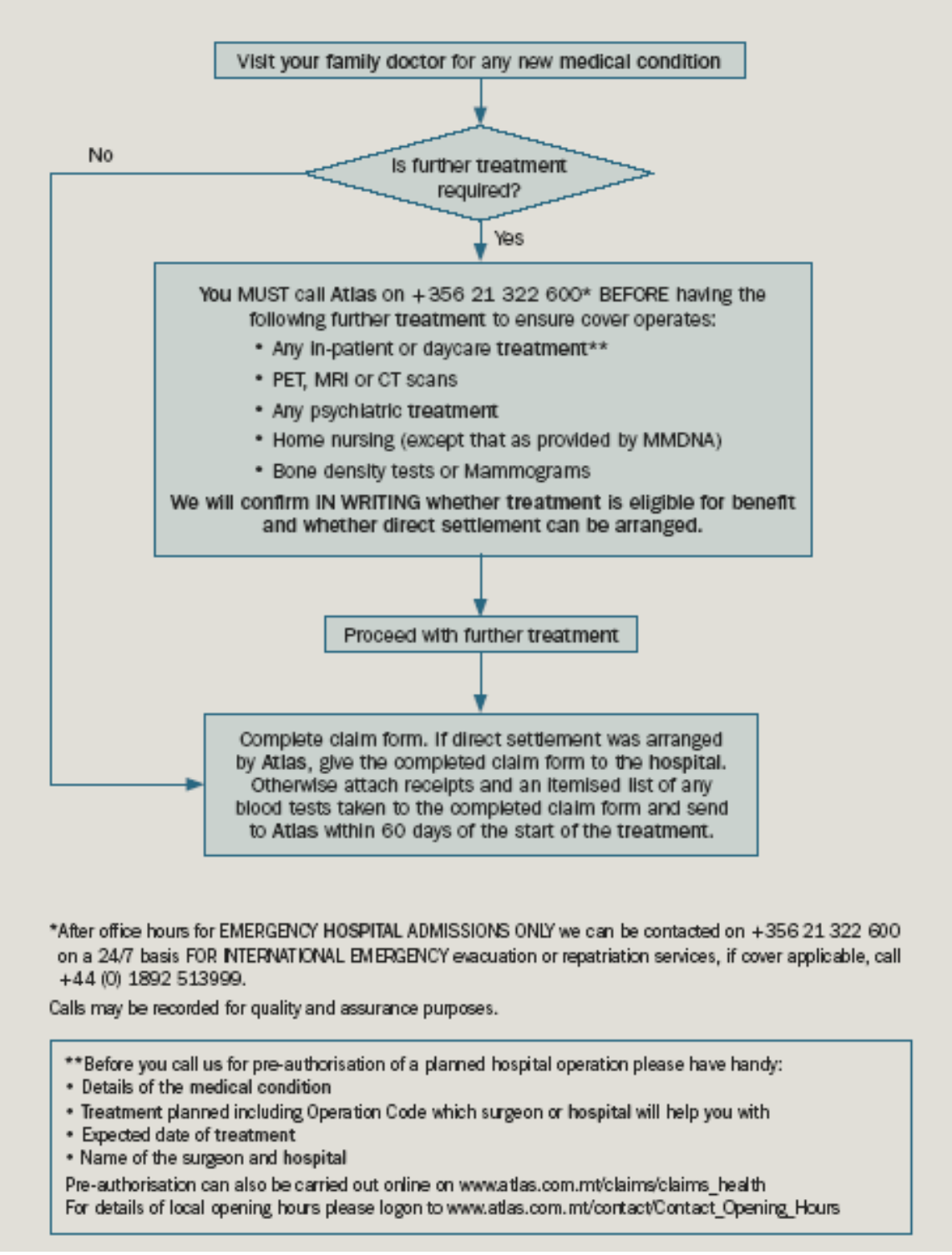
Schedule 1 relating to Policy Numbers 421372744001; 421372734001; 421372714001
This Schedule is effective from the 1st day of March 2016

Membership Handbook

Bold words
Words in bold in this handbook have particular meanings as set out in section 9 Definitions where the meanings are explained.

1 Arranging treatment and making a claim



*After office hours for EMERGENCY HOSPITAL ADMISSIONS ONLY we can be contacted on +356 21 322 600 on a 24/7 basis FOR INTERNATIONAL EMERGENCY evacuation or repatriation services, if cover applicable, call +44 (0) 1892 513999.

Calls may be recorded for quality and assurance purposes.

**Before you call us for pre-authorisation of a planned hospital operation please have handy:
- Details of the medical condition
- Treatment planned including Operation Code which surgeon or hospital will help you with
- Expected date of treatment
- Name of the surgeon and hospital

Pre-authorisation can also be carried out online on www.atlas.com.mt/claims/claims_health
For details of local opening hours please logon to www.atlas.com.mt/contact/Contact_Opening_Hours

Family doctor referrals and claim forms

We would recommend that **you** use one **family doctor** who keeps medical records for continuation of care. **Your family doctor** will have a clearer understanding of the appropriate **treatment** for the **medical condition** and who should give it. Remember, if **you** need a **specialist** consultation or other **treatment** **you** must be referred by **your family doctor**. Visit **our** website at www.atlas.com.mt to obtain a claim form or ask **us** to send **you** one by post.

Call us before having treatment (Pre-authorisation)

You do not need to telephone **us** before receiving out-patient **treatment** except for the out-patient **treatments** listed on the claims flow chart.

Emergency treatment

If the **treatment** is given as an emergency, then **you** may not be able to telephone **us** beforehand. Do, however, ask somebody to telephone **us** as soon as possible and make sure **your** membership details and proof of identity are given to the provider so that they can contact **us** straight away. **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 **we** can settle **hospital** bills directly with these **hospitals** on **your** behalf subject to the terms of **your plans** and providing that **treatment** has been pre-authorised by **AXA PPP healthcare**. This in turn will save **you** from having to make a pre-payment on admission. The facilities listed may change from time to time so **you** should always check with **us** before arranging any **treatment**.

