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You watch over them, we watch over you

Your Plans and Benefits – Malta Range 1 July 2015





What You're Covered For

(See important notes on back page)

Please refer to the column showing the benefits table applicable to your plan. Your latest membership statement will show which plan is applicable to you and give other details which are relevant to you. Benefits apply to each member each policy year unless otherwise stated. The Value Option for each plan excludes certain benefits including most out-patient benefits. For those options the excluded benefits are shown against a yellow background.

| Benefits | | International Plan | Private Hospital Plan | Private Clinic Plan |
|--|--|--|--|---|
| Area of Cover | | Area 2 Worldwide excluding USA | Area 1 Worldwide | Area 1 Worldwide |
| Overall maximum annual benefit | We will pay up to the maximum shown each year for each member | €900,000 | €700,000 | €250,000 |
| In-patient and daycare treatment - | - pre-authorisation required | | | |
| 1 Hospital charges | | | (a) Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere benefit will be limited to: In-patient: €175 per night Daycare: €120 per day | (a) In-patient: maximum five (5) nights per treatment up to €175 per night. Daycare: up to €120 per day |
| | (b) Operating theatre fees (including eligible appliances), recovery room fees, surgical drugs and dressings used for in-patient or daycare treatment Limits are for each operation unless otherwise stated Category and level of complexity of operations is determined by our schedule of procedures as Minor, Intermediate (Inter), Major, Extra major and Complex In Malta and the UK, hospitals used must be approved by us. | | (b) Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere the following limits will apply per classification of operation: Minor: €190 Inter: €285 Major: €500 Extra major: €600 Complex: €1100 | (b) The following limits will apply per classification of operation: Minor: €130 Inter: €250 Major: €375 Eligible prosthesis: €450 |
| 2 Surgeons' and anaesthetists' charges | Surgeons' and anaesthetists' charges for each operation unless otherwise stated This includes pre- and post-operative consultations while an in- patient or daycare patient. Related out-patient consultations are payable under benefit 15 Category and level of complexity of operations is determined by our schedule of procedures as Minor, Intermediate (Inter), Major, Extra major and Complex | Full settlement of reasonable charges | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere the following limits will apply per classification of operation: Minor (local): Surgeon: €120. Anaes't: €60 Minor (general): Surgeon: €200. Anaes't: €120 Intermediate: Surgeon: €400. Anaes't: €250 Major: Surgeon: €775. Anaes't: €300 Extra major: Surgeon: €850. Anaes't: €400 Complex: Surgeon: €1200. Anaes't: €400 | The following limits will apply per classification of operation: Minor (local): Surgeon: €120 Minor (general): Surgeon: €200. Anaes't: €120 Intermediate: Surgeon: €400. Anaes't: €250 Major: Surgeon: €700. Anaes't: €300 |

