

Why should I keep my ATLANTIC Medical Policy?

Dear client,

In view of the recent implementation of the second phase of the General Healthcare System (GHS) on 2nd June 2020, we communicate with you in relation to the Medical Policy you currently hold with us.

There is nothing more precious than your health and that of your family's. Considering the multitude of uncertainties surrounding all areas of GHS implementation, we strongly encourage you to keep your health insurance so that you do not risk your access to immediate and quality health care until you are able to make the right and well-thought-out decisions about your new health care needs. In this way, you preserve your medical history without compromising your insurance cover.

Through ATLANTIC's Health Plan, our customers can access the best quality health care such as:

- Medical Coverage and access to private doctors and hospitals of your choice in Cyprus and abroad.
- Direct access to high quality medical care without waiting lists.
- Direct settlement of in-patient hospital bills.
- Access to the best quality medical supplies in case of surgical procedures, i.e., implants, stents, etc. Under GHS choice is limited.
- Coverage of co-payments (amounts paid by a GHS patient) in various cases (see below).
- Coverage of costs at Accident and Emergency departments.
- Coverage for a second opinion by another doctor.
- Medical evacuation in case of emergency.
- Coverage of annual medical check-ups and health screening for women. Please note that as of 1/7/20 these particular benefits are available to all insureds without any restriction as to the type of examination (even if your renewal was prior to this date).
- Cash Allowance ranging between €80 and €140 per day - depending on your Plan - if you choose to be treated in a GHS hospital or clinic and no claim is made under your Medical Policy.
- Free Travel Insurance
- Free Personal Accident Insurance.

As you may be aware, certain operations cannot be performed in Cyprus. Treatment in hospitals outside Cyprus does not fall within the scope of the GHS unless such treatment cannot be provided in Cyprus. The decision of whether there is such a need as well as the hospital that the patient will be referred to will be taken by a medical council commissioned by the Health Insurance Organization (HIO). This may sometimes be a lengthy procedure when in fact medical treatment is urgently needed. Your Medical policy provides a worldwide cover without any restriction as to the country or clinic. Furthermore, all ATLANTIC's Medical Schemes offer emergency medical assistance through Europ Assistance as a result of an accident or sudden illness while you are abroad.

Not all the Hospitals, personal and specialist doctors are participating in GHS. It is important to note that highly esteemed hospitals have not joined the GHS. Furthermore, it appears that Private Sections may operate in some GHS contracted Hospitals. If this is the case, you will avoid waiting lists and most importantly you will have an excellent and prompt private service in the upgraded private sections.

With regard to co-payments in relation to visits please also note that:

- when GHS beneficiaries exceed a specific number of doctor visits per year, they will have to pay a co-payment of €15 per additional visit. Please note that recently a restriction of four (4) visits per year has been placed for the specialties of gynecology and neurology. This restriction will soon be extended to other medical specialties as well.

- Visits to Accident and Emergency departments of a public hospital are charged at €10 per visit.
- visits to specialists without referral are charged €25 per visit
- visits to personal doctors during weekends or after working hours are charged €25 per visit

With regard to diagnostic examinations and labs please note that GHS charges:

- €10 per exam (e.g., X-ray, MRI, CT etc.) and
- €1 for each item of laboratory examination.

If you hold an ATLANTIC Medical Policy, these co-payments will be covered by it.

Not all pharmaceutical products are covered by the GHS. Beneficiaries are entitled to pharmaceutical products from a specific list approved by the HIO. The GHS will cover the cost of the cheapest generic pharmaceutical products with a co-payment of €1 per product. Should beneficiaries opt for other types of more expensive pharmaceutical products (which they may already use), they will have to pay a major part or the whole cost themselves (unless they hold a Medical Policy which covers the pharmaceutical products irrespective of their price). For medication covered under the chronic condition's benefit of ATLANTIC, the limits per plan will apply.

In case you decide to cancel your health insurance plan and in the future wish to reinstate it, you should keep in mind that in this case you will be subject to a new underwriting evaluation process. This means that any incurred health conditions which were previously covered, could be considered as pre-existing and might no longer be covered.

If you are at the moment insured under the full cover which includes both In-Patient and Out-Patient treatment and wish to continue your cover but at the same time wish to reduce the cost you can change your cover to In-Patient only. Cost can be further reduced if an excess is introduced to your Policy. For further details please feel free to contact us.

Based on the above realities, we kindly advise you not to rush into hasty decisions concerning the health insurance plan you hold with us. Please allow time for the GHS to operate for a while, in order for you to ascertain whether the quality, accessibility, freedom of choosing doctor and clinic along with other services is at a level that meets your high healthcare expectations.