Private medical insurance

Insurance Product Information Document

Company: Atlas Insurance PCC Limited

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 International Plan – effective from 1 April 2020

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 €900,000 per person, per policy year.

In-patient and daycare treatment

✓ Full settlement of reasonable charges within the overall policy limit for hospital charges, including charges for psychiatric treatment (up to a maximum of 28 days in a five year period) and accommodation.

✓ Full settlement of reasonable charges within the overall policy limit for surgeons', anaesthetists' and physicians' charges.

✓ Up to €75,000 within the overall policy limit for emergency treatment needed outside your area of cover.

✓ Full settlement of reasonable charges within the overall policy limit for one parent to stay in hospital with a child under 16 when the child is receiving eligible treatment.

✓ Full settlement of reasonable charges within the overall policy limit for oncology, including radiotherapy and chemotherapy and oncology related tests.

Out-patient treatment

✓ Full settlement of reasonable charges within the overall policy limit for surgical procedures.

✓ Full settlement of reasonable charges for CT, MRI and PET scans when referred by a specialist.

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

✓ Full settlement of reasonable charges within the overall policy limit for specialist consultations, family doctor secondary treatment, diagnostic tests, physiotherapy, chiropractic treatment, acupuncture, homeopathy, osteopathy and Chinese herbal medicine.

✓ Up to €750 for out-patient treatment of psychiatric illness.

✓ Up to €600 for initial treatment given by a medical practitioner immediately following accidental damage to natural teeth.

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?

! Cover for preventive care, such as health screening and routine dental examinations is only covered if you have the Optional cover.

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

- ✓ Up to €400 for family doctor charges for consultations and prescription drugs and dressings.
- ✓ Full settlement of reasonable charges for nursing at home for up to 14 days for each medical condition and up to €60 per day for up to 26 weeks after the initial 14 days.

Other benefits

- ✓ Full settlement of reasonable charges within the overall policy limit for ambulance transport.
- ✓ International Emergency Medical Assistance.
- ✓ €50 per night up to 60 nights per year when you receive free in-patient treatment and €35 per surgical admission received free as a daycare patient.
- ✓ Up to €190 for the purchase of wigs while receiving cancer treatment
- ✓ Dedicated cancer care

Where am I covered?

- Cover is provided worldwide, excluding the USA.

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 two 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, quarterly or monthly 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 15 days of receiving your membership pack. 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.