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Flexible health insurance plans that work around you

A summary of your cover options

1 January 2009



Why you should take out a private health insurance policy

As a private patient, you can:

- ✓ Avoid waiting lists, cutting down the time it takes you to get better.
- ✓ Choose where to receive treatment.
- ✓ Choose who provides the treatment.
- ✓ Benefit from being treated in private facilities with a private room.

Why you should choose AXA PPP healthcare

- ✓ AXA PPP healthcare is one of the largest and longest established medical insurers in the UK with over 35 years of experience within the international market.
- ✓ We have an enviable reputation for offering a truly personal service to our members.
- ✓ AXA PPP healthcare has a global network of hospitals giving the possibility of arranging for direct settlement of bills across the globe.
- ✓ We provide quality support for Atlas Healthcare Insurance Agency, which represents the company in Malta.

International Plan

This plan provides cover for in-patient and out-patient treatment worldwide with direct settlement facilities across the globe, free international repatriation and evacuation cover and even covers emergency treatment in USA and Canada.

Private Hospital Plan

This plan is designed to cover treatment carried out in local private hospitals, with a direct settlement service for supporting hospitals. It also includes limited international benefits as well as quality out-patient cover with full settlement for specialists' fees and diagnostics carried out in Malta.

Private Clinic Plan

This plan provides limited cover for treatment in private clinics and hospitals worldwide. It also includes out-patient cover, including GP and specialists' fees, diagnostic tests, physiotherapy, as well as other additional benefits.

Tel (356) 21 322600

A summary of your cover options

Benefits shown against a yellow background are not available when you choose a Value Option.