If the **hospital** to which **you** are to be admitted is not contained in the **directory of hospitals**, **we** may still be able to settle **your** expenses directly.

So

1) If **you** are receiving **treatment** in any part of **our** global network **you** must always identify **yourself** as a **member** to ensure that **you** enjoy the advantages of negotiated rates. Failure to ensure that the listed **hospital** recognises **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** advise **you** to confirm with the **hospital** that it has received **our** written authorisation before **you** undergo **treatment**. If it has not **you** must contact **us** immediately.

3) Depending on **your** underwriting terms, **we** may be unable to confirm direct settlement of bills for in-patient or daycare **treatment** received within the first three months of becoming an **AXA PPP healthcare member** unless **we** have agreed otherwise in writing. In these cases, **we** will consider arranging for direct settlement if **you** call **us** two weeks prior to receiving **treatment**.

Failure to confirm **our** reasonable and customary rates prior to receiving **treatment** particularly in countries where government price controls exist may mean **you** will be liable for a greater shortfall than would otherwise be the case. **You** must ask **your** chosen provider for details of any such controlled rates and contact **us** prior to undergoing **treatment** so that **we** can confirm what **we** will be able to pay under the terms of **your policy**.

If **you** sign any commitment with any **hospital** without pre-authorising the **treatment** and costs with **us** in writing **we** will only pay the reasonable and customary charges. Any differences between the amount charged and **our** reasonable and customary charges will be **your** responsibility to pay.

Please remember that in the case of out-patient bills, **hospitals** will ask **you** to pay when **you** attend and should give **you** a fully itemised receipted bill to send to **Atlas** for a refund.

Reasonable & customary charges

We will not pay charges which are not reasonable or which are 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** schedule of benefits for medical fees is also available on **our** website. Refer also to paragraph 3.35 unreasonable charges.

Our position on pre-existing medical conditions

Private healthcare insurance is designed primarily to provide cover for new medical problems arising after joining. Depending on **your** underwriting terms, pre-existing **medical conditions** may be excluded. 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 any level of cover. Upon completion of a full medical history declaration **your** membership statement will clearly show the **medical condition**(s) for which **you** are not covered for **treatment**. **We** may ask for a medical report, at **your** own cost, to clarify the status of any **medical condition**.

No **treatment** of any pre-existing conditions, 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 and **we** have agreed in writing to cover the condition or **we** have agreed in writing that there was no need to declare it. Refer also to paragraph 3.18 pre-existing conditions and paragraph 7.2 **Our** options if **you** break the terms of this **policy**.

Our position on routine treatment

As **you** would expect, private healthcare insurance is designed to pay for **treatment** of unforeseen disease, illness or injury. 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 and no payment can be made. Refer also to paragraph 3.21 routine and preventive care.

Our position on continuing illness

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 stabilise 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.

Because of this **we** do not pay for routine follow-up consultations for the monitoring of **medical conditions** such as, but not limited to diabetes mellitus, multiple sclerosis or hypertension (**chronic** conditions). 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-stabilise the condition.

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** with immediate effect. Refer also to paragraphs 9.6 **chronic** and 2.1 **acute medical conditions**.

International Emergency Medical Assistance

(where applicable as shown on **your** benefits table)

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. See separate leaflet for full details. If **you** need immediate in-patient **treatment**, where local facilities are unavailable or inadequate, a phone call to the International Assistance **Company** on +44 (0) 1892 513 999 will alert the International Emergency Assistance service. *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 eligibe for benefit. Any such **treatment** will be subject to the **member's plan.***

2. Benefits we pay for

This **policy** insures the **members** against the reasonable and customary cost of medically necessary **treatment** carried out by a **specialist** when the **member** is referred to one by the **member**'s **family doctor**. The requirement for **family doctor** referral will not apply in territories where **family doctor**s do not exist.

We pay for:

2.1 acute medical conditions	**treatment** of an **acute medical condition** and for the short term **treatment** of an **acute** episode of a **chronic** condition intended to stabilise and bring under control that **chronic medical condition**. See clause 9.6 **Chronic**. When the **medical condition** has been stabilised **we** will stop making payments. **We** will never pay for more than 180 days **treatment** for any **medical condition** in a **year** in accordance with paragraph 3.30 time limit. **We** reserve the right to determine when a **medical condition** has become **chronic** or recurrent in nature and apply terms to **your policy** in respect of this with immediate effect;
2.2 benefits for which premium has been paid	costs incurred during a period for which the premium has been paid;
2.3 complications of pregnancy	complications of pregnancy when the pregnancy or childbirth i) is complicated by a **medical condition** needing **treatment** during and/or after pregnancy or childbirth; and ii) the pregnant **member** has been insured by **us** under this **policy** for a continuous period of ten months prior to the date of delivery. Benefit payable for such **treatment** will be limited to charges over and above those customarily made in normal cases of pregnancy or delivery. For the avoidance of doubt, where a medically necessary caesarean section is eligible for benefit, the reasonable and customary cost of a normal delivery will be deducted from the benefit payable. Refer also to paragraph 3.19 pregnancy, childbirth and infertility;
2.4 congenital deformities and/or conditions	charges related to the **treatment** and/or correction of congenital deformities and/or conditions up to a maximum of €250,000 in a **member**'s **lifetime**. Refer also to paragraph 3.4 congenital deformities and/or conditions;
2.5 developmental delay	**treatment** directed towards developmental delay in children whether the developmental delay is physical or psychological or learning difficulties up to the first 90 days following diagnosis and only once in the **member**'s **lifetime**;

