





THERE WHEN YOU NEED US MOST

Middlesea Insurance p.l.c. is Malta's leading insurance provider.

Set up in 1981, it places its customers at the forefront and strives to provide top quality service. The Company seeks to embrace professionalism and excellence in everything it does.

Middlesea Insurance p.l.c. is aware of the high standards its customers expect and deserve.

Middlesea Insurance p.l.c. has an established reputation for the quality of its insurance plans and for its total commitment to service.

MORE CHOICE - MORE FLEXIBILITY

THE BENEFITS OF HEALTH INSURANCE

In the event that health treatment is required following sickness or an accident, you and your loved ones need the peace of mind that you have access to the very best health care available, as and when you need it. Such comfort is possible if you choose to take out a health insurance policy which will bring with it the following:

CHOICE

- You choose when and where to obtain treatment.
- You choose your consultant/surgeon/specialist.

TOP MEDICAL CARE

- You obtain immediate attention and care.
- The specialist taking care of you will treat you from your first consultation, throughout your stay in hospital, and even after.

COMFORT

You are looked after at a private hospital or clinic of your choice.

PEACE OF MIND

- You do not have to worry about arranging treatment and sorting out bills .
- Health claims may be settled directly by us with most hospitals and health care providers, both in Malta and overseas.

THE MIDDLESEA HEALTH SCHEMES

The Middlesea Health schemes are designed to meet your specific individual needs including the freedom to choose different levels of cover to suit your requirements and budget.

Our Health schemes also allow each family member to select his/her level of insurance cover under the same insurance policy.

Middlesea Health provides you with THREE levels of cover. These are:

- Basic Scheme
- · Hospital Scheme
- International Scheme

We are offering the following schemes for more choice and flexibility, at a significant reduction in price:

- Basic Scheme (In-Patient cover only)
- Hospital Scheme (In-Patient cover only)

To even further reduce your premium you may apply for a voluntary excess.

Please refer to the **Scheme Selector Grid** on page 4.



THE GREATEST WEALTH IS HEALTH

FREQUENTLY-ASKED QUESTIONS

HOW DO I CHOOSE HEALTH INSURANCE COVER?

Middlesea Insurance p.l.c. offers you three levels of cover. To assist you to choose the level of cover and price that is right for you, this brochure includes a comparative summary entitled Middlesea Health Insurance Schemes. Should you require more information, this is available at www.middlesea.com or call our customer care officials on: 8007 2278 who will discuss with you all the options available and answer any questions you might have.

SCHEME SELECTOR GRID

	IN-PATIENT & OUT-PATIENT COVER SCHEME			
Normal cost	BASIC	HOSPITAL	INTERNATIONAL	
	IN-PATIENT COVER ONLY			
Discounted cost	BASIC	HOSPITAL	NOT AVAILABLE	
	EXCESS AVAILABLE			
Low	10%	10%	N/A	
	20%	20%	N/A	

WHAT IS THE PURPOSE OF THE POLICY?

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).

ARE THE MIDDLESEA HEALTH INSURANCE POLICIES VALID IN MALTA ONLY?

The Middlesea Health Insurance Basic and Hospital Schemes will provide cover for Treatment received in the Maltese Islands only, however, if the insured or an insured member of his family requires emergency Treatment whilst he/she are outside of the Maltese Islands, then the Middlesea Health Insurance Basic and Hospital Schemes will cover the cost for the Treatment received up to the same level as what would have been paid had the same Treatment been received in Malta.

The Middlesea Health Insurance International Scheme will provide cover for Treatment received in Malta and Worldwide excluding USA and Canada. In case of an emergency treatment whilst in the USA and Canada, the scheme will cover the cost for the Treatment received up to the same level as what would have been paid had the same Treatment been received in Malta.

CAN ANYONE JOIN MIDDLESEA HEALTH?

Residents of the Maltese Islands and foreign nationals including non-EU Nationals working or living in Malta are also eligible to apply.

