AXA PPP healthcare

University of Malta Employees Health insurance policy

Option 1 Employees Policy Number 421372 744 001
Dependents 421372 744 002
Option 2a Employees Policy Number 421372 734 001
Dependents 421372 734 002
Option 2b Employees & Dependents Policy Number 421372 734 003
Option 3a Employees Policy Number 421372 714 001
Dependents 421372 714 002
Option 3b Employees & Dependents Policy Number 421372 714 003

What your health insurance cover is designed to do

As with all insurance policies your AXA PPP healthcare policy is there to cover you for costs arising from an unforeseen event. For healthcare insurance this means the cost of eligible treatment resulting from an unexpected illness or accident.

You must take care of your own health and not only rely on healthcare professionals to do this for you. We would however recommend that you use one general practitioner who keeps medical records, for continuation of care. When something unfortunate does affect your health we will do our best to help you but we must always act within the limits of your policy.

A personal service

At AXA PPP healthcare we are always aware that behind every claim there is a person who needs help and assistance.

Call us before having treatment

You must contact our Health Claims Department when planning any of the following:

• In-patient or daycare treatment in Malta or abroad (This is treatment for which you are admitted to a hospital or clinic even if only for a few hours). You must call us three days before treatment begins. Please refer to the Direct Settlement of Bills section below for more details.
• A bone density scan
• A mammogram
• Home nursing of any kind (except that provided by MMDNA)
• Psychiatric treatment
• CT & MRI scans

We will confirm your level of cover and how it applies to the hospital in which you are to receive treatment. If you are receiving treatment in any part of our network, **including hospitals outside Malta**, you must always identify yourself as a member to ensure that your treatment enjoys the advantages of negotiated rates. Failure to do this may expose you to additional costs which you will have to bear. We advise you to confirm with the hospital that it has received our written authorization before you undergo treatment. If it has not you must contact us immediately.

You do not need to telephone us before receiving out-patient treatment unless the specific treatment is listed above.

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Emergency treatment

If the treatment is given as an emergency then you may not be able to telephone beforehand. Do, however, ask somebody to telephone us as soon as possible and make sure that, when you are admitted to hospital, the hospital is given your membership details and proof of identity so that they can contact us straight away. In any event, under these circumstances our authorisation must be sought and given before you are discharged otherwise you may be required to pay the entire cost of your admission.

Direct settlement of bills for in-patient and daycare treatment

When you become an AXA PPP healthcare member you will have access to a list of hospitals. These are hospitals with which, depending on the type of plan you have, we can arrange direct settlement. This means that if you require in-patient or daycare treatment and it is received at one of these listed hospitals then AXA PPP healthcare will be able to make payment direct to the hospital on your behalf subject to the terms of your plan and providing that treatment has been pre-authorized by AXA PPP healthcare. So

1) If you are receiving treatment in any part of our network you must always identify yourself as a member to ensure that your treatment enjoys the advantages of negotiated rates. Failure to ensure that the listed hospital recognizes your entitlement to our discounted services may result in the member being required to pay any difference between the invoice value and our negotiated price.
2) We must be advised of any proposed in-patient or daycare treatment before treatment begins preferably at least three days before. Failure to allow us to manage direct settlement may expose you to additional costs.
3) We advise you to confirm with the hospital that it has received our written authorization before you undergo treatment. If it has not you must contact use immediately.
4) We will be unable to confirm direct settlement of bills for inpatient or daycare treatment received within the first three months of becoming an AXA PPP healthcare member unless we have agreed otherwise in writing. In this instance we will consider arranging for direct settlement if you call us two weeks prior to receiving treatment.
5) We reserve the right to decline settlement for treatment (such as but not limited to colonoscopies and colposcopies) that is preventive in nature and/or where no eligible condition is subsequently confirmed – see also Exclusions and Limitations (x) Routine and Preventive Care, Screening Tests and Colonoscopies in our Membership Agreement

In the case of out-patient bills hospitals will ask you to pay when you attend and give you a receipted bill to send to Atlas Healthcare Insurance Agency Limited for a refund.

Claim forms & general practitioner referrals

You can visit our website at www.atlas.com.mt to obtain a claim form or ask us to send you one by post. Claim forms are also available in hospitals and clinics in Malta and from you Human Resources/Administration Department. You must make sure it is filled in, signed by yourself and the general practitioner or specialist treating you and sent back to us as quickly as possible, giving us all the information we request. This will ensure that your claim will be processed promptly. **If your claim includes blood tests of any kind please attach a breakdown of the tests carried out. Remember that you must be referred for specialist consultations or other treatment by your general practitioner.** Your general practitioner will have a clearer understanding of the appropriate treatment for the medical condition and who should give it. We reserve the right to question such referrals. It makes good medical sense to have continuity of care with a general practitioner who keeps medical records of your family history.

