

Company: Atlantic Insurance Co Public Ltd Product: Health Insurance

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This document constitutes a summary of the basic information in relation to the insurance policy. The complete pre-contractual and contractual information on this insurance product is provided in other documents.

What is this type of insurance?

The Health Insurance policy provides insurance cover for outpatient and inpatient expenses or only the inpatient ones depending on the plan and cover you shall choose. For every case, Atlantic offers plans with separate limits of indemnity which are presented herebelow.



What is insured?

Plans and cover:

In the following four (4) plans you can choose not to include the out of hospital expenses:

- Super A: Maximum Limit of Indemnity Worldwide €60.000, Maximum Limit of Indemnity Worldwide for the USA/Canada €30.000, Maximum limit of Indemnity for lifetime illness/ailment for the insured €120.000. Maximum Limit of Indemnity for Out of Hospital expenses €1.500.
- Mini Executive: Maximum Limit of Indemnity Worldwide €80.000, Maximum Limit of Indemnity Worldwide for the USA/Canada €40.000, Maximum limit of Indemnity for lifetime illness/ailment for the insured €160.000. Maximum Limit of Indemnity for Out of Hospital expenses €2.250.
- Executive: Maximum Limit of Indemnity Worldwide €150.000, Maximum Limit of Indemnity Worldwide for the USA/Canada €75.000, Unlimited limit of Indemnity for lifetime illness/ailment for the insured. Maximum Limit of Indemnity for Out of Hospital expenses €3.000.
- Maxi Executive: Maximum Limit of Indemnity Worldwide €1.000.000, Maximum Limit of Indemnity Worldwide for the USA/Canada €200.000, Unlimited limit of Indemnity for lifetime illness/ailment for the insured. Maximum Limit of Indemnity for Out of Hospital expenses €5.000.

We shall indemnify you for the usual, customary and reasonable medical, expenses that are payable under the plan of your choice, subject to the covers, the terms and exceptions of the insurance policy.

In hospital Covers:

- ✓ Room and boarding expenses in a Hospital (which is duly licensed to operate pursuant to law) of your choice as well as day care hospitalisation.
- ✓ Medication and consumables that are medically necessary and prescribed by a medical practitioner who is registered with the medical association.
- ✓ The surgeon's/doctor's and anaesthesiologist's fees who are registered with the medical association and the charges correspond to the level of fees which most medical practitioners and anaesthesiologists charge in hospitals in the country where the expenses will be incurred.
- ✓ Surgery costs for operations which are within the scope of acceptable modern medical practices, based on recognised medical protocols and which are appropriate for your treatment.
- ✓ Diagnostic tests which are accompanied by a referral from a medical practitioner such as laboratory tests, x-rays, magnetic resonance imaging, computer tomography scans, positron emission tomography scans (pet scan) and other tests that are based on medical protocols and which will result in a specific ailment/disease diagnosis.
- ✓ Physiotherapy which has been prescribed by a medical practitioner and performed by a qualified physiotherapist who is registered and legally recognised in the country where he is active.
- ✓ Stay of parent with his/her child in case his/her child is hospitalised. It is a prerequisite that you as a parent and your child are both covered under the insurance policy.
- ✓ Operations which are medically necessary or day care hospitalisation in a recognized medical area, that do not require hospital admission.
- ✓ Radiotherapy and chemotherapy including oncology tests, medication, specialist medical practitioners' fees for the treatment either as an inpatient or as an outpatient or as a day care patient.
- ✓ Ambulance transportation in case of emergency in a hospital or between hospitals following a medical practitioner's decision.



What is insured? Continued...

Out of Hospital Covers:

We shall reimburse you for the following benefits exclusively as an outpatient and where an amount is specified it will be a sub-limit of the Maximum Limit of Indemnity of the Out of Hospital expenses of the plan that you shall choose.

