

Comfort Health Plan

Table of Benefits

Area of cover: Worldwide.

We will cover the cost of treatment received in Malta in full. Overseas treatment will be covered up to the amount payable in Malta for the same/similar treatment.

Annual maximum limit €600,000

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 in supporting hospitals
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 in supporting hospitals
1.3	Operating theatre and recovery room, surgical drugs and dressings, prosthesis and appliances	Full refund of fair and reasonable costs in supporting hospitals
1.4	Surgeon and anaesthetist fees	Full refund of fair and reasonable costs in supporting hospitals
1.5	Physician fees	Full refund of fair and reasonable costs in supporting hospitals
1.6	Diagnostic tests and physiotherapy	Full refund of fair and reasonable costs in supporting hospitals
1.7	CT, MRI and PET scans	Full refund of fair and reasonable costs in supporting hospitals
1.8	Psychiatric illness	No benefit
1.9	Support benefit	€50 per night for up to 40 nights per year
1.10	Road ambulance transport	Full refund of fair and reasonable costs in supporting hospitals
1.11	Cancer treatment	Full refund of fair and reasonable costs in supporting hospitals
1.12	Outside area of cover	No benefit
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 €100 per year
2.2	Prescribed drugs and dressings	Up to €120 per year following in/day-patient treatment
2.3	Minor surgery carried out by a GP	Up to €100 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 in supporting hospitals
2.7	Psychiatry	Up to €250 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 7 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 or on request.

CitadelHealthPlans

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