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Introduction

We thank you for choosing Citadel Insurance p.l.c. to provide you with your choice of plan from a selection of health insurance plans.

This policy has been designed to meet the needs of people who wish to ensure their health requirements are met efficiently, and complements the services provided by the local national health service. We aim to offer better access to private medical facilities.

As a valued customer of Citadel Insurance p.l.c. we are committed to providing you with prompt, considerate and courteous customer service at all times, particularly when you require medical treatment.

We trust that you will find our services to be both professional and efficient and that you will continue to make use of our services for many years to come.



Angela Tabone
Managing Director / CEO

Your Policy

Your policy is a contract with Citadel Insurance p.l.c. The policy describes the terms and conditions of insurance cover provided during the period of insurance **you** have paid for or have agreed to pay for, and for which **we** have accepted the premium.

The information provided on the proposal form (where applicable) forms the basis of **your** policy. For the contract to be valid all the information **you** give **us** must be true, accurate and complete to the best of **your** belief.

The proposal form, **insurance certificate**, benefit table, any endorsements to this policy and any changes that you will be notified about in writing, will form part of the contract of insurance with **us** and should be read as if they are one document. Please keep all documents in a safe place and check them regularly to ensure that the details **we** hold are correct.

Your policy is governed by Maltese Law unless **we** have agreed otherwise.

Throughout this document singular words include the plural and words in the masculine also apply to the feminine, where appropriate.

For more information about your policy you may contact us as follows:

Email: health@citadelplc.com
Website: www.citadelplc.com
Address: Citadel Insurance p.l.c., 26 Casa Borgo, Market Street, Floriana FRN 1082, Malta
Telephone: (+356) 2557 9000
Freephone: (+356) 8007 2322

Please note that calls may be recorded for security and training purposes.

The policy provides cover for **fair and reasonable costs** incurred for eligible **treatment**, within the **area of cover** and the benefit limits of **your** selected plan, which:

i) takes place while **your** policy is in force. **We** do not pay for **treatment** received after **your** policy has ended, even if this is related to **treatment** which started during **your** period of cover;

ii) is medically necessary, appropriate for **your medical condition** and in line with recognised established medical practice at the time of **treatment**;

iii) is given by a **GP** or **specialist** and takes place in a **hospital / clinic** or other facility approved by **us**;

iv) intended to cure an **acute medical condition**, an **acute flare-up** of a **chronic medical condition**, or to return **you** to **your** state of health immediately before the occurrence of **your** condition;

v) is of a short term nature. **We** will pay for up to 180 days of **treatment** for any **medical condition** in a policy year. When a **medical condition** is stabilised **we** will stop claim payments. **We** also reserve the right to determine when a **medical condition** has become **chronic** or recurrent in nature and apply exclusions to **your** policy in respect of this with immediate effect;

and is subject to any terms and conditions laid out in this policy, the benefit table and **your insurance certificate**.

Always refer to **your insurance certificate** before making a claim as this shows which cover option **you** have and any special terms that are specific to **your** policy. If a cover option does not show on **your insurance certificate** then **you** do not have that cover.

Benefit Tables

The limits on the benefit tables apply per insured, per period of insurance.

Guidelines to the Policyholder

The overall annual maximum benefit detailed on the benefit tables is the maximum amount that **we** will pay in a period of insurance.

Specified benefit limits apply per year, unless otherwise specified on the benefit tables. **We** will stop paying claims within the period of insurance once a specified limit is reached. The benefit limits will be reset to the amount shown on **your** benefit table at policy renewal.

Eligibility

The insured must be habitually resident in **Malta** for at least 245 days each year; age restrictions for a new health insurance proposal may apply. **We** may at **our** discretion request proof of identity.

If **we** refuse to provide cover **we** will notify **you** in writing however **we** are not obliged to state the reasons for **our** decision.

Any member who is under 65 year of age at the policy start date.

Accepting Your Proposal

The method of underwriting **your** proposal will be one of the following; this will be specified on **your insurance certificate**.

i) Full medical underwriting

Your policy does not cover **medical conditions** (and any **medical conditions** associated with them) which existed before **your** policy start date. When completing **your** proposal form **you** gave **us** details of **your** medical history and that of any insured **dependants**. Any **pre-existing medical conditions you** had in the past and which are likely to require **treatment** in the future have been excluded either indefinitely or for a set period of time.

Where necessary **we** may seek information from any **medical practitioner**, **hospital / clinic**, laboratory, other health providers, and other health insurance providers that have records of **your** medical history in order to verify the information provided during the underwriting process or at any time thereafter. If **you** fail to provide **us** with full and accurate information on **your** proposal form, then this may result in delayed or rejected claims and, in some circumstances, in **us** cancelling **your** policy or applying personal exclusions with effect from policy inception.

ii) Continued personal medical exclusion

If **you** have been covered by another insurance policy where **you** had completed a proposal form giving **your** medical history and were medically underwritten immediately before transfer to Citadel Insurance p.l.c., any exclusions applied on **your** previous **insurance certificate** will be transferred to **your** policy. **You** will not be covered for any **medical condition** which was excluded by **your** previous insurer, or which existed before **you** took out **your** previous policy, whether this was disclosed to **your** previous insurer or not. **We** reserve the right to impose personal exclusions in such cases.

The benefits, terms and conditions of this policy may be different from those of **your** previous policy.

iii) Medical history disregarded

No personal exclusions have been applied in relation to **pre-existing medical conditions**. This does not affect the other terms and conditions of this policy.

Additionally **we** may impose personal exclusions for **medical conditions** that have become **chronic** in nature during a policy year. These exclusions cannot be reviewed.

Reviewing of personal exclusions

Personal exclusions may in certain cases be reviewed. A review date will be specified in the **insurance certificate**, **you** may request a review within thirty (30) days of **your** renewal date which falls in the same year as specified on the exclusion wording. **We** would need medical evidence to help **us** assess the eligibility of **your** request. Any such evidence will have to be obtained at **your** expense.

Adding dependants to your policy

You may apply to include **dependants** to **your** policy at the policy renewal date. Inclusion will be subject to a completed proposal form and premium payment.

We will accept inclusion of a newborn child to **your** policy as an insured **dependant** on **your** same plan if **you** advise **us** within sixty (60) days of the child's birth date. **You** will be required to produce a copy of the child's birth certificate.

If **you** have been insured for at least one year before the birth: (i) **we** will not apply the exclusion for **pre-existing medical conditions** or require the child to be medically underwritten; and (ii) no premium will be charged for the child until the next renewal date from the child's date of birth.

In the case of a child born as a result of assisted conception (other than artificial insemination), or in the case of an adopted or fostered child, **you** will be required to produce evidence of the child's health, and the child will be subject to full medical underwriting. **Treatment** for any congenital deformity would also be excluded from cover in such instances.

Policy period

The policy is issued for a period of one year with effect from the start date unless otherwise agreed by **us**.

Policy renewal

The policy will terminate automatically on the end date. At the end of the policy period, and subject to **our agreement**, **you** may renew **your** policy on the terms and conditions and premium which will be notified to **you** in writing. Renewal is subject to payment of premium prior to the end date.

Premium payment

You are responsible for paying all premiums due. Premium is payable in Euro.

If premium is not paid by the due date the policy may be cancelled, and reinstatement of cover will be at **our** sole discretion. **We** reserve the right to defer payment of any claims pending settlement of outstanding premium.

Making changes to your policy

Please notify **us** in writing of any changes in **your** correspondence details.

You may change **your** insurance plan at policy renewal. Benefit improvements/upgrades may be subject to medical underwriting and cover for **medical conditions** existing at the time of the upgrade may be restricted to the benefits of **your** previous plan.

If we make changes to your cover

From time to time **we** may review policy terms and conditions, benefit limits, premium payable and the procedure for claiming. Changes will be effective to **your** policy from **your** policy renewal date.

