





What You're Covered For

(See important notes on back page)

Please refer to the column showing the benefits table applicable to your plan. Your latest membership statement will show which plan is applicable to you and give other details which are relevant to you. Benefits apply to each member each policy year unless otherwise stated. The Value Option for each plan excludes certain benefits including most out-patient benefits. For those options the excluded benefits are shown against a yellow background.

Benefits		International Plan	Private Hospital Plan	Private Clinic Plan
Area of Cover		Area 2 Worldwide excluding USA	Area 1 Worldwide	Area 1 Worldwide
Overall maximum annual benefit	We will pay up to the maximum shown each year for each member	€1,000,000	€750,000	€275,000
In-patient and daycare treatment – pre-c	authorisation required			
1 Hospital charges	(a) Accommodation charges inclusive of routine nursing and special nursing when approved by us ; drugs and dressings used for in-patient or daycare treatment for non-surgical and non-oncology related admissions		(a) Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere benefit will be limited to: In-patient: €250 per night Daycare: €140 per day	(a) In-patient: 5 nights per treatment up to €195 per night. Daycare: up to €135 per day
	(b) Operating theatre fees (including eligible appliances), recovery room fees, surgical drugs and dressings used for in-patient or daycare treatment Limits are for each operation unless otherwise stated Category and level of complexity of operations is determined by our schedule of procedures as Minor, Intermediate, Major, Extra major and Complex In Malta and the UK, hospitals used must be approved by us.	Full settlement of reasonable	(b) Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere the following limits will apply per classification of operation: Minor: €300 Intermediate: €520 Major: €1,500 Extra major: €1,750 Complex: €2,000 Eligible prosthesis: €600	(b) The following limits will apply per classification of operation: Minor: €145 Intermediate: €270 Major: €400 Eligible prosthesis: €520
2 Surgeons' and anaesthetists' charges	Surgeons' and anaesthetists' charges for each operation unless otherwise stated This includes pre- and post-operative consultations while an in-patient or daycare patient. Related out-patient consultations are payable under benefit 15 Category and level of complexity of operations is determined by our schedule of procedures as Minor, Intermediate, Major, Extra major and Complex	charges	Full settlement of reasonable charges when you have treatment in supporting hospitals. Elsewhere the following limits will apply per classification of operation: Minor (local): €200 Minor (general): €360 Intermediate: €700 Major: €1,200 Extra major: €1,500 Complex: €1,700	The following limits will apply per classification of operation: Minor (local): Surgeon: €145 Minor (general): Surgeon: €225. Anaes't: €150 Intermediate: Surgeon: €425. Anaes't: €275 Major: Surgeon: €750. Anaes't: €350 Extra Major/Complex: Surgeon: €1,000. Anaes't: €400

Benefits		International Plan	Private Hospital Plan	Private Clinic Plan
3 Physicians' charges	Physicians' charges for in-patient and daycare treatment . This includes intensive care	Full settlement of reasonable	Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta . Elsewhere up to €100 per day	Up to €100 per day for a maximum of 6 days per treatment
4 Specialist consultations, diagnostic procedures (except PET, CT and MRI scanning) and physiotherapy	Out-patient consultations, diagnostic procedures and physiotherapy are payable under benefit 15 and/or 17 even if they are related to in-patient or daycare treatment either before admission or after discharge	charges	Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere up to €500 per year	Up to €325 per year
5 Additional accommodation	 (a) Charges for one adult relative staying in the same hospital as a child member who is under 18 years of age. This is paid from the child's benefit (b) Benefit is also payable for charges for a child being breast fed to stay in the same hospital with his or her nursing mother who is herself a member. This is payable from the mother's benefit These benefits are only available if treatment is eligible for payment 	Full settlement of reasonable charges	Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta . Elsewhere up to €150 per night	Up to €60 per night for a maximum of 5 nights per treatment
6 Cash benefit	Cash benefit (a) for each night the member receives free treatment	(a) €50 per night. We will pay for up to 60 nights per year	(a) €50 per night. We will pay for up to 40 nights per year	(a) €30 per night. We will pay for up to 40 nights per year
	(b) for daycare treatment related to an eligible surgical procedure where a member receives free treatment We will pay these benefits only if the treatment the member receives would have been eligible for benefit privately under this policy	(b) €35 per surgical admission	(b) €35 per surgical admission	(b) €25 per surgical admission
7 Psychiatric Illness	Charges for in-patient or daycare treatment of psychiatric illness given by a psychiatrist. Benefit is payable for treatment given by a psychotherapist or psychologist when under the control of a psychiatrist This benefit is not eligible for cash benefit (Benefit 6)	Full settlement of reasonable charges up to a maximum of 35 days per year . Benefit will be payable ONLY if we give prior approval to treatment	Full settlement of reasonable charges up to a maximum of 30 days per year . Benefit will be payable ONLY if we give prior approval to treatment . Elsewhere up to €130 per day up to a maximum of 30 days	Up to €275 per night for a maximum of 5 nights
Other treatment				
8 Oncology	(a) Hospital accommodation charges, radiotherapy, chemotherapy and oncology related tests (including PET, MRI and CT scanning), drugs and specialist fees for treatment received as in-patient, out-patient or daycare patient during a course of oncology treatment .	(a) Full settlement of reasonable charges	(a) Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere limited, to €4,000 per year	(a) Up to €1,000 per course but an additional €500 per year for outpatient oncology drugs and €250 per episode for oncology PET, MRI and CT scanning.By course we mean a course of a maximum of six cycles of chemotherapy or six weeks of radiotherapy. Up to a maximum of two courses per year
	(b) The cost of wigs needed during active treatment of cancer	(b) Up to €190 per year	(b) Up to €190 per year	(b) Up to €190 per year
	(c) Dedicated cancer care service	(c) Included	(c) Included	(c) Included

