

Your Plans and Benefits

Atlas Healthcare Standard Plans

April 2025

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 almost 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.
- Access to an Expert **health information helpline**, a UK health information service staffed by UK registered nurses, counsellors, midwives and pharmacists.

- community nursing cover
 - i. a second medical opinion service available on International and Private Hospital Plans.
 - ii. excellent extensions providing cover for screening a n d preventative tests prevent

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
In-patient & daycare – pre-authorisation required			
1 (a) Hospital accommodation, including approved routine and special nursing, non-surgical and non-oncology drugs and dressings (b) Theatre and recovery room fees (including eligible appliances) and surgical drugs and dressings (In Malta and the UK, hospitals used must be approved by us)	Full settlement of reasonable charges	Full settlement of reasonable charges in supporting hospitals in Malta 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
			Per treatment up to: (€) Minor 145 Intermediate 270 Major 400 Eligible appliances 520
2. Surgeons' (S) and anaesthetists' (A) fees including pre- and post operative consultations. Related out-patient charges are paid under Benefit 15			Per treatment up to: (€) S A Minor (local) 145 N/A Minor (general) 225 150 Intermediate 425 275 Major 750 350 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	(a) €50 per night up to 60 nights (b) €35 per treatment	(a) €50 per night up to 40 nights (b) €35 per treatment	Up to €60 per night for a maximum of 5 nights per treatment
6. Cash benefit when the member receives free treatment (a) in-patient treatment (b) daycare surgical treatment (psychiatric illness excluded)			(a) €30 per night up to 40 nights (b) €25 per treatment
7. Psychiatric illness			Up to €275 per night up to 5 nights per treatment

Other treatment			
8. (a) Oncology related charges including PET, CT and MRI scans, specialist fees, tests and drugs (b) Purchase of wigs during active treatment of cancer (c) Dedicated cancer care service (d) Palliative care (requires pre-authorisation)	(a) Full settlement of reasonable charges (b) Up to €190 (c) Included (d) Full settlement of reasonable charges up to 10 days	(a) Full settlement of reasonable charges in supporting hospitals in Malta. Limits outside supporting hospitals are detailed in the Benefits Table (b) Up to €190 (c) Included (d) Full settlement of reasonable charges 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 (b) Up to €190 (c) Included (d) Not available
9. (a) In-patient non-oncology related PET, CT and MRI scanning (b) Out-patient non-oncology related PET, CT and MRI scanning (specialist referral and pre-authorisation required)	Full settlement of reasonable charges	Full settlement of reasonable charges in supporting hospitals in Malta. Limits outside supporting hospitals are detailed in the Benefits Table	(a) Up to €250 per episode
10. Ambulance transport if you need medical supervision whilst being transported			(b) Up to €200 per episode
11. Outside area of cover for emergency treatment only			Up to €800
12. International Emergency Medical Assistance	Up to €80,000	Not required for this plan	Not required for this plan
	Included in your plan	Not available	Not available

Out-patient			
13. Out-patient surgical procedures	Payable out of benefits 1(b) & 2 above		
14. (a) Family doctor charges (b) Prescription drugs and dressings including vaccination charges when part of a treatment plan (c) Family doctor charges for minor surgery approved by us	(a) Full settlement of reasonable charges (b) Up to €400 per year but an additional €400 during a period of 40 days prior to commencement of in-patient or daycare treatment and 40 days after the end of such treatment (c) Benefit is payable out of benefit 14 (a) above	(a) Full settlement of reasonable charges in Malta (b) Up to €400 per year drugs and dressings must be prescribed by a specialist and follow in-patient or daycare treatment (c) Up to €130 per episode	(a) Up to €100 (b) No benefit (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 reasonable charges	Full settlement of reasonable charges in Malta. Elsewhere limits are detailed in the benefits table	Up to €250 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)			

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.

18. Psychiatry (requires pre-authorisation)	Up to €1,000	Up to €800	Up to €200
19. Dental treatment a) accidental damage to natural teeth b) treatment for oral surgical procedures	(a) Up to €600 (b) payable out of benefits 1 (b) & 2 above	(a) Up to €600 (b) payable out of benefits 1 (b) & 2 above	(a) no benefit (b) payable out of benefits 1 (b) & 2 above
20. (a) Nursing at home by specialist arrangement (requires pre-authorisation) (b) In-patient rehabilitation	(a) Full settlement of reasonable charges for 14 days then up to €75 per day for up to 26 weeks (b) Up to 28 days payable out of benefit 1(a) above	(a) Full settlement of reasonable charges for 10 days then up to €60 per day for up to 26 weeks (b) Up to 28 days payable out of benefit 1(a) above	(a) Full settlement of reasonable charges for 7 days then up to €50 per day for up to 120 days (b) Up to 5 days payable out of benefit 1(a) above
Additional benefits			
21. Maternity cash benefit	€750 per confinement	€300 per confinement	Not available
22. Complications of pregnancy and childbirth (a) Treatment for medical conditions related to non-routine pregnancy and childbirth (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. Expert health information helpline	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 a) out-patient oncology treatment in Europe b) one relative or friend to provide support for member	(a) Up to €125 per night for up to 20 nights (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	Not 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

Optional benefits

Routine Maternity for Groups

Benefits	Limit
Routine maternity 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
Benefits (h) & (i) are not payable when incurred within the first twelve months of being registered for this optional benefit. Benefits are per policy year unless otherwise stated.	

Expert Health Information helpline

This service is here whenever you need to talk to a medical expert – not just when you need to claim.

- Get the latest information on vaccinations or health precautions before travelling.
- Check on symptoms that are worrying you.
- Understand the facts on a health condition.
- Or simply call for support and reassurance.
- Nurses, midwives, pharmacists and counsellors will be ready to talk to you. Nurses and counsellors are available 24/7. Midwives and pharmacists are available Monday to Friday from 08:00 to 20:00 GMT; Saturday and UK public holidays from 08:00 to 16:00 GMT; and Sunday 08:00 to 12:00 GMT
- Completely confidential and completely separate from our

claims service. You can choose to remain anonymous with no record of your call. Or you can ask the service provider to make a note of your call in case you want to call again.



This service does not diagnose medical conditions or prescribe medicine but it can give the latest information about specific illnesses and conditions, treatments and medicine as well as provide guidance and support.

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
- 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 reasonable 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

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

Do call us on **21 322 600** 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:

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Malta

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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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