

## Complete Health Plan

### Table of Benefits

Area of cover: Worldwide excluding USA & Canada

Annual maximum limit €850,000

#### Level 1 Cover: In-patient and day-patient treatment

	Benefit	Amount Covered
1.1	Hospital/clinic accommodation, nursing, drugs and dressings	Full refund of fair and reasonable costs
1.2	Accommodation for one adult relative to stay with child member under 14 / infant to stay with nursing mother	Full refund of fair and reasonable costs
1.3	Operating theatre and recovery room, surgical drugs and dressings, prosthesis and appliances	Full refund of fair and reasonable costs
1.4	Surgeon and anaesthetist fees	Full refund of fair and reasonable costs
1.5	Physician fees	Full refund of fair and reasonable costs
1.6	Diagnostic tests and physiotherapy	Full refund of fair and reasonable costs
1.7	CT, MRI and PET scans	Full refund of fair and reasonable costs
1.8	Psychiatric illness	Full refund of fair and reasonable costs for 30 days in a member's lifetime.
1.9	Support benefit	€50 per night for up to 60 nights per year
1.10	Road ambulance transport	Full refund of fair and reasonable costs
1.11	Cancer treatment	Full refund of fair and reasonable costs
1.12	Outside area of cover for emergency treatment	Up to €60,000 per year
1.13	International Emergency Medical Assistance	Full refund of fair and reasonable costs

## Level 2 Cover: Out-patient treatment

In addition to benefits listed in level 1

Refer to policy document

	Benefit	Amount Covered
2.1	General practitioner consultations	Up to €125 per year
2.2	Prescribed drugs and dressings	Up to €125 per year
2.3	Minor surgery carried out by a GP	Up to €150 per year
2.4	Specialist consultations and diagnostic tests	Full refund of fair and reasonable costs
2.5	Complementary treatment	Full refund of fair and reasonable costs
2.6	CT, MRI and PET scans	Full refund of fair and reasonable costs
2.7	Psychiatry	Up to €300 per year
2.8	Emergency dental treatment	Up to €500 per year
2.9	Home nursing	Full refund of fair and reasonable costs for the first 14 days immediately following in-patient treatment; then up to €50 per day for up to 5 weeks per year.
2.10	Routine maternity	Up to €250 per episode

## Level 3 Cover: Routine health checks, medical aids & appliances

In addition to benefits listed in levels 1 & 2

Refer to policy document

	Benefit	Amount Covered
3.1	Dental examination, scale and polish	Up to €30 per year
3.2	Eye test	Up to €30 per year
3.3	Cervical cancer screening	Up to €50 per year
3.4	Mammogram/breast ultrasound (members aged 40+)	Up to €75 per year
3.5	Prostate examination/PSA test (members aged 40+)	Up to €100 per year
3.6	Blood tests: liver function, lipid profile, fasting glucose, complete blood count (members aged 40+)	Up to €70 per year
3.7	Bone density scan (members aged 40+)	Up to €75 per year
3.8	Prosthetics, medical aids and appliances (not surgically implanted)	Up to €250 per year

**This table shows the benefits we pay for and applicable limits.  
Refer to the Policy for benefit details and terms and conditions of cover.  
A specimen of the policy is available online on [citadelplc.com](http://citadelplc.com) or on request.**

**CitadelHealthPlans**  
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