



Cover photo: A mother at the beach is holding her little boy in her arms, and they are both smiling.

 health program
medica
supports life

eurolife

We support every moment of your life



We serve
+45.000
customers



Paid
€180.000.000
in claims

Data as of 30/06/2025, for individual and group policies, from the start of Eurolife health schemes.

Medica health program

Eurolife's medica health program has been developed to cover the needs of a person in the event he / she becomes ill or gets injured, thus protecting his/ her family from financial loss. The program reimburses expenses incurred for in-hospital treatment providing also out-of-hospital Benefits and Allowances.

Main characteristics

The main characteristics of the program are as follows:

- Global cover including the United States and Canada
- Annual cover up to €2.000.000
- Right of participation of the partner of the insured and their children in the program
- There is no age limit for the termination of the program
- Low premiums
- Choice of country, hospital and doctor for treatment
- Provision of medical advice on a 24 hour basis through a Medical Call Centre
- Provision of Travel Medical Aid abroad
- "Second Medical Opinion" Service
- Mental Health Support Service "Let's Talk"
- Quick response to claims
- Direct payment of hospitals for services rendered, if requested
- medica plus & medica comfort options, covering out-of-hospital benefits
- Participation in the program is permitted for people who live permanently in Cyprus up to the age of 65



Medica group health program

The medica health plan is also offered on a group basis, which may include outpatient coverage.

What are the benefits offered by the medica health program?

The program offers a wide range of Benefits. The following Table provides a brief description of the covers offered by the medica basic, medica comfort and medica plus options.

TABLE OF BENEFITS

Benefits	Cover Limits	medica basic	medica comfort	medica plus
1. 1.1 Maximum Annual Limit 1.2 Annual Claims Excess Amount	€2.000.000 Depending on your option (€500 or €1.000 or €2.000 or €5.000 or €8.000 or €10.000 or €20.000)	✓ ✓	✓ ✓	✓ ✓
2. In Hospital Treatment 2.1 Hospital Charges 2.2 Doctors' Fees 2.3 Diagnostic Tests	Total Compensation Total Compensation Total Compensation	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
3. Medica Out-of-Hospital Benefits 3.1 Pre-surgical Diagnostic Tests 3.2 Post-surgical Expenses - Physiotherapy - Diagnostic Tests & Medical Drugs 3.3 Out-patient Surgical Operation 3.4 Out-patient Cancer Therapy 3.5 First Treatment of an Accident	Total Compensation Total Compensation up to €250 for each operation Total Compensation up to €200 for each operation Total Compensation Total Compensation Total Compensation	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓
4. Other Benefits 4.1 Maternity Allowance - Under GHS - Not under GHS • Normal Delivery • Caesarian Section 4.2 Critical Illness Allowance 4.3 Transportation by Ambulance	€1.000 €2.000 €2.500 €10.000 Total Compensation up to €600	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓

4.4 Daily Allowance for Free of Charge Treatment - In Cyprus - Abroad	Maximum limit of 90 days €100 per day €250 per day	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
4.5 Hospitalisation without Treatment	Total Compensation for Room & Board for 1 day	✓	✓	✓
4.6 Stay of Parent (abroad)	Total Compensation	✓	✓	✓
4.7 Expenses for Transportation of Corpse Abroad	Up to €3.500	✓	✓	✓
4.8 Premium Protection	Up to 10 Years Premiums	✓	✓	✓
5. Travel Medical Aid Abroad (Medical consultation, Evaluation and referrals, Emergency medical evacuation, Medical repatriation, Hospital admission assistance, Medical monitoring, Compassionate visit, Care of minor child(ren), Return of mortal remains, Interpreter and legal referrals, Evacuation transport for family members, Bereavement reunion, Care of elder parent and Early return)		✓	✓	✓
6. "Second Medical Opinion" Service		✓	✓	✓
7. "Let's Talk" Mental Health Support Service		✓	✓	✓
8. Medical Call Centre		✓	✓	✓
9. Medica comfort Out-of-Hospital Benefits				
9.1 Maximum Annual Limit	€1.000		✓	
9.2 Doctor's Fee	Depending on your option (Choice 1 or Choice 2)		✓	
9.3 Medicinal Drugs	Total Compensation up to €250		✓	