- ✓ Medical practitioner's charges (general practitioner and specialist) who is registered with the medical association, as well as prescribed medication/consumables for medically necessary treatments for reasonable charges which correspond to the level of charges charged by most medical practitioners in the country where the costs will be incurred.
- ✓ Diagnostic tests which are accompanied by a referral from a medical practitioner such as laboratory tests, x-rays and other tests that are based on medical protocols and which will provide you an effective diagnosis of the ailment/disease.
- ✓ Home medical care (up to 10 days) which is medically necessary provided by a qualified nurse and it is not provided for personal assistance.
- ✓ Private Health Check Benefit (including medical examination, electrocardiogram and chest X-ray, urine analysis and blood tests):
 - up to €150 for the Super A and Mini Executive plans
 - up to €200 for the Executive plan and
 - up to €250 for the Maxi Executive plan
- ✓ Private Health Screening for Women benefit (PAP test, transvaginal ultrasound, mammography, cancer antigen test (CA 125):
 - up to €150 for the Super A plan
 - up to €175 for the Mini Executive plan
 - up to €200 for the Executive plan and
 - up to €225 for the Maxi Executive plan
- ✓ Allergy Benefit. Visits and/or medical treatment for allergic disorders:
 - up to €150 for the Super A and Mini Executive plans
 - up to €200 for the Executive plan and
 - up to €250 for the Maxi Executive plan

The magnetic resonance imaging, computer tomography scans and positron emission tomography scans (pet scan) whether these are in-patient or out-patient, are covered under the Worldwide Maximum Limit of Indemnity of the four plans.

Other Benefits:

- ✓ Emergency medical transportation, in case of emergency, to the nearest hospital:
 - up to €5.000 for the Super A plan
 - up to €7.500 for the Mini Executive plan
 - up to €10.000 for the Executive plan and
 - up to €15.000 for the Maxi Executive plan
- ✓ Physiotherapy as outpatient following a referral by a qualified physiotherapist who is registered and legally recognised in the country where he is active:
 - up to €400 for the Super A plan
 - up to €500 for the Mini Executive plan
 - up to €700 for the Executive plan and
 - up to €1.000 for the Maxi Executive plan
- ✓ Benefit for pre-existing, chronic or recurrent diseases:
 - up to €175 for the Super A and Mini Executive plans
 - up to €200 for the Executive plan and
 - up to €250 for the Maxi Executive plan
- ✓ Allowance for Free of Charge Treatment in case of hospital treatment which is covered under the insurance policy and for which you will not claim (maximum 60 days):
 - €60 per day for the Super A and Mini Executive plans
 - €100 per day for the Executive and Maxi Executive plans



What is insured? Continued...

Other Benefits (Continued.....):

- ✓ Personal Accident Benefit, i.e. we shall compensate you in the event of a serious injury caused by accident which within 12 months from the date of the accident will result in death or total permanent disability or total permanent loss of part of the body (eyes or limbs):
 - up to €10.000 for the Super A and Mini Executive plans
 - up to €15.000 for the Executive plan and
 - up to €20.000 for the Maxi Executive plan
- ✓ Travel insurance up to €1.000 (applies to all plans). We shall indemnify you in the event of cancellation or curtailment of the trip up to €1.000, for loss of luggage up to €1.000 and for money or important documents up to €500 during the trip.
- ✓ Travel medical assistance through Inter Partner in urgent and emergency cases as a result of an accident or sudden illness while you are abroad (e.g. dispatch of a medical practitioner, transportation for health reasons, in-hospital treatment, return to Cyprus, repatriation of mortal remains etc.)



What is not insured? Continued...

- ✗ Visual and hearing examinations, treatments, intervention services, implants and assistive devices.
- ✗ Speech therapy, occupational therapy, acupuncture, homeopathy, podiatric medicine, hypnotherapy, music therapy, workout programs and alternative therapies.
- ✗ Plastic surgery for cosmetic reasons unless the reconstructive surgery is a consequence of an accident.
- ✗ Natural deterioration or degeneration of the body from natural causes such as osteoporosis, aging, menopause, degenerative eye diseases and many others.
- ✗ Hormonal disorders and conditions related to the menstrual cycle (e.g. dysmenorrhea, endometriosis)
- ✗ Varicose veins and phlebitis
- ✗ Bodily injury or illness resulting from the use of alcohol, narcotic drugs or medication.



What is not insured?