A new **insurance certificate** will be issued to record any changes. This will replace any earlier **insurance certificate** issued.

Profession Secrecy Act, 1994

We are bound by the Professional Secrecy Act, 1994 with respect to information **you** give **us** in connection with **your** policy. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Commissioner of Police solely for the purpose of preventing, detecting or suppressing of insurance fraud.

Guidelines to the Policyholder

Data Protection Notice

We are committed to safeguarding the rights of data subjects and assisting them in exercising those rights. Kindly read the below to understand why **we** collect information about **you** and how **we** use it.

Controller of the Data:
The controller of **your** data is Citadel Insurance p.l.c.
In case of queries, you may contact **us** by:
Telephone: (+356) 2557 9000
E-mail: dpadmin@citadelplc.com
Post: Casa Borgo, 26, Market Street, Floriana FRN 1082, MALTA

Data Protection Officer:
If **you** wish to address the Company's Data Protection Officer directly, **you** may do so by:
Telephone: (+356) 2759 5000
E-mail: dpo@citadelplc.com
Post: DPO, 170, Pater House, Psaila Street, Birkirkara BKR 9077, MALTA

Purposes and Legal Bases for Processing

Any information that you supply to the Company on any form (such as proposal form or claim form) or otherwise, whether in writing or verbally, may be processed for all or any of the following purposes:

On the basis that processing is necessary to perform the contract of insurance or to take steps at **your** request prior to entering into a contract, the Company may process **your** data to assess risk; underwrite and issue present and future contracts of insurance; collect premiums and submit other bills; assess, defend and/or settle any claims or benefits made under **your** policy, also through the processing of additional information; assess and respond to **your** queries; and transfer data to and receive data from other insurance and reinsurance companies to underwrite **your** contract of insurance.

On the basis that processing is necessary to comply with its legal obligations, the Company may process **your** data to assess, handle and/or settle any third party claims; store accounting records for tax purposes and disclose relative data to tax authorities if called upon to do so; carry out due diligence, where necessary; and prevent, detect, suppress and/or report insurance fraud or any other criminal activity as is required by law.

On the basis that processing is necessary for the purposes of the legitimate interests pursued by the Company or by a third party, the Company may process **your** data to establish, exercise and/or defend legal action brought by **you**, an insured or a third party against the Company; carry out research (and compile statistics) for the internal management of resources, for performing actuarial science, and for the development and improvement of the Company's products and services; and take steps to safeguard the integrity of **your** data, and to protect the Company's data systems.

If **you** provided **your** consent on the proposal form (or subsequently) the Company may use **your** data to inform **you** by direct marketing about the Company's range of products and services including those of **our** affiliated companies, associates, agents and intermediaries or other carefully selected organisations.

Recipients of the Data
Your personal data will be received by the Company, or an insurance intermediary on the Company's behalf, and it may be disclosed or shared, only as is strictly necessary in accordance with the purposes outlined above, with the Company's employees, subsidiaries, associates, intermediaries, joint controllers, the Company's external actuaries, consultants, legal advisors, auditors, risk assessors, loss adjusters and surveyors, repairers, healthcare and other medical institutions and professionals, banks, credit referencing agencies, risk intelligence agencies, the Malta Insurance Association and other insurance and reinsurance companies, other professionals, and public, legal and/or judicial authorities. The Company may also disclose **your** data to third parties if it is called upon to do so by a competent authority, or by a Court or tribunal, only to the extent required and allowed by law.

Retention Period
The Company makes every effort to store personal data only for as long as it is necessary for the purposes outlined above. In line with industry practice and following termination of **your** policy (if any), the Company erases, destroys, or makes anonymous all data howsoever received after taking into consideration whether:

- There are any ongoing insurance claims, or any potential for such claims;
- There are any disputes, both in relation to third parties and in relation to the Company, whether in Court, at arbitration, or otherwise, or any potential for disputes, including without limitation, those relating to the contract of insurance;
- The Company has extinguished its legal obligations towards **you**, its service providers and/or any third parties;
- The Company has any further legal obligations arising out of, among others, tax law, law relating to money laundering, and the MFSA rules and regulations for the insurance industry.

Your Rights
You have the right to:

- Acquire access to **your** data, including confirmation from the controller as to whether data about **you** is being processed and to receive further information about that processing;
- Amend inaccurate personal data;
- Request the erasure of data processed about **you**, on the basis of certain grounds, such as where the data is no longer necessary for the purposes for which it was collected or where consent for processing that requires consent has been withdrawn, among other grounds;
- Request the data controller to restrict its processing activities on **your** data, on the basis of certain grounds, such as where the accuracy of the data is contested;
- Receive the personal data provided by **you** in a structured, commonly used and machine readable format or to request that such data is transferred in such format to another data controller;
- Withdraw **your** consent to processing that is based on **your** consent, such as direct marketing;
- Lodge a complaint with the competent supervisory authority in **Malta**, which can be made on their website;
- Object to processing that is carried out for the legitimate interests of the controller, by reference to **your** specific situation. **You** may, at all times, object to direct marketing.

Should **you** wish to exercise any of **your** rights, **you** may do so by contacting **us**, **our** DPO, or by visiting **our** website.

Important Information
The information that **you** are requested to provide is necessary for the Company to deliver its service, and thus failure to provide the Company with the necessary information might render the Company unable to fulfil deliver the requested service.

The Company engages in insurance industry standard profiling, wherein the assessment of risk is made partially by automated means. However, all final decisions which produce any legal effects on data subjects, including without limitation, the decision on whether to underwrite a risk and issue a contract of insurance, are taken with human intervention.

If **you** have acquired **your** insurance policy through an insurance broker, such broker may be considered a joint controller.

Making Yourself Heard

We are committed to providing a high standard of service, but, if this does not meet **your** expectations in some way, **you** can make **yourself** heard by contacting **us** so that **we** can address **your** concerns promptly. This procedure can also be found on **our** website www.citadelplc.com and on the 'Important Information' leaflet provided to **you** at pre-contractual stage.

Kindly follow the below procedure to contact **us** about **your** insurance policy service expectations:

Step 1:

Please address your complaint to:

The Health Manager
Citadel Insurance p.l.c.
26 Casa Borgo, Market Street
Floriana FRN1082
Email: health@citadelplc.com
Tel: (+356) 2557 9000

Step 2:

Our aim is to always resolve your complaint promptly. Should you still not be satisfied with our initial reply, you may proceed to reach out to our **Compliance Officer** by writing to the Company's registered address mentioned above or to the following email address: **ci-complaints@citadelplc.com**.

On our part, We will:

- Acknowledge your complaint promptly;
- Provide a response without any unnecessary delay or, at least, by not later than fifteen working days from when the complaint was registered;
- When a reply cannot be provided within fifteen working days, We will inform you about the causes of the delay and give you an indication of when the investigation is likely to be completed.

Step 3:

If we have not been able to address your compliant after receiving our final written response, you may write to:

The Office of the Arbiter for Financial Services
N/S in Regional Road
Msida MSD 1920
Website: www.financialarbiter.org.mt

or any other Alternative Dispute Resolution (ADR) scheme such as arbitration and the Consumer Claims Tribunal, enclosing a copy of our correspondence and decision.

Our commitment is to value your feedback and strive to improve our services through every complaint we receive.

Definitions

The following words and phrases have the same meaning wherever they appear in bold.

Accidental injury: Any damaging, sudden, unforeseeable and involuntary injury that is caused by a violent and external source which affects **your** health and can be identified objectively.

Agreement: An agreement between a sponsor for group health insurance and **us**, that details the terms and conditions under which **we** have accepted to provide the cover, and lists the persons eligible for insurance cover on the group policy.

Area of Cover: The geographical area where **you** are eligible to receive **treatment** and which depends on **your** selected plan.

Biological Therapy: A type of **treatment** that uses biological substances to stimulate or restore the body's natural defense mechanism.