HOW CAN I SAVE ON MY ANNUAL PREMIUM?

You may reduce your annual premium by either applying for an excess and/or by purchasing an 'In-patient cover only' scheme.

HOW DOES AN EXCESS WORK?

An excess is the amount of each and every claim that you will have to pay. The choice of an excess enables you to take advantage of a further reduction in your annual premium. Upon presentation of a claim we would still need to have all the relative original documentation as evidence of the costs of the treatment you have undergone. This will enable us to assess your entitlement under your applicable scheme and table of benefits. Once your entitlement is calculated we pay our own proportion of the claim and you will bear the percentage excess applicable in your case. The amount of the entitlement is deducted from the annual benefits under your scheme and the balance remaining may be utilised for any future treatment for the year.

In the case of treatment requiring hospitalisation, a request for direct settlement is usually made by the hospital to us. In the case that an excess is applicable, we will advise the hospital that such an arrangement applies and confirmation of direct settlement shall be made for our own proportion of the Treatment costs.

IS MY HEALTH INSURANCE COVER RENEWED EVERY YEAR?

Middlesea Health will write to you at least 28 days before your renewal date, and your annual cover will be renewed upon payment of the renewal premium.

WHAT IS THE DIFFERENCE BETWEEN A TRADITIONAL HEALTH INSURANCE SCHEME AND AN IN-PATIENT COVER ONLY SCHEME?

A health insurance policy usually offers a refund for all eligible medical costs for the treatment of acute medical conditions both on an in-patient and on an out-patient basis. By removing the out-patient benefits, a substantial discount may be applied to standard premiums.

WILL THE PRICE GO UP IF I CLAIM?

Your individual premiums are not affected by the number of claims you make.

CAN LADD OTHER MEMBERS OF MY FAMILY TO MY POLICY?

You may apply to add your spouse/partner and/or your children including newborns as dependants onto your policy at any time. Children born during the period of insurance will be covered at the same level of cover of either the Mother or the father, free of charge, until the next date of renewal, provided the parent applies for such cover within three months of birth and the relative original birth certificate is forwarded to Middlesea Insurance p.l.c. within the same period.

MAY I CHANGE MY TYPE OF POLICY DURING THE YEAR?

A health insurance policy is an annual policy and any change in cover, such as upgrading or downgrading of schemes, may only be effected on the annual renewal of your policy.

ARE THERE ANY ADDITIONAL BENEFITS?

A Second Medical Opinion service - This program gives you access to a network of acknowledged Top Medical Experts in Europe to provide you with the best Second Medical Opinion according to the highest medical standards.

FUNERAL EXPENSES

Once the insured passes away, the policy offers a benefit for funeral expenses.

FOR MORE INFORMATION ABOUT MIDDLESEA HEALTH, YOU MAY:

- VISIT WWW.MIDDLESEA.COM
- CALL FREEPHONE: 8007 2278
- E-MAIL: HEALTH@MIDDLESEA.COM
- OR VISIT MIDDLE SEA HOUSE, FLORIANA

Middlesea Insurance p.l.c. (C-5553) is authorised by the Malta Financial Services Authority to carry on both Long Term and General Business under the Insurance Business Act, 1998.