- ✗ Congenital or related ailments/disorders present at the time of birth.
- ✗ Pre-existing diseases or ailments or medical conditions which became manifested prior to the commencement of the insurance policy.
- ✗ Chronic or recurrent diseases, ailments or medical conditions unless acute exacerbation occurs.
- ✗ Mental or neuropsychiatric disorders as well as disorders of any form including learning, conduct or development, eating, dyslexia, attention deficit, hyperactivity etc.
- ✗ Pregnancy and childbirth unless specifically stated in your policy.
- ✗ Examinations and treatment related to fertility control, procreation avoidance or sterility, situations of a sexual nature, in-vitro fertilisation or assisted reproduction.
- ✗ Allergy tests
- ✗ Routine examinations (e.g. health check-up) or any examination for precautionary reasons exceeding the benefit amount offered under each cover plan.
- ✗ Dental medical examinations and treatments unless they are a consequence of an accident



Are there any restrictions on cover?

- Waiting period of 30 days from the date of commencement of the insurance policy for any cover except accident cases.
- Waiting period of 3 years i.e. during this period you will not be eligible for cover for certain diseases such as diseases of the musculoskeletal system, cataract, prostate etc. unless it is the result of an accident.
- The insureds who are over 70 years old, pay 15% of each claim (coinsurance).
- Usual, customary and reasonable payable medical expenses means that we shall not pay charges exceeding those charged by most medical providers.
- The benefits of the insurance policy in respect of a claim are forfeited (lost) after a lapse of 3 months from the date of its rejection and failure to submit it to arbitration.
- The benefits of the insurance policy are forfeited if the insured resides in Cyprus for less than 8 ½ months per year.
- No claim is payable in case of invalid premium payment or failure to submit all required forms (e.g. medical reports, detailed invoices, etc.) to justify the indemnification. After 30 days from the notification for inadequate submission of information, the claim will be rejected.



Where am I covered?

- ✓ The cover provided is worldwide except for the USA and Canada which have lower limits of indemnity.



What are my obligations?

- You must answer the questions of the Insurance Proposal with absolute accuracy and in general any information you disclose to us for the purposes of concluding an insurance contract and submission of a claim, must be absolutely true without your having concealed, falsified or misrepresented any event (e.g. pre-existing ailments, conditions and proximate cause of the claim etc.).
- You must inform us the soonest possible of any changes related to information you included in the Insurance Proposal or of the existence of any other similar insurance that covers you and the other insured persons, if any.
- You must notify us in writing the soonest possible but not later than 60 days for Out of Hospital expenses and 30 days for In Hospital expenses from the date the medical expense was incurred and provide us with all the necessary documentation supporting the claim. (e.g. claim form correctly completed, original detailed invoices, original receipts, medical prescriptions, medical practitioners' referrals, medical reports, diagnostic tests, etc.)
- You must fully cooperate with the Company as well as with your medical practitioners who are treating you and / or the hospital you will be hospitalised, assigning full rights of access to relevant medical forms, reports and evidence to the Company.
- You must undergo a medical examination by the Company's medical practitioner for a second opinion in case you are asked, to evaluate the validity of the claim you have submitted.
- You must take all those necessary measures and precautions to prevent an accident or illness.
- You must immediately notify the Company in writing for cases whereby third parties are liable for injury or illness you have sustained and fully cooperate with the Company to take action against such persons should there is such right.
- You must pay the premium before or on its due date.
- You must read the insurance policy upon its delivery and to strictly adhere to the terms, conditions and provisions of the insurance policy otherwise your coverage may be affected. You may have insufficient insurance cover if you fail to provide us with complete details and correct information.



When and how do I pay?

You may pay the premium in a single payment or by using repayment plans (ask your insurer to inform you). The payment may be made in cash, credit or debit cards, cheques and bank orders.



When does the cover start and end?

The cover starts from the date we shall agree. The start and the end of the cover are both indicated in the Policy Schedule. The Health insurance policies that Atlantic offers are for a period of 12 months.



How do I cancel the contract?

You may cancel the insurance policy whenever you wish by sending us a 30 days prior written notice. We shall return the pro-rata part of the premium for the remaining period until the expiry of the policy period having first deducted two (2) months from the returned premium. If Atlantic, during the current period of the insurance policy, has paid or is going to pay any amount as a result of a claim which exceeds 50% of the earned premium, then no amount shall be refunded.