Benefits		International Plan	Private Hospital Plan	Private Clinic Plan
9 PET, CT and MRI scanning for non-oncology related treatment	Positron emission tomography, magnetic resonance imaging and computerised tomography (brain and body scanning) received (a) as an in-patient or daycare patient only when referred by a specialist (b) as an out-patient only when referred by a specialist	Full settlement of reasonable charges	Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta . Elsewhere up to €1,000 per year	(a) Up to €250 per episode (b) Up to €200 per episode
10 Ambulance Transport	This is to pay for a road ambulance for emergency transport to, from or between hospitals when medical supervision is required while being transported	Full settlement of reasonable charges	Full settlement of reasonable charges when you have treatment in supporting hospitals in Malta. Elsewhere up to €2,000 per year	Up to €800 per year
11 Outside area of cover when area limited to area 2	This is to cover emergency treatment , or treatment of a medical condition which arises suddenly whilst outside the member's area of cover	Up to €80,000 per year	Not required for Area 1 cover	Not required for Area 1 cover
12 International Emergency Medical	See Membership handbook for terms and benefits	Included in your plan	Not available	Not available
Assistance Out-Patient treatment				
13 Out-patient surgical procedures	Surgical procedure received as an out-patient	Benefit is payable out of benefits 1 (b) & 2 above	Benefit is payable out of benefits 1 (b) & 2 above	Benefit is payable out of benefits 1 (b) & 2 above.
14 Family doctor charges and drugs and dressings	(a) Family doctor charges for consultations	(a) Full settlement of reasonable charges	(a) Full settlement of reasonable charges	(a) Up to €100 per year
	(b) Prescription drugs and dressings including vaccinations when part of a treatment plan	(b) Up to €400 per year but an additional €400 during a period of 40 days prior to commencement of inpatient or daycare treatment and 40 days after the end of such treatment	(b) Up to €400 per year drugs and dressings must be prescribed by a specialist and follow in-patient or daycare treatment	(b) No benefit
	(c) Family doctor charges for minor surgery approved by us	(c) Benefit is payable out of benefit 14 (a) above	(c) Up to €130 per episode	(c) Up to €100 per episode
15 Specialist consultations, family doctor secondary treatment and diagnostic procedures (other than PET, MRI and CT scanning) and physiotherapy	Specialists' charges for consultations and treatment, family doctor secondary treatment, diagnostic procedures (even if they are related to in-patient or daycare treatment) and physiotherapy treatment All physiotherapy must follow referral by a family doctor or specialist. When it is family doctor referred physiotherapy treatment it is limited to 8 visits in a 5 week period. Additional sessions require referral by a specialist		Full settlement of reasonable	Up to €250 per year but an additional €350 during a period of 40 days prior to commencement of in-patient or daycare treatment and 40 days after the end of such treatment
16 Alternative treatment	Out-patient chiropractic treatment , acupuncture, homeopathy, osteopathy and Chinese herbal medicine given by a qualified practitioner who is registered to practice as a chiropractor, acupuncturist, homeopath, osteopath or Chinese herbal medicine practitioner where the treatment is given All alternative treatment must follow referral by a family doctor or specialist . When it is family doctor referred alternative treatment it is limited to 8 visits in a five week period. Additional s essions require referral by a specialist	Full settlement of reasonable charges	charges in Malta Elsewhere up to €500 per year	Up to €250 per year
17 Psychiatry	Out-patient treatment of psychiatric illness Benefit is payable for treatment given by a psychiatrist or by a psychotherapist or psychologist when under the control of a psychiatrist. Benefit will only be payable when we give prior approval	Up to €1,000 per year	Up to €800 per year	Up to €200 per year