| Benefits | | International Plan | Private Hospital Plan | Private Clinic Plan |
|--|--|---|---|--|
| 3 Physicians' charges | Physicians' charges for in-patient and daycare treatment . This includes intensive care | Full settlement of reasonable | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta . Elsewhere up to €65 per day | Up to €70 per day for a maximum of 6 days per treatment |
| 4 Specialist consultations, diagnostic procedures (except PET, CT and MRI scanning) and physiotherapy | Out-patient consultations, diagnostic procedures and physiotherapy are payable under benefit 15 and/or 17 even if they are related to in-patient or daycare treatment either before admission or after discharge | charges | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere up to €400 per year | Up to €250 per year |
| 5 Additional accommodation | (a) Charges for one adult relative staying in the same hospital as a child member who is under 16 years of age. This is paid from the child's benefit (b) Benefit is also payable for charges for a child being breast fed to stay in the same hospital with his or her nursing mother who is herself a member. This is payable from the mother's benefit These benefits are only available if treatment is eligible for payment | Full settlement of reasonable charges | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta . Elsewhere up to €40 per night | Up to €35 per night for a maximum of 5 nights |
| 6 Cash benefit | Cash benefit (a) for each night the member receives free treatment | (a) €50 per night. We will pay for up to 60 nights per year | (a) €50 per night. We will pay for up to 40 nights per year | (a) €30 per night. We will pay for up to 40 nights per year |
| | (b) for daycare treatment related to an eligible surgical procedure where a member receives free treatment We will pay these benefits only if the treatment the member receives would have been eligible for benefit privately under this policy | (b) €35 per surgical admission | (b) €35 per surgical admission | (b) €25 per surgical admission |
| 7 Psychiatric Illness | Charges for in-patient or daycare treatment of psychiatric illness given by a psychiatrist. Benefit is payable for treatment given by a psychotherapist or psychologist when under the control of a psychiatrist <i>This benefit is not eligible for cash benefit (Benefit 6)</i> | Full settlement of reasonable charges up to a maximum of 28 days in a five-year period Benefit will be payable ONLY if we give prior approval to treatment | Full settlement of reasonable charges up to a maximum of 28 days in a five-year period. Benefit is only payable when you have treatment in Malta Benefit will be payable ONLY if we give prior approval to treatment | Up to €175 per night for a maximum of 5 nights |
| Other treatment | | | 9 h | |
| 8 Oncology | Radiotherapy, chemotherapy and oncology related tests (including PET, MRI and CT scanning), drugs and specialist fees for treatment received as an in-patient, out-patient or daycare patient during a course of oncology treatment | Full settlement of reasonable charges | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere limited, per course, to €500 for specialist's fees and €500 per course, for radiotherapy, chemotherapy and oncology related tests and drugs. By course we mean a course of a maximum of six cycles of chemotherapy or six weeks of radiotherapy. Up to a maximum of two courses per year | Up to €500 per course. By course we mean a course of a maximum of six cycles of chemotherapy or six weeks of radiotherapy. Up to a maximum of two courses per year |

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| | | International Plan | Private Hospital Plan | Private Clinic Plan |
|---|--|---|--|---|
| oncology related treatment (| Positron emission tomography, magnetic resonance imaging and computerised tomography (brain and body scanning) received (a) as an in-patient or daycare patient only when referred by a specialist (b) as an out-patient only when referred by a specialist | Full settlement of reasonable charges | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere benefit will be taken from the in-patient specialist consultation limits shown in | (a) Up to €200 per year(b) Benefit will be taken from out- |
| E | Benefit will only be payable when we give prior approval | | benefit number 4 | patient specialist consultation limits shown in benefit number 15 |
| medically essential) t | This is to pay for a road ambulance for emergency transportation to or between hospitals or when the medical practitioner says it is medically essential | Full settlement of reasonable charges | Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta . Elsewhere up to €800 per year | Up to €800 per year |
| limited to area 2 | This is to cover emergency treatment , or treatment of a medical condition which arises suddenly whilst outside the member's area of cover | Up to €75,000 per year | Not required for Area 1 cover | Not required for Area 1 cover |
| 12 International Emergency Medical S Assistance | See separate leaflet for terms and benefits | Included in your plan | Not available | Not available |
| Out-Patient treatment | | | | |
| 13 Out-patient surgical procedures | Surgical procedure received as an out-patient | Benefit is payable out of benefits 1 (b) & 2 above | Benefit is payable out of benefits 1 (b) & 2 above | Benefit is payable out of benefits 1 (b) & 2 above. |
| | (a) Family doctor charges for consultations(b) Prescription drugs and dressings | (a & b) Up to €300 per year | (a & b) Up to €150 per year Drugs and dressings must be prescribed by a specialist and follow in- patient or daycare treatment | (a) Up to €80 per year (b) No benefit |
| (| (c) Family doctor charges for minor surgery approved by us | (c) Up to €100 per episode | (c) Up to €100 per episode | (c) Up to €100 per episode |
| doctor secondary treatment and diagnostic procedures (other than PET, MRI and CT scanning) and physiotherapy | Specialists' charges for consultations and treatment, family doctor secondary treatment, diagnostic procedures (even if they are related to in-patient or daycare treatment) and physiotherapy treatment All physiotherapy must follow referral by a family doctor or specialist. When it is family doctor referred physiotherapy it is limited to 8 visits in a 5 week period | Full settlement of reasonable | Full settlement of reasonable | Up to €200 per year but an additional €300 during a period of 30 days prior to commencement of in-patient or daycare treatment and 30 days after the end of such treatment |
| a t c / c | Out-patient chiropractic treatment , acupuncture, homeopathy and osteopathy given by a qualified practitioner who is registered to practice as a chiropractor, acupuncturist, homeopath or osteopath where the treatment is given <i>All alternative treatment must follow referral by a family doctor or specialist. When it is family doctor referred alternative treatment it is limited to 8 visits in a five week period</i> | charges in charges in | charges in Malta Elsewhere up to €300 per year | Benefit is payable out of €200 limit for benefit 15 above |
| E a a | Out-patient treatment of psychiatric illness Benefit is payable for treatment given by a psychiatrist or by a psychotherapist or psychologist when under the control of a psychiatrist. Benefit will only be payable when we give prior approval | Up to €750 per year | Up to €600 per year | Up to €180 per year |
| 0 | Initial treatment given by a medical practitioner required immediately following accidental damage to natural teeth | Up to €500 per year | Up to €500 per year | No benefit |

