

# Atlas Healthcare Standard Plans

## *Summary of Cover*



# Welcome

## Why you should take out a private health insurance policy

As a private patient, you can:

- avoid waiting lists
- choose where to receive treatment
- choose who provides the treatment
- benefit from being treated in private facilities with a private room.

## Why you should choose Atlas Healthcare

Atlas Healthcare has been providing health insurance in Malta for 30 years. As agents for Atlas Insurance PCC Limited, Atlas Healthcare is supported by AXA to provide your health policy. This partnership allows our members to benefit from Atlas's local market expertise and the global expertise of AXA.

- Atlas Healthcare has an enviable reputation for offering a truly personal service to our members
- AXA has a global network of hospitals giving the possibility of arranging for direct settlement of bills across the globe
- we offer great additional benefits including:
  - i. a **24/7 claims emergency support service** - our experienced staff members are available around the clock to assist with emergency admissions to private hospitals and urgent evacuation and repatriation requests to make the admission process as smooth as possible.
  - ii. a **24/7 GP Assistance service** - our GP service team can be contacted by phone at any time of day or night to get fast and confidential help. Our GPs can clarify questions about symptoms, drugs or treatment or give information about preventive care, hospital care or treatment.
  - iii. a **Dedicated Cancer Care service** - our cancer patients have a dedicated care manager as a single point of reference providing support for the patient throughout their treatment. Apart from our unique benefit for the provision of wigs, a hamper designed to alleviate chemotherapy side effects is another aspect of this personal service to help make the member feel cared for during this difficult period.

iv. **Maternity Case Management** - Enjoy support from your own dedicated Maternity Case Manager throughout pregnancy. They will guide you through claims, answer questions about your cover, and help you add your baby to your policy, giving you personalised, stress-free care when you need it most.

iv. Access to a **24/7 health support line**, a UK health information service staffed by UK registered nurses, counsellors, midwives and pharmacists.

v. a **second medical opinion service** available on International and Private Hospital Plans.

vi. excellent **extensions** providing cover for screening and **preventative tests**.

vii. as well as an extension for expert **personal case management** providing access to world-leading medical specialists providing a personalised care plan guided by a dedicated case manager.

viii. **community nursing cover**

## International Plan

This plan provides cover for in-patient and out-patient treatment worldwide (excluding USA, with direct settlement facilities across the globe, international evacuation and repatriation cover and even covers emergency treatment in the USA, as long as your plan includes out of area cover.

## Private Hospital Plan

This plan is designed to cover treatment carried out in local private hospitals, with a direct settlement service for supporting hospitals. It also includes limited international benefits as well as quality out-patient cover with full settlement for specialists' fees and diagnostics carried out in Malta.

## Private Clinic Plan

This plan provides limited cover for treatment in private clinics and hospitals worldwide. It also includes out-patient cover, including family doctors' and specialists' fees, diagnostic tests, physiotherapy, as well as other additional benefits.

## A summary of your cover options

Benefits shown against a yellow background are not available when you choose a Value Option. Benefits apply to each member each policy year unless otherwise stated.