2.6 dialysis in preparation for kidney transplant	dialysis for up to six weeks during preparation for a kidney transplant;
2.7 investigations into infertility	initial investigations into the cause of infertility provided that **you** and **your** spouse/partner have been insured by **us** under this **policy** for a continuous period of two **years** at the start of these investigations and were unaware of **your** infertility or inability to conceive before **your** insurance under this **policy** began. Refer also to paragraph 3.19 pregnancy, childbirth and infertility;
2.8 in-patient rehabilitation	in-patient rehabilitation when: i) it is an integral part of **treatment**; and ii) it is carried out by a **medical practitioner** specialising in rehabilitation; and iii) it is carried out in a recognised rehabilitation **hospital** or unit which is recognised by **us**; and iv) the **treatment** could not be carried out on a daypatient or out-patient basis; and v) the costs have been agreed by **us**, in writing, before the rehabilitation begins. **We** will only extend in-patient rehabilitation beyond 28 days in cases of severe central nervous system damage caused by external trauma; The 28 day rehabilitation must commence immediately after the **acute treatment** ceases;
2.9 items listed in benefit table	charges actually incurred for items listed in **your benefits table**. These are subject to the limits shown there. Note: if **you** incur costs in excess of the limits **you** will have to pay the difference;
2.10 reconstructive surgery	if: i) it is carried out to restore function or appearance after an accident or following surgery for a **medical condition**, provided that the **member** has been continuously covered under a **plan** of **ours** since before the accident or surgery happened; and ii) it is done at a medically appropriate stage after the accident or surgery and **we** agree the cost of the **treatment**, in writing, before it is given;
2.11 treatment not carried out by specialists	**treatment** by a **family doctor** or **physiotherapist** or for the services of a **nurse** or any other **treatment** or additional benefit not carried out by a **specialist** if the **plan** covers it and then only as allowed by the **benefits table**;
2.12 state hospital admissions	charges incurred following admission to a state **hospital** where **you** are entitled to free **treatment** and when **you** agree to be transferred to private patient status by arrangement with a **specialist** and provided that **you** complete and sign an undertaking to pay for **treatment** charges as a private patient. Any charges incurred prior to **your** signing this undertaking and transferring to private status will not be covered

3. What we do not pay for

Exclusions and limitations (Please note titles are for ease of use only)

We do not pay benefit for the following
(subject to some limited cover being available as shown):

3.1 appliances	the costs of providing or fitting any external prosthesis or appliance such as, but not limited to, artificial limbs, spectacles, contact lenses, hearing aids, dentures;
3.2 chronic illness	i) non-surgical **treatment** of a **medical condition** or episode of ill health which does not respond quickly to **treatment** or which persists for a long period or is recurrent; ii) the monitoring of a **medical condition** once it has been stabilised; iii) any **treatment** which offers only temporary relief of symptoms rather than dealing with the underlying **medical condition**. **We** reserve the right to determine when a **medical condition** has become **chronic** or recurrent in nature and apply terms to **your policy** in respect of this with immediate effect;
3.3 complications of ineligible treatment	any costs incurred as a consequence of **treatment** that is not eligible under **your policy**, including increased **treatment** costs;
3.4 congenital deformities and/or conditions	Congenital deformities and/or conditions in the case of children resulting from any method of assisted conception (except artificial insemination) or if adopted will not be covered under any circumstances;
3.5 cosmetic treatment	i) cosmetic (aesthetic) surgery or **treatment**, whether or not for medical or psychological reasons, or any **treatment** which relates to or is needed because of previous cosmetic **treatment**; ii) the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons (including but not limited to breast reduction); iii) costs incurred for, or related to, any kind of bariatric surgery regardless of the reason the surgery is needed. This includes but is not limited to the fitting of a gastric band or creation of a gastric sleeve;
3.6 dangerous and professional sports	i) injuries from engaging in or training for any sport for which **you** receive a salary or monetary reimbursement, including grants or sponsorship (unless **you** receive travel costs only); ii) **treatment** of injuries sustained from base jumping, cliff diving, flying in an unlicensed aircraft, free climbing, scuba diving to a depth of no greater than 40 metres (**treatment** for injury arising out of scuba diving up to a depth of 40m is covered if **you** hold an appropriate diving qualification, for example PADI Professional Association of Diving Instructors, or are under the instruction of an appropriately qualified diving instructor), any activity at a height of over 5000 metres above sea level, canyoning, skiing off-piste or any other winter sports activity carried out off-piste without a skiing instructor with the appropriate qualifications;
3.7 dentistry	i) orthodontics, periodontics such as but not limited to gum disease, endodontics, preventive dentistry and general dental care including fillings and implants no matter who gives the **treatment**; ii) any dental procedure except as indicated by **your benefits table**. However **we** will pay for some **surgical procedures**. **We** retain a list of these procedures in **our schedule of procedures** which **we** will send to **you** if **you** ask **us**;
3.8 donor organs	the costs of collecting donor organs for transplant or any administration costs involved even if such transplants are allowed by the terms of this **plan**;

3.9 excess — any claim or part of a claim in respect of which **you** have to pay an excess. In this case **we** will only pay the balance of the claim after **we** have deducted the excess amount or deductible or co-insurance. Any excess that applies will be shown in **your benefits table**;

3.10 experimental drugs — the use of a drug which has not been established as being effective or which is experimental. This means they must be licensed by the European Medicines Agency if **you** are receiving **treatment** in Europe, or the US Food and Drug Administration (FDA), if **you** are receiving **treatment** anywhere else in the world, and be used within the terms of that licence;

3.11experimental treatment — **treatment** which has not been established as being effective or which is experimental. However **we** will pay if, before **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and **we** have agreed with the **medical practitioner** and the **hospital** what the fees will be;

3.12 health spas/hydros — any charges from health hydros, spas, nature cure clinics (or practitioners) or any similar place, even if it is registered as a **hospital**;

3.13 H.R.T. — hormone replacement therapy except when it is medically indicated following related surgery by a qualified **specialist** (rather than for the relief of physiological symptoms) when **we** will pay for the consultations and for the cost of the **treatment** as shown in **your benefits table**. **We** will only pay benefits for a maximum of eighteen (18) months from the date of surgery;

3.14 impotence — **treatment** of impotence or sexual dysfunction or any consequences of them;

3.15 kidney failure — regular or long term kidney dialysis in the case of **chronic** kidney failure. See also paragraph 2.6 dialysis;

3.16 medical reports: — medical reports or for the completion of claim or application forms or any part of them;