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| Benefits | | International Plan | Private Hospital Plan | Private Clinic Plan |
|---|--|---|--|--|
| 19 Nursing-at-home | Nursing at home when arranged by a specialist out of medical necessity for a member who needs a registered nurse following treatment Benefit will only be payable when we give prior approval | Full settlement of reasonable charges up to 14 days for each medical condition per year Additionally benefits are limited to €400 per week for a maximum of 26 weeks immediately following a 14 day period as stated above | Up to €1650 per year. After the first 7 days of treatment for each medical condition benefit is limited to €50 per day subject to the overall maximum above | Up to €1200 per year . After the first 7 days of treatment for each medical condition benefit is limited to €50 per day subject to the overall maximum above |
| 20 Routine maternity | Cash benefit for normal pregnancy and childbirth including in- patient or out-patient antenatal and post natal consultations and delivery This benefit is payable following childbirth and on presentation of a birth certificate within 60 days from the date of birth. Any payments which have been paid or are payable for any complications of pregnancy or confinement will be deducted from this benefit and if payment for complications of pregnancy or confinement equals or exceeds this benefit, then this benefit will not be paid Benefit is only payable if a member has been insured by us under this policy for a continuous period of 10 months prior to the date of delivery and is only payable once even if both parents are insured | Up to €250 per confinement | Up to €250 per confinement | No benefit |
| 21 Health at Hand – +44 (0) 1737 815607 phone access to international health information service | Available to all members. You only pay for the call charge to access the entirely confidential 24 hours a day 365 days a year health information service which is staffed by UK registered nurses, midwives, pharmacists and counsellors. Health at Hand is split into the following clinics: Family Clinic – babies, toddlers, teenage trouble, pregnancy or retirement Care and Counselling Clinic – stress, addiction, depression or bereavement | Pills and Prescriptions Clinic – medicines, side effects and pain relief Travel Clinic – inoculations, taking children abroad and medical advice by country Healthy Living Clinic – exercise, diet, drinking, smoking and cholesterol control Men's Health Clinic – prostate issues, testicular cancer, impotence and fertility Women's Health Clinic – fertility, screenings, menopause and osteoporosis Health at Hand does not take the place of your medical practitioner, nor does it diagnose or prescribe. Free fact sheets and leaflets on a wide range of medical issues, conditions and treatments can be sent on request | | |
| 22 Airfares | A return airfare for a member receiving in-patient treatment in the United Kingdom involving a minimum stay in hospital of 8 nights providing a UK hospital we recommend is the hospital used | Up to €400 | No benefit | No benefit |
| 23 Hotel accommodation | We will pay the cost of hotel accommodation for the member receiving cancer treatment in the United Kingdom for the duration of each course received as an out-patient Benefit will only be payable when it is medically necessary for the member to remain in the UK for treatment and it would not be reasonable to expect the member to return to Malta between visits for treatment By course we mean a course of a maximum of six cycles of chemotherapy or six weeks of radiotherapy | Up to €125 per night | No benefit | No benefit |
| 24 MMDNA (Malta Memorial District Nursing Association) nursing cover | Provided exclusively by MMDNA this provides the following nursing care: Midwifery: ante-natal and post-natal visits by a state-certified midwife. Nursing care: visits by a qualified nurse as prescribed by | bed sores, toe-nail cutting, inje- treatment of diabetes. Services sterile dressing packs and swab | give treatment including blanket baths ctions, enemas, dressing of wounds, are provided free by MMDNA and wil is, elastic net bandages and syringes overned by the Regulations for subscri | catheterisation and the care and I, whenever needed, include free other than to administer insulin |