It may not always be possible to assess the eligibility of your claim from the claim form alone. In such situations we may require additional information and it is your responsibility to provide any additional information we request to enable us to assess your claim. If the medical practitioner does not respond quickly to such a request your claim may be delayed. We do not pay for medical reports.

Reasonable & customary charges

In your membership agreement we explain that we will not pay charges which are not fair and reasonable or higher than those customarily made. This rarely happens but it is obviously important that we should only pay fees that are at the level normally charged. Our decision will reflect both domestic and international practice where appropriate and cost of living indices. Through experience we have established what is generally charged for all the procedures that we cover and we query any charges which are above that normal range.

Our position on pre-existing medical conditions

As you would expect private healthcare insurance is designed primarily to provide cover for new medical problems arising after joining. However certain conditions, which are unlikely to recur, may be covered.

For us to determine whether treatment of a condition will be eligible for benefit each member must, if required by us, have completed a full medical declaration, in detail, when first applying for an upgrade in cover or for inclusion of dependents. Upon completion of a full medical history declaration we will underwrite your cover and will exclude medical conditions which are likely to present future claims risks. We may ask for a medical report, at your own cost, to clarify the status of any medical condition.

On upgraded levels and for dependents on all levels, no treatment of any pre-existing condition, whether chronic or not, will be eligible for benefit at any time if the condition has not been declared to us on the member's original application form unless we have agreed in writing that there was no need to do so. Where details of any member's medical history are required, failure to declare any medical condition of which you should reasonably have been aware may result in treatment of that condition being excluded from all future cover with us or cancellation of your policy.

Our position on routine treatment

As you would expect private healthcare insurance is designed to pay for treatment of unforeseen medical conditions. Routine or preventive care, while it is to be encouraged, cannot be paid for by your insurance policy as this is designed to cover the diagnosis and/or cure of an unforeseen condition. Therefore eye tests, genetic testing, ECGs, blood tests, bone-density scanning, smear tests, mammograms, colonoscopies and other such tests carried out on a routine basis, as part of a screening programme or because a certain age has been reached are not covered under your policy **unless specifically provided for (as in Options 2b and 3b)** and no payment can be made.

Our position on continuing illness

In the membership agreement we explain that we do not pay benefit for medical conditions which are likely to continue or keep recurring; we pay only for the initial programme of diagnosis and treatment intended to improve or stabilize such conditions. We pay for illnesses that respond quickly to treatment in the short-term. Long-term control of illness is outside the scope of our agreement with you. Where ongoing conditions are concerned we do, of course, try to be as helpful as we can. However we have to bear in mind that what we charge our members has to cover the cost of claims and we cannot, if we are to treat our members equitably, go on paying benefit for conditions which are likely to continue indefinitely or keep coming back. We therefore stop paying benefit as soon as it becomes apparent that the medical condition or episode of ill health is long-term or recurrent in nature.

Because of this we do not pay for routine follow-up consultations for the monitoring of medical conditions such as diabetes mellitus, multiple sclerosis or hypertension. However if such a condition should flare up and you require admission to hospital for treatment to bring it under control then benefit will be paid for the short period necessary to re-stabilize the condition.

In general terms, therefore, we pay only for diagnosis and treatment of conditions that respond quickly. We therefore stop paying benefit as soon as it becomes apparent that a medical condition is chronic in nature. In such a case underwriting terms related to the condition and those associated with it may be added to your policy. We reserve the right to apply underwriting terms in cases of recurrent injury arising from sporting activity.

Making changes

Adding other members or transferring to another plan

You can ask to add **new** family members to your policy at any time but in the case of existing members of your family we would ask you to wait for your next policy anniversary. You can also ask to transfer to another type of plan at each policy anniversary although we may refuse to grant such a request. In the event that we do accept a request for an upgrade, we may restrict cover for conditions existing at the time of the upgrade to the level of benefits enjoyed under the original policy.