Benefits		International Plan	Private Hospital Plan	Private Clinic Plan
18 Accidental damage to natural teeth	Initial treatment required immediately following accidental damage to natural teeth and given by a medical practitioner within 48 hours of the incident.	Up to €600 per year	Up to €600 per year	No benefit
19 Nursing-at-home	 (a) Nursing at home when arranged by a specialist out of medical necessity for a member who needs a registered nurse following treatment (b) Inpatient rehabilitation immediately following acute 	(a) Full settlement of reasonable charges up to 14 days for each medical condition per year After the first 14 days, €75 per day subject to a maximum of 26 weeks (b) Up to 28 days per year unless	(a) Full settlement of reasonable charges for the first 10 days of treatment for each medical condition. After the first 10 days, €60 per day subject to a maximum of 26 weeks	Full settlement of fair and reasonable charges up to the first 7 days and up to €50 per day for up to 120 days
	treatment when arranged by a specialist Benefit will only be payable when we give prior approval	following severe central nervous system damage caused by external trauma payable out of benefit 1a	(b) Up to 28 days per year unless following severe central nervous system damage caused by external trauma payable out of benefit 1a	
20 Maternity cash benefit	Cash benefit for your pregnancy and childbirth including in-patient or out-patient antenatal and post natal consultations and delivery This benefit is payable following your childbirth and on presentation of a birth certificate within 60 days from the date of birth. Any payments which have been paid or are payable for any complications of your pregnancy or confinement will be deducted from this benefit and if payment for complications of your pregnancy or confinement equals or exceeds this benefit, then this benefit will not be paid Benefit is only payable if you have been insured by us under this policy for a continuous period of 10 months prior to your date of delivery.	Up to €750 per confinement	Up to €300 per confinement	No benefit
21 Complications of pregnancy and childbirth	Treatment for medical conditions related to non-routine pregnancy and childbirth	Included	Included	Included
22 24/7 health information telephone helpline +44 (0) 1892 556753 phone access to health information service	Available to all members. You only pay for the call charge to access the entirely confidential 24 hours a day 365 days a year health information service to nurses, counsellors, midwives* and pharmacists*. Medical experts are available at the end of the phone ready to offer confidential information on any health queries - whether you're worrying about vaccinations and other health precautions before travelling, general health, family health or simply need support and reassurance. They can also send free fact sheets and leaflets on a wide range of medical issues, conditions and treatments. Please note: pharmacists and midwives are available from 8am to 8pm UK time Monday Calls may be recorded and/or monitored for quality assurance, training and as a record your call in case you want to call again. They can't diagnose medical conditions or guidance and support.	The 24/7 Health information telephone helpline is split into the following clinics: • Family Clinic – babies, toddlers, teenage trouble, pregnancy or retirement • Care and Counselling Clinic – stress, addiction, depression or bereavement • Pills and Prescriptions Clinic – medicines, side effects and pain relief • Travel Clinic – inoculations, taking children abroad and medical advice by country • Healthy Living Clinic – exercise, diet, drinking, smoking and cholesterol control • Men's Health Clinic – prostate issues, testicular cancer, impotence and fertility • Women's Health Clinic – fertility, screenings, menopause and osteoporosis The 24/7 health information telephone helpline does not take the place of your medical practitioner, nor does it diagnose or prescribe. Free fact sheets and leaflets on a wide range of medical issues, conditions and treatments can be sent on request. to Friday, until 4pm UK time on Saturday, and until 12pm UK time on Sunday and UK public holidays. All calls are made in complete confidence. of our conversation. You can choose to remain anonymous with no record of your call, or you can ask the telephone helpline to make a note of prescribe medicine, but they can give the latest information about specific illnesses and conditions, treatments and medicine, as well as provide		
23 Airfares	Return airfares for a member receiving in-patient treatment in Europe involving a minimum stay in hospital of 8 nights providing that the hospital is listed in our directory of hospitals	Up to €450	No benefit	No benefit
24 Hotel accommodation	We will pay the cost of hotel accommodation for up to 20 nights per year for the member receiving cancer treatment in Europe excluding Malta for the duration of each course received as an out-patient. Benefit will only be payable when it is medically necessary for the member to remain in the chosen country in Europe for treatment and it would not be reasonable to expect the member to return to Malta between visits for treatment. By course we mean a course of a maximum of six cycles of chemotherapy or six weeks of radiotherapy	Up to €125 per night	No benefit	No benefit

