

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 Private Clinic Plan

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 €250,000 per person, per policy year.

In-patient and daycare treatment

- ✓ Up to €185 per night for a maximum of 5 nights for in-patient treatment and €130 per day for daycare treatment for hospital charges, including accommodation.
- ✓ Up to €40 a night for a maximum of 5 nights for an adult relative to stay with a child member under 16 years of age.
- ✓ Specialist consultations, diagnostic tests and physiotherapy covered up to €300 per year.
- ✓ Operating theatre charges depending on the classification of operation:
 - Minor - €135
 - Intermediate – €260
 - Major - €380
 - Eligible prosthesis - €500
- ✓ Surgeons' and anaesthetists' fees depending on the classification of operation:
 - Minor (local) – surgeon €125
 - Minor (general) – surgeon €200/anaesthetist €120
 - Intermediate – surgeon €400/anaesthetist €250
 - Major – surgeon €700/anaesthetist €300
- ✓ Up to €75 per day up to 6 days per treatment for physicians' charges.
- ✓ Up to €500 per course for oncology, including radiotherapy and chemotherapy and oncology related tests. Up to a maximum of 2 courses per year.
- ✓ Up to €250 per night for a maximum of 5 nights for psychiatric treatment.
- ✓ Up to €200 per year for CT, MRI and PET scans when referred by a specialist.

Out-patient treatment



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

- ✓ Surgical procedures are covered depending on the classification of operation as shown for in-patient and daycare treatment.
- ✓ Up to €200 per year 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.
- ✓ Up to €250 per year for specialist consultations, family doctor secondary treatment, diagnostic tests and physiotherapy. Increased to €350 for the 30 days prior and after in-patient or daycare treatment.
- ✓ Chiropractic treatment, acupuncture, homeopathy and osteopathy covered under the combined €250 per year limit above.
- ✓ Up to €200 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 80 days.

Other benefits

- ✓ Up to €800 a year for ambulance transport when medically essential.
- ✓ €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.



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 two months from the date of treatment.



When and how do I pay?

You can pay your premium annually, 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. An administrative charge may apply.