Adding new born babies

You can add new born babies who are born to you after you have joined from their date of birth. You can only do this in a group policy if dependants are also insured and you have been insured continuously with us on this plan for a period of ten consecutive months immediately prior to the birth of the child. We will normally allow you to do this without filling out details of their medical history provided you add them within three months of their date of birth. We do not however allow this concession if the baby was born as a result of any method of assisted conception (except artificial insemination) or if they have been adopted nor do we provide cover in respect of any congenital deformity of such children. In these cases we will send you the appropriate application form so you can give us details of their medical history. See also our Membership Agreement

Changing the terms of your policy

We have the right to cancel or change all or any part of your policy from any renewal date. However we will make changes only to reflect any past or foreseeable changes in medical practice and procedures and the nature and extent of claims made or likely to be made generally under the plan. The purpose of such changes will be to seek, so far as possible, to maintain substantially the same level and type of cover in place while ensuring that the plan remains affordable. We may also increase the premium if costs, taxation or regulations require us to do so. We do reserve the right to apply underwriting terms to your policy at any time if a medical condition that should reasonably have been declared on a medically underwritten policy comes to our attention, or a medical condition becomes chronic in nature during a policy year.

Changing your principal country of residence

If you move away from your country of residence and would still like to be covered by AXA PPP healthcare please give Atlas Healthcare Insurance Agency Limited a call. They will advise you of the options available to you.

International Emergency Medical Assistance (where applicable)

In addition to the private healthcare aspect of your plan you may, depending on the benefits included, have access to Emergency Medical Assistance. This is a worldwide, 24 hours a day, 365 days a year emergency service providing evacuation or repatriation services. If you need immediate in-patient treatment, where local facilities are unavailable or inadequate, a phone call to the Emergency Control Centre on **+44 (0) 1892 513 999** will alert the International Emergency Assistance service. See separate leaflet for full details. Please note that, for your own protection, calls may be recorded in case of subsequent query. Please note that entitlement to the evacuation service does not mean that the member's treatment following evacuation or repatriation will be eligible to benefit. Any such treatment will be subject to the terms of the member's plan. The terms of your membership are set out in the membership agreement.

While AXA PPP healthcare believes in keeping everything as simple as possible, if there is something you do not understand or would like to discuss further, please do not hesitate to contact Atlas Healthcare Insurance Agency Limited on the number shown below

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What is not covered

(This is a summary of the exclusions on your policy. A fully defined list of exclusions is detailed in the Membership agreement which can be viewed at your Human Resources Department or on the website)

- Accident and or emergency admissions to private hospitals unless members has agreed to be transferred to private patient status
- Medical Treatment for Alcoholism, Drug and Substance Abuse, AIDS/HIV, self inflicted injuries
- Treatment related to sex change and treatment related to sexually transmitted diseases
- Costs of fitting external appliances or prosthesis
- Routine tests when there is no actual medical condition being investigated eg smear tests, mammograms, bone density tests, other tests to manage some chronic condition such as routine urine or blood tests for diabetics
- Treatment for correction of congenital deformities in excess of €250,000
- Cosmetic Surgery or removal of fat or surplus tissue
- Injuries arising from dangerous or professional sport
- Routine Dentistry
- Treatment for developmental delay in children in excess of first three months of diagnosis
- Cost of collecting donor organs for transplant
- Outpatient drugs and dressings except those allowed for by your benefits table
- Experimental treatment
- GP treatment unless specifically allowed for by your benefits table
- Charges from health hydros, spas, nature cure clinics or practitioners
- Hormone replacement therapy except after removal of both ovaries
- Medical treatment not following GP or specialist referral
- Treatment for impotence or sexual dysfunction
- Routine maternity unless member has the specific extension and has been insured on that plan for a minimum of ten months prior to expected date of delivery
- Complications of pregnancy and childbirth if member has not been insured for a minimum of ten months prior to expected date of delivery
- Investigations and treatment for infertility unless both member and partner have been insured under the policy for two years
- Claims where information given on the claim form is incomplete or where fiscal receipts and proper documentation is not given
- Costs exceeding the benefit levels in the policy
- Regular or long term dialysis except for up to 6 weeks before kidney transplant
- Cost of completion of medical reports
- Pre-existing conditions on all Options except Option 1 for employees
- Any treatment specifically excluded by the terms on membership statement (if applicable) or any correspondence from us
- Treatment for Short/long sightedness
- Psychiatric Illness except as allowed in the benefits table. No psychiatric illness is payable for treatment received within two consecutive years of the member joining the policy
- Any charges incurred for social or domestic reasons
- Inpatient rehabilitation unless pre-authorised by us and not in excess of 28 days except in cases of severe central nervous system damage
- Special nursing in hospitals unless pre-authorised by us
- Treatment that lasts longer then 180 days in a year or claims that are not received within 2 months of the treatment
- Treatment for members leaving their principal country of residence for more than 120 days a year
- Charges for treatment received outside the area of cover
- UK treatment unless received in a hospital listed in the directory of hospitals
- Unlisted surgical procedures unless agreed to beforehand
- Charges which are unreasonable and excessive
- Treatment as a result of war or similar situations such as riots

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