The three plans you can choose from:	International Plan	Private Hospital Plan	Private Clinic Plan
Area of Cover	Worldwide exc. USA & Canada (Area 2)	Worldwide exc. USA & Canada (Area 2)	Worldwide (Area 1)
Overall maximum annual benefit	€850,000	€600,000	€120,000
In-patient & daycare			
1 (a) Hospital accommodation, including approved routine and special nursing and non-surgical and non-oncology drugs and dressings (See note 1)	Full settlement of fair and reasonable charges	Full settlement of fair and reasonable charges in supporting hospitals in Malta. Limits outside supporting hospitals are detailed in the Benefits Table.	In-patient up to €165 per night up to five nights per treatment and daycare €110 per day.
1 (b) Theatre and recovery room fees (including eligible appliances) and surgical drugs and dressings. (See note 1)			Per treatment up to: (€) Minor 100 Intermediate 165 Major 285 Eligible appliances 400
2. Surgeons' (S) and anaesthetists' (A) fees including pre and post-operative consultations. Related out-patient charges are paid under Benefit 15. (See note 3)			Per treatment up to: (€) S A Minor (local) 110 N/A Minor (general) 145 50 Intermediate 275 85 Major 650 165
3. Physicians' charges			Up to €50 per day up to five days per treatment.
4. Specialist consultations, diagnostics and physiotherapy (except MRI and CT scans)			Up to €180
5. Charges for one parent staying with child member under 16 or charges for child staying with nursing mother			Up to €30 per night for a maximum of 5 nights.
6. Cash benefit for free in-patient treatment (psychiatric illness excluded) Per night for up to			€50 60 nights
7. Psychiatric illness. (Pre-authorisation required)	Full settlement of fair and reasonable charges in Malta only for 28 days in a 5 year period.	Full settlement of fair and reasonable charges in Malta only for 28 days in a 5 year period.	Not available
Other treatment			
8. Oncology related charges including CT and MRI scans Specialist Fees, tests and drugs	Full settlement of fair and reasonable charges	Full settlement of fair and reasonable charges in supporting hospitals in Malta. Limits outside supporting hospitals are detailed in the Benefits Table.	Up to €500 per course of treatment
9 (a) In-patient non-oncology related CT and MRI scanning (specialist referral required)			Counts towards limit for benefit 4
9 (b) Out-patient non-oncology related CT and MRI scanning (specialist referral required)			Counts towards limit for benefit 15
10. Ambulance transport (when medically essential)	Up to €4,000		Up to €800
11. Outside area of cover for emergency treatment only	Up to €60,000		Not required for this plan
12. International Emergency Medical Assistance	Full settlement of fair and reasonable charges	Not available	Not available
Out-patient			
13. Out-patient surgical procedures	Payable out of benefits 1(b) & 2 above	Payable out of benefits 1(b) & 2 above	Payable out of benefits 1(b) & 2 above
14. (a) General practitioner (b) Prescription drugs and dressings charges (c) GP charges for minor surgery approved by us	a) and b) Up to €250 c) Up to €100	a) and b) Up to €125 but out-patient drugs and dressings must follow in-patient or daycare treatment and be prescribed by a specialist c) Up to €100	a) Up to €60 b) No benefit for out-patient drugs and dressings c) Up to €60
15. Specialist consultations, GP secondary treatment, diagnostics (except MRI and CT scans) and physiotherapy	Full settlement of fair and reasonable charges. GP referred physiotherapy up to €400	Full settlement of fair and reasonable charges in Malta. Elsewhere limits are detailed in the benefits table.	Up to €180 Additionally up to €300 for 30 days pre and post in-patient or daycare treatment
16. Chiropractic, acupuncture, homeopathic treatment and osteopathy (must be GP or specialist referred)	Counts towards the limit for benefit 14(a) and (b) above when referred by a GP	Up to €600 but treatment for psychiatry must be taken in Malta or UK only	Not available
17. Psychiatry (requires pre-authorisation)	Up to €600		Up to €180
18. Accidental damage to natural teeth (initial treatment)	Up to €500	Up to €500	Not available
19. Nursing at home by specialist arrangement (requires pre-authorisation)	Full settlement of fair and reasonable charges for 14 days then up to €400 per week for 26 weeks	Up to €1650 After the first 7 days up to €50 per day	Up to €1200 After the first 7 days up to €50 per day
Additional benefits			
20. Routine maternity	€250 per confinement	€250 per confinement	Not available
21. Health at Hand – phone access to international health information service	Included in your plan	Included in your plan	Not available
22. Airfare when 8 nights stay required at specified UK hospitals	Up to €400	Not available	Not available
23. Hotel accommodation for out-patient oncology treatment in the UK	Up to €125 per night	Not available	Not available
24. MMDNA Nursing Cover	Included in your plan	Included in your plan	Included in your plan

Notes:

1 In Malta, hospitals used must be approved by us. In the UK the hospital must be listed in the Directory of Hospitals.

2 The benefits table in this leaflet is only a summary of cover. For full details please ask for a copy of the full Benefits Table. For a full list of other membership terms please ask for a copy of the Membership Agreement.

3 Benefits apply to each member each policy year unless otherwise stated.

4 All in-patient and daycare treatment must be pre-authorised by us.

Optional benefits

Routine Maternity for Groups

Benefits	Limit
Routine maternity group cover <i>Benefit is only payable after 10 months of being registered or benefit.</i>	Up to €1000 per private confinement or €125 per confinement in a state hospital

Preventive Care

Benefits	Limit
(a) Annual dental check examination/Routine eyesight testing by an optometrist	Up to €40
(b) Skin cancer screening	Up to €40
(c) Alternative or complementary treatment on referral by your GP . That is chiropractic, acupuncture, homeopathic or osteopathic treatment 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 benefit table as applicable to your plan.	Up to €125
(d) Prosthetic appliances not forming an integral part of a surgical procedure	75% of the cost incurred up to a maximum of €250

Preventive Care Plus

Benefits	Limit
All the above Preventive Care benefits (a), (b) (c) and (d) PLUS benefits (e), (f), (g) and (h)	
(e) Routine Cervical Cancer Screening; Routine mammography/ultrasound examination for a woman aged 45 years or over, annual prostate examination and PSA test for men aged 45 years or over	Up to €110
(f) Liver Function Tests and Lipid Profile Tests for members aged 40 years or over	Up to €50
(g) Bone densitometry for members aged 45 years or over	Up to €110 every two years
(h) Stress ECG for members aged 45 years or over	Up to €145 every two years
<i>Benefits (g) & (h) are not payable when incurred within the first twelve months of being registered for this optional benefit. Benefits are per policy year unless otherwise stated.</i>	

Health at Hand

Now available for International and Private Hospital Plan members.