| The three plans you can choose from:  | International Plan  | Private Hospital Plan  | Private Clinic Plan   |
|---|---|--|---|
| Area of Cover   | Worldwide exc. USA (Area 2)   | Worldwide (Area 1)   | Worldwide (Area 1)  |
| Overall maximum annual benefit  | €1,000,000  | €750,000   | €275,000  |
| <b>In-patient &amp; daycare – pre-authorization required</b>  |   |  |   |
| 1. (a) Hospital accommodation, including approved routine and special nursing, non-surgical and non-oncology drugs and dressings<br>(b) Theatre and recovery room fees (including eligible appliances) and surgical drugs and dressings<br><br>(In Malta and the UK, hospitals used must be approved by us) | Full settlement of charges accepted by us   | Full settlement of charges accepted by us in supporting hospitals in Malta<br>Limits outside supporting hospitals are detailed in the Benefits Table   | In-patient up to €195 per night up to 5 nights per treatment and daycare €135 per day<br><br>Per treatment up to: (€)<br>Minor 145<br>Intermediate 270<br>Major 400<br>Eligible appliances 520                            |
|   |   |  | Per treatment up to: (€)<br>S A<br>Minor (local) 145 N/A<br>Minor (general) 225 150<br>Intermediate 425 275<br>Major 750 350<br>Extra Major/Complex 1,000 400   |
| 3. Physicians' charges  |   |  | Up to €100 per day for a maximum of 6 days per treatment  |
| 4. Specialist consultations, diagnostics and physiotherapy (except PET, MRI and CT scans)   |   |  | Up to €325  |
| 5. Charges for one adult relative staying with child member under 18 or charges for child staying with nursing mother   |   |  | Up to €60 per night for a maximum of 5 nights per treatment   |
| 6. Cash benefit when the member receives free treatment<br>(a) in-patient treatment<br>(b) daycare surgical treatment (psychiatric illness excluded)  |   |  | (a) €50 per night up to 60 nights<br>(b) €35 per treatment  |
| 7. Psychiatric illness  | Full settlement of charges accepted by us up to a maximum of 35 days per year   | Full settlement of charges accepted by us up to 30 days per year in Malta. Limits outside supporting hospitals are detailed in the Benefits Table  | Up to €275 per night up to 5 nights per treatment   |
| <b>Other treatment</b>  |   |  |   |
| 8. (a) Oncology related charges including PET, CT and MRI scans, specialist fees, tests and drugs<br><br>(b) Purchase of wigs during active treatment of cancer<br>(c) Dedicated cancer care service<br>(d) Palliative care (requires pre authorisation)  | (a) Full settlement of charges accepted by us<br><br>(b) Up to €190<br>(c) Included<br>(d) Full settlement of charges accepted by us up to 10 days  | (a) Full settlement of charges accepted by us in supporting hospitals in Malta. Limits outside supporting hospitals are detailed in the Benefits Table<br>(b) Up to €190<br>(c) Included<br>(d) Full settlement of charges accepted by us up to 10 days in supporting hospitals in Malta | (a) Up to €1,000 per course of treatment but an additional €500 per year for out-patient oncology drugs and €250 per episode for oncology PET, MRI and CT scanning<br>(b) Up to €190<br>(c) Included<br>(d) Not available |
| 9. (a) In-patient non-oncology related PET, CT and MRI scanning<br>(b) Out-patient non-oncology related PET, CT and MRI scanning (specialist referral and pre-authorization required)   | Full settlement of charges accepted by us   | Full settlement of charges accepted by us in supporting hospitals in Malta.  | (a) Up to €250 per episode<br>Limits outside supporting hospitals are detailed in the Benefits Table  |
| 10. Ambulance transport if you need medical supervision whilst being transported  |   |  | Up to €800  |
| 11. Outside area of cover for emergency treatment only  | Up to €80,000   | Not required for this plan   | Not required for this plan  |
| 12. International Emergency Medical Assistance  | Included in your plan   | Not available  | Not available   |
| <b>Out-patient</b>  |   |  |   |
| 13. Out-patient surgical procedures   | Payable out of benefits 1(b) & 2 above  |  |   |
| 14. (a) Family doctor charges<br><br>(b) Prescription drugs and dressings including vaccination charges when part of a treatment plan<br><br>(c) Family doctor charges for minor surgery approved by us   | (a) Full settlement of charges accepted by us<br>(b) Up to €500 per year but an additional €500 during a period of 40 days prior to commencement of in-patient or daycare treatment and 40 days after the end of such treatment<br>(c) Benefit is payable out of benefit 14 (a) above | (a) Full settlement of charges accepted by us in Malta<br>(b) Up to €400 per year drugs and dressings must be prescribed by a specialist and follow in-patient or daycare treatment<br>(c) Up to €130 per episode  | (a) Up to €100<br>(b) No benefit<br>(c) Up to €100 per episode  |
| 15. Specialist consultations, family doctor secondary treatment, diagnostics (except PET, MRI and CT scans), speech therapy, occupational therapy and physiotherapy   | Full settlement of charges accepted by us   | Full settlement of charges accepted by us in Malta. Elsewhere limits are detailed in the benefits table  | Up to €250<br>Additionally up to €350 for 40 days pre- and post in-patient or daycare treatment   |
| 16. Pre-admission tests   |   |  |   |
| 17. Chiropractic, acupuncture, homeopathic treatment, osteopathy and Chinese herbal medicine (must be family doctor or specialist referred)   |   |  |   |
| 18. Psychiatry (requires pre-authorization)   | Up to €1,000  | Up to €800   | Up to €200  |
| 19. Dental treatment<br>a) accidental damage to natural teeth<br>b) treatment for oral surgical procedures  | (a) Up to €1000<br>(b) payable out of benefits 1(b) & 2 above   | (a) Up to €600<br>(b) payable out of benefits 1(b) & 2 above   | (a) no benefit<br>(b) payable out of benefits 1 (b) & 2 above   |
| 20. (a) Nursing at home by specialist arrangement (requires pre-authorization)<br><br>(b) In-patient rehabilitation   | (a) Full settlement of charges accepted by us for 14 days then up to €75 per day for up to 26 weeks<br>(b) Up to 28 days payable out of benefit 1(a) above  | (a) Full settlement of charges accepted by us for 10 days then up to €60 per day for up to 26 weeks<br>(b) Up to 28 days payable out of benefit 1(a) above   | (a) Full settlement of charges accepted by us for 7 days then up to €50 per day for up to 120 days<br>(b) Up to 5 days payable out of benefit 1(a) above  |
| <b>Additional benefits</b>  |   |  |   |
| 21. Maternity cash benefit  | €750 per confinement  | €300 per confinement   | Not available   |
| 22. Complications of pregnancy and childbirth<br>(a) Treatment for medical conditions related to non-routine pregnancy and childbirth<br>(b) Maternity case management  | (a) and (b) included in your plan   | (a) and (b) included in your plan  | (a) and (b) included in your plan   |
| 23. 24/7 health support line  | Included in your plan   | Included in your plan  | Included in your plan   |