MIDDLESEA HEALTH INSURANCE SCHEMES

IN-PATIENT AND OUT-PATIENT COVER

		Basic Scheme	Hospital Scheme	International Scheme
Da	y-case & In-patient Treatment			
1a.	Hospital accommodation, including intensive care, nursing care & ward prescribed drugs	Up to €175 per night Max. 5 nights per episode Up to €120 per episode for Day surgery	Full Refund	Full Refund
1b.	Parent accommodation - staying with a child under 14	Up to €24 per night Max. 5 nights per episode	Full Refund	Full Refund
2.	Operating theatre charges, drugs and surgical dressings, eligible prosthesis up to:	Major Operation: €350 Intermediate operation: €240 Minor operation: €120 Eligible Prosthesis: €400	Full Refund	Full Refund
3.	Surgeons' & Anaesthetists' fees for surgical operations up to:	Major operation: €940 Intermediate operation: €700 Minor Operation: €350	Full Refund	Full Refund
4.	Consultant Physicians visits and medical consultations	Up to €60 per day Max. 6 days per episode	Full Refund	Full Refund
5.	Pathology, radiology, diagnostic tests and physiotherapy	Up to €200 per policy year	Full Refund	Full Refund
6.	Computerised Tomography Scan (CT Scan) and Magnetic Resonance Imaging (MRI)	Up to €200 per episode	Full Refund	Full Refund
7.	Psychiatric, Nervous & Mental conditions	Up to €175 per night Max. 5 nights per episode	Full Refund	Full Refund
Ca	ncer Treatment			
8.	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	Up to €175 per night Max. 5 nights for each course of treatment	Full Refund	Full Refund

	Basic Scheme	Hospital Scheme	International Scheme
Out-patient Treatment			
9. Professional fees for specialist consultations, diagnostic procedures including pathology, physiotherapy, radiology and ECG	Up to €250 per policy year	Up to €750 per policy year	Full Refund
10. CT Scans and MRI's referred by a Specialist	Up to €165 per policy year	Up to €800 per policy year	Full Refund
11. Oncology-related CT Scans and MRI	Up to €240 per policy year	Full Refund	Full Refund
12. Consultant Oncologist fees for chemotherapy and radiotherapy for all the active phase of the cancer treatment including for cancer tests and drugs, for each course of treatment	Up to €500 each course of treatment	Full Refund	Full Refund
13. Mini Minor procedures performed by a General Practitioner under local anaesthetic	Up to €50 procedure fee per episode Up to €50 surgery/clinic fee per episode	Up to €50 procedure fee per episode Up to €50 surgery/clinic fee per episode	Up to €50 procedure fee per episode Up to €50 surgery/clinic fee per episode
Emergency Road Ambulance			
14. Emergency local road ambulance up to:	€800 per policy year	Full Refund	Full Refund
Nursing Care			
15. Home nursing by a professional nurse following a surgical intervention and if prescribed by a specialist up to:	€190 per week up to 15 weeks per policy year	€280 per week up to 15 weeks per policy year	€280 per week up to 15 weeks per policy year
16. MMDNA	As required	As required	As required
Alternative Therapy			
17. Osteopathy, Homeopathy, Acupuncture, Chiropractic Treatment provided by Qualified Practitioners	Not covered	Up to €470 per policy year	Full Refund

	Basic Scheme	Hospital Scheme	International Scheme
Emergency Dental Treatment			
Emergency Dental Treatment necessary to restore or replace sound natural teeth lost or damaged following an accidental injury	Not covered	Up to €470 per policy year	Up to €700 per policy year
General Practitioners' charges			
19. General Practitioners' charges up to:	€80 per policy year	€100 per policy year	€150 per policy year (including prescription drugs & dressings)
Cash Benefit			
20a. Cash benefit - for treatment received in a State or private hospital for a medical condition as a non-paying patient	€24 per night for up to 40 nights each policy year	€60 per night for up to 40 nights each policy year	€60 per night for up to 40 nights each policy year
20b. Day-case - following day surgery as a non-paying patient	€24 per episode	€24 per episode	€35 per episode
21. Maternity Cash Benefit (payable to the mother after 10 months of membership)	Not covered	€240 per newborn child/episode	€470 per newborn child/episode
Other Additional Benefits			
22. Prescribed drugs following a surgical procedure	Not covered	Up to €105 each policy year	Up to €105 each policy year
23. Cover for funeral expenses	Up to €1,200	Up to €1,200	Up to €1,200
24. Second Medical Opinion	Option to be included in cover	Included in cover	Included in cover
Annual overall Max. payable per person	€120,000	€120,000	€175,000

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).