Cancer: A malignant tumour, tissues or cells, characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Complementary Treatment: Alternative **treatment** given by an acupuncturist, homeopath, chiropractor or osteopath; or **treatment** by an audiologist, speech therapist, physiotherapist, podiatrist / chiropodist. Such treatment must be referred by and be under the control of your GP or Specialist.

Consultation: A face-to-face meeting between patient and **medical practitioner**.

Day-patient Treatment: Treatment that does not medically require patient to stay overnight received in a **hospital** or day-care **clinic**, including use of a **hospital** room and nursing services, and where a discharge note is issued.

Dependant: The **subscriber's** spouse/partner, and his/her/their unmarried child(ren).

Dental treatment: Dental procedures undertaken by your dental practitioner which are clinically necessary for the maintenance and /or restoration or oral health including orthodontics, periodontics, endodontics, preventive dentistry and general dental care.

Diagnostic Tests: Investigations carried out to identify the cause of **your** symptoms or illness, or the extent of **your** injuries. These investigations must be referred **your GP** or **specialist**, and must be consistent with or incidental to the diagnosis and **treatment** of **your medical condition**.

Emergency: A sudden and unexpected **acute** medical episode which, without immediate **treatment**, could result in death or cause serious physical impairment.

Full Refund: The cost in respect of any **treatment** which **we** determine to be reasonable, and which is not higher than that customarily made for **treatment** given by professionals of similar standing within the same area where the **treatment** is given. We also consider the complexity of the **treatment**, the degree of professional skill required, as well as local and international cost of living indices. If **you** decide to proceed with **treatment** for which the amount charged is more than **we** consider to be in line with the schedule of fees, **we** reserve the right to reduce the amount payable and it will be **your** responsibility to settle the difference (shortfall). For information about the limits for **treatment** please contact the health claims department.

General Practitioner (GP): A **medical practitioner** in general practice or **specialist** in family medicine (family doctor).

Hospital / Clinic: A state or private **hospital** or a day-care clinic with suitable facilities and which is licensed or registered by a competent authority to provide medical, surgical or psychiatric **treatment** under the laws of the country in which the **hospital** / **clinic** is situated.

In-patient Treatment: treatment received in a **hospital** or **clinic** where an overnight stay is medically necessary.

Insurance Certificate: The document that details the name of the person(s) insured, the start and end date of **your** policy, the selected plan and level of cover, and any personal exclusions or restrictions.

Malta: The Republic of Malta.

Medical Condition: A disease, illness or injury that requires **treatment** in accordance with generally accepted medical practices. A **medical condition** can be classified as:

Definitions

i) **Acute** – a condition that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the condition, or which leads to **your** full recovery.

ii) **Chronic** – a condition that has one or more of the following characteristics:

- **a)** it needs ongoing or long-term monitoring through **consultations**, examinations, check-ups and/or tests;
- **b)** it needs ongoing or long-term control or relief of symptoms;
- **c)** it requires **your** rehabilitation or for **you** to be specially trained to cope with it;
- **d)** it continues indefinitely;
- **e)** it has no known cure;
- **f)** it recurs or is likely to recur;
- **g)** it leads to permanent disability;
- **h)** it is caused by irreversible physical or mental changes;
- **i)** fails to respond to medical treatment.

We reserve the right to determine when a **medical condition** has become **chronic** and personal exclusion may be imposed to **your** policy.

iii) **Flare-up** - a sudden and unexpected deterioration of a **chronic medical condition** that is likely to respond quickly to **treatment** which is aimed to restore **you** to **your** state of health immediately before suffering the **flare-up**. This does not include deterioration of a **chronic medical condition** where this is part of the normal progress of the illness or recurring relapses of a **chronic medical condition**.

Medical Practitioner: A **nurse**, **general practitioner**, **specialist**, physician, surgeon, anaesthetist, **complementary** medicine practitioner, therapist or dental practitioner who provides active **treatment** of a known **medical condition**, who is registered and licensed by a competent authority to practice medicine in the country where the **treatment** is provided.

Natural sound tooth/teeth: A tooth that is in a healthy, functional condition and has not been damaged by decay, trauma or disease. It is a tooth free from cavities and any other conditions.

Nurse: A qualified **nurse** who is registered in the professional nursing register in the country in which treatment is being provided.

Obesity: A condition where there is an excessive amount of body fat, usually defined by having a Body Mass Index (BMI).

Out-patient Treatment: Treatment received in a **hospital** / **clinic**, consulting room or out-patient **clinic**, where there is no admission.

Palliative: Any medical treatment which is given to temporarily relieve rather than cure a **medical condition**.

Pre-existing condition: A **medical condition** which at the time of completing **your** proposal form **you**:

i) had experienced symptoms of; or

ii) had sought advice or received medical **treatment** for; or

iii) to the best of **your** knowledge were aware of or should reasonably have known about even if **you** did not consult a **medical practitioner**.

Road Ambulance: A road vehicle licensed to be used as an ambulance and is also operated by a registered private ambulance service.

Robotic Assisted Surgery: A minimal invasive surgery while using a computerised robotic system performed by an authorised surgeon.

Schedule of Fees: A list of surgical procedures and **diagnostic tests** which **we** use to classify the complexity of **treatment** and determine the amount of benefit payable. The category and level of complexity of surgical procedures is determined as minor, intermediate, major, extra-major and complex.

Specialist: A licensed **medical practitioner** possessing the qualifications and expertise to practice as a recognised **specialist** in the field of medicine for which the insured requires **treatment**.

Subscriber: You as an individual person under an individual policy, or as an employee of a group health insurance policy, who completes and signs a proposal form on **your** own and any **dependants'** behalf.

Supporting Hospital / Clinic: A **hospital** / **clinic** with which **we** have an **agreement** at the time of **your treatment**.

Treatment: Medical services that are needed to diagnose, relieve or cure a **medical condition**. These include **consultations** or advice, **diagnostic tests** or scans, therapy, surgery, and use of drugs.

We, Us, Our: Citadel Insurance p.l.c.

You, Your: The person(s) named on the **insurance certificate**.

Your Policy Benefits

The numbering and sub-headings in this section correspond to those on the benefit tables.
Always refer to the table of benefits for applicable coverage and limits.

Level 1 Cover: In-Patient and Day-Patient Treatment

1.1 Hospital / Clinic Accommodation, Nursing, Drugs and Dressings

What we pay for

Accommodation in a **hospital** / **clinic** required during a period of **in-patient** or **day-patient treatment** in a single room with private bathroom.

Your standard meals and refreshments.

Nursing services, drugs and dressings while in **hospital**.

When a procedure is performed using robotic-assisted technology, **we** will reimburse up to the cost of the equivalent non-robotic procedure or the nearest comparable conventional treatment, together with an additional allowance stated in your table of benefits. All benefits are subject to the limits specified in your Table of Benefits. *(Please refer to your Table of Benefit Limits)*

What we do not pay for

Accommodation costs which are not medically essential for the type of treatment received.

Additional costs incurred for room upgrades.

Personal expenses such as newspapers, telephone calls, internet connections, TV service and guest meals.

Charges incurred for continuous/special monitoring of the patient such as constant watch.

1.2 Accommodation for One Adult to Stay with Child Dependant under 14 / Infant to stay with Nursing Mother

What we pay for

Accommodation for one adult to stay with an insured child under 14 years of age while receiving **in-patient treatment**.

Accommodation for an infant staying with an insured nursing mother.

What we do not pay for

Additional costs incurred for room upgrades.

Personal expenses such as newspapers, telephone calls, internet connections, TV services and guest meals.

Accommodation costs which are not medically essential for the type of treatment received.

Charges incurred for continuous/special monitoring of the patient such as constant watch.

1.3 Operating Theatre and Recovery Room, Surgical Drugs and Dressings, Prosthesis and Appliances

What we pay for

Operating theatre costs, surgical drugs and dressings.