|  |   |                           |                           |
|--|---|---------------------------|---------------------------|
| 24. Airfare when an 8 night stay is required at specified hospital in Europe   | Up to €450  | Not available             | Not available             |
| 25. Hotel accommodation for<br>a) out-patient oncology treatment in Europe<br>b) one relative or friend to provide support for member  | (a) Up to €125 per night for up to 20 nights<br>(b) Up to €125 per night for up to €500 | Not available             | Not available             |
| 26. Community Nursing Cover  | Included in your plan   |                           |                           |
| 27. Second Medical Opinion Service giving access to a comprehensive evaluation of your case and the provision of a written second opinion report on the medical condition and treatment plan by international expert specialists | Available   | Available                 | Available                 |
| 28. 24/7 GP telephone assistance   | Available   | Available                 | Available                 |
| 29. 24/7 Emergency pre-authorisation service   | Available   | Available                 | Available                 |
| 30. External prostheses  | Up to 5,000 in a lifetime   | Up to 5,000 in a lifetime | Up to 5,000 in a lifetime |

The benefits table in this leaflet is only a summary of cover. Please ask for a copy of Your Plans and Benefits for more details. For a full list of other membership terms you may request a copy of Your Membership Handbook.

## Optional benefits

### Routine Maternity for Groups

| Benefits   | Limit  |
|--|--|
| Routine maternity<br>Benefit is only payable after 10 months of being registered for benefit | Up to €1,000 per private confinement or €125 per confinement in a state hospital |

### Preventive Care

| Benefits  | Limit  |
|---|--|
| (a) Annual dental check examination and/or routine eyesight testing by an optometrist   | Up to €60  |
| (b) Skin cancer screening   | Up to €60  |
| (c) Alternative or complementary treatment on referral by your family doctor. That is chiropractic, acupuncture, homeopathic or osteopathic treatment referred by your family doctor and 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. | Up to €125                                       |
| (d) Prosthetic appliances not forming an integral part of a surgical procedure  | 75% of the cost incurred up to a maximum of €250 |
| (e) Outpatient clinic fee   | Up to €8 per visit                               |

Please note that benefits (c) alternative or complementary treatment on referral by family doctor and (d) provision of prosthetic appliances, are governed by all the terms and conditions of the policy.

