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# LAFERLA HEALTHPLANS

## table of benefits



	Bronze Plan	Silver Plan	Gold Plan	International Plan
Area of Cover	Worldwide	Maltese Islands	Maltese Islands	Worldwide excl. USA & Canada <sup>1</sup>
Annual Overall Maximum Benefit Limit	€150,000	€350,000	€600,000	€600,000

### Limits per Policy Year (unless otherwise stated)

Section 1 - In-Patient and Day-Case Treatment												
1. Accommodation and Ancillary charges	€175 per night, up to 4 nights €125 per episode for Day-Case	Full Refund	Full Refund	Full Refund								
2. Operating theatre charges, drugs, dressings and surgical appliances including prosthesis	Major €300 Inter €175 Minor €125	Full Refund	Full Refund	Full Refund								
3. Surgeon's and Anaesthetist's charges	<table border="0"> <tr> <td><b>Surgeon</b></td> <td><b>Anaesthetist</b></td> </tr> <tr> <td>Major €600</td> <td>Major €200</td> </tr> <tr> <td>Inter €250</td> <td>Inter €100</td> </tr> <tr> <td>Minor €125</td> <td>Minor €75</td> </tr> </table>	<b>Surgeon</b>	<b>Anaesthetist</b>	Major €600	Major €200	Inter €250	Inter €100	Minor €125	Minor €75	Full Refund	Full Refund	Full Refund
<b>Surgeon</b>	<b>Anaesthetist</b>											
Major €600	Major €200											
Inter €250	Inter €100											
Minor €125	Minor €75											
4. Physician's charges	€35 per day	Full Refund	Full Refund	Full Refund								
5. Pathology, Radiology (including CT and MRI Scans), Diagnostic Tests and Physiotherapy	€175	Full Refund	Full Refund	Full Refund								
6. Parent Accommodation - staying with a child under the age of 13	Not Covered	Full Refund	Full Refund	Full Refund								
7. Road Ambulance charges	€175	Full Refund	Full Refund	Full Refund								
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	€200 per course of treatment	Full Refund	Full Refund	Full Refund								
2. Oncology-related CT Scans, MRI's and PET Scans	€400	Full Refund	Full Refund	Full Refund								

### Section 3 - Other Benefits relating to In-Patient or Day-Case Treatment

1. Cash benefit for In-Patient and Day-Case Treatment received free of charge	First 30 nights @ 20 per night Next 30 nights @ €15 per night  Children up to 30 nights @ €10 per night	First 30 nights @ €35 per night Next 30 nights @ €15 per night  Children up to 30 nights @ €15 per night	First 30 nights @ €35 per night Next 30 nights @ €15 per night  Children up to 30 nights @ €15 per night	Up to 180 nights @ €35 per night
2. Prescribed drugs following a surgical procedure	Not Covered	€100	€150	€100

### Section 4 - Out-Patient Treatment

1. General Practitioner Charges (including Mini-Minor procedures performed by a GP)	€75	€100  Procedures up to €100 additional benefit per episode	Full Refund	€3,500  A €35 Excess applies to each and every claim made for Treatment received outside the Maltese Islands.
2. Professional fees for specialist consultations, diagnostic procedures. <i>Courses of treatment entailing multiple sessions are limited to 10 sessions per treatment.</i>	€200	€750	Full Refund	
3. Alternative Therapy including osteopathy, homeopathy, acupuncture and chiropractic treatment provided by <b>qualified</b> practitioners. <i>Limited to 10 sessions per treatment.</i>	Not Covered	€300	Full Refund	
4. Emergency Dental Treatment necessary to restore or replace sound natural teeth lost or damaged as a result of an accident	Not Covered	€300	€600	
5. CT & MRI Scans referred by a specialist	2 scans per year, up to €200 per scan	3 scans per year, up to €550 per scan	Full Refund	

### Section 5 - Preventive Care

1. Preventive Dental Treatment (including check-ups, x-rays, scaling & polishing)	Not Covered	Not Covered	€30	Not Covered
2. Routine Eyesight Testing	Not Covered	Not Covered	€30	Not Covered
3. Skin Cancer Screening	Not Covered	Not Covered	€50	Not Covered
4. Mammogram/Breast Ultrasound (Female members aged 40+) Prostate Examination (Male members aged 40+)	Not Covered	Not Covered	€100	Not Covered
5. Blood Tests: Lipid Profile, Liver Function, Fasting Glucose, Complete Blood Count (Members aged 40+)	Not Covered	Not Covered	€75	Not Covered
6. Bone Density Scan (Members aged 40+)	Not Covered	Not Covered	€75	Not Covered

### Section 6 - Dental Treatment

1. 75% of routine treatment (incl. fillings, extractions and root canal therapy)	Not Covered	Not Covered	€300	Not Covered
2. 50% of major restorative or orthodontic treatment (incl. crowns, bridges or orthodontic treatment of over-bite or under-bite)				

## Section 7 - Additional Benefits

1. Maternity Cash Benefit	Not Covered	€250 per newborn child/episode	€250 per newborn child/episode	€250 per newborn child/episode
2. Home nursing by a professional nurse following a surgical intervention by a specialist	Not Covered	Up to €280 per week; up to 15 weeks per year	Up to €280 per week; up to 15 weeks per year	Up to €280 per week; up to 15 weeks per year
3. Funeral Expenses	Not Covered	€1,200	€1,200	€1,200
4. International Emergency Medical Cover (Repatriation; Evacuation and Mortal Remains)	Not Covered	Not Covered	Not Covered	Full Refund
5. Second Medical Opinion Service	Not Covered	Included in Cover	Included in Cover	Included in Cover
6. Mediphone - Medical Assistance over the phone, via a dedicated 24/7 call centre	Not Covered	Included in Cover	Included in Cover	Included in Cover

Applicable benefits:

**In-Patient, Day-Case & Out-Patient Cover:** All benefit sections are applicable.

**In-Patient & Day-Case Only Cover:** Benefit sections 1, 2 and 3 are applicable.

## Notes

<sup>1</sup> Under the International Plan, cover in the USA & Canada is limited to emergencies only, up to €17,500.

**“Full Refund” means Full Refund of all Customary and Reasonable charges for the Treatment in question, as per Schedule of Customary and 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.

This policy is not intended to 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 and conditions of the Laferla Healthplans policy which can be viewed on [www.laferla.com.mt](http://www.laferla.com.mt).

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