Critical care in an intensive care unit, high dependency unit or cardiac care unit if this is routinely required after surgery.

Prosthetics (artificial body parts) or appliances designed to form part of **your** body, which are surgically implanted; hand, back and knee braces required immediately after a related surgical procedure.

When a procedure is performed using robotic-assisted technology, **we** will reimburse up to the cost of the equivalent non-robotic procedure or the nearest comparable conventional treatment, together with an additional allowance stated in your table of benefits. All benefits are subject to the limits specified in your Table of Benefits. *(Please refer to your Table of Benefit Limits)*

What we do not pay for

The provision or fitting of an external prosthesis.

1.4 Surgeon and Anaesthetist Fees

What we pay for

Surgeon and anaesthetist fees for surgical procedures.

When a procedure is performed using robotic-assisted technology, **we** will reimburse up to the cost of the equivalent non-robotic procedure or the nearest comparable conventional treatment, together with an additional allowance stated in your table of benefits. All benefits are subject to the limits specified in your Table of Benefits. *(Please refer to your Table of Benefit Limits)*

What we do not pay for

Pre- and post-operative **out-patient treatment**. This will be paid from benefit 2.4 Specialist Consultations and **Diagnostic Tests** where applicable.

Any assistant fees

1.5 Physician fees

What we pay for

Physician fees when the admission does not include a surgical procedure.

Specialist fees when the admission relates to a surgical procedure.

What we do not pay for

Physician fees when **you** are under the control of a **specialist**, unless the attendance is medically essential.

1.6 Diagnostic Tests and Physiotherapy

What we pay for

Diagnostic tests referred by **your specialist** to help determine or assess **your** condition.

Physiotherapy when needed as part of your in-patient or **day-patient treatment**.

What we do not pay for

Pre- and post-operative **out-patient treatment**. This will be paid from benefits 2.4 **Specialist Consultations** and **Diagnostic Tests** and 2.5 **Complementary Treatment** if **you** are entitled to Level 2 benefits.

1.7 CT, MRI and PET scans

What we pay for

Computerised tomography, (CT), magnetic resonance imaging (MRI) and positron emission topography (PET) referred by **your specialist** to help determine or assess **your** condition.

What we do not pay for

State-funded scans carried out in a private **hospital/clinic**.

1.8 Psychiatric illness

What we pay for

This benefit is payable only if it is stated on **your** table of benefits.

Complete Plan: Accommodation, nursing, drugs prescribed on a ward, **diagnostic tests** and **specialists'** fees while an **in-patient** or **day-patient**.

Benefit payment is subject to presentation of full clinical details from **your** psychiatrist.

What we do not pay for

Any **treatment** not under the control of a psychiatrist.

Treatment in excess of 30 days in an insured person's lifetime.

Charges incurred for monitoring a psychiatric patient such as constant watch.

Treatment if you have not been insured on this plan for at least two consecutive years leading up to the treatment.

Treatment related to bereavement, addictive behaviour, relationship or academic problems, acculturation difficulties or work related.

Your Policy Benefits

1.9 Support benefit

What we pay for

Treatment for a **medical condition** which is covered by **your** policy, that **you** receive as a non-paying patient in a state **hospital** / **clinic**.

What we do not pay for

State-funded **treatment** carried out outside of **Malta**, or in private **hospitals**.

Admissions related to psychiatric **treatment** and uncomplicated childbirth.

Benefit when **you** choose to transfer to a private **hospital/clinic** for continuation of **your treatment**.

In-patient accommodation which is not medically essential.

1.10 Road ambulance transport

What we pay for

Private **road ambulance** transport to the nearest available and appropriate **hospital** / **clinic**, or between **hospitals**, in the event of a medical **emergency**.

Private **road ambulance** transport from **hospital** to **your** home if **you** need to be transported under medical supervision or if transport in a seated position is not allowed for medical reasons.

Use of the ambulance must be medically necessary and prescribed by the treating doctor in case of a non-**emergency** situation; and must relate to eligible **in-patient** or **day-patient treatment**.

What we do not pay for

Transportation by air ambulance or other means of transport which is not registered as a private ambulance.

1.11 Cancer treatment

What we pay for

Oncology **treatment** during the active phase of the **cancer** including:

a) Surgical procedures for diagnostic reasons or to remove a tumour.

b) Radiotherapy (six sessions per course per policy year) and chemotherapy (six cycles per policy year).

c) **Specialist** fees.

d) **Diagnostic tests**, MRI, CT and PET scans referred by your **specialist** and follow-up **consultations.**

e) Oncology drugs.

What we do not pay for

Drug therapy to maintain remission; maintenance therapy; hormone therapy (unless required to shrink a tumour prior to surgery or radiotherapy); **biological therapy**; experimental **treatment** where there is no evidence of their effectiveness; use of drugs outside the terms of their licence.

Genetic tests which will help identify whether **you** are susceptible to getting **cancer**.

Preventive vaccines e.g. cervical **cancer** vaccination.

f) Internal prostheses

g) Medically necessary follow-up tests and **specialist** appointments needed to monitor your condition.

h) Initial reconstructive surgery taken not more than 2 years following original surgery to remove a tumour.

When the **cancer** is in remission (i.e. no longer in the active phase), **we** will continue to pay for **diagnostic tests** and **consultations** and on-going management such as replacement of tubes, drains or stents, related to the original diagnosis for up to five years.

Treatment such as surgery to remove non-malignant tissue e.g. breast tissue, where this is done solely to prevent the development of **cancer**, after a test or family history have shown a significantly high risk of developing **cancer**; or to prevent further **cancer** if you have already had **treatment** for **cancer** that **we** have paid for (e.g. mastectomy to a healthy breast in the event that you have been diagnosed with **cancer** in the other breast).

More than one reconstructive surgery for the same part of the body, or surgery to correct a reconstruction.

Monitoring after **treatment** for non-melanoma skin **cancer**.

End of life and **palliative** care.

Cost of personal care services, home adaptations, supply of special bedding or other equipment.

Experimental treatment.

1.12 Outside area of cover

What we pay for

Complete Plan:
Emergency (non-elective) **treatment** when an insured person is in the USA or Canada, received within 24 hours of the **emergency** event.

We pay for a maximum period of four weeks per year.

What we do not pay for

Treatment for a **medical condition** (including associated conditions) which **you** were aware of prior to the date of departure to the USA or Canada.

Costs relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth

Curative or follow-up non-**emergency treatment**, even if **you** are deemed unable to travel to a country within your geographical **area of cover**.

1.13 International emergency medical assistance

What we pay for

This benefit is payable only if it is stated on your table of benefits.

Complete Plan: **In-patient treatment** required in an **emergency** while travelling outside of **Malta**.

Evacuation to the nearest **hospital** where the treatment required is available.

Repatriation to **Malta** or country of origin.

Repatriation of mortal remains to **Malta** or country of origin.

Kindly refer to the endorsement found in your membership certificate.

What we do not pay for

Your Policy Benefits

Level 2 Cover: Out-Patient Treatment

These benefits are only applicable if you are insured on Level 2 cover.

2.1 General practitioner consultations

What we pay for

Consultations with a **general practitioner** or family doctor

What we do not pay for

Fees charged for completing forms, issuing of medical reports and certificates.

Refer to General Exclusions.

2.2 Prescription drugs and dressings

What we pay for

Comfort plan:
Prescription drugs and dressings prescribed by a **specialist** on the day of discharge following **in-patient** or **day-patient treatment**.

Complete plan:
Prescription drugs and dressings.

What we do not pay for

Drugs or dressings that can be purchased without a prescription. Refer to Exclusions and Limitations.

2.3 Minor surgery carried out by a GP

What we pay for

Minor surgical procedures carried out by a **GP** under local anaesthetic.