The Middlesea Health Insurance Basic and Hospital Schemes will provide cover for Treatment received in the Maltese Islands only, however, if the insured or an insured member of his family requires emergency Treatment whilst he/she are outside of the Maltese Islands, then the Middlesea Health Insurance Basic and Hospital Schemes will cover the cost for the Treatment received up to the same level as what would have been paid had the same Treatment been received in Malta.

The Middlesea Health Insurance International Scheme will provide cover for Treatment received in Malta and Worldwide excluding USA and Canada. In case of an emergency treatment whilst in the USA and Canada, the scheme will cover the cost for the Treatment received up to the same level as what would have been paid had the same Treatment been received in Malta.

For more information about the Middlesea Health Insurance Schemes and for information about the various products provided by the Company, visit www.middlesea.com

MIDDLESEA HEALTH INSURANCE SCHEMES

IN-PATIENT COVER ONLY

		Basic Scheme (In-Patient cover only)	Hospital Scheme (In-Patient cover only)
Day	/-case & In-patient Treatment		
1a.	Hospital accommodation, including intensive care, nursing care & ward prescribed drugs	Up to €175 per night Max. 5 nights per episode Up to €120 per episode for Day surgery	Full Refund
1b.	Parent accommodation – staying with a child under 14	Up to €24 per night Max. 5 nights per episode	Full Refund
2.	Operating theatre charges, drugs and surgical dressings, eligible prosthesis up to:	Major Operation: €350 Intermediate operation: €240 Minor operation: €120 Eligible Prosthesis: €400	Full Refund
3.	Surgeons' & Anaesthetists' fees for surgical operations up to:	Major operation: €940 Intermediate operation: €700 Minor Operation: €350	Full Refund
4.	Consultant Physicians visits and medical consultations	Up to €60 per day Max. 6 days per episode	Full Refund
5.	Pathology, radiology, diagnostic tests and physiotherapy	Up to €200 per policy year	Full Refund
6.	Computerised Tomography Scan (CT Scan) and Magnetic Resonance Imaging (MRI)	Up to €200 per episode	Full Refund
7.	Psychiatric, Nervous & Mental conditions	Up to €175 per night Max. 5 nights per episode	Full Refund
Car	ncer Treatment		
8.	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	Up to €175 per night Max. 5 nights for each course of treatment	Full Refund

Important note: Benefits described as full refund are subject to the condition that medical costs are Reasonable and Customary.

Other Benefits	Basic Scheme (In-Patient cover only)	Hospital Scheme (In-Patient cover only)			
Emergency Road Ambulance	Emergency Road Ambulance				
Emergency local road ambulance up to:	€800 per policy year	Full Refund			
Cash Benefit					
10a. Cash benefit – for treatment received in a State or private hospital for a medical condition as a non-paying patient	€24 per night for up to 40 nights each policy year	€60 per night for up to 40 nights each policy year			
10b. Day-case – following day surgery as a non-paying patient	€24 per episode	€24 per episode			
Funeral Expenses					
11. Cover for funeral expenses	Up to €1,200	Up to €1,200			
12. Second Medical Opinion	Option to be included in cover	Included in cover			
Annual overall Max. payable per person	€120,000	€120,000			

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).

The Middlesea Health Insurance Basic - In-patient Cover only and Middlesea Health Insurance Hospital - In-patient Cover only Schemes will provide cover for Treatment received in the Maltese Islands only, however, if the insured or an insured member of his family requires emergency Treatment whilst he/ she are outside of the Maltese Islands, then the Middlesea Health Insurance Basic - In-patient Cover only and the Middlesea Health Insurance Hospital - In-patient Cover only Schemes will cover the cost for the Treatment received up to the same level as what would have been paid had the same Treatment been received in Malta.