9.4 Diagnostic Tests	Total Compensation up to €250		✓	
9.5 Physiotherapy	20 Visits with max €10 per visit		✓	
9.6 Psychiatric Disease	5 Visits with max €40 per visit		✓	
9.7 Homeopathy Treatment	Total Compensation up to €400		✓	
10. Medica plus Out-of-Hospital Benefits				
10.1 Maximum Annual Limit	Depending on your option (€1.000, €2.000, €4.000)			✓
10.2 Doctor's Fee	Depending on your option (Option 1 or Option 2 or Option 3)			✓
10.3 Medicinal Drugs	Total Compensation			✓
10.4 Diagnostic Tests	Total Compensation			✓
10.5 Physiotherapy	Total Compensation			✓
10.6 Psychiatric Illness	Total Compensation			✓
10.7 Homeopathy Treatment	Total Compensation up to €600			✓

- Notes:
- Where “Total Compensation”, is mentioned above, we mean compensation based on Customary and Reasonable charges. Charges beyond the Customary and Reasonable ones will not be compensated.
 - In case of hospitalization within GHS, we will pay the Hospital Daily Allowance, even if we will additionally cover the cost of upgrading to a single room.

Choice of Premium for the medica basic health program

The medica basic health program reimburses expenses for the coverage provided with no initial excess amount (Table A). People who can afford to meet medical expenses without an insurance cover, or have limited cover with another medical health program, can be insured by choosing the annual claims excess amount they wish. In this way they benefit from lower insurance premiums, as these are shown in Tables B, C, D, E, F, G, H.

In particular, for Tables G & H (annual claims excess amounts €10.000 or €20.000), the insured has the right on specified dates, to request the deletion of the initial excess amount without presenting any medical certificates.

Medica basic Premium Tables

A. WITHOUT ANNUAL CLAIMS EXCESS AMOUNT

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	344	175	90	30
19-25	543	277	140	47
26-30	585	298	152	51
31-35	611	312	158	53
36-40	630	321	164	55
41-45	656	335	170	58
46-50	716	366	186	63
51-55	865	441	225	77
56-60	1083	553	282	95
61-65	1411	719	366	124
66-70	1917	978	498	168
71+	2655	1354	690	232

B. ANNUAL CLAIMS EXCESS AMOUNT €500

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	293	149	76	25
19-25	462	235	119	40
26-30	497	253	129	43
31-35	519	265	135	45
36-40	535	273	139	47
41-45	558	285	144	49
46-50	609	311	158	53
51-55	735	375	191	65
56-60	921	470	240	81
61-65	1199	611	311	105
66-70	1629	831	423	143
71+	2257	1151	587	197

C. ANNUAL CLAIMS EXCESS AMOUNT €1.000

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	258	132	67	22
19-25	408	208	105	35
26-30	439	224	114	39
31-35	458	234	119	40
36-40	473	241	123	42
41-45	492	251	127	43
46-50	537	274	140	47
51-55	649	331	169	58
56-60	812	415	212	71
61-65	1058	539	275	93
66-70	1438	734	374	126
71+	1991	1016	518	174

D. ANNUAL CLAIMS EXCESS AMOUNT €2.000

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	231	117	58	19
19-25	364	185	95	32
26-30	394	200	102	35
31-35	408	208	104	35
36-40	421	214	110	37
41-45	440	225	114	39
46-50	477	243	125	42
51-55	581	296	151	51
56-60	725	371	187	63
61-65	945	481	245	82
66-70	1286	656	334	113
71+	1779	907	462	155

E. ANNUAL CLAIMS EXCESS AMOUNT €5.000

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	168	84	42	14
19-25	273	139	71	24
26-30	294	147	73	25
31-36	306	156	81	27
36-40	315	158	80	28
41-45	327	167	86	29
46-50	358	182	94	32
51-55	432	218	109	37
56-60	542	276	141	48
61-65	705	360	183	62
66-70	959	490	250	84
71+	1328	677	345	116

F. ANNUAL CLAIMS EXCESS AMOUNT €8.000

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	152	77	38	13
19-25	238	121	63	21
26-30	256	130	67	23
31-35	269	138	69	24
36-40	278	142	72	25
41-45	289	145	73	25
46-50	316	160	81	27
51-55	380	194	98	33
56-60	477	243	124	42
61-65	621	316	161	54
66-70	845	431	220	75
71+	1168	596	304	102

G. ANNUAL CLAIMS EXCESS AMOUNT €10.000

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	163	83	42	14
19-25	248	127	65	22
26-30	266	137	69	24
31-35	279	142	73	25
36-40	287	146	74	26
41-45	296	151	76	26
46-50	324	165	84	28
51-55	389	198	101	34
56-60	485	246	127	43
61-65	626	321	163	55
66-70	852	434	221	75
71+	1171	597	304	102

H. ANNUAL CLAIMS EXCESS AMOUNT €20.000

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	133	67	34	12
19-25	200	101	52	18
26-30	216	110	57	19
31-35	225	115	58	19
36-40	231	118	60	20
41-45	242	124	64	21
46-50	262	134	68	23
51-55	315	161	81	28
56-60	391	200	101	34
61-65	506	259	132	45
66-70	683	348	178	60
71+	940	480	245	82

Annual Claims Excess Amount for hospitalization abroad:

Under Eurolife's medica health program, Annual Claims Excess Amounts up to €2.000 will not apply if hospitalization takes place abroad. Annual Claims Excess Amounts above €2.000 will be reduced by 50%.