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Benefits		International Plan	Private Hospital Plan	Private Clinic Plan
25 Community Nursing Cover	 Midwifery: one ante-natal and two post-natal visits by a state-certified Nursing care: Visits by a qualified nurse as prescribed by the member's prevention and treatment of bed sores, intramuscular and/or Services are provided free by the service provider and will other than to administer insulin ('free items') 	midwife family doctor or specialist to give treatment (excluding sitting in service) including; bed baths, subcutaneous injections, enemas, wound care, catheterisation and the treatment of diabetes. whenever needed, include free sterile dressing packs and swabs, elastic net bandages and syringes Community nursing benefits are governed by regulations available on request. Cover is subject to a maximum of 24 weeks per medical condition.		
26 Second Medical Opinion Service	This service gives you 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. If you choose to make use of this service, any treatment you receive will remain subject to the terms and limits of this policy.	Available	Available	Not available
27 24/7 GP telephone assistance	Telephone access to our GP service team	Available	Available	Available
28 24/7 Emergency pre-authorisation service	Telephone access to our pre-authorisation team for after office hours emergency hospitalisation assistance	Available	Available	Available

Optional Cover
The following Optional Cover is only applicable if stated as such in your latest membership statement.

Benefits

	International Plan	Private Hospital Plan	Private Clinic Plan
 (a) Pregnancy and childbirth including in-patient or out-patient ante-natal and post-natal consultations and delivery (b) Where pregnancy and childbirth take place in a state hospital and no charges related to (a) above, including tests, drugs or any other eligible benefit are incurred, the following benefit will be payable Benefit is not payable for a confinement or expenditure incurred within 10 months of a member first being registered for this optional benefit Routine maternity does not include a specific obstetric procedure or complications of pregnancy by a medical condition 	(a) Paid in full up to a maximum of	(a) Paid in full up to a maximum of	(a) Paid in full up to a maximum of
	€1,000 per confinement	€1,000 per confinement	€1,000 per confinement
	(b) Up to €125 per confinement	(b) Up to €125 per confinement	(b) Up to €125 per confinement
(a) Annual dental examination/routine eyesight testing by an optometrist (b) Skin cancer screening (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	(a) Up to €40	(a) Up to €40	(a) Up to €40
	(b) Up to €40	(b) Up to €40	(b) Up to €40
	(c) Up to €125	(c) Up to €125	(c) Up to €125
your benefits table as applicable to your plan (d) Prosthetic appliances not forming an integral part of a surgical procedure (e) Outpatient clinic fee Benefits (c) alternative or complementary treatment on referral by your family doctor and (d) provision of prosthetic appliances, are governed by all the benefits, exclusions and conditions of your agreement including Section 2 Benefits we pay for	(d) 75% of the cost incurred up to a	(d) 75% of the cost incurred up to a	(d) 75% of the cost incurred up to a
	maximum of €250	maximum of €250	maximum of €250
	(e) Up to €5 per visit	(e) Up to €5 per visit	(e) Up to €5 per visit
(f) Routine cervical cancer screening; routine mammography/ breast ultrasound examination for a woman aged 45 years or over, annual prostate examination and prostate specific antigen	(f) Up to €160	(f) Up to €160	(f) Up to €160
(g) Liver function tests, lipid profile, complete blood count, fasting blood	(g) Up to €110	(g) Up to €110	(g) Up to €110
 (h) Bone densitometry for members aged 45 years or over (i) Stress ECG for members aged 45 years or over Benefits (h) and (i) are not payable when incurred within the first 	(h) Up to €110 every two years	(h) Up to €110 every two years	(h) Up to €110 every two years
	(i) Up to €145 every two years	(i) Up to €145 every two years	(i) Up to €145 every two years