2.4 Specialist consultations and diagnostic tests

What we pay for

Consultations with a **specialist**.

GP or **specialist** referred **diagnostic tests** to determine or assess **your** condition.

What we do not pay for

Tests that are not referred by a **GP** or **specialist** and detailed on **your** claim form.

Tests which are of a routine or preventive nature, or which are carried out to monitor a **chronic medical condition**.

Tests that are not consistent with or incidental to the **diagnosis** and **treatment** of **your medical condition**.

Specialist consultations that have not been referred by a **GP**. **We** make an exception for consultations with gynaecologists and paediatricians for children up to 10 years of age.

Fees charged for completing forms, issuing of medical reports and certificates.

Refer to General Exclusions.

2.5 Complementary treatment

What we pay for

Alternative treatment given by a qualified acupuncturist, homeopath, chiropractor or osteopath.

Speech therapy, physiotherapy, podiatry/ chiropody.

A combined maximum of ten (10) sessions. for each **medical condition**, each year.

What we do not pay for

Fees charged for completing forms, issuing of medical reports and certificates.

Refer to General Exclusions.

2.6 CT, MRI and PET scans

What we pay for

Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission topography (PET) to help determine or assess **your** condition.

What we do not pay for

Scans referred by a **GP** or other **medical practitioner** who is not a **specialist**.

2.7 Psychiatry

What we pay for

Treatment of a clinically significant psychiatric illness or mental disorder carried out by a psychiatrist.

A maximum of ten (10) sessions each year.

What we do not pay for

Treatment that is not referred by a **GP** and detailed on **your** claim form.

Treatment that has not been pre-authorised by **us.**

Treatment carried out by a psychologist or psychotherapist, unless this follows diagnosis by and referral of a psychiatrist.

Treatment if you have not been insured on this plan for at least two consecutive years leading up to the **treatment**.

Treatment related to bereavement, addictive behaviour, relationship or academic problems, acculturation difficulties or work related.

2.8 Emergency dental treatment

What we pay for

Treatment by a dentist taken within 48 hours of an **injury** which causes damage or deformity to teeth and gums which have not previously been decayed, diseased, repaired, restored or treated, to alleviate pain, stop bleeding, restore a **natural tooth** or replace it with a temporary crown.

What we do not pay for

Follow-up **treatment** after the initial **consultation** and cosmetic **treatment**.

Damage to dentures or implants.

2.9 Home nursing

What we pay for

Specialist referred **treatment** immediately following a period of eligible **in-/day-patient treatment**. **We** will pay for **treatment** that only a qualified **nurse** can provide, and which would otherwise be provided on an **in-patient** basis in a **hospital**/**clinic**.

What we do not pay for

Services required to help with mobility, personal care or preparation of meals.

2.10 Routine maternity

What we pay for

Cash benefit payable per episode of childbirth/ adoption within one year of birth.

Payable to the mother who has given birth and been insured in the same plan for at least 12 months before childbirth.

Birth certificate and pregnancy notes need to be presented within 60 days from childbirth.

What we do not pay for

Benefit if the baby is born or adopted within 12 months of **your** policy start date.

The amount paid for any claims related to pregnancy complications will be deducted from this benefit.

Benefit is payable only once per episode, irrespective of whether one or both parents are insured.

Level 3 Cover: Routine Health Checks, Medical Aids and Appliances

These benefits are only applicable if you are insured on Level 3 cover.

3.1 Dental examination, scale and polish

What we pay for

Routine dental check-up, scale and polish.

What we do not pay for

Other dental work required even if need for **treatment** is established during the check-up.

Check-ups required to monitor the progress of ongoing dental **treatment**.

3.2 Eye test

What we pay for

Routine eye test by an optometrist / ophthalmologist.

What we do not pay for

Tests carried out as part of an employer's scheme in relation to the upkeep of health and safety standards.

3.3 Cervical cancer screening

What we pay for

Routine smear (Pap test)

3.4 Mammogram / breast ultrasound (insured to aged 40+)

What we pay for	What we do not pay for
Routine mammogram and/or breast ultrasound.	Benefit if **you** were not 40 years of age at the start of the policy year.

3.5 Prostate examination / PSA test (insured to aged 40+)

What we pay for	What we do not pay for
Routine prostate examination and/or PSA test	Benefit if **you** were not 40 years of age at the start of the policy year.

3.6 Blood tests: liver function, lipid profile, fasting glucose, complete blood count (insured to aged 40+)

What we pay for	What we do not pay for
Routine blood tests: liver function, lipid profile, fasting glucose and complete blood count.	Tests carried out as part of ongoing management of a **medical condition**.
This benefit is subject to any exclusions shown on **your insurance certificate**.	Benefit if **you** were not 40 years of age at the start of the policy year.

3.7 Bone density scan (insured to aged 40+)

What we pay for	What we do not pay for
Routine bone density scan.	Benefit if **you** were not 40 years of age at the start of the policy year.

3.8 Prosthetics, medical aids and appliances

What we pay for	What we do not pay for
Prosthetics (artificial extensions that replace a missing body part) which are not surgically implanted.	The cost of **treatment** related to **medical conditions** that are excluded or restricted on **your insurance certificate**.
Purchase of medical aids or appliances including neck collars, splints, foot supports, wheelchairs, crutches, hearing aids and orthotics.	Rented equipment.

Claims Conditions

We understand that ill-health or injuries may cause **you** increased anxiety and disquiet, and **we** will endeavour to provide **you** with full support and assistance when **you** need to make a claim.

The health claim form can be downloaded from **our** website www.citadelplc.com or contact **us** so **we** can send **you** a copy by post.

Make sure that **your** claim form is completed, signed and dated. Claim forms must be sent to **us** by not later than 60 days from date of initial **treatment**. Please attach original receipts (credit card chits are not considered as receipts). In order to be able to process **your** claim fairly and efficiently **we** reserve the right to ask **you** to provide **us** with further information such as but not limited to: results reports, medical reports, **hospital** case summary and breakdown of charges).

You are responsible to pay any costs that are not eligible for payment under **your** plan.

Initiating a claim

Always visit **your GP** for each new **medical condition**. The **GP** will complete part 3A of **your** claim form.

All **specialist consultations** must be **GP** referred. **We** will only make an exception for **consultations** with a gynaecologist or paediatrician for children up to 10 years of age. When referred for **specialist treatment** part 3B of the claim form will be completed.

Paediatric **consultations** for children over 10 years will be payable form the **General Practitioner** benefit 2.1. If **your medical condition** persists for over three (3) months **you** are required to obtain another **GP** referral prior to seeking **specialist** advice for the same **medical condition**.

Back dated or amended GP/Specialist referrals will not be accepted.

In-patient and Day-patient Treatment, Out-patient Surgery, Psychiatric Treatment, Home Nursing, CT, MTI & PET Scans

i) Call **us** on telephone 25579000 or email **us** on healthclaims@citadelplc.com to pre-authorise **your treatment**. **We** will need the following information:

- **a)** name and contact details
- **b)** planned **treatment** date
- **c)** **hospital** / **clinic** and consultant details
- **d)** (in the case of surgery) – the surgical procedure code which will be given to **you** by **your specialist**
- **e)** a quotation for the **treatment** required
- **f)** a medical report from the referring **specialist**

A medical report must include details of: the symptoms being investigated; the date when symptoms first occurred; past, ongoing or planned **treatment**; where applicable the diagnosis, or in the case of **hospital** admissions, the expected date of discharge.

ii) **We** will send **you** a written guarantee of payment. **We** are not bound by any oral commitment relating to claims authorisation. **You** are advised to confirm with the **hospital** / **clinic** that they have received **our** written authorisation before undergoing **treatment**.

iii) If the authorised claim cannot be paid by direct settlement **you** will be required to settle the bill and send **us** the receipts within two months of the **treatment** date for assessment.

iv) In the event of **emergency** medical **treatment** where **you** are unable to call **us** in advance, it is in **your** interest to instruct another person to call **us** as soon as possible to confirm cover for **your treatment**. Unless the **hospital / clinic** has obtained settlement authorisation from **us you** may be required to settle the full cost of **your treatment**.

v) **We** do not pay for costs in excess of those established by **us** as being **fair and reasonable**; extra **hospital/clinic** accommodation costs arising from social and domestic circumstances; **hospital/clinic** accommodation costs for **treatment** which could have been performed on an **out-patient** basis; and any other costs for **treatment** which is not medically essential.

vi) **We** do not pay for **treatment** received from a **medical practitioner** who is not licenced by the competent authority in the country where the **treatment** takes place, or who has been temporarily or permanently removed from a medical council's registry; and **treatment** received in a **hospital/clinic** not authorised by the competent authority in the country where the **treatment** takes place or which does not have suitable facilities for the type of **treatment** required.

