

Core Health Plan

Table of Benefits

Area of cover: Worldwide

Annual maximum limit €175,000

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

	Benefit	Amount Covered
1.1	Hospital/clinic accommodation, nursing, drugs and dressings	In-patient – up to €180 per night for up to 5 nights per treatment Day-patient – up to €125 per episode
1.2	Accommodation for one adult relative to stay with child member under 14 / infant to stay with nursing mother	Up to €30 per night for up to 5 nights per treatment
1.3	Operating theatre and recovery room, surgical drugs and dressings, prosthesis and appliances	Per treatment, up to: Minor €120 Intermediate €250 Major €400 Surgical prosthesis/appliances €400
1.4	Surgeon and anaesthetist fees	Per treatment, up to: Minor €120 Minor surgeon €200 anaes't €100 Intermediate surgeon €400 anaes't €200 Major surgeon €750 anaes't €325
1.5	Physician fees	Up to €75 per day for up to 6 days per treatment
1.6	Diagnostic tests and physiotherapy	Up to €250 per year
1.7	CT, MRI and PET scans	Up to €200 per year
1.8	Psychiatric illness	No benefit
1.9	Support benefit	€30 per night for up to 40 nights per year
1.10	Road ambulance transport	Up to €800 per year
1.11	Cancer treatment	Up to €500 per course of treatment
1.12	Outside area of cover	Not applicable
1.13	International Emergency Medical Assistance	No benefit

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 €70 per year
2.2	Prescribed drugs and dressings	No benefit
2.3	Minor surgery carried out by a GP	Up to €100 per year
2.4	Specialist consultations and diagnostic tests	Up to €200 per year
2.5	Complementary treatment	Payable out of benefit 2.4
2.6	CT, MRI and PET scans	Up to €200 per year
2.7	Psychiatry	Up to €180 per year
2.8	Emergency dental treatment	No benefit
2.9	Home nursing	Up to €40 per day for up to 6 weeks per year
2.10	Routine maternity	No benefit

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 or on request.**

CitadelHealthPlans
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