

Benefits Table

		Option 1 (a) for Employees and Dependents	Option 1 (b) for Employees and Dependents	Option 2 a (Voluntary for Employees and Dependents)	Option 2 b (Voluntary for Employees and Dependents)	Option 3 a (Voluntary for Employees and Dependents)	Option 3 b (Voluntary for Employees and Dependents)
Area of cover		Malta only	Malta only	Malta only	Malta only	Malta only except as indicated below for benefits 13 & 14	Malta only except as indicated below for benefits 13 & 14
Yearly Maximum	We will pay up to the maximum shown each year for each member	€120,000	€120,000	€120,000	€120,000	€850,000	€850,000
1. Hospital Charges (see notes 1 & 2)	(a) Accommodation charges inclusive of routine nursing and special nursing when approved; drugs and dressings used for in-patient or daycare treatment for non-surgical and non-oncology related admissions: (b) Operating theatre fees (including eligible appliances), recovery room fees, surgical drugs and dressings used for in-patient or daycare treatment . Limits are for each operation unless otherwise stated (<i>category and level of complexity is determined by our schedule of procedures</i>)	In-patient: €590 Daycare: Paid in full up to fair and reasonable charges In-patient: €275 Daycare: Paid in full up to fair and reasonable charges	In-patient: €590 Daycare: Paid in full up to fair and reasonable charges In-patient: €275 Daycare: Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges up to a max of five nights and €11,700 per year	Paid in full up to fair and reasonable charges up to a max of five nights and €11,700 per year	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges
2. Surgeon's and Anaesthetists' charges (see note 1)	Surgeons' and Anaesthetists' charges for each operation unless otherwise stated. This includes pre- and post-operative consultations while an in-patient or daycare patient. Related out-patient consultations are payable under benefit 3. Minor under local anaesthetic Minor under general anaesthetic Intermediate Major and Major Plus Operations (<i>category and level of complexity is determined by our schedule of procedures</i>)	Surgeon/Anaesthetist: €110 €140 €50 €250 €70 €590 €165	Surgeon/Anaesthetist: €110 €140 €50 €250 €70 €590 €165	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges



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3. Specialist consultations (including physicians), physiotherapy and diagnostic procedures (except CT and MRI scanning)	<p>(a) In-patient</p> <p>(b) Day-care</p> <p>(c) Out-patient</p> <p><i>Out-patient consultations, diagnostic procedures and physiotherapy are payable under benefit (c) and/or 8 even if they are related to in-patient or daycare treatment either before admission or after discharge</i></p> <p><i>Specialists' charges for consultations and treatment, family doctor secondary treatment, diagnostic procedures (even if they are related to in-patient or daycare treatment) and physiotherapy treatment</i></p> <p><i>Please note that all physiotherapy must follow referral by a family doctor or specialist. When it is family doctor referred physiotherapy it is limited to 8 visits in a five week period</i></p>	<p>(a): €100 per episode</p> <p>(b)€40 per episode</p> <p>(c)€175 per year</p>	<p>(a) €100 per episode</p> <p>(b) €40 per episode</p> <p>(c)175 per year</p>	<p>(a) Paid in full up to fair and reasonable charges up to a maximum of €1,200 per episode</p> <p>(b) Paid in full up to fair and reasonable charges up to a maximum of €250 per year</p> <p>(c) €250</p>	<p>(a) Paid in full up to fair and reasonable charges up to a maximum of €1,200 per episode</p> <p>(b) Paid in full up to fair and reasonable charges up to a maximum of €250 per year</p> <p>(c) €250</p>	<p>(a), (b) and (c) Paid in full up to fair and reasonable charges</p>	<p>(a), (b) and (c) Paid in full up to fair and reasonable charges</p>
4. PET, CT and MRI scanning for non oncology related treatment	<p>Positron emission tomography, computerised tomography and magnetic resonance imaging (brain and body scanning) received</p> <p>(a) as an in-patient or daycare patient ONLY when referred by a specialist</p> <p>(b) as an out-patient ONLY when referred by a specialist</p>	<p>(a) Benefit will be taken from the Benefit 3 (a) or (b) above (inpatient or daycare)</p> <p>(b) Benefit will be taken from Benefit 3 (c) above (outpatient).</p>	<p>(a)Benefit will be taken from the Benefit 3 (a) or (b) above (inpatient or daycare)</p> <p>(b)Benefit will be taken from Benefit 3 (c) above (outpatient).</p>	<p>(a) Benefit will be taken from the Benefit 3 (a) or (b) above (in-patient or daycare).</p> <p>(b) Benefit will be taken from Benefit 3 (c) above (outpatient).</p>	<p>(a) Benefit will be taken from the Benefit 3 (a) or (b) above (in-patient or daycare).</p> <p>(b) Benefit will be taken from Benefit 3 (c) above (outpatient).</p>	<p>(a) and (b) Paid in full up to fair and reasonable charges.</p>	<p>(a) and (b) Paid in full up to fair and reasonable charges.</p>
5. Oncology	<p>Radiotherapy, chemotherapy and oncology related tests (including PET, MRI and CT scanning), drugs and specialist fees for treatment received as in-patient, out-patient or daycare patient during a course of oncology treatment.</p> <p><i>By course we mean a course of a maximum of six cycles of chemotherapy or six weeks of radiotherapy. A maximum of two courses are payable each year.</i></p>	<p>€500 per course</p>	<p>€500 per course</p>	<p>Paid in full up to fair and reasonable charges up to a maximum of €11,800 per year</p>	<p>Paid in full up to fair and reasonable charges up to a maximum of €11,800 per year</p>	<p>Paid in full up to fair and reasonable charges</p>	<p>Paid in full up to fair and reasonable charges</p>