	ante-natal and post-natal consultations and delivery (b) Where pregnancy and childbirth take place in a state hospital and no charges related to (a) above, including tests, drugs or any other eligible benefit are incurred, the following benefit will be payable Benefit is not payable for a confinement or expenditure incurred within 10 months of a member first being registered for this optional benefit Routine maternity does not include a specific obstetric procedure or complications of pregnancy by a medical condition (a) Annual dental examination/routine eyesight testing by an optometrist (b) Skin cancer screening (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 (d) Prosthetic appliances not forming an integral part of a surgical procedure (e) Outpatient clinic fee Benefits (c) alternative or complementary treatment on referral by your family doctor and (d) provision of prosthetic appliances, are governed by all the benefits, exclusions and conditions of your agreement including Section 2 Benefits we pay for (f) Routine cervical cancer screening; routine mammography/ breast ultrasound examination for a woman aged 45 years or over, annual prostate examination and prostate specific antigen test for men aged 45 years or over (g) Liver function tests, lipid profile, complete blood count, fasting blood glucose test and urine analysis for members aged 40 years or over (h) Bone densitometry for members aged 45 years or over	(a) Pregnancy and childbirth including in-patient or out-patient ante-natal and post-natal consultations and delivery (b) Where pregnancy and childbirth take place in a state hospital and no charges related to (a) above, including tests, drugs or any other eligible benefit are incurred, the following benefit will be payable Benefit is not payable for a confinement or expenditure incurred within 10 months of a member first being registered for this optional benefit Routine maternity does not include a specific obstetric procedure or complications of pregnancy by a medical condition (a) Annual dental examination/routine eyesight testing by an optometrist (b) Up to €40 (b) Skin cancer screening (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 diprostine the referred by your family doctor and diprostine to any similar benefit in your benefits table as applicable to your plan (d) Prosthetic appliances not forming an integral part of a surgical procedure (e) Outpatient clinic fee Benefits (c) alternative or complementary treatment on referral by your family doctor and (d) provision of prosthetic appliances, are governed by all the benefits, exclusions and conditions of your agreement including Section 2 Benefits we pay for (f) Routine cervical cancer screening; routine mammography/ breast ultrasound examination for a woman aged 45 years or over (g) Liver function tests, lipid profile, complete blood count, fasting blood glucose test and urine analysis for members aged 45 years or over (f) Stress ECG for members aged 45 years or over (g) Liver function tests, lipid profile, complete blood count, fasting blood glucose test and urine analysis for members aged 40 years or over (g) Liver function tests, lipid profile, complete blood count, fasting blood glucose test and urine analysis for members aged 40 years or over (g) Bone densitometry for members aged 45 years or over (g) Bone densi	(a) Pregnancy and childbirth including in-patient or out-patient ante-natal and post-natal consultations and delivery (b) Where pregnancy and childbirth take place in a state hospital and no charges related to (a) above, including tests, drugs or any other eligible benefit are incurred, the following benefit will be payable Benefit is not payable for a confinement or expenditure incurred within 10 months of a member first being registered for this optional benefit Routine maternity does not include a specific obstetric procedure or complications of pregnancy by a medical condition (a) Annual dental examination/routine eyesight testing by an optometrist (b) Skin cancer screening (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 do provision of prosthetic appliances not forming an integral part of a surgical procedure (e) Outpatient clinic fee Benefits (e) Outpatient clinic fee (e) Utpatient clinic fee Benefits (e) and (d) provision of prosthetic appliances, are governed by all the benefits, exclusions and conditions of your agreement including Section 2 Benefits we pay for over, annual prostate examination and prostate specific antigen test for men aged 45 years or over (h) Bone densitometry for members aged 45 years or over (h) Bone densitometry for members aged 45 years or over (h) Bone densitometry for members aged 45 years or over (h) Bone densitometry for members aged 45 years or over (h) Bone densitometry for members aged 45 years or over Benefits (h) and (i) are not payable when incurred within the first

These tables should be read in conjunction with your latest membership statement and handbook which, together with these tables, comprise your contract of insurance with us.

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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



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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 (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.