Photo: A couple embracing outdoors by the sea. They are both smiling happily.

Choice of Premium for the medica comfort health program

Medica comfort features all the benefits of the medica basic program, while also offering outpatient benefits.

Medica comfort is available in two alternative options, with the ability to choose the Annual Claims Excess Amount of the medica program.

The following premiums show the cost of the outpatient benefits offered by the medica comfort program. The total premium of the medica comfort program depends on your chosen option of the medica program.

Medica comfort Premium Tables

+01 Option Covers 5 doctors' visits with max €40 per visit

PREMIUM TABLE

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	252	129	66	23
19-25	306	156	80	27
26-30	309	158	81	27
31-35	310	159	81	28
36-40	314	160	82	28
41-45	317	162	83	28
46-50	320	163	83	28
51-55	323	165	84	29
56-60	326	167	85	29
61-65	329	168	86	29
66-70	382	195	100	34
71-75	428	219	112	38
76-80	471	240	123	42
81+	488	249	127	43

+02 Option

Does not cover doctor's fee

PREMIUM TABLE

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	113	58	30	10
19-25	123	63	32	11
26-30	137	70	36	12
31-35	149	76	39	14
36-40	159	81	42	14
41-45	167	85	44	15
46-50	177	90	46	16
51-55	188	96	49	17
56-60	201	103	53	18
61-65	217	111	57	19
66-70	242	124	63	22
71-75	260	133	68	23
76-80	284	145	74	25
81+	298	152	78	27

Example:

30 year old insured

Choice of medica basic program, with annual claims excess amount equal to €10.000:

Monthly Premium €24

Choice of outpatient medica comfort benefits, with no doctor's fee:

Monthly Premium €12

Total monthly premium for medica comfort €36



Photo: A couple standing in front of the window of their home, holding a newborn baby in their arms and smiling at it tenderly.

Choice of Premium for the medica plus health program

The medical plus offers all the benefits of the medica program, whilst also covering out-of hospital benefits. The medica plus is offered in 3 alternative options.

Reduction in the medica plus outpatient benefit limit:

You have two options to lower your premiums: by lowering your annual cover limit to €2.000 or € 1.000, you will enjoy a discount of 5% and 15% respectively on your Out-patient premium.

Medica plus Premium Tables

+01 Option Full Package

WITHOUT ANNUAL EXCESS AMOUNT				
Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	773	394	202	68
19-25	981	500	255	86
26-30	1074	548	280	94
31-35	1139	581	296	101
36-40	1173	599	305	104
41-45	1216	621	318	107
46-50	1335	681	347	117
51-55	1659	847	432	146
56-60	1959	999	508	173
61-65	2379	1214	619	210
66-70	3020	1540	785	265
71+	4084	2083	1061	358

+02 Option Covers €20 of doctor's fee per visit

WITHOUT ANNUAL EXCESS AMOUNT

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	687	351	179	60
19-25	894	457	233	79
26-30	977	498	254	86
31-35	1034	527	269	90
36-40	1065	543	277	93
41-45	1104	563	287	97
46-50	1212	618	315	108
51-55	1501	765	390	132
56-60	1792	914	466	157
61-60	2186	1115	569	191
66-70	2760	1408	719	243
71+	3759	1917	978	329

+03 Option Does not cover doctor's fee

WITHOUT ANNUAL EXCESS AMOUNT

Age	Annual Premium	Half Yearly Premium	Quarterly Premium	Monthly Premium
	€	€	€	€
-18	517	264	135	45
19-25	720	367	187	64
26-30	782	398	204	69
31-35	824	420	214	73
36-40	848	434	221	74
41-45	882	450	229	79
46-50	966	493	252	86
51-55	1186	605	308	104
56-60	1438	733	374	127
61-65	1799	917	468	158
66-70	2339	1193	608	205
71+	3209	1635	835	281

Important Information.

1 How can I join the medica health program?

With the completion of your application form in collaboration with your Insurance Intermediary, and upon acceptance by the Company of this application form, you can join the program immediately.