### Preventive Care Plus

| Benefits   | Limit                      |
|--|----------------------------|
| All the above preventive care benefits (a), (b), (c), (d) and (e) PLUS benefits (f), (g), (h) and (i)  |                            |
| (f) Routine cervical cancer screening including the consultation fee; routine mammography and/or breast ultrasound examination for women aged 40 years or over; annual prostate examination, prostate ultrasound and prostate specific antigen (PSA) test for men aged 40 years or over  | Up to €170                 |
| (g) Liver function test, lipid profile, complete blood count, fasting blood glucose test, urine analysis and family doctor consultation for routine test, for members aged 40 years or over as part of a preventive health check. When these tests are carried out as part of a regular monitoring programme for chronic non-pre-existing conditions, benefits are not payable when incurred within the first twelve months of being registered for this optional benefit. | Up to €125                 |
| (h) Bone densitometry for members aged 40 years or over  | Up to €125 every two years |
| (i) Stress electrocardiogram (ECG) for members aged 40 years or over   | Up to €250 every two years |

## Personal Case Management and Wellbeing

| 1. Personal medical case management  |  |
|--|--|
| Benefits   | Limit  |
| Much more than just a second opinion, when you access this service, you will be assigned an experienced case manager from one of the multidisciplinary teams which includes doctors and renowned medical experts from around the globe. Your case manager will identify which medical experts are best to deal with your case and you can expect a comprehensive care plan detailing any recommendations suggested by your expert team.  |  |
| In the unfortunate event that you are diagnosed with a serious illness, we may offer you access to a personal case management service. Medical practitioners will review your case and may also be able to recommend a suitable course of treatment for you.   | Included   |
| Please note: If you choose to make use of this service, any treatment you receive will remain subject to the terms and limits of this policy, even if it is on the recommendation of the medical practitioner reviewing your case.   |  |
| 2. Cover for chronic conditions  |  |
| Benefits   | Limit  |
| This policy will also cover you for out-patient routine follow up consultations (and associated outpatient diagnostic tests) with a medical practitioner for the purpose of monitoring the on-going control of a specified chronic medical condition listed below. The routine out-patient drugs prescribed by the medical practitioner for the purpose of maintaining a chronic condition in its controlled state are not eligible for benefit. Specified chronic conditions are limited to: angina, arthritis, asthma, chronic obstructive pulmonary disease, diabetes, glaucoma, high cholesterol, raised blood pressure, thyroid problems. | €300   |
| 3. Vaccinations  |  |
| Benefits   | Limit  |
| Vaccinations including the cost of the vaccines and medical practitioner or nursing charges for their administration in their place of practice.   | €200   |
| 4. Additional accommodation for adult relatives of children under 18 years of age  |  |
| Benefits   | Limit  |
| This benefit is for the cost of one adult relative staying in hospital with a child under 18 years old while the child is receiving eligible private treatment. The child must be covered by the policy and the benefit is paid from the child's benefit. This benefit is only available if treatment is eligible for payment.   | Limits as per benefits table applicable to your plan under the Additional accommodation benefit. |
| Special conditions applying on the purchase of the Personal Case Management and Wellbeing Extension  |  |
| 1. Minimum numbers of members are required to take up this cover for company paid groups (at least 10 members).  |  |
| 2. For voluntary members or company paid groups with less than ten members, pre-existing chronic conditions will not be covered.   |  |
| 3. Charges for vaccinations are not eligible for benefit when incurred in the first twelve months of cover under this extension except in the case of new-born babies when one parent and any older siblings have been insured for twelve months under this extension.   |  |

# You never know unless you ask

Everyone is different and, if you have a different question to the ones listed, please phone us on 2132 2600.

## Will I need a medical examination to join Atlas Healthcare?

No. In most cases **we** will however require details of **your** past medical history on the application form.

## Private medical insurance normally covers only new medical conditions. Does this mean I won't be covered for any illnesses I have had in the past?

In the majority of cases, **you** will not be covered for **medical conditions** you've had in the past. However, please give **us** full details of any past **medical conditions** so that **we** can make a fair decision on **your** cover and advise **you** of any specific exclusions. This process is called medical underwriting.

## Am I covered immediately?

Once **we** have processed **your** application form and premium, **we** will send confirmation of cover together with **your** membership statement and a handbook giving full information in plain language on how to claim.

## Am I covered abroad?

With AXA Global Healthcare's network, **you** can be sure **you** are getting access to healthcare when **you** need it most. AXA Global Healthcare's network has been carefully selected to ensure that **our members** can receive diagnosis and **treatment** as quickly as possible. On the international **plan** we can arrange direct settlement with many facilities and **we** even offer cover for non elective **treatment** in the USA up to €80,000 per **year**. We uniquely provide cover for **treatment** in Canada within the benefits of this **plan**.

**Our hospital plan**, although designed to cover charges locally, does offer cover in **hospitals** not forming part of **our** local **hospital** network (**supporting hospitals**) but generally up to limits which **we** would expect to pay in local **hospitals**.