3.17 out-patient drugs and dressings: — out-patient drugs or dressings except those allowed for by **your benefits table**;
*Please note that **we** do not pay for standard toiletries such as, but not limited to shampoos, soaps, toothpastes, contraceptives, proprietary headache and cold cures, vitamins (even if prescribed) etc. which may be bought over the counter, without **prescription,** at a local pharmacy.*

3.18 pre-existing conditions

i) **treatment** of any **medical condition** which the **member** already had when he or she joined and/or which the **subscriber** should have told **us** about but did not tell **us** at all or did not tell **us** everything unless **we** had agreed otherwise in writing that there was no need for **you** to tell **us**. This includes any physical defect or **medical condition** or symptoms whether or not being treated and any previous **medical condition** which recurs or which the **member** should reasonably have known about even if he or she has not consulted a **medical practitioner**;

*Please note that if **you** joined **us** on a Medical History Disregarded (MHD) basis, this exclusion will not apply.*

ii) upgraded benefit levels for **treatment** of any **medical condition** which arose or should reasonably have been foreseen by the **member** prior to the upgrade becoming effective. **Members** are required to declare any such **medical conditions** to **us** when requesting the upgrade. Where such a **medical condition** is or becomes apparent, benefits for such a **medical condition** will be

	restricted to the level of cover that would have been applicable to such a **medical condition** prior to upgrade;
3.19 pregnancy, childbirth and infertility	i) **treatment** for pregnancy or childbirth except as detailed above in paragraph 2.3 complications of pregnancy or childbirth; ii) **treatment** of any **medical condition** which arises during pregnancy or childbirth if the pregnancy was the result of any form of assisted conception except artificial insemination; iii) foetal surgery, which is surgery performed on an unborn child or medical **treatment** in connection with such surgery whether undergone by the mother or the unborn child; iv) contraception or sterilization (or its reversal) or any consequences of any of them or any **treatment** for them; v) intentional termination of pregnancy or any consequences of it; vi) the **treatment** of infertility (except as detailed in paragraph 2.7 infertility) including **treatment** designed to increase fertility, assisted conception, or of any **treatment** for them including post-natal care of the mother, child or children;
3.20 psychiatric illness	the **treatment** of psychiatric illness except as allowed for by **your benefits table** nor will **we** pay for psychiatric home nursing. No psychiatric illness benefit is payable for **treatment** received within two **years** from the date the **member** joined the **policy**. All other **policy** and underwriting terms will apply thereafter;
3.21 routine and preventive care	routine and preventive (ie: prophylactic) **treatment** and screening including but not restricted to eye tests, hearing tests, genetic testing, vaccinations, general chiropody or foot care (including but not limited to gait analysis for the provision of orthotics) even if carried out by a surgical podiatrist/podologist, routine screening tests and preventive medical examinations including routine follow-up consultations and tests except as allowed in **your benefits table**;
3.22 self-inflicted injuries and criminal activity	i) **treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury and/or condition, an attempt at suicide, or affray. In respect of affray **we** will only consider claims where there is clear evidence in an official police report that the **member** was not the aggressor; ii) **treatment** arising from **your** active involvement in criminal activity;
3.23 sex change	**treatment** related to sexual or gender reassignment or which arises from or is directly or indirectly made necessary by a sex change;
3.24 sexually transmitted diseases	**treatment** of sexually transmitted diseases or any consequences thereof;
3.25 short/long-sightedness	any **treatment** to correct long or short-sightedness, astigmatism or any other refractive errors (but **we** will pay for **treatment** of astigmatism where the astigmatism arises from the surgical replacement of the lens of the eye);
3.26 social or domestic charges	any charges which are incurred for social or domestic reasons or which are not directly connected with **treatment** except as allowed in the **benefits table**;
3.27 special nursing	special nursing in **hospital** unless **we** have agreed in writing beforehand that it is necessary and appropriate;
3.28 special terms	any **treatment** specifically excluded by the terms shown on **your** membership statement or other correspondence from **us**;
3.29 substance abuse	**treatment** which arises from or is in any way connected with alcohol abuse or drug or substance abuse whether or not relating to psychiatric disorders;

3.30 time limit	**treatment** for any **member** for a total of more than 180 days in any **year** whether for in-patient **treatment**, daycare **treatment** or home nursing or any combination of them;
3.31 time limit for claims	any **treatment** if **we** have not received a properly completed claim form and original invoices within 60 days of the **treatment** being given;
3.32 treatment abroad	in respect of a **member** who has travelled outside the **area of cover** to get **treatment** (whether or not that was the only reason) or travelled against medical advice. Emergency **treatment** or treatment of a **medical condition** which arises suddenly while outside the **member**'s **area of cover** is limited as shown on **your benefits table**;
3.33 UK treatment	in-patient or daycare **treatment** in the **United Kingdom** unless it is received in a **hospital** listed in the **directory of hospitals** and **you** have notified **us** before **treatment** commences or **we** have agreed to the use of another **hospital** in writing;
3.34 unlisted procedures	any **surgical procedure** which is not listed in the **schedule of procedures** unless **we** have agreed, in writing, beforehand that **we** will accept a claim for that **surgical procedure**;
3.35 unreasonable charges	charges which are unreasonable or excessive including but not limited to: i) assistant surgeons' fees and/or assistant anaesthetist fees; ii) **specialist** fees for **treatment** in **Malta** and the **UK** which are in excess of **our** schedule of benefits for medical fees; iii) outside **Malta**, **treatment** charges in excess of the standard fee that would usually be charged for the **treatment you** are receiving in the country in which **you** are receiving **treatment** and is not more than the **hospital** or **medical practitioner** would charge in that country; iv) in-patient **hospital** charges over and above the basic costs of a single room with its own bathroom, as the accommodation charge associated with the **treatment** given
3.36 war and like risks	i) any **treatment** needed as a result of **your** active participation in war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed. This includes any **treatment** needed as a result of **you** exposing **yourself** to needless peril, such as going to a place of unrest as an active onlooker or a spectator; ii) any **treatment** needed as a result of nuclear contamination, biological contamination or chemical contamination; *Please note, for clarity: There is cover for **treatment** required as a result of a terrorist act providing that terrorist act does not result in nuclear, biological or chemical contamination.*

4. Claiming

Please refer to Section 1 Arranging treatment and making a claim for details of how to make a claim.

