

Changes to Your Benefits Table

1 March 2012

Your health insurance cover under the University of Malta group will be renewed on the 1st March 2012. From that date, certain changes will apply to the benefits tables and in this respect, we are sending some information about what is new. The Membership Agreement is unchanged. Full details of the benefits can be found in the benefits table, however we hope that this summary will help.

1. Benefit 7 Mental and Psychiatric Illness on Option 1

Previously there was no benefit for treatment of mental and psychiatric illness under Option 1. Under the new benefits table, members who have been insured for a period of two years can now claim for inpatient, daycare or out-patient treatment of psychiatric illness given by a psychiatrist out of the “Outpatient Specialist consultations” benefit limit of €175 each year (Benefit 3c). Benefit is also payable for treatment given by a psychotherapist or psychologist when under the control of a psychiatrist. Claims for treatment under this benefit require pre-authorisation from Atlas Healthcare.

Atlas Healthcare have also clarified that in cases of developmental delay in children, referral to a psychologist or psychotherapist by a GP or paediatrician is necessary. Treatment for developmental delay is limited to a three month period following diagnosis.

2. Dental Treatment on Options 2 and 3

As part of Atlas Healthcare campaign to promote better dental health, they have introduced a benefit which covers clinically necessary examinations and routine hygiene treatments. The aim is to focus on preventive treatment and stop dental problems before they start. Apart from avoiding fillings and toothache, good oral health is an important part of overall health and wellbeing. It is always better to stop problems before they start and regular dental appointments can help reduce the need for treatment in the future. As we age our teeth and gums naturally deteriorate so the earlier they are looked after the better!

Option 2 and 3 members can now claim for their dental examination, scale and polish up to a limit of €30 per policy year.

3. Health at Hand on Options 2 and 3

This benefit, called ‘Health at Hand’, is a unique one providing access to an international health information telephone service given by UK registered nurses, midwives, pharmacists and counsellors specially chosen with the skills to handle issues confidentially over the phone. You only pay for the call charge to access the entirely confidential 24 hours a day 365 days a year health information service. 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 prescription clinic: medicines, side effects and pain relief;

- Travel clinic: inoculations, taking children abroad and medical advice by country;
- Healthy living clinic: exercise, diet, drinking and 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

4. Preventive Care Plus

When purchasing the Preventive Care Plus extension, members aged 40 and over will benefit from some additional blood tests. This extension already includes the lipid and liver function tests and we are also including cover for a Complete Blood Count (CBC), a Glucose Tolerance Test (GTT) and/or Urinalysis. The overall benefit limit for these five tests will increase from €50 to €110.

The CBC is used as a broad screening test, the GTT gives an overview of the blood sugar and is used to screen for and monitor high and low levels of glucose, pre-diabetes, and diabetes while analysis of urine samples is used to screen for metabolic and kidney disorders and for urinary tract infections.

This extension would cover these tests when carried out for screening or monitoring purposes and not when carried out to diagnose new medical conditions. Tests performed for the purposes of diagnosis of new medical conditions would be covered under the standard health insurance benefits on all Options.

Other changes

Direct Credit settlement of Claims

Atlas Health Care have recently implemented the settlement of claims by direct credit to your local bank account instead of receiving the usual cheque payment. Atlas will also send email notification to let you know that your account has been credited with the claim settlement.

All you have to do is complete the relevant claim form section when next receiving treatment. These new claims forms are available on our website www.atlas.com.mt under the Health insurance section. Atlas Health care will continue to use this bank account number for subsequent claims unless you request otherwise at a later date.

AXA PPP healthcare Emergency 24 hour helpline

If an emergency hospital admission after office hours is necessary, you can call Atlas Health Care and they will be automatically directed to this telephone service, although using this service will not be compulsory in cases of emergency. The service is designed to put your mind at rest as to what your level of cover will provide and the experienced staff member on call will be able to confirm whether treatment will be covered according to your cover.

The number to call is our usual telephone number – 21 322 600 - and follow the recorded message. Our recorded message details the office opening hours and then gives you the option of speaking to someone regarding emergency hospital admissions outside working hours. Insurers will be unable to deal with other queries through this service