Claim Payments

Claim payments will be made to the claimant unless:

- the claim is for a person under 18 years of age. In this case **we** will pay the **subscriber**;
- **you** have given **us** instructions on the claim form to pay a third party. In this case please provide **us** with the full name, ID card / passport number and correspondence address of the payee;
- **we** have agreed to pay a service provider directly;
- the claimant dies, in which case **we** will pay the executors or the legal heirs of the relatives' estate as the case may be.

Independent Medical Examinations

We may occasionally ask **you** to undergo independent medical examinations with a **medical practitioner** appointed by **us** for the purpose of advising **us** and providing **us** with a report regarding any medical issues relating to **your** claim. This will be at **our** expense. **We** reserve the right not to pay the claim if **you** fail to co-operate with **our** request and/or **our medical practitioner**.

Other Insurance

If the cost of **your treatment** is covered in full or in part by another insurance policy **you** must provide **us** with full details of the other policy. Details required include the name and address of the insurance company, the policy number, and any relevant information. **We** will contact the insurance company who issued this policy to ensure that **we** only pay **our** proportion of the claim and **you** agree that all rights of recovery that **you** may have are to be subrogated to **us**. This may involve sharing relevant information regarding **your** claim with the other insurer.

If somebody else has caused you to claim

If **you** are claiming for **treatment** relating to a **medical condition** or injury caused by a third party **you** must inform **us** as soon as possible and provide **us** with details of the third party.

If **you** are pursuing a personal claim for damages against a third party, **you** must provide **us** with the full name and address of **your** appointed lawyer handling the action. **We** will then contact the lawyer to register **our** interest and seek to recover **our** own costs, plus interest, in addition to any damages that **you** may recover or be awarded.

You agree that all rights of recovery that **you** may have are to be subrogated to **us** and if **we** choose, **we** also have the right in **your** name but at **our** expense to:

- take over the defence or settlement of any claim;
- start legal action to claim compensation from a negligent third party;
- start legal action to recover from any third party payments that have already been made.

Claims Conditions

If **you** are able to recover, whether or not through legal action, compensation in full or in part from the third party for any costs that **we** have paid, **you** must repay **us** the amount recovered including any interest that **you** may have been awarded.

If We Pay Claims Outside the Terms of Your Cover

We may at **our** discretion agree to pay for **treatment** costs that are beyond the terms of **your** insurance policy on ex-gratia basis. This does not mean that **we** will make them again in the same or similar circumstances.

Currency of Claim Payment

All claims are paid in Euro. Receipts for costs in another currency will be converted using the closing exchange rate published by a foreign exchange service provider of **our** choice on the date when **we** settle **your** claim. All payments will be subject to any exchange control regulations in force at the time, and **you** will be responsible for any exchange costs.

Dishonest / Fraudulent Claims

If any claim made under this policy is in any way dishonest or fraudulent **we** will not pay any benefit for that claim. **We** reserve the right to recover any benefit already paid to **you** for that claim before discovery of the dishonest or fraudulent act. **We** also reserve the right to cancel **your** policy with immediate effect and proceed judicially.

In addition to the exclusions listed in the section **Your** Policy Benefits, **your** policy does not cover:

Addictive Conditions / Self-inflicted Injury & Suicide

Treatment for injury and illness due to use, misuse or abuse of intoxicating drugs or alcohol; **treatment** of any addictive condition whether or not relating to psychiatric disorders or medical drugs; eating disorders and attempted suicide.

Administrative Fees

Fees incurred for obtaining a medical certificate or medical report, or completing any form in full or in part; obtaining a police report; shipping fees, inclusive of customs duty fees for medication or other **treatment** requirements.

Advanced therapy medicinals products

Treatment, administration or complications arising from Advanced Therapy Medicinals Products (ATMPs) including T Cell immunotherapy and Gene Therapy (CGTPs), Tissue Engineering Products, regenerative medicine advanced therapy products (RMAT) and B-cell Maturation Antigen (BCMA).

Ageing change

Treatment and investigations for symptoms arising by ageing, menopause, or puberty or other natural physiological changes.

Allergies

Treatment for any allergic condition or disorders, prick/patch tests and food intolerance tests.

Appliances and Prosthesis

The costs of providing and fitting external prosthesis, surgical or medical appliances but not limited to (such as hearing aids, false limbs, crutches, dentures, orthotics, stair lifts, spectacles, contact lenses and wheelchairs); neurosimulators or any **treatment** needed in connection with them; and special equipment (such as incontinence material, support stockings, blood pressure monitors) unless specifically covered by **your** plan.

Chiropody/Foot Care

Treatment related to chiropody/foot care including but not limited to routine foot care, nail trimming, corns and calluses, orthotics, hyperkeratosis, evaluation/analysis of the foot, biochemicals and footwear advice.

Chronic Illness

Treatment of **chronic medical conditions**. **We** reserve the right to determine when a **medical condition we** have been paying for has become recurrent or **chronic**, and to apply additional restrictions or exclusions to **your** policy with immediate effect. **We** will then not pay for any further investigations, regular monitoring or **consultations** with any **medical practitioner**.

We will however cover the cost of **treatment** of an **acute flare-up** of a **chronic medical condition** (a sudden and unexpected deterioration of the **medical condition** that is likely to respond quickly to **treatment**, which aims to restore **you** to **your** state of health immediately before suffering the **acute flare-up**) providing this is not part of the normal recurring nature of the condition.

Complications from Excluded or Restricted Conditions

Treatment related to complications or conditions associated to a **medical condition** which is excluded or restricted on **your insurance certificate**.

Exclusions and Limitations

Conception, Pregnancy & Childbirth

Investigations or **treatment** for, related to or arising from:

- birth control including sterilisation and its reversal;
- any type of contraception;
- intentional termination of pregnancy;
- infertility, impotence or other sexual dysfunction;
- any form of human-assisted reproduction;
- routine pregnancy checks;
- normal childbirth;
- birth by Caesarean section when this is not medically essential;
- stem cell implantation, harvesting, storage or any kind of **treatment** using stem cells.

We will however pay for additional **treatment** costs incurred by complications of pregnancy and/or childbirth if **you** have been insured on this plan for a continuous period of one year prior to the expected date of delivery.

If Caesarean section is medically required we will only pay the difference between the normal delivery package and the cesarean package up to the **fair and reasonable costs**.

Congenital Conditions

Treatment and / or correction of any congenital condition unless **you** are insured on medical history disregarded basis. In this case we will pay up to a maximum of €100,000 in **your** lifetime, subject to the benefit limits of **your** plan.

Contamination, Wars and Riots

Treatment arising from nuclear or chemical contamination including the use, misuse, escape or explosion of any gas or hazardous substance; war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, riot, civil disturbance, wilful violation of the law, rebellion, revolution, mutiny, insurrection, military force or coup, act of terrorism or any similar event.

Continuous/Special Monitoring

Any costs incurred for continuous/special monitoring unless it has been approved by us in writing beforehand.

