthodontic treatment (incl. crowns, bridges or orthodontic treatment of over-bite or under-bite) Emergency Dental Treatment necessary to restore or replace sound natural teeth loost or damaged as a result of an accident (initial treatment only) ction 6 - Pregnancy Cover - Subject to 12 month Moratorium from date of joining Pregnancy Cover - covers female insured members for Out-Patient consultations, examinations and tests relating to pregnancy, and In-Patient charges relating to childbirth ction 7 - Repatriation of Mortal Remains

"Full Refund of Reasonable Charges" 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 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.

¹ Cover outside of Malta will only be provided if medically-necessary Treatment recommended by a Specialist registered in Malta is not available in Malta and must be received in another Schengen country. In this case, cover for medical expenses will be up to the same Reasonable Fees that would be applied in Malta.