For more information about the Middlesea Health Insurance Schemes and for information about the various products provided by the Company, visit www.middlesea.com



ISSIBNA META L-AKTAR IKOLLOK BŻONNA

Il-Middlesea Insurance p.l.c. hija l-akbar kumpanija ta' assigurazzjoni f'Malta.

Il-Middlesea Insurance p.l.c., li twaqqfet fl-1981, tqiegħed lill-klijenti fuq quddiem nett u tahdem biex taghtihom servizz tal-oghla kwalità. Il-kumpanija thaddan professjonaliżmu u eċċellenza f'kulma tagħmel.

Il-Middlesea Insurance p.l.c. taghraf l-istandards gholjin li l-klijenti taghha jistennew u jistħoqqilhom.

Il-Middlesea Insurance p.l.c. hija magħrufa għall-kwalità tal-poloz ta' assigurazzjoni tagħha u għall-impenn totali fis-servizz li tagħti.

GĦAŻLA AKBAR - FLESSIBILITÀ AKBAR

IL-BENEFICCJI TAL-ASSIGURAZZJONI TAS-SAĦĦA

F'każ ta' mard jew korriment, int u l-għeżież tiegħek jkunu jridu serħan il-moħħ li int tista' tieħu l-aħjar kura tas-saħħa li hawn, kif u meta teħtieġha. Int tista' tgawdi din il-kumdità jekk tagħżel li tixtri polza ta' assigurazzjoni tas-saħħa li ġġib magħha dan li ġej:

GĦAŻLA

- Int taghżel meta u fejn tiehu l-kura.
- Int tagħżel il-konsulent / kirurgu / speċjalista tiegħek.

KURA MEDIKA TAL-OGĦLA LIVELL

- Int tingħata attenzjoni u kura immedjati.
- L-ispećjalista li jkun qed jieħu ħsiebek jikkurak sa mill-ewwel konsulta li tagħmel, kemm iddum l-isptar u saħansitra wara.

KUMDITÀ

Int tingħata kura fi sptar jew klinika privati li tagħżel int.

SERHAN IL-MOHH

- M'għandekx għalfejn tinkwieta biex tirranġa għall-kura u biex tieħu ħsieb il-kontijiet
- Klejms medići jistgħu jitħallsu minna direttament lil parti l-kbira ta' sptarijiet u lil min ikun ta l-kura, kemm Malta u kemm barra.

L-ISKEMI TAL-MIDDLESEA HEALTH

L-iskemi tal-Middlesea Health tfasslu biex jissodisfaw il-ħtiġijiet individwali speċifiċi tiegħek, fosthom il-libertà li tagħżel livelli differenti ta' kopertura skont x'għandek bżonn u l-but tiegħek.

L-iskemi tal-Middlesea Health jagħtu ċans lil kull membru tal-familja biex jagħżel il-livell ta' kopertura taħt l-istess polża ta' assigurazzjoni.

Il-Middlesea Health tagħtik TLIET livelli ta' kopertura. Dawn huma:

- Basic Scheme
- Hospital Scheme
- International Scheme

Qegħdin noffru l-iskemi li ġejjin biex noffrulek għażla u flessibilità akbar bi tnaqqis sinifikanti fil-prezz:

- Basic Scheme (kopertura In-Patient biss)
- Hospital Scheme (kopertura In-Patient biss)

Biex tnaqqas aktar il-primjum tiegħek int tista' tapplika għal eċċess volontarju. Irreferi qħal **'Scheme Selector Grid'** fuq paġna 16.



IS-SAĦĦA PREZZJUŻA!

MISTOGSIJIET LI JSIRU SPISS

KIF NAGHŻEL SKEMA TA' ASSIGURAZZJONI TAS-SAĦĦA?

Il-Middlesea Insurance p.l.c. toffri tliet livelli ta' kopertura. Biex jgħinek tagħżel il-livell ta' kopertura u prezz tajjeb qħalik, dan il-ktejjeb fih ġabra komparattiva msejħa Skemi tal-assigurazzioni tas-saħħa tal-Middlesea.