4.1 Pre-authorisation	The **member** must tell **us** at least three working days before he or she undergoes in-patient/daycare **treatment**, psychiatric, home nursing, CT, PET or MRI scans, mammography and bone density screening. Benefit will only be paid if such **treatment** has been pre-authorised by **us**. **We** will confirm **your** level of cover and how it applies to the **hospital** in which **you** are to receive **treatment**. This also applies to any **treatment** shown in the **benefits table** as being subject to pre-authorisation. In cases of medical emergency special arrangements will apply.

4.2 Supplying full information

Before **we** can consider a claim **you** must ensure that:

i) the **member** sends **us** a completed claim form as soon as they can and no later than 60 days from the date the **treatment** starts; and

ii) **we** receive original invoices, accompanied by any appropriate fiscal receipt where applicable, for **treatment** costs; and

iii) the **member** promptly gives **us** all the information **we** request including any reports **we** ask for from any third party including any information from a **medical practitioner** which is provided at the **member**'s expense.

4.3 Other insurance and our right of recovery

The **member** must tell **us** on the claim form if any of the cost can be claimed from anyone else or under another insurance **policy** or under a state healthcare system. If so then:

i) if another insurance **policy** is involved **we** will only pay **our** proper share; or

ii) if benefits are claimed for **treatment** to a **member** whose injury or **medical condition** was caused by some other person (the "third party"), **we** will pay only those benefits the **member** can claim under the **policy** (unless they are covered by another insurance **policy**, when **we** will only pay **our** proper share of the benefits) however in paying those benefits **we** obtain both through the terms of the **policy** and by law a right to recover the amount of those benefits from the third party.

In this case the following shall apply:

a) **you** must tell **us** as quickly as possible that the injury or **medical condition** was caused by, or was the fault of, a third party. **We** will then send **you** a form on which the **member** can give **us** full written details;

b) if **you** are making a claim, or have not made (or refuse to make) a claim against the third party, **you** or the **member** must act in good faith and do all the things **we** shall require to ensure that monies are recovered from the third party and are repaid to **us** up to the amount of the benefits **we** have paid (and any interest). **You** will be asked to sign a written undertaking to this effect; and

c) should **you** fail to assist **us** in any such potential recovery **we** reserve the right not to pay benefit; and

d) **you** (or **your** legal advisors) must keep **us** fully informed about the progress of **your** claim and any action against the third party or any pre-action matters; and

e) **you** (or **your** legal advisors) must keep **us** fully informed of the progress and outcome of any action or settlement discussions (providing **us** access to the details of any such settlement); and

f) should **you** successfully recover any monies from the third party they should be repaid directly to **us** within twenty one days of receipt on the following basis:

– if the claim against the third party is settled in full, **you** must repay **our** outlay (all monies paid by us) in full; or

– if **you** recover only a percentage of **your** claim for damages **you** must repay the same percentage of **our** outlay to us; or

– if **you** are repaid as a global settlement (where **our** outlay is not individually identified) **you** must repay **our** outlay in the same proportion as the global settlement bears to the total claim for damages against the third party;

g) if **you** do not repay to **us** monies recovered from the third party up to the amount of benefits (and any interest recovered from the third party), **we** shall be entitled to recover the same from **you**.

h) In addition, **we** or any person that **we** nominate have subrogated rights of recovery of the **company** or the **member** in the event of a claim. This means that **we** can assume the rights of the **company** or **member** to recover any amount to which they are entitled and which **we** have already covered under this **policy**. **You** must provide **us** with all documents including medical

records and provide any reasonable assistance **we** may need to enable **us** to exercise these subrogated rights and must not do anything to prejudice such rights at any time. **We** reserve the right to deduct from any claims payment otherwise due to **you** an amount equivalent to the amount **you** could recover from a third party or state healthcare system.

The rights and remedies in this clause are in addition to and not instead of rights and remedies provided by law.

4.4 Appointment of independent medical practitioners

We can appoint and pay for an independent **medical practitioner** to advise **us** on the medical issues relating to any claim. If required by **us** the independent **medical practitioner** will also medically examine the **member** making the claim and provide **us** with a report. The **member** must co-operate with the independent **medical practitioner** otherwise **we** will not pay the claim.

4.5 Dishonesty/false claims

If a **member** makes a claim which is in any way dishonest:

i) **we** will not pay any benefits for that claim; and
ii) if **we** have already paid benefits for that claim before **we** discovered the dishonesty **we** can recover those benefits from **you**; and
iii) **we** can take any of the actions listed in paragraph 7.2 Our options if you break the terms of your policy.

4.6 Paying claims in currencies other than that applicable to your policy

If **we** agree in writing to pay benefits in a local currency other than that applicable to **your policy** and shown in the **benefits table** the currency will be converted using the closing mid point exchange rate published in the Financial Times Guide to World Currencies current when **we** assess the claim. All payments will be subject to any exchange control regulations that may be in force at the time of payment and any exchange cost will be the responsibility of the **member**.

4.7 Ex-gratia payments

Any benefit payments made by **us** which are made on an “ex gratia” basis and to which therefore **you** are not entitled shall count towards any maximum annual limits applicable in respect of any benefit.

4.8 Who we pay benefits to

We will pay benefits to **you** unless **you** have notified **us** and **we** have agreed otherwise in writing.

5. Joining, transferring, renewing and adding family members

5.1 When cover starts

We will tell **you** in writing the date **your policy** starts and any special terms which apply to it. This is subject to **our** receiving and accepting **your** premium. **We** can refuse to give cover and will tell **you** if **we** do.

5.2 Policy period

Your policy is for one **year** unless **we** have agreed something different with the **company**, where this **policy** applies to a **group** contract. Policies are not automatically renewed at the end of the **year** unless **you** have authorised **us** to debit **your** account and **you** have sufficient funds to cover the premium payment in **your** account. At the end of that time, provided the **plan you** are on is still available, **you** can renew it on the terms and conditions applicable at that time which **we** will notify to **you**. However **we** reserve the right to refuse to accept **you** as a customer or to renew **your policy** at any **policy** anniversary. **We** will not exercise this right as a result of a **member**’s claims experience or altered state of health.