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6. Additional accommodation costs	Charges for one adult relative staying in the same hospital as a child member who is under 14 years of age. This is paid from the child's benefit	Not covered	Not covered	Paid in full up to fair and reasonable charges up to a maximum of five nights per treatment	Paid in full up to fair and reasonable charges up to a maximum of five nights per treatment	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges
7. Mental and Psychiatric Illness	Charges for treatment of psychiatric illness given by a psychiatrist. Benefit is payable for treatment given by a psychotherapist or psychologist when under the control of a psychiatrist. (a) as an in-patient or daycare patient (b) as an out-patient Treatment requires pre-authorization <i>This benefit is not eligible for cash benefit (Benefit 11) and is not payable when incurred within the first 2 years of being registered for this option. In cases of developmental delay in children, referral to a psychologist or psychotherapist by a family doctor or paediatrician is necessary. Treatment for developmental delay is limited to a three month period following diagnosis.</i>	Payable out of benefit 3c above	Payable out of benefit 3c above	€250	€250	€375	€375
8. Home Nursing	Nursing at home when arranged by a specialist (with our prior approval) out of medical necessity for a member who needs a registered nurse following treatment	€1,000	€1,000	€1,200	€1,200	€1,800	€1,800
9. Family Doctor charges and Prescribed drugs following in-patient treatment	(a) Family Doctor charges for consultations (b) Drugs must be prescribed by a specialist and follow in-patient treatment . (c) Family Doctor charges for Minor surgery approved by us	(a) Not covered (b) €120 (c) Not covered	(a) Not covered (b) €120 (c) Not covered	(a) Not covered (b) €120 (c) €75	(a) Not covered (b) €120 (c) €75	(a) €60 (b) €350 (c) €125	(a) €60 (b) €350 (c) €125
10. Emergency Dental Treatment	Family Doctor's or Specialist's fees for emergency relief of dental pain.	€30	€30	€50	€50	€95	€95
11. Cash benefit	Cash benefit for each night the member receives free treatment . We will pay this benefit only if the treatment the member receives would have been eligible for benefit privately under this policy	€25 per night subject to a maximum of 20 nights	€25 per night subject to a maximum of 20 nights	€35 per night subject to a maximum of 30 nights	€35 per night subject to a maximum of 30 nights	€50 per night subject to a maximum of 40 nights	€50 per night subject to a maximum of 40 nights

