Private medical insurance

Insurance Product Information Document

Atlas Insurance PCC Limited, 419, Ta' Xbiex Sea Front, Ta' Xbiex, XBX 1021

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: Private Hospital Value Plus Plan – effective from 1 April 2026

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 €600,000 per person, per policy year.

In-patient and daycare treatment

✓ Full settlement of charges accepted by us within the overall policy limit for hospital charges at supporting hospitals in Malta, including charges for psychiatric treatment in Malta (up to a maximum of 28 days in a five year period) and accommodation.

✓ Full settlement of charges accepted by us within the overall policy limit for surgeons', anaesthetists' and physicians' charges when you have treatment at supporting hospitals in Malta.

✓ Full settlement of charges accepted by us within the overall policy limit for one parent to stay in hospital with a child under 16 when the child is receiving eligible treatment at supporting hospitals in Malta.

✓ Full settlement of charges accepted by us within the overall policy limit for oncology, including radiotherapy and chemotherapy and oncology related tests when you have treatment at supporting hospitals in Malta.

Out-patient treatment

✓ Full settlement of charges accepted by us within the overall policy limit for surgical procedures.

✓ Full settlement of charges accepted by us for CT, MRI and PET scans when referred by a specialist to a supporting hospital in Malta.

✓ Up to €150 per year for general practitioner fees.

Other benefits

✓ Full settlement of charges accepted by us within the overall policy limit for emergency road ambulance transport to, from or between hospitals when medical supervision is required while being transported and when you have treatment at supporting hospitals in Malta.

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 condition (also known as 'chronic conditions').

✗ Routine and restorative dental treatment.

✗ Experimental or unproven drugs or treatment.

✗ Cosmetic treatment.

✗ Fees for routine pregnancy and childbirth.

Are there any restrictions on cover?

! In-patient accommodation charges are limited to €175 per night for treatment not received in supporting hospitals in Malta. Daycare accommodation is limited to €120 per day.

! Operating theatre charges are limited depending on the category and complexity of the operation if treatment is not received in supporting hospitals in Malta.

! Full settlement of charges accepted by us is only guaranteed when you have treatment in supporting hospitals in Malta.

! Treatment of psychiatric illness is only covered in Malta.

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

✓ €50 per night up to 40 nights per year when you receive free in-patient treatment.



Where am I covered?

- Cover is provided worldwide.



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.



When does the cover start and end?

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.

If there is a valid reason, 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.