5.3 Policy period for additions and deletions

Benefits for any **member** who is added to a **policy** during the **year** will cease at the next renewal and a new **policy year** will begin for that **member** at the next renewal. Benefits for any **member** whose

membership is terminated for any reason during the **year** will cease with effect from the date of termination. See also paragraph 7.2 Our options if you break the terms of your policy.

5.4 Notice of cancellation at anniversary date

Unless **we** and/or **you** have agreed before the end of the **year** to renew the **policy**, cover will cease on the anniversary date. This will happen whether or not written notice of cancellation has been given by **us** to **you**.

5.5 Addition of new born babies

If a child is born during a **policy year**, **you** have been a **member** for ten consecutive months before the child's birth and **you** wish that child to qualify as a **member** without providing evidence of health, **you** must ask **us** for this in writing within 90 days of the birth. Children born as a result of any method of assisted conception (except artificial insemination) or adopted children will have to provide evidence of health. **You** can only add a child to a **group policy** if dependents are also insured.

5.6 Addition of other family members

We can add new **family members** to **your policy** at any time but in the case of existing **family members you** must wait for **your** next **policy** anniversary. **We** reserve the right to refuse to add a **family member** to the **policy** and **we** will advise the **subscriber** in writing if **we** do. If **we** agree to add the **family member** to an existing **policy** or to change to a different **plan**, **we** will send **you** the forms to complete and **you** must give all the information **we** request and keep **us** fully informed of any changes which have taken place.

5.7 Upgrading

You can also request to transfer to another type of **plan** at each **policy** anniversary by writing to **us** prior to the anniversary date, although **we** may refuse to grant such a request. If **we** grant such a request, **we** may restrict cover for conditions existing at the time of the upgrade to the level of benefits enjoyed under the original **policy**.

5.8 Group eligibility

If **your** cover under a **company agreement** comes to an end **you** can apply to transfer to an individual **policy**. In all such cases the **member** will be required to complete a new application form and make a full medical history declaration in respect of each and every person to be insured. **We** reserve the right to apply any exclusion clauses and/or special terms **we** may deem necessary to any existing and/or pre-existing **medical conditions** at the date of application even if such conditions were previously covered under the **company**'s **group** medical scheme.

5.9 Termination of cover for children on a parent's policy

Cover for a dependent child will stop at the end of the **year** following that child's marriage or the child's moving out of **your** home or that of the child's other parent.

6. What we expect from you

6.1 Giving full information

You must make sure that, whenever **you** are required to give **us** information, all the information **you** give is true, accurate and complete. If it is not then **we** can cancel the **policy** or apply different terms of cover or any of the terms of paragraph 7.2 Our options if you break the terms of your policy.

6.2 Notifying us of a change of residence

This **policy** is available to persons whose **principal country of residence** is **Malta**. **You** must tell **us** if a **member** will be outside their **principal country of residence** for more than 120 days in a **year** or if they intend to change their **principal country of residence** even if they are staying in the same **area**. If **you** don't tell **us we** can refuse to pay benefits and **we** reserve the right to end

your cover immediately.

6.3 Payment of premiums

You or the **company** (where this **policy** applies to a **group** contract) must pay **your** premium when it is due. **We** will decide the amount at the start of each **year** and tell **you** how much it is. **You** can pay it in the way **you** have agreed with **us**. **We** can change the amount of **your** premium during a **year** to reflect any change in insurance premium tax or other taxes but **we** will tell **you** of the change. As **your policy** runs for a **year you** must pay **your** premium for the whole **year** no matter how it is paid. If **your** premium payments are not up to date **your policy** will end.

6.4 Notifying us of a change of address

You or the **company** must write and tell **us** if **you** change **your** address. **You** are acting on behalf of any **member** covered by **your policy** so **we** will send all correspondence about the **policy** to **your** address or the **company** address or that of the person responsible in the **company**.

6.5 Complaints

If there is a dispute between **you** and **us we** have a complaints procedure set out in Section 8 Complaints and data protection of this handbook which **you** should follow so that **we** can resolve it.

7. General

7.1 Changing the terms of your policy

We can cancel or change all or any part of the **policy**, including the **benefits table** or these terms and the changes will only apply to **you** when **you** renew. **We** will only make changes for the following reasons:

i) to reflect any past or forseeable changes in medical practice and procedures;

ii) to reflect the nature and extent of claims made or likely to be made generally under the **plan**;

We may also increase the premium if costs, taxation or regulations require **us** to do so.

We will give **you** reasonable notice of the changes and will send details of them to the address **we** have for **you** on **our** records. The changes will take effect from when **you** or the **company** renews or when applied by law even if, for any reason, **you** don't receive details of them. **We** can also apply underwriting terms to **your policy** at any time if a **medical condition** that should reasonably have been declared comes to **our** attention, or a **medical condition** becomes **chronic** in nature during a **policy year**.

7.2 Our options if you break the terms of your policy.

If any **member** breaks any of the terms of the **policy** or makes, or attempts to make, any dishonest claim **we** can:

refuse to make any payment; and

i) refuse to renew **your policy**; or
ii) impose different terms to any cover **we** are prepared to provide; or
iii) end **your policy** and all cover under it immediately; and
iv) in the case of non-disclosure of a pre-existing **medical condition**, declare **your policy** null and void and recover any benefits paid.