As a member you will have access to our health information service, Health at Hand. All calls are made in complete confidence.

Supported by one of the largest electronic medical libraries in Europe, you can get free, immediate help and information 24 hours a day, 365 days a year. Although this award winning service isn't there to replace your doctor, it's reassuring to know you can pick up the phone and talk to a professional whenever you wish. They can also send free fact sheets and leaflets on a wide range of medical issues, conditions and treatments.

This distinctive service is staffed by:

- UK registered nurses, midwives and pharmacists who have over 300 years' combined experience.
- Counsellors who have at least five years' post qualification experience and are specially chosen with the skills to handle issues confidentially over the telephone.

To make things easier when you call, Health at Hand 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.

Health at Hand does not take the place of your medical practitioner, nor does it diagnose or prescribe.

You never know unless you ask

Everyone is different and, if you have a different question to the ones listed, please phone us on 21322600.

Will I need a medical examination to join AXA PPP healthcare?

No. In most cases we will however require details of your past medical history on the application form.

Private Medical Insurance normally covers only new medical conditions. Does this mean I won't be covered for any illnesses I have had in the past?

In the majority of cases, you will not be covered for medical conditions you've had in the past. However, please give us full details of any past medical conditions so that we can make a fair decision on your cover and advise you of any specific exclusions. This process is called medical underwriting.

Am I covered immediately?

Once we have processed your application form and premium, we will send confirmation of cover together with your membership statement and a handbook and membership agreement giving full information in plain language on how to claim.

Am I covered abroad?

AXA PPP healthcare is an international company and has a wide network of hospitals worldwide. For a full list of hospitals please refer to the AXA PPP healthcare website www.axapphealthcare.co.uk and look up the directory of hospitals. On the international plan we can arrange direct settlement with many of these and we even offer cover for non elective treatment in the USA and Canada up to €60,000 per year.

Our hospital plan, although designed to cover charges locally, does offer cover in hospitals not forming part of our local hospital network (supporting hospitals) but generally up to limits which we would expect to pay in local hospitals.

On the clinic plan, we would also cover treatment carried out overseas up to the limits of this plan.

How often can I claim?

You can claim as many times in a year as you like, although benefit limits may apply.

How can I be sure that I am covered before I go ahead with treatment?

Just call our team of claims handlers and tell them about your proposed treatment. We require you to contact our offices when planning the following types of treatment:

- In-patient or daycare treatment (admittances to hospital even if only for a few hours)
- Bone-density scans or mammograms
- Psychiatric treatment
- Home nursing.

We will confirm your level of cover and how it applies to the doctors and hospitals providing the treatment.

What is not covered by the policy?

These are the main exclusions in your policy. For a full list please refer to a membership handbook.

- Routine medical examinations unless you purchase the Preventive Care or Preventive Care Plus extensions where a selection of these tests are available.
- Treatment for the routine management of recurrent, continuing or long-term medical conditions. Unforeseen complications of these conditions would be covered.
- Medical costs which are not fair and reasonable or are higher than those usually charged.
- Normal pregnancy and childbirth. Limited cover is available under the international and private hospital plans and a higher optional level of cover is available for groups. Complications of pregnancy or childbirth are covered. No claims are payable if the mother has been on the policy for less than 10 months prior to the expected delivery date of her baby.
- Optical check-ups and dental treatment, except for specific oral surgical operations unless you buy the Preventive Care or Preventive Care Plus extensions where limited cover would apply.
- Treatment for alcohol and drug abuse
- HIV/AIDS related illnesses
- Treatment of sexually transmitted diseases
- Cosmetic surgery (to solely enhance appearance)