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12. Routine Maternity	<p>(a) Normal pregnancy and childbirth including in-patient or out-patient antenatal and postnatal consultations and delivery</p> <p>(b) Where normal pregnancy and childbirth take place in a state hospital and no charges related to (a) above including tests, drugs or any other eligible benefit are incurred, the following benefit will be payable.</p> <p><i>Please note that routine maternity does not include a specific obstetric procedure or complications of pregnancy by a medical condition.</i></p>	Not covered	Not covered	Not covered	Not covered	<p>(a) €815</p> <p>(b) €120 <i>Benefit is not payable for a confinement or expenditure incurred within ten months of a member first being registered for this option.</i></p>	<p>(a) €815</p> <p>(b) €120 <i>Benefit is not payable for a confinement or expenditure incurred within ten months of a member first being registered for this option.</i></p>
13. Serious Illness UK Treatment	<p>We will pay medical treatment charges at a hospital suggested by us in the UK for the following medical treatment, if such medical treatment is not available in Malta:</p> <p>Open heart surgery; treatment for cancer (other than for non-invasive cancer in situ, tumours in the presence of HIV and any skin cancer other than invasive malignant melanoma), major neuro surgery; organ transplant where you are the recipient;</p> <p>If the treatment for cancer involves radiotherapy or oncology as an out-patient we will pay the cost of hotel accommodation up to a maximum of €116 per night for as long as each course lasts.</p> <p>In addition we will:</p> <p>(a) make all necessary arrangements for your stay in hospital including a courtesy car to take you from the airport to the hospital</p> <p>(b) pay for your return air fare to the UK</p> <p>(c) pay for hospital accommodation costs for an adult to accompany a child up the age of 14 years who is undergoing medical treatment under this extension in cover</p>	Not covered	Not covered	Not covered	Not covered	Paid in full up to fair and reasonable charges (see Notes 1 and 2)	Paid in full up to fair and reasonable charges (see Notes 1 and 2)

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14. Emergency Repatriation or Urgent Assistance outside Malta	See separate leaflet for terms and conditions	Not covered	Not covered	Not covered	Not covered	Applicable but see separate leaflet for terms and conditions	Applicable but see separate leaflet for terms and conditions
15. Ambulance Transport (when medically essential)	This is to pay for a road ambulance for emergency transportation to or between hospitals or when the medical practitioner says it is medically essential	Not covered	Not covered	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges	Paid in full up to fair and reasonable charges
16. Dental Treatment	Clinically necessary examinations and routine hygiene treatments a) Examination b) Scale and polish	Not available	Not available	a) and b) Up to €30 per year	a) and b) Up to €30 per year	a) and b) Up to €30 per year	a) and b) Up to €30 per year
17. Health at Hand Phone access to international health information service	You only pay for the call charge to access the entirely confidential 24 hours a day 365 days a year health information service which is staffed by UK registered nurses, midwives, pharmacists and counsellors. Health at Hand is split into the following clinics: <ul style="list-style-type: none"> • Family clinic: babies, toddlers, teenage trouble, pregnancy or retirement • Care and counseling clinic: stress, addiction, depression or bereavement; • Pills and prescription clinic: medicines, side effects and pain relief; • Travel clinic: inoculations, taking children abroad and medical advice by country; • Healthy living clinic: exercise, diet, drinking and smoking and cholesterol control; • Men's health clinic: prostate issues, testicular cancer, impotence and fertility; • Women's health clinic: fertility, screenings, menopause and osteoporosis. Health at Hand does not take the place of your medical practitioner nor does it diagnose or prescribe	Included	Included	Included	Included	Included	Included

