# **Private Health Insurance**

# Insurance Product Information Document

GasanMamo Insurance Limited is authorised by the Malta Financial Services Authority to carry on business of insurance in Malta.

# Company: GasanMamo Insurance Ltd

**Product: Sana Europe Plan** 

This is a summary of our insurance policy. You will find all the terms and conditions, along with other important information, online and in the policy document.

## What is this type of insurance?

This insurance is designed to provide cover for members who reside in Malta for a minimum of 8 months of the 12-month insurance period, for treatment of an acute condition such as a disease, illness or injury that is likely to respond quickly to treatment.

## What is insured?

#### **In-Patient & Day-Patient Treatment**

- In-patient Hospital charges
- Day-patient Hospital charges
- Operating theatre charges
- ✓ Specialist fees
- Anaesthetist fees
- Diagnostic tests such as X-rays and blood tests
- ✓ State Hospital cash benefit a cash payment per night in a state hospital without charge up to €50 per night up to 60 nights
- Ambulance charges
- MRI, PET and CT scans
- ✓ Pregnancy and childbirth complications (as specified in the policy wording) up to €6,000

#### Cancer Treatment (if part of your chosen

#### plan)

In-Patient & Day-Patient Treatment - We pay for oncology related charges including radiology, chemotherapy, MRI, CT & PET scans, specialist consultant's fees and drugs

# **Options to increase your cover**

#### **Optional benefits**

- Repatriation cover to your home country up to €30,000
- ✓ Repatriation of mortal remains up to €30,000



#### What is not insured?

- Pre-existing conditions subject to the method of × underwriting
- X Chronic medical conditions
- × HIV/AIDS and sexually transmitted diseases
- X Diagnostic tests and treatment for infertility / contraception / sterilization
- × Alcoholism, alcohol abuse, drug abuse, solvent abuse and other addictive conditions
- × Treatment undertaken by a specialist without a General Practitioner referral
- Cosmetic treatment
- × Routine and preventive treatment including pregnancy and dental treatment
- × Appliances and medical aids such as hearing aids or crutches
- × Sports injuries as specified in the terms and conditions
- × Treatment required as a result of war, terrorism, contamination and riots
- **Experimental treatment**
- Ŷ Self-inflicted injury
- XXXXXX Sleep disorders
- Treatment for warts, verrucas or skin tags
- Weight and eating disorders
- Sexual dysfunction
- **Congenital conditions**
- Behavioral disorders
- Intolerances and/or allergies
- **Out-patient treatment**
- Any other specific exclusion or limitations shown in the policy wording



#### Are there any restrictions on cover?

- Cover for pre-existing conditions under this product is dependent on the method of underwriting that applies to each member.
- Doctors' and therapists' fees will only be covered up to the fair & reasonable fees.
- 1 Hospital fees are only covered in full when using a participating hospital.
- 1 General Practitioner referral is required prior to consulting a specialist except in the case of gynecologist, ophthalmologist or pediatrician.
- 1 Some benefits have specific limits. Please refer to your terms and conditions for full details.





#### Where am I covered?

Member States of the European Union



#### What are my obligations?

- You must take reasonable care to disclose facts even when you are in doubt as to whether they are material or relevant to the questions on the application form when you take out, when you make change to, or when renewing your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim.
- You must also tell us about changes to your circumstances which may affect the information given to us upon application and/or at renewal.
- You are also to inform us of any changes even if renewal terms have been offered and premium has been paid.
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and clauses of this policy. It is your responsibility to read the policy schedule, endorsements, table of benefits and policy wording.
- In the event of a claim, we strongly recommend that you contact us before receiving any in-patient, day-patient and outpatient treatment so that we can advise you on what will and will not be covered.



#### When and how do I pay?

You can pay your premium annually by cash, cheque, card or bank transfer.



### When does cover start and end?

The policy shall be for a period of one year commencing on the day indicated on the policy schedule.



#### How do I cancel the contract?

The policy shall be for a period of one year, commencing on the day indicated on the policy schedule and cancellation is not allowed for any reason.