Cosmetic Treatment

Cosmetic **treatment** including reconstructive surgery; **treatment** related to previous cosmetic or reconstructive surgery, whether or not for psychological or medical reasons.

Treatment for alopecia, warts, moles, skin tags, sebaceous cysts, scalp and hair disorders and intradermal nevus or undiseased tissue. **We** will however cover the cost of **treatment** if the histology report indicates malignancy.

Treatment of varicose veins of the leg unless the veins are wider than 3mm in diameter and any of the following apply:

i) there is established lipodermatosclerosis or progressive skin changes;

ii) there have been recurrent episodes of superficial thrombophlebitis; or

iii) there is active or healed venous ulceration.

Treatment of lipoedema.

We will however pay for reconstructive surgery to restore function or appearance where this is medically necessary, and a direct result of an **accidental injury** or **cancer** that occurs after **your** policy start date.

Counselling

Any type of counselling sessions whether for psychological, psychiatric or therapeutic purposes.

Criminal Activity

Treatment following any act committed by **you** which is deemed to be a criminal act, violation or attempted violation of law, in accordance with any applicable law of the jurisdiction where the act is perpetrated; resistance to lawful arrest or lawful imprisonment; injuries resulting from an affray unless there is clear evidence in a police report that **you** were not the aggressor.

Critical Care

Admission in a unit or facility that is not a dedicated critical care unit; admission in a critical care unit following an **emergency** (unplanned non-elective) admission; or transfer from a non-private **hospital**.

We will however pay for up to 10 days of **treatment** in a policy year following a planned admission for eligible **treatment** that then requires anticipated critical care as defined below:

i) Intensive Care – Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex conditions requiring support for multi-organ failure.

ii) High dependency – Patients requiring more detailed observation than in an ordinary **hospital** bed or intervention including support for a single failing organ system or post-operative care, and those stepping down from higher levels of care.

Deafness

Treatment for deafness that arises as a result of ageing; hearing aids or devices, cochlear implants or any **treatment** related to their implantation or continued care. **We** will however pay for **treatment** for health impairment or deafness that arises as a result of an **acute medical condition**.

Dental Treatment

Periodontal, orthodontal and endodontal **treatment**, for example simple extractions, restorations, root canal **treatment**, implants, crowns, veneers, bridges and dentures; minor enamel, dentine and incisal edge fractures.

We will pay for the following dental surgical procedures provided **you** have been continuously covered by the policy for at least two years before the symptoms are first noticed, and the procedure is performed by a consultant oral or maxillofacial surgeon:

- surgical removal of impacted or buried teeth;
- complicated buried roots;
- surgical drainage of a fascial space (tracking);
- abscess;
- removal of jaw cysts

We will also pay for **emergency** dental **treatment** if this is included in the cover of **your** selected plan.

Developmental Motor skills disorder, learning difficulties and behaviour problems

Treatment related to developmental or learning difficulties, whether physical or psychological, including but not limited to dyslexia and dyspraxia, obsessive compulsive disorder; anti social problems autism spectrum; behavioural problems such as attention deficit hyperactivity disorder (ADHD); delayed speech and hearing disorders; and problems related to physical development.

Drugs & Dressings

Any drugs which can be purchased over the counter without a prescription from a **medical practitioner**, such as medicated shampoo, soap, toothpaste; headache and cold cures, pain killers and vaccinations; dietary supplements and oral contraception even if prescribed.

Exclusions and Limitations

Epidemic / Pandemic

Treatment required as a result of epidemics, pandemics, public health emergencies, natural disasters or other disease outbreak conditions about which a public health warning or travel restriction has been issued by the relevant authorities and/or by the World Health Organisation.

Experimental Treatment, Unlicensed Drugs and Unlisted Surgical Procedures

Treatment which, based on established medical practice in **Malta**, is considered to be experimental or unproven, or for which there is insufficient evidence of safety or effectiveness; **treatment** using unlicensed drugs or the use of drugs outside the terms of their licence in **Malta**; and surgical procedures not listed in **our schedule of procedures**.

Eyesight

Treatment to correct **your** eyesight including laser **treatment**, or the cost of optical aids such as spectacles and contact lenses. **We** will however pay for **treatment** that is needed as a result of an injury affecting the eye(s) or an **acute medical condition**.

Frail Care and Rehabilitation

Costs for services provided for frail care, rehabilitation and convalescence. These include extra **hospital/clinic** costs arising from social and domestic circumstances; domestic support that does not require a qualified **medical practitioner**; accommodation and general nursing care received in a convalescence or nursing home; respite care; and any **treatment** in a nursing home, **hospital/clinic** which has effectively become your place of domicile or permanent abode.

Gender Reassignment

Sex change / gender reassignment or **treatment** which results from or is in any way related to such **treatment**.

Genetic Tests

All forms of genetic tests, including but not limited to DNA analysis and any related **consultations** or follow up **treatments**.

Health hydros, Nature Cure Clinics & Spas

Any **treatment** or services received in health hydros, spas, nature cure clinics, gymnasia or in any similar establishment.

HIV / AIDS

Treatment for or arising from human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS).

Hormone Replacement Therapy

Hormone replacement therapy (HRT) unless this is prescribed by a **specialist** following a surgical procedure that **we** are paying for is received up to a maximum of two years from the date of surgery, and is taken in the form of implants or patches.

Hotel Accommodation & Travel Costs

Any accommodation and travel costs relating to your **treatment**.

Hospital / Clinic Room Costs

Clinic / consulting room fee for **out-patient complementary treatment**. **We** will however pay a set amount towards the **clinic** / consulting room fee for **out-patient GP** and **specialist consultations**. The total amount **we** will pay for the **consultation** and **clinic** fee will not exceed the **fair and reasonable cost** set for **GP**/ **specialist consultations** respectively.

Life Support Machines

Cost of a life support machine or similar device beyond the first fourteen days of use.

Mental Illness

Treatment if **you** have not been insured on **your** current plan for two consecutive years leading up to the initial diagnosis; **treatment** related to bereavement, addictive behaviour, relationship or academic problems, acculturation difficulties or work pressure; psycho-geriatric **treatment**; and counselling.

Medical Reports / Claim Forms

Fees incurred for obtaining a medical certificate or report, or completing, in full or in part, a proposal form or claim form.

Obesity, Weight Management and Eating Disorders

Treatment, **consultation** and investigations related to **obesity**, weight management or eating disorders, including but not limited to bariatric surgery, weight loss programs, medications, dietary suppliments, counselling or therapy for any eating disorders.

Organ Transplants & Donor Organs

Cost of supplying donor organs, including the removal of a donor organ from a donor, the removal of an organ from the insured person for the purposes of transplantation into another person, compatibility tests, transportation of the donor organ and the cost of administrative procedures.

Palliative / Terminal Care

Cost of **treatment** to alleviate physical or psychological symptoms associated with progressive, incurable illness and that can no longer be expected to cure the condition; and end of life care.

Participation in Professional or Dangerous Sport

Treatment for injuries sustained while **you** are training for or participating in professional or semi-professional sport (for which **you** receive payment, or funding through sponsorship or grant); or injuries resulting from any hazardous sport or activity including but not limited to:

- Hang-gliding, parachuting or bungee jumping or any form of aerial flight except where you are a passenger travelling in a fully licensed standard type aircraft which is owned and run by a recognized airline on a set route;
- Jet-skiing, power boat racing, water ski jumping, free diving and scuba diving;
- Polo or show-jumping;
- Rock climbing or mountaineering;
- Riding or driving in a race, rally or competition;
- Any type of martial arts;
- Competitive winter sports, off-piste skiing or snowboarding, ski-jumping, bob-sleighing, luging or heli-skiing.

Pre-existing Medical Conditions

Investigations and **treatment** of any **medical condition** that occurred before **you** joined the policy if **you** are subject to medical underwriting. **We** reserve the right to impose terms for **medical conditions** which should have been disclosed on **your** proposal form but were not, even after the policy start date.

