

Private Health Insurance

Insurance Product Information Document

GasamMamo Insurance Limited is authorised under the Insurance Business Act and Regulated by the Malta Financial Services Authority



Company: GasamMamo Insurance Ltd

Product: Sana Residency Key Plan

This is a summary of our insurance policy. You will find all the terms and conditions, along with other important information, online and in the policy document.

What is this type of insurance?

This insurance is designed to provide cover for members who reside in Malta for a minimum of 8 months of the 12-month insurance period, for treatment of an acute condition such as a disease, illness or injury that is likely to respond quickly to treatment.



What is insured?

In-Patient & Day-Patient Treatment

- ✓ In-patient Hospital charges
- ✓ Day-patient Hospital charges
- ✓ Operating theatre charges
- ✓ Surgeon fees
- ✓ Anaesthetist fees
- ✓ Specialist consultations and diagnostic tests such as X-rays and blood tests
- ✓ Ambulance charges up to €250
- ✓ MRI, PET and CT scans
- ✓ Pregnancy and childbirth complications up to €4500
- ✓ Oncology Related Charges- We pay for oncology related charges including radiology, chemotherapy, MRI, CT & PET scans, specialist consultant's fees and drugs

Out-Patient Treatment

- ✓ General Practitioner charges up to €50
- ✓ Consultations and treatment with specialist including diagnostic tests such as X-rays and blood tests up to €250
- ✓ MRI, PET and CT scans up to €500
- ✓ Oncology Related Charges – We pay for oncology related charges including specialist consultant's fees, drugs, MRI, CT & PET scans

Optional benefits

- Preventive treatment package up to €250
- Repatriation cover to your home country up to €30,000
- Repatriation of mortal remains up to €30,000



What is not insured?

- ✗ Pre-existing conditions – subject to the method of underwriting
- ✗ Chronic medical conditions
- ✗ HIV/AIDS and sexually transmitted diseases
- ✗ Diagnostic tests and treatment for infertility / contraception / sterilization
- ✗ Alcoholism, alcohol abuse, drug abuse, solvent abuse and other addictive conditions
- ✗ Treatment undertaken by a specialist without a General Practitioner referral
- ✗ Cosmetic treatment
- ✗ Drugs & dressings (unless specified in your health plan)
- ✗ Routine and preventive treatment including pregnancy and dental treatment
- ✗ Appliances and medical aids such as hearing aids or crutches
- ✗ Sports injuries as specified in the terms and conditions
- ✗ Treatment required as a result of war, terrorism, contamination and riots
- ✗ Experimental treatment
- ✗ Self-inflicted injury
- ✗ Sleep disorders
- ✗ Treatment for warts, verrucas or skin tags
- ✗ Weight and eating disorders
- ✗ Sexual dysfunction
- ✗ Congenital conditions
- ✗ Behavioral disorders
- ✗ Intolerances and/or allergies
- ✗ Epidemics/Pandemics
- ✗ Any other specific exclusion or limitations shown in the policy wording



Are there any restrictions on cover?

- ! Cover for pre-existing conditions under this product is dependent on the method of underwriting that applies to each member.
- ! Doctors' and therapists' fees will only be covered up to the fair & reasonable fees.
- ! Hospital fees are only covered in full when using a participating hospital.
- ! General Practitioner referral is required prior to consulting a specialist except in the case of gynecologist, ophthalmologist or pediatrician.
- ! Some benefits have specific limits. Please refer to your terms and conditions for full details.



Where am I covered?

- ✓ Malta and EU. The cover provided for in the European Union will only operate if the treatment required is not available in Malta and is undertaken upon the advice of the consultant/surgeon.



What are my obligations?

- You must take reasonable care to disclose facts even when you are in doubt as to whether they are material or relevant to the questions on the application form when you take out, when you make change to, or when renewing your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim.
- You must also tell us about changes to your circumstances which may affect the information given to us upon application and/or at renewal.
- You are also to inform us of any changes even if renewal terms have been offered and premium has been paid.
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and clauses of this policy. It is your responsibility to read the policy schedule, endorsements, table of benefits and policy wording.
- In the event of a claim, we strongly recommend that you contact us before receiving any in-patient, day-patient and out-patient treatment so that we can advise you on what will and will not be covered.



When and how do I pay?

You can pay your premium annually by cash, cheque, card or bank transfer.



When does cover start and end?

The policy shall be for a period of one year commencing on the day indicated on the policy schedule.



How do I cancel the contract?

The policy shall be for a period of one year, commencing on the day indicated on the policy schedule and cancellation is not allowed for any reason.