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<p>18. Community Nursing – Provided exclusively by a third party provider this provides the following nursing care: Midwifery: ante-natal and port-natal visits by a state-certified midwife Nursing Care: Visits by a qualified nurse as specified by the member's family doctor to give treatment including blanket baths, prevention and treatment of bed sores, toe-nail cutting, injections, enemas, dressing of wounds, catheterization and the care and treatment of diabetes Services are provided free by a third party provider and will, whenever needed, include free sterile dressing packs and swabs, elastic net bandages and syringes and other than to administer insulin</p>							
19. Preventive Care Plus	a) Prosthetic appliances not forming an integral part of a surgical procedure.	Not covered	(a) 75% of the cost incurred up to a maximum of €250	Not covered	(a) 75% of the cost incurred up to a maximum of €250	Not covered	(a) 75% of the cost incurred up to a maximum of €250
	b) Alternative or complementary treatment on referral by your family doctor . That is chiropractic, acupuncture, homeopathic or osteopathic treatment given by a qualified practitioner who is registered to practice as a chiropractor, acupuncturist, homeopath or osteopath where the treatment is given. This benefit is payable in addition to any similar benefit in your benefit table as applicable to your plan. <i>Please note that (a) the provision of prosthetic appliances and (b) alternative or complementary treatment on the referral of your family doctor are governed by all the benefits, exclusions and conditions of your agreement.</i>	Not covered	(b) Up to €125	Not covered	(b) Up to €125	Not covered	(b) Up to €125
	c) Annual dental examination/Routine eyesight testing by an optometrist	Not covered	(c) Up to €40	Not covered	(c) Up to €40	Not covered	(c) Up to €40
	d) Routine Cervical Cancer Screening; Routine mammography /breast ultrasound examination for women aged 30 years or over; Routine trans-vaginal ultrasound examination for women aged 30 years or over; Annual prostate examination and PSA test for men aged 40 years or over; Annual testicular cancer screening examination for men aged 25 years or over	Not covered	d) Up to €130	Not covered	d) Up to €130	Not covered	d) Up to €130
	e) Lipid Profile and Liver Function Test, Complete Blood Count, Glucose Tolerance Test and Urine Analysis for members aged 40 years and over	Not covered	(e) Up to €110	Not covered	(e) Up to €110	Not covered	(e) Up to €110
	f) Bone densitometry for members aged 40 years or over	Not covered	f) Up to €110 every two years	Not covered	f) Up to €110 every two years	Not covered	f) Up to €110 every two years
	g) Stress ECG for members aged 40 years or over every two years <i>Benefits (f) and (g) are not payable when incurred within the first 12 months of being registered for this benefit</i>	Not covered	(g) Up to €145 every two years	Not covered	(g) Up to €145 every two years	Not covered	(g) Up to €145 every two years
	h) Skin cancer screening	Not covered	(h) Up to €40	Not covered	(h) Up to €40	Not covered	(h) Up to €40
	i) Blood tests for menopause: Follicle Stimulating Hormone (FSH) and Oestradiol Tests for female members aged 40 years or over	Not covered	(i) Up to €60	Not covered	(i) Up to €60	Not covered	(i) Up to €60

- Notes**
1. In **Malta**, hospitals used must be approved by us. In the **UK**, under Options 3 (a) and 3(b) under Benefit number 13 hospitals must be listed in the International **directory of hospitals/MyGlobe**
 2. These **benefits tables** must be read in conjunction with **your** latest membership statement and **membership** agreement, a summary of which is supplied to all **members** which together with these **benefits tables** and any application form comprise **your** contract of insurance with **us**.
 3. Benefits apply to each **member** each **policy year** unless otherwise stated.
 4. All in-patient and daycare treatment must be pre-authorized by us

Personal accident & Illness			
		Option 1 employees under the age of 65 Options 1, 2 or 3 adult dependents aged between 21 and 64	Options 2 & 3 employees under the age of 65 only
1	Death following an accident if occurring within two years from the accident	€24,000	€47,000
2	Permanent Total Disablement from attending to or following any occupation or employment following a. accident and/or b. sickness	€24,000	€47,000
3	Other Permanent Disabilities following an accident	As above in accordance with the continental scale	
4	Loss of both eyes/hands/feet following sickness	€24,000	€24,000
5	Loss of one eye/hand/foot following sickness	€17,000	€17,000

Notes:

1. Personal Accident & Sickness Cover is available on a 24-hour basis whilst anywhere in the Maltese Islands
2. Child dependents aged 0 – 20 are not eligible for personal accident & sickness cover
3. Personal accident and sickness cover ends once the member reaches the age of 65