Għal aktar informazzioni, ara l-websajt www.middlesea.com jew ċempel lill-uffiċjali tagħna fuq 8007 2278 fejn issib nies lesti sabiex jispjegawlek l-iskemi differenti u jwieġbu l-mistogsijiet li jista' įkollok.

SCHEME SELECTOR GRID

	IN-PATIENT & OUT-PATIENT COVER SCHEME			
Prezz normali	BASIC	HOSPITAL	INTERNATIONAL	
	IN-PATIENT COVER ONLY			
Prezz imnaqqas	BASIC	HOSPITAL	NOT AVAILABLE	
	EXCESS AVAILABLE			
Prezz baxx	10%	10%	N/A	
	20%	20%	N/A	

X'INHU L-ISKOP TAL-POLZA?

L-iskop tal-Polza hu li tagħti kopertura għall-ħlasijiet normali u raġonevoli ta' Kura rikonoxxuta li hi medikament meħtieġa fil-każ ta' kondizzjonijiet mediċi akuti u korrimenti.

Il-polza mhix maħsuba biex tkopri Kura Sperimentali jew mhux ippruvata gabel, iżda jekk jingalgħu sitwazzjonijiet ta' din ix-xorta aħna niddiskutuhom mal-ispeċjalista tal-benefićjarju u niddećiedu jekk l-ispejjeż tal-kura proposta humiex koperti. Klejms jithallsu ghal dawk l-okkorrenzi spećifikati fil-benefiććji tal-polza (sal-ammonti msemmijin, jekk applikabbli).

IL-POLOZ TA' ASSIGURAZZJONI TAS-SAĦĦA TAL-MIDDLESEA HUMA VALIDI F'MALTA BISS?

Il-Middlesea Health Insurance Basic u Hospital Schemes jagħtu kopertura għal Kura li tittieħed fil-Gżejjer Maltin biss, iżda jekk l-assigurat jew membru tal-familja tiegħu tkun teħtieġlu Kura waqt li hu jew hi jkunu barra mill-Gżejjer Maltin, allura l-Middlesea Health Insurance Basic u Hospital Schemes ikopru l-ispejjeż tal-Kura li ngħatat sal-istess livell daqs li kieku l-istess Kura ngħatat Malta.

Il-Middlesea Health Insurance International Scheme tagħti kopertura għal Kura li tkun ingħatat kemm f'Malta u mad-Dinja Kollha, minbarra fl-Istati Uniti u fil-Kanada. F'każ ta' kura ta' emerġenza waqt li wieħed ikun l-Istati Uniti u l-Kanada, l-iskema tkopri l-ispejjeż tal-Kura li ngħatat sal-istess livell dags li kieku l-istess Kura ngħatat Malta.

KULHADD JISTA' JIDHOL FIL-MIDDLESEA HEALTH?

Persuni li huma residenti fil-Gżejjer Maltin u ćittadini barranin inklużi Ćittadini tal-UE li jkunu jaħdmu jew jgħixu Malta huma eliġibbli biex japplikaw.

KIF JAHDEM L-ECCESS?

L-Eċċess hu l-ammont minn kull klejm li int trid thallas. L-għażla tal-Eċċess tagħtik iċ-ċans li tikseb vantaġġ minn tnaqqis akbar mill-primjum annwali tiegħek. Meta tagħmel klejm aħna xorta nkunu neħtieġu d-dokumentazzjoni oriġinali relattiva kollha bħala evidenza tal-ispejjeż tal-kura li tkun ingħatajt. Dan sabiex inkunu nistgħu nikkalkulaw kemm int intitolat taħt l-iskema u t-tabella ta' benefiċċji li japplikaw għalik. Meta jkun ikkalkulat l-ammont ta' kemm int intitolat, aħna nħallsu s-sehem tagħna tal-klejm u inti thallas sehmek. L-ammont ta' kemm int intitolat jitnaqqas mill-benefiċċji annwali taħt l-iskema tiegħek u l-bilanċ li jibqa' jista jintuża fil-futur għal xi kura li tista' tirċievi tul is-sena.

