Private medical insurance

Insurance Product Information Document

Atlas Healthcare

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Atlas Healthcare Insurance Agency Limited (C32603) is authorised under the Insurance Distribution Act to act as Enrolled Insurance Agents for Atlas Insurance PCC Limited. Both entities are regulated by the Malta Financial Services Authority.

Product: Standard Private Clinic Plan – effective from 1 April 2025

The information provided in this document is a summary of the key features and exclusions of the plan and does not form part of the contract between us. Complete pre-contract and contractual information about the product will be provided in your plan documents.

What is this type of insurance?

Private medical insurance provides cover for the private treatment of new acute medical conditions that arise after joining the plan.

What is insured?

✔ An overall maximum annual benefit limit of €275,000 per person, per policy year.

In-patient and daycare treatment

✔ Up to €195 per night for a maximum of 5 nights for in-patient treatment and €135 per day for daycare treatment for hospital charges, including accommodation.

✔ Up to €60 a night for a maximum of 5 nights for an adult relative to stay with a child member under 18 years of age.

✔ Specialist consultations, diagnostic tests and physiotherapy covered up to €325 per year.

✔ Operating theatre charges depending on the classification of operation:
  o Minor - €145
  o Intermediate – €270
  o Major - €400
  o Eligible prosthesis - €520

✔ Surgeons' and anaesthetists' fees depending on the classification of operation:
  o Minor (local) – surgeon €145
  o Minor (general) – surgeon €225/anaesthetist €150
  o Intermediate – surgeon €425/anaesthetist €275
  o Major – surgeon €750/anaesthetist €350
  o Extra Major/Complex – surgeon €1,000/anaesthetist €400

✔ Up to €100 per day up to 6 days per treatment for physicians' charges.

✔ Up to €1,000 per course for oncology, including radiotherapy, chemotherapy and oncology related tests up to a maximum of 2 courses per year. We will also cover €500 per year for out-patient oncology drugs and €250 per episode for MRI, CT and PET scanning related to oncology treatment.

Up to €275 per night for a maximum of 5 nights for

Out-patient treatment

✔ Surgical procedures are covered depending on the classification of operation as shown for in-patient and daycare treatment.

✔ Up to €200 per episode for PET, MRI and CT scans when referred by a specialist.

✔ Up to €100 per episode for family doctor charges for minor surgery approved in advance.

✔ Up to €250 per year for specialist consultations, family doctor secondary treatment, diagnostic procedures, physiotherapy, speech therapy, occupational therapy, chiropractic treatment, acupuncture, homeopathy and osteopathy. An additional €350 per year when these are required in the 40 days prior to or post in-patient or daycare treatment.

✔ Up to €200 per year for out-patient treatment of psychiatric illness.

✔ Up to €100 per year for family doctor charges for consultations.

✔ Full settlement of reasonable charges for nursing at home for up to 7 days and €50 per day for up to 120 days.

Other benefits

✔ Up to €800 a year for emergency road ambulance transport to, from or between hospitals when medical supervision is required while being transported.

✔ €30 per night up to 40 nights per year when you receive free in-patient treatment and €25 per surgical admission received free as a daycare patient.

✔ Up to €190 for the purchase of wigs while receiving cancer treatment.
  Dedicated cancer care service.

✔ Up to €5,000 for the purchase of an external prosthesis once in a member's lifetime

✔ Maternity case management

Where am I covered?

Cover is provided worldwide.

What is not insured?

✗ Treatment of medical conditions that you had, or had symptoms of, before joining. If you join on different terms it will be shown in your policy documents.

✗ Treatment or monitoring of ongoing, recurrent and long-term conditions (also known as 'chronic conditions').

✗ Dental treatment.

✗ Experimental or unproven drugs or treatment.

✗ Cosmetic treatment.

✗ Fees for routine pregnancy and childbirth.

Are there any restrictions on cover?

! Cover for preventive care, such as health screening and routine dental examinations is only covered if you have the Optional cover. Benefits are available for specified tests only when purchasing the extension.

! Charges for treatment will only be settled if the fees are fair and reasonable.

What are my obligations?

- You must give us complete and accurate answers to any questions we may ask.
- If anything changes between the time you agreed to join and the start date or if any of your personal details change, including your address after cover has started, you must contact us.
- You must pay the premium on time.
- If you need to make a claim call our team of Personal Advisers to ensure your claim is covered under the policy. Claims must be sent to us within six months from the date of treatment.

When and how do I pay?

You can pay your premium annually online, by cheque, cash or direct debit or half annually or quarterly by direct debit.

When does the cover start and end?

Your policy will start when we accept the application in writing. Payment of premium does not mean that cover is in force. Cover is normally in place for one year unless we have agreed something different with you. If we have agreed something different it will be shown on your membership statement.

How do I cancel the contract?

You can cancel your policy by writing to or calling us within the first 14 days from the day that your contract is concluded. If you do this you will receive a refund of the premium you have paid provided that no claims have been paid in that time.

You can cancel your policy at any other time by giving us no less than 14 days' notice in writing. We will not refund any premiums if any claim has been paid on the policy. An administrative charge may apply.