7.3 Maltese jurisdiction

This **policy** is deemed to be a Maltese contract and will be governed by and in accordance with the laws of **Malta** and subject to the exclusive jurisdiction of the Maltese courts

7.4 'Cooling-off' period and cancellation	**You** may cancel this **policy** or the **policy** of any member listed on **your** membership statement for any reason by notifying **us** in writing within 15 days of receiving the first membership statement relating to **your policy**. **We** will refund any premium paid in respect of such a **member** provided no claims have been made. **You** may cancel **your policy** at any time by giving **us** no less than 14 days' notice in writing. Bearing in mind that this is an annual contract **we** will not refund premiums if any claim (however small) has been made in the current **policy year**. In the event that **we** do agree to make a refund and this will be at **our** sole discretion, **we** will only refund premiums on a pro-rata basis from the end of the month in which cancellation takes effect. **We** will make an administrative charge of 20% of the annual premium for any cancellation to which **we** agree. Please also note that no claim of any kind will be considered after notification by **you** and acceptance by **us** of any cancellation.
7.5 Written confirmation	The terms of **your policy** cannot be changed nor claims authorisation given by verbal communication between **you** and **us**. Any changes, approvals or other statements relating to **your policy** must be confirmed in writing by **us**. **We** are not bound by any verbal commitment not confirmed by **us** in writing.
7.6 Waiver of terms	If **we** do not at any time apply or enforce any of the terms of this **policy** this will not prevent **us** from doing so at a later date.
7.7 Sanctions	**We** will not provide cover or pay claims under this **policy** if doing so would expose **us** to a breach of international economic sanctions, laws or regulations including but not limited to those provided by the European Union, **United Kingdom**, United States of America or under any United Nations resolution. If a potential breach is discovered, where possible **we** will advise **you** in writing as soon as **we** can.

8. Complaints and data protection

The most important thing for **us** is to help resolve **your** concerns as quickly and easily as possible. Please follow this process to ensure that **your** concerns are dealt with as swiftly as possible.

With the best will in the world, concerns about some aspect of **our** service can occasionally arise. In such circumstances **our** claims staff have wide authority to settle problems and will do everything they can to help. This must be **your** first point of contact. In the unlikely event that **your** complaint is unresolved, please write to:

The Atlas Group Complaints Manager
47-50 Ta' Xbiex Seafront
Ta' Xbiex XBX 1021
Malta

email: insure@atlas.com.mt

The Complaints Manager will:

i) acknowledge **your** concern within 3 working days
ii) explain how **Atlas** will handle **your** complaint and who **your** contact person will be
iii) explain what, if anything, **you** need to do
iv) give **you** a reply to **your** concern within 10 working days

v) aim at finalising the issue within 40 working days (8 weeks). If **we** are still unable to conclude within this time period **we** will write to **you** explaining why.

If **your** complaint arises over a claims issue, **we** may agree with **you** to refer **your** complaint to an independent arbitrator (such as The Malta Arbitration Centre) or to an arbitrator upon whom **we** jointly agree but who will not be a **member** of **AXA PPP healthcare** or **Atlas Healthcare Insurance Agency** or their associated companies, and whose decision will be binding on both parties. Arbitration will take place in **Malta**. **Our** decision on arbitration will be made by:

The Director - International markets
AXA PPP healthcare Limited

If a dispute arises over any issue **you** may also refer **your** complaint to:

The Consumer Complaints Manager,
Malta Financial Services Authority,
Notabile Road, Attard BKR14.

More information about this is available on
mymoneybox.mfsa.com.mt

Please remember to quote **your policy** number on all correspondence.

What we do with your personal data

We are the controllers of personal data held about **you** or relating to **you** and/or any other person/s whom **you** insure with **us** (**family members**), under the terms of the Data Protection Act (hereinafter the 'Act').

By completing the application form and purchasing and/or renewing this **policy** with **us**, **you** and other **family members** are deemed to accept the terms of this statement. **You** hereby warrant that **you** have presented this statement to the other **family members** and have obtained their necessary explicit verbal consent to:

i) the processing of any information by **us,** any other **members** of **AXA PPP healthcare** (the underwriters), **Atlas** and/or by any other subsidiary companies of Atlas Holdings Limited (hereinafter the "Atlas Group") which constitutes personal data in terms of the Act, insofar as such processing relates to (but not limited to) underwriting and administration of the insurance application and policies, detecting and prevention of fraud and the keeping of statistics;

ii) the disclosure by any **members** of **AXA PPP healthcare** (the underwriters) or by the Atlas Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private **hospital** or clinic, other healthcare provider of any kind or any person, body or authority authorised by law to receive personal data;

iii) the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Atlas Group and processing such data as described in paragraph (i) above;

iv) the recording of telephone calls for training, security and quality control purposes.

You also confirm that **you** understand (and have explained to the other **family members**) that **you** have the right to submit a written and signed request for access to or rectification of data held by **AXA PPP healthcare**, or **Atlas** and that **you** and other **family members** are aware that the full details of **our** Data Protection Policy, updated from time to time, may be found on www.atlas.com.mt/legal/data_protection

9. Definitions

Some words and phrases have special meanings which are set out below. When **we** use these terms they are in bold print. The headings used in the following sections of the handbook are for convenience of reference only and do not affect its construction.

9.1 acute

a **medical condition** that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the **medical condition** or which leads to **your** full recovery.

9.2 area/area of cover

one of the following
area 1: worldwide
area 2: worldwide excluding USA
area 3: **Malta** only

9.3 Atlas

Atlas Healthcare Insurance Agency Limited

9.4 AXA PPP healthcare Limited

the underwriters.

9.5 benefits table

the table applicable to **your plan** showing the maximum benefits **we** will pay for each **member**.

9.6 chronic

a **medical condition** that has one or more of the following characteristics:

i) it needs ongoing or long term monitoring through consultations, examinations, check-ups and/or tests
ii) it needs ongoing or long term control or relief of symptoms
iii) it requires **your** rehabilitation or for **you** to be specially trained to cope with it
iv) it continues indefinitely
v) it has no known cure
vi) it comes back or is likely to come back

9.7 company

your employer and/or sponsor

9.8 company agreement

an agreement **we** have with the **company** which allows **you** to be registered as the **subscriber**. That agreement sets out who can be covered, when cover begins, how it is renewed, and how the premiums are paid.

9.9 directory of hospitals

a list of providers **we** maintain and frequently update in which those **hospitals** with which **we** have direct settlement facilities are shown. **You** should use a **hospital** listed in the directory of hospitals except in the case of an emergency where this may not be possible. The directory of hospitals can be viewed via the Useful Links of the health section of www.atlas.com.mt and entering **your policy** number. The facilities listed may change from time to time. **You** should always check with **us** before arranging any **treatment**.