Jekk il-kura titlob li tidħol l-isptar, tista' ssirilna talba mill-isptar għal ħlas dirett. Fil-każ li japplika Eċċess aħna ninfurmaw lill-isptar b'dan l-arranġament u nikkonfermaw li l-ħlas dirett japplika biss għall-proporzjon tagħna tal-ispejjeż tal-Kura.

X'INHI D-DIFFERENZA BEJN SKEMA TRADIZZJONALI TA' ASSIGURAZZJONI TAS-SAĦĦA U SKEMA B'BENEFIĊĊJI IN-PATIENT BISS?

Polza ta' assigurazzjoni tas-saħħa normalment toffri rifużjoni tal-ispejjeż mediċi kollha eliġibbli għal kura ta' kondizzjonijiet mediċi akuti kemm fuq bażi *in-patient* u kemm fuq bażi *out-patient*. Billi jitneħħew il-benefiċċji *out-patient*, wieħed jista' jiffranka ammont sostanzjali mill-primjums normali.

IL-PREZZ JOGĦLA JEKK NIKKLJEMJA?

Il-primjums individwali ma jintlaqtux minn numru ta'klejms li tagħmel.

NISTA' NZID MEMBRI OHRA TAL-FAMILJA MAL-POLZA TIEGHI?

Int tista' tapplika biex iżżid mal-polza tiegħek bħala dipendenti lill-mara jew lir-raġel, jew lis-sieħba jew sieħeb u/jew lit-tfal tiegħek inklużi dawk tat-twelid.

Tfal imweldin tul il-perjodu ta' assigurazzjoni jkunu koperti b'xejn fl-istess livell ta' kopertura jew tal-omm jew tal-missier sad-data tat-tiġdid li jmiss basta fi żmien tliet xhur mit-twelid xi ħadd mill-ġenituri japplika għal din il-kopertura u jibgħat iċ-ċertifikat tat-twelid relattiv lill-Middlesea Insurance p.l.c.

NISTA' NIBDEL IX-XORTA TA' POLZA TIEGHI TUL IS-SENA?

Polza ta' assigurazzjoni tas-saħħa hija kuntratt ta' sena u kull bidla fil-kopertura, bħal upgrading jew downgrading tal-iskemi, jista' jsir biss mat-tiġdid annwali tal-polza.

HEMM XI BENEFICCJI ADDIZZJONALI?

Servizz tat-Tieni Opinjoni Medika - Dan il-programm jagħtik aċċess għal netwerk ta' Esperti Mediċi Ewlenin magħrufin fl-Ewropa biex int tingħata l-aħjar Tieni Opinjoni Medika skont l-oqħla standards mediċi.

SPEJJEŻ TA' FUNERAL

Meta l-assigurat imut, il-polza toffri beneficcji għall-ispejjeż tal-funeral.

GHAL AKTAR INFORMAZZJONI FUQ MIDDLESEA HEALTH INT TISTA':

- TIDHOL FIL-WWW.MIDDLESEA.COM
- ICCEMPEL B'XEJN: 8007 2278
- E-MAIL: HEALTH@MIDDLESEA.COM
- JEW TIĠI L-MIDDLE SEA HOUSE, IL-FURJANA

Il-Middlesea Insurance p.l.c. (C-5553) hija kumpanija awtorizzata mill-Awtorità ta' Malta għal Servizzi Finanzjarji biex tmexxi Negozju kemm għat-Tul u kemm ġenerali taħt it-termini tal-Att tal-1998 dwar Negozju ta' Assigurazzjoni.

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