Pregnancy and Childbirth

Routine pregnancy checks, normal childbirth and birth by elective Caesarean section. **We** will however pay for additional **treatment** costs incurred by complications of pregnancy and/or childbirth if **you** have been insured on this plan for a continuous period of one year prior to the expected date of delivery.

Exclusions and Limitations

Proton Bean Therapy

Cost of therapy with the exception of the below conditions:

- malignant solid **cancers** in members aged 21 and under;
- central nervous system (brain and spinal cord);
- chrodomas or chondrosarcomas (spinal **cancer**) in the base of the skull or cervical spine which have not been spread (metastasised);
- conjunctival melanoma;
- chroudal hearmangioma;
- adenoid cystic carcinoma with perineural invasion;
- high naso-ethmoid, frontal and sphenoid tumours with base of skull involvement esthsioneriblastoma;
- **cancer** of the iris, ciliary body or choroid parts of the eye - uveal melanoma which has not spread (metasised).

Renal Failure

Kidney Dialysis for more than six (6) weeks immediately before and/or after a kidney transplant; regular or long-term dialysis for **chronic** or end-stage kidney failure.

Robotic Assisted Technology

Cost if procedure is not medically necessary and is not being performed by a surgeon who is appropriately licensed and authorised in the country in which the procedure is performed. The hospital must also be licensed and legally authorised to provide such treatment. Any assistant fees are also not covered.

Routine and Preventive Care

Any routine, precautionary or preventive examinations, health checks including routine dental, hearing and sight tests unless included in **your** cover; vaccinations, screenings (including screenings of familial conditions) or preventive **treatment**.

Sanctions

The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, the United Kingdom, the Federal Republic of Germany or United States of America, insofar as they are not in contradiction to the legislative provisions applicable to the Company.

Sexually Transmitted Infections

Treatment arising in any way from diseases that are transmitted sexually or those which according to generally accepted classification are classified as Sexually Transmitted Diseases (STDs).

Sleep Disorders

Treatment relating to sleep apnea, snoring, insomnia or other sleep disorders.

Speech Disorders

Treatment of speech disorders except where **treatment** is short-term therapy given by a qualified speech therapist which takes place during or immediately following **treatment** of an **acute medical condition**, such as a stroke; or in the event of physical impairment that directly affects speech, such as nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate).

Unreasonable Costs

Costs exceeding those **we** have established as fair and reasonable, such as (but not limited to) extra accommodation in a **hospital** or **clinic** arising from social and domestic circumstances, or for treatment that can be performed on an outpatient basis and/or is not medically essential.

State Funded Treatment

Treatment received in a private **hospital** which is funded by the state.

Unrecognised and/or family related Medical Providers

Treatment received from a medical practitioner who is not licenced by the competent authority in the country where the **treatment** takes place, or who has been temporarily or permanently removed from a medical council's registry.

This also includes any **treatment** received in a **hospital** or **clinic** not authorised by the competent authority in the country where the **treatment** takes place, or which does not have suitable facilities for the type of **treatment** required. **Treatment** received from or recommended by a medical practitioner who is a family member of the insured, including spouse, brother, sister, parent or child.

Cancellation

You may cancel **your** policy by writing to **us**. **We** reserve the right not to refund part or all premiums **you** have paid. No premium refund will be made if any claims have been paid in the last policy period.

We may cancel, refuse to renew or change the terms of **your** policy at any time if **you** commit a material breach of the terms and conditions of **your** policy, including but not limited to:

- the non-payment of premium when it is due;
- misrepresentation, non-disclosure and failure to act in utmost good faith;
- attempting to claim benefit that **you** know **you** are not entitled to claim;
- **you** and/or any **dependant** are living or travelling outside of **Malta** for more than 245 days in a policy year.

Compliance with Policy Terms

Our liability under this policy is subject to **your** full compliance with the policy terms. Failure to comply with the policy terms and conditions and/or making a dishonest claim may result in **us**:

- refusing to effect payment in respect of **your** claim;
- refusing to renew **your** policy;
- imposing different terms and conditions in respect of the cover provided;
- terminating **your** policy with immediate effect; or
- declaring **your** policy null and void in the event of misrepresentation or the nondisclosure of a **pre-existing medical condition**, and recovering any benefits already paid.

Waiver of Policy Terms

The non application or enforcement by **us** of any of the policy terms and conditions will not prevent **us** from doing so at a later date.

Maltese Contract and Jurisdiction

The policy is, for all intents and purposes, deemed to be a Maltese contract and shall be governed by the laws of **Malta** and subject to the exclusive jurisdiction of the Courts of **Malta**. The benefits provided in the policy shall apply only to judgements, awards or orders that are delivered by or obtained from a Court in **Malta**.

Furthermore, the benefits shall not apply to a judgement, award or order obtained in **Malta** for the enforcement of a judgement obtained elsewhere, or to costs and expenses of litigation recovered by any claimant from **you** or any other persons entitled to indemnity under this policy, which costs and expenses of litigation are not incurred in **Malta**.

Arbitration

Any dispute, controversy, claim or matter arising out of, concerning or relating to the policy, shall solely and exclusively be referred to arbitration. The arbitration shall take place in accordance with the prevailing rules of arbitration under the **Malta** Arbitration Act, 1996, and held at the **Malta** Arbitration Tribunal. There shall be a sole arbitrator, who will be appointed by **agreement** between **you** and **us**.

Compensation Scheme

A compensation scheme is available under the Protection and Compensation Fund Regulations 2003 should an insurer become insolvent in respect of obligations that arise from a policy of insurance issued in **Malta**, subject to such limitations, restrictions and exclusions as may from time to time be in force.

Group Health Insurance

The terms and conditions of **your** group insurance policy are governed by an **agreement** between the sponsor (usually your employer) and Citadel Insurance p.l.c.. No legal contract exists between **you** and **us** covering **your** membership of the plan.

This **agreement**, together with **your** policy, set out the details of **your** cover subject to any variations agreed between **us** and **your** sponsor, who is responsible for informing **you** of any variations in the terms and conditions of **your** cover.

All documentation is sent to **you** via **your** sponsor. Any enquiries regarding **your** cover are to be directed to the group administrator or person responsible for administering the policy on behalf of **your** sponsor.

Eligibility

Only persons confirmed by the sponsor and listed in the **agreement** are eligible for cover under the group policy.

Paying premiums and renewing your policy

The sponsor is responsible for paying **us** the premium payable in respect of the group health insurance policy, unless otherwise agreed.

Renewal of **your** cover is subject to **your** sponsor's instructions to renew **your** cover under the **agreement**.

Changes in cover

The terms and conditions of **your** cover may be changed by **agreement** between **your** sponsor and **us**. However any such changes may only be made at renewal date.

Cancelling your policy

Besides what is stated in section Our Right to Cancel **Your** Policy, **your** sponsor may request that **we** cancel **your** cover. This is generally the case upon termination of employment, where company-paid health insurance cover ceases. Instructions to terminate **your** membership will automatically mean termination of **your dependants'** cover.

No premium refund will be due if claims have been paid. Once **we** receive notification of cancellation and a premium refund has been issued, no further claims will be settled even if the **treatment** date is within **your** period of cover.

Furthermore **your** membership will automatically terminate if:

- the **agreement** between **your** sponsor and **us** is terminated;
- **your** sponsor does not renew **your** membership;
- **your** sponsor does not pay the premium due under the **agreement**;

You may apply to continue **your** health insurance policy on an individual basis. **We** reserve the right to request a proposal form and to apply exclusions for any **existing medical conditions** even if such **medical conditions** were previously covered under the group policy.

We may cancel a group health insurance policy if there is reasonable evidence the sponsor has misled **us** or withheld necessary information from **us**.