9.10 family doctor secondary treatment

the following procedures carried out by a **family doctor**:

i) blood counts
ii) tests for liver function and electrolytes
iii) blood lipid profile

9.11 family member

the **subscriber**'s partner and unmarried children (or those of the **subscriber**'s partner) living with the **subscriber** or their other parent when the **policy** is taken out or when it is renewed. By partner **we** mean the husband or wife, civil partner or the person with whom the **subscriber** lives permanently in a similar relationship.

9.12 general practitioner/ GP/family doctor

a **medical practitioner** in general practice other than a **specialist.**

9.13 group

when the person paying the premium for the **policy** is not a **member** benefiting from cover under the **plan** and is not a **family member**. Normally this will be the **subscriber**'s employer or sponsor.

9.14 hospital

a state or private hospital or a daycare medical clinic licensed or registered to provide medical, surgical or psychiatric **treatment** under the laws of **Malta** or the equivalent duly licensed or registered in the country, state or other

government jurisdiction in which it is situated and where there is constant support by a **specialist**. In the **United Kingdom** the hospital must be an establishment listed in the **directory of hospitals**. In **Malta** this must be an establishment recognised by **us**.

9.15 lifetime — the period in which the **member** is alive. This does not refer to the life of the **policy**.

9.16 Malta — The Republic of Malta

9.17 medical condition — any disease, illness or injury, including psychiatric illness not excluded under the terms of **your policy**.

9.18 medical practitioner — a person who has the primary degrees in the practice of medicine, surgery or dentistry following attendance at a recognised medical school and who is licensed to practice medicine by the relevant licensing authority where **treatment** is given. By "recognised medical school" **we** mean "a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organisation." This **policy** does not cover **treatment** by any medical practitioner who has been advised in writing by **us** that he or she is not recognised by **us** as a medical practitioner. **We** will advise **you** of those medical practitioners **we** recognise if **you** ask **us**.

9.19 member — **you** as the **subscriber** and any **family member** included in **your policy**.

9.20 nurse — a qualified nurse who is registered to practice as such where the **treatment** is given and is recognised by **us.**

9.21 physiotherapist — a person who is qualified and licensed to practice as a physiotherapist where **treatment** is given and is recognised by **us**.

9.22 plan — **your** plan, the name of which is shown on **your** latest membership statement.

9.23 policy — the insurance contract between **you** and **us**. Its full terms are set out in the current versions of the following documents as sent to **you** from time to time:

i) any application form **we** ask **you** to fill in which forms the basis of this contract
ii) these terms and the **benefits table** setting out the cover under **your plan**
iii) **your** membership statement
iv) the **directory of hospitals** or list of **supporting hospitals** if relevant to **your plan**

Changes to these terms must be confirmed in writing and **we** will write to **you** to confirm any changes, undertakings or promises that **we** make

9.24 prescription — out-patient drugs and dressings as prescribed by a **medical practitioner** for the **treatment** of a **medical condition** covered by the **member**'s **policy**.

9.25 principal country of residence — the country where **you** live for 180 days or more in a **year**.

9.26 schedule of procedures — a document **we** maintain which lists the **surgical procedures we** pay benefits for and classifies them according to their complexity. This document is written in medical language and it is intended for use by **medical practitioners** and **us** to assess the eligibility of proposed **treatment**. This schedule is regularly updated to include new, proven procedures and is retained by **us**.

9.27 specialist — a **medical practitioner** who holds or has held a substantive consultant post in a state **hospital** in **Malta** and/or who holds a certificate of specialist accreditation that is recognised by **us** or who holds alternative qualifications that are accepted by **us** and is personally approved by **us** for the medical **treatment** involved. This means that the specialist must be specifically qualified for the **treatment** administered.

For out-patient **treatment** only, the following will also be regarded as

treatment by a specialist:
treatment by a **medical practitioner** with qualifications accepted by **us** who specialises in homeopathy, acupuncture, chiropractic, osteopathy, manipulative or sports medicine or podiatric surgery and who meets **our** criteria for limited specialist recognition for benefit purposes in his/ her field of practice. Such **treatment** must be received as a result of referral by and under the control of a specialist as defined above. For the purposes of this **policy**, a specialist in family medicine is not considered a specialist.

9.28 subscriber — the **member** with whom **we** have made this agreement or, for **group** schemes, the employee

9.29 supporting hospital — a **hospital** in **Malta** which **we** recognise as a supporting hospital at the time **treatment** is received. Supporting hospitals are subject to change from time to time. **You** should always call to check that **your** chosen **hospital** is a supporting hospital before arranging **treatment**. Please remember that there are no supporting hospitals outside **Malta**.

9.30 surgical procedure — an operation or other invasive surgical intervention listed in the **schedule of procedures**.

9.31 treatment — a surgical or medical procedure which must be carried out by a **specialist** except where **your benefits table** specifically allows otherwise. This includes:

i) diagnostic procedures - consultations and investigations needed to establish a diagnosis.
ii) in-patient treatment – treatment at a **hospital** where the **member** has to stay in a **hospital** bed for one or more nights.
iii) daycare treatment – treatment at a **hospital** or out-patient clinic where the **member** is admitted to a **hospital** bed and the treatment necessitates a period of supervised recovery but the member does not stay overnight.
iv) out-patient treatment – treatment at an out-patient clinic, a **medical practitioner**'s consulting rooms, in a **hospital** where the **member** is not admitted to a bed or when the **member** is visited for the purpose of receiving treatment.

9.32 United Kingdom/UK — Great Britain and Northern Ireland including the Channel Islands and Isle of Man.

9.33 visit — each separate occasion that the **member** meets with a **medical practitioner** and receives a consultation and/or **treatment** for a **medical condition**.

9.34 we/us/our — **AXA PPP healthcare limited.**

9.35 year — twelve calendar months from when **your policy** began or was last renewed, unless **we** have agreed something different with the **group**/**company**.

9.36 you/your — the **subscriber** and/or the **member** named on **your** membership statement.