On the clinic **plan**, we would also cover **treatment** carried out overseas up to the limits of this **plan**.

## How often can I claim?

**You** can claim as many times in a **year** as you like, as long as medically necessary, although benefit limits may apply.

## How does the Second Medical Opinion Service work?

If **you** are suffering from a medical condition **we** can organise access to a network of **medical experts** who can provide a full review of **your** diagnosis and **treatment plan**. **You** will be asked to provide **your** medical records, test results and other supporting documentation for review by a **doctor**. Once it is confirmed that **your** case is eligible for review, **you** can expect to receive a written report on **your** case within around 10 working days.

## How can I be sure that I am covered before I go ahead with treatment?

Just call **our** team of claims handlers and tell them about **your** proposed **treatment**. **We** require you to contact **our** offices when planning the following types of **treatment**:

- In-patient or daycare **treatment** (admittances to **hospital** even if only for a few hours)
- Bone density scans or mammograms
- Psychiatric treatment
- Home nursing

- PET, CT and MRI scans
- Genetic testing
- Occupational or speech therapy
- Palliative care for oncology related treatment
- External prostheses
- Advanced therapy medicinal products

**We** will confirm **your** level of cover and how it applies to the **doctors** and **hospitals** providing the **treatment**.

## What is not covered by the policy?

These are the main exclusions in **your policy**. For a full list please refer to a membership handbook.

- Routine medical examinations unless **you** purchase the Preventive Care or Preventive Care Plus extensions where a selection of these tests are available.
- **Treatment** for the routine management of recurrent, continuing or long-term medical conditions unless **you** purchase one of our extensions which provide limited cover for specified chronic conditions. Unforeseen complications of these conditions would be covered.
- Medical costs which are not acceptable or are higher than those usually charged.
- Pregnancy and childbirth. Limited cover is available under the international and **private hospital plans** and a higher optional level of cover is available for groups. Complications of pregnancy or childbirth are covered for eligible insured pregnant **members**. No claims are payable if the insured pregnant **member** has been on the **policy** for less than 10 months prior to the expected delivery date of her baby.
- Optical check-ups and dental **treatment**, except for specific oral surgical operations unless **you** buy the Preventive Care or Preventive Care Plus extensions where limited cover would apply, or if **you** have purchased a Malta Dental Corporate product from **our** unique dental range.
- **Treatment** for alcohol and drug abuse
- Cosmetic (aesthetic) surgery or **treatment**, whether or not for medical or psychological reasons
- Treatment for weight loss management

## How much will it cost to insure on the Atlas Healthcare Standard Plans?

Do call **us** on 2132 2600 for a tailor made quote or contact **your** intermediary or broker. A quote can also be obtained on **our** website and a unique Value Plus product or the clinic **plans** may be directly purchased online.

## Are discounts available?

Yes, **we** offer discounts for annual payment of premium by SEPA direct debit. Kindly contact **us** for details.

## What about easy payment options?

Yes, these are also available. Half yearly, quarterly or monthly instalment payment options are available when paying by direct debit.

## What about groups?

- Yes, **we** offer group discounts and many benefits for groups including tailor made **plans** for larger groups and a unique group secretary's portal which makes administering group business so much easier.

**Contact us:**

Atlas Healthcare Insurance Agency Limited  
Abate Rigord Street  
Ta' Xbiex XBX 1121  
Malta

 +(356) 2132 2600

 [health@atlas.com.mt](mailto:health@atlas.com.mt)

 [atlas.com.mt](mailto:atlas.com.mt)

Expert health information helpline: +44 (0) 1892 556753

24/7 Malta Emergency Admissions: +(356) 21 322600

For International Plan members, international  
emergency evacuation or repatriation:  
+(356) 2132 2600

Claim forms may also be downloaded from our website.  
Calls may be recorded and/or monitored for quality  
assurance, training and as a record of our conversation



Registered address: 419 Ta' Xbiex Seafront Ta' Xbiex XBX 1021 Malta

Atlas Healthcare Insurance Agency Limited (C32603) is authorised under the Insurance Distribution Act to act as Enrolled Insurance Agents for Atlas Insurance PCC Limited (C5601) (AIPL). AIPL is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets. Both entities are regulated by the Malta Financial Services Authority.

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