2 Who should I contact to find out about the submission of the claims?

For a prompt response, you can contact MedNet. MedNet is an independent third party claims administrator which specializes in the claims administration of medical incidents and with which Eurolife collaborates. The phone number of MedNet is 22463033.

3 What is the claim procedure?

- In case of a scheduled hospitalization, you should inform MedNet by phone before your admission to the hospital and in case of an urgent hospitalization, following your admission to the hospital. Thereafter, you should submit the claim form together with all the supporting documents to MedNet for settlement.
- In case of a scheduled hospital treatment, you may submit your claim to MedNet for investigation prior to the treatment taking place so that you would know, where possible, whether the treatment is covered by your insurance policy.
- In case of an urgent hospital treatment, you should inform MedNet immediately following your admission and in any case before your discharge from the hospital. You should also inform the hospital about your insurance cover.
- In case of out-hospital treatment or allowance, you should submit the claim form together with all the supporting documents on Myeurolife app and Myeurolife portal or to Mednet for settlement.

4 If I am abroad and a certain incident occurs to me, what should I do?

In case you need to be hospitalised due to an accident or sudden illness during your travel abroad, Eurolife, in collaboration with the medical aid company Assist America Asia Ltd, undertakes to help you. Please contact MedNet at number 22463033 so they can refer you to the medical aid company.

5 In case of critical illness, are there any other expenses covered in addition to the hospital expenses?

In case of a critical illness, the medica health program provides the insured with an allowance of €10.000. Critical illnesses include: Stroke (cerebrovascular incident), Cancer, Kidney Failure, Major Organ Transplant, Multiple Sclerosis and Coma.

6 Are there any specific exclusions I should know of?

Like all health insurance programs there are cases where no cover is provided.

Briefly, the main exclusions are:

- Pre-existing Medical Conditions
- Genetic and congenital deformities and / or diseases
- Routine Medical Examinations and preventive medicine
- Optical Treatment
- Dental Treatment, unless required because of an accident which has been covered by the program
- Pregnancy / sterility / conception / contraception
- Sexual Conditions
- Plastic / Cosmetic Therapies, unless required because of an accident which has been covered by the program
- Addiction to or abuse of drugs and / or other substances
- Self Inflicted Injury/ suicide attempt
- Dangerous Activities / conditions
- Haemodialysis for chronic kidney failure
- Treatment which is not recognized as medical practice
- H.I.V., A.I.D.S
- The value of grafts, medical aids, artificial limbs and devices
- Illegal action by the insured
- There are specific medical conditions which are covered after the 12th month from your registration in the program

For further information about all the exclusions and their full description, you should refer to the Regulations of the Program.

7 Will there be any changes in the premium or the Benefits provided by the program?

The premiums charged are based on the increase in the cost of medical services and the products related to health care. We assure you however, that whenever the program is reviewed we shall aim to achieve a balance between the Benefits provided and the cost of their provision, at the same time maintaining the premium at affordable levels.

8 What do we mean by the term «Total Compensation based on Customary and Reasonable charges»?

Eurolife reimburses you for all the expenses which are covered by the program, in line with customary and reasonable charges. By this term, we mean the charges the majority of suppliers (hospital, doctors, e.t.c.) charge for similar incidents. In this way, uncontrolled increases in the premiums of the program are avoided, giving us the capability to continue keeping the premiums at affordable levels. We therefore encourage you before any scheduled hospital treatment is undertaken, to ask for the estimated cost and then inform us accordingly so that we can let you know whether this amount is within the customary and reasonable charges.

9 What does the “Let’s Talk” Mental Health Support Service include?

To provide this service, we have partnered with A.S. WE Talk Health, a company specializing in mental health that collaborates with certified professionals to offer psychological support services. The “Let’s Talk” service can be accessed through this company’s platform, which is available exclusively to adult Insured Members of the Program, including Insured Dependents. Through the platform, you can schedule free psychological support sessions, which can be conducted via video calls, phone calls, or SMS messaging. Additionally, the platform will periodically offer access to newsletters, educational podcasts, and interactive seminars, aimed at informing and strengthening your mental well-being.

To use the “Let’s Talk” service, please visit portal.eurolife.com.cy/LetsTalk. After entering the required details, you will receive a personal access code for the platform www.wetalkhealth.eu. Use of the service may be subject to time or session limits per insured person, as determined by Eurolife.

This print contains summary information. For further information contact Eurolife on 8000-8880 or your Insurance Advisor.

The program falls under the Accident and Sickness Line of Business.

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