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Optional Cover

The following Optional Cover is only applicable if stated as such in your latest membership statement.

| Benefits | | International Plan | Private Hospital Plan | Private Clinic Plan |
|---|---|---|---|---|
| Routine maternity group cover This option is only available for company paid groups with ten or more subscribers | (a) Normal pregnancy and childbirth including in-patient or outpatient ante-natal and post-natal consultations and delivery (b) Where normal pregnancy and childbirth take place in a state hospital and no charges related to (a) above, including tests, drugs or any other eligible benefit are incurred, the following benefit will be payable Benefit is not payable for a confinement or expenditure incurred within 10 months of a member first being registered for this optional benefit Routine maternity does not include a specific obstetric procedure or complications of pregnancy by a medical condition | (a) Paid in full up to a maximum of €1000 per confinement (b) Up to €125 per confinement | (a) Paid in full up to a maximum of €1000 per confinement (b) Up to €125 per confinement | (a) Paid in full up to a maximum of €1000 per confinement (b) Up to €125 per confinement |
| 2) Preventive care | (a) Annual dental examination/routine eyesight testing by an optometrist | (a) Up to €40 | (a) Up to €40 | (a) Up to €40 |
| | (b) Skin cancer screening (c) Alternative or complementary treatment on referral by your family doctor. That is chiropractic, acupuncture, homeopathic or osteopathic treatment given by a qualified practitioner who is registered to practice as a chiropractor, acupuncturist, homeopath or osteopath where the treatment is given. This benefit is payable in addition to any similar benefit in your benefits table as applicable to your plan (d) Prosthetic appliances not forming an integral part of a surgical procedure Benefits (c) alternative or complementary treatment on referral | (b) Up to €40 (c) Up to €125 (d) 75% of the cost incurred up to a maximum of €250 | (b) Up to €40 (c) Up to €125 (d) 75% of the cost incurred up to a maximum of €250 | (b) Up to €40 (c) Up to €125 (d) 75% of the cost incurred up to a maximum of €250 |
| | by your family doctor and (d) provision of prosthetic appliances, are governed by all the benefits, exclusions and conditions of your agreement including Section 2 Benefits we pay for | | | |
| 3) Preventive Care Plus (all the above Preventive Care benefits (a), (b), (c) and (d) PLUS benefits (e), (f), (g) and (h) | (e) Routine cervical cancer screening; routine mammography/ breast ultrasound examination for a woman aged 45 years or over, annual prostate examination and prostate specific antigen test for men aged 45 years or over | (e) Up to €110 | (e) Up to €110 | (e) Up to €110 |
| | (f) Liver function tests, lipid profile, complete blood count, glucose tolerance test and urine analysis for members aged 40 years or over | (f) Up to €110 | (f) Up to €110 | (f) Up to €110 |
| | (g) Bone densitometry for members aged 45 years or over (h) Stress ECG for members aged 45 years or over Benefits (g) and (h) are not payable when incurred within the first twelve months of being registered for this optional benefit. | (g) Up to €110 every two years (h) Up to €145 every two years | (g) Up to €110 every two years (h) Up to €145 every two years | (g) Up to €110 every two years (h) Up to €145 every two years |

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These tables should be read in conjunction with your latest membership statement and handbook which, together with these tables, comprise your contract of insurance with us.

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