



QBE Insurance (Australia) Limited

# Inpatient Medical Expenses

Product Disclosure Statement and Policy Wording



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## About this Product Disclosure Statement (PDS)

This booklet contains 2 separate sections: **Part A and Part B.**

### Part A – Important information

Part A of this PDS contains Important Information designed to assist you to make informed choices about your insurance needs. It gives a summary of the significant benefits and risks associated with this product (you should refer to Part B – Policy Terms and Conditions for full details).

Part A also contains information about costs, our dispute resolution system, your cooling off rights and other relevant information, including other rights, terms, conditions and obligations attaching to this product. Please read Parts A and B of this PDS carefully.

### Part B – Policy Terms and Conditions

Part B of this PDS contains the Policy Terms and Conditions, which detail all the terms, conditions and exclusions relating to the Policy. It is Part B which forms part of your legal contract with us.

If we issue you with an insurance Policy, you will be given a Policy Schedule. The Policy Schedule sets out the specific terms applicable to your cover and should be read together with the Policy Terms and Conditions.

The Policy Terms and Conditions and the Policy Schedule we send to you form your legal contract with us so please keep them in a safe place for future reference.

If you require further information about this product, please contact your financial services provider.

## Part A – Important Information

### Insurer

The Policy is underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545.

Other documents may form part of the PDS. Any such documents will be dated and will include a statement identifying them as part of the PDS. If any major omissions, updates or corrections need to be made to the PDS a Supplementary PDS may be provided. In either case the relevant document will be provided to you with the PDS.

### About QBE Australia

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 is a member of the QBE Insurance Group Limited ABN 28 008 485 014 (ASX: QBE). QBE Insurance Group is Australia's largest international general insurance and reinsurance group, and one of the largest insurers and reinsurers in the world.

### Summary of significant benefits and features

We believe the most significant benefits of this PDS are that it offers:

- a) cover to a person who is a Non Resident of Australia and is temporarily employed by the insured in Australia, for medical expenses incurred during the period of insurance, which are not recoverable from Private Health insurance or any other statutory compensation scheme,
- b) cover for additional travel expenses,
- c) cover for emergency travel assistance,
- d) cover for the insured person's personal legal liability as a result of an occurrence.

This is a summary of the cover available under this Policy. For full details of the cover provided, including any exclusions or conditions that may apply, please refer to the relevant section of the Inpatient Medical Insurance Policy terms and conditions.

### Significant risks

#### This product may not match your expectations

This product may not match your expectations (for example, because an exclusion applies). You should read the PDS carefully. Please ask your financial services provider if you are unsure about any aspect of this product.

#### Your sum insured may not be adequate

To ensure that the amount of insurance is adequate to cover losses in the event of a claim, you should establish an adequate sum insured when initially arranging cover and also take care to amend the sums insured when your situation changes.

#### Overdue premium

You must pay your premium or any additional premium we request from you on time otherwise your Policy may not operate.

If you have not paid by the due date or your payment is dishonoured, this Policy will not operate and there will be no cover.

For more detailed information regarding payment options refer to the section headed 'How you can pay your premium' in Part B (Policy Terms and Conditions).

#### A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if you or the insured person do not comply with the Policy conditions, if you do not comply with your Duty of disclosure, or if you or the insured person make a fraudulent claim.

## The cost of this insurance Policy

The total premium is the amount we charge you for this insurance Policy. It includes the amount which we have calculated will cover the risk, and any taxes and government charges. The premium and any taxes and government charges will be shown on your Policy Schedule.

When calculating your premium we take a range of rating factors into account. These factors, and the degree to which they affect your premium, will depend upon the information you provide to us.

The following factors have a significant impact on the calculation of your premium:

- single, couple or family cover
- past claims history
- the number of people covered by this Policy.

You should arrange your method of payment through your financial services provider. A quote for premium may be obtained from your financial services provider.

## Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit [qbe.com.au/privacy](http://qbe.com.au/privacy) or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

## The General Insurance Code of Practice

QBE Insurance (Australia) Limited is a signatory to the General Insurance Code of Practice.

The Code aims to:

- promote more informed relations between insurers and their customers;
- improve consumer confidence in the general insurance industry;
- provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- commit insurers and the professionals they rely upon to higher standards of customer service.

## Resolving complaints & disputes

At QBE we're committed to providing you with quality products and delivering the highest level of service.

We also do everything we can to safeguard your privacy and the confidentiality of your personal information.

### Something not right?

We know sometimes there might be something you're not totally happy about, whether it be about our staff, representatives, products, services or how we've handled your personal information.

## Step 1 – Talk to us

If there's something you'd like to talk to us about, or if you'd like to make a complaint, speak to one of our staff. When you make your complaint please provide as much information as possible. They're ready to help resolve your issue.

You can also contact our Customer Care Unit directly to make your complaint. Our aim is to resolve all complaints within 15 business days.

## Step 2 – Escalate your complaint

If we haven't responded to your complaint within 15 days, or if you're not happy with how we've tried to resolve it, you can ask for your complaint to be escalated for an Internal Dispute Resolution (IDR) review by a Dispute Resolution Specialist.

The Dispute Resolution Specialist will provide QBE's final decision within 15 business days of your complaint being escalated, unless they've requested and you've agreed to give us more time.

## Step 3 – Still not resolved?

If you're not happy with the final decision, or if we've taken more than 45 days to respond to you from the date you first made your complaint, you can contact the Australian Financial Complaints Authority (AFCA). AFCA is an ASIC approved external dispute resolution body.

AFCA resolves insurance disputes between consumers and insurers, at no cost to you. QBE is bound by AFCA decisions - but you're not. You can contact AFCA directly and they'll advise you if your dispute falls within their Rules.

### *Disputes not covered by the AFCA Rules*

If your dispute doesn't fall within the AFCA Rules, and you're not satisfied with our decision then you may wish to seek independent legal advice.

### *Privacy complaints*

If you're not satisfied with our final decision and it relates to your privacy or how we've handled your personal information, you can contact the Office of the Australian Information Commissioner (OAIC).

## Contacting QBE's CCU, AFCA or the OAIC

### How to contact QBE Customer Care

Phone	1300 650 503 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	<ul style="list-style-type: none"> <li>complaints@qbe.com, to make a complaint.</li> <li>privacy@qbe.com, to contact us about privacy or your personal information.</li> <li>customercare@qbe.com, to give feedback or pay a compliment.</li> </ul>
Post	Customer Care, GPO Box 219, Parramatta NSW 2124

### How to contact AFCA

Phone	1800 931 678 (free call)
Email	info@afca.org.au
Online	www.afca.org.au
Post	Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

### How to contact the OAIC

Phone	1300 363 992 Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	enquiries@oaic.gov.au
Online	www.oaic.gov.au

## How to make a claim

Please contact your financial services provider to make a claim. We will only accept responsibility for repairs or payments to third parties under a claim where you have told us about them beforehand and we have accepted your claim. Full details of what you must do for us to consider your claim are provided in the claims section in part B of this PDS.

## Cancelling your Policy

How you may cancel this Policy

- You may cancel this Policy at any time by telling us in writing that you want to cancel it. You can do this by giving the notice to your financial services provider.
- Where 'you' involves more than one person, we will only cancel the Policy when a written agreement to cancel the Policy is received from all persons named as the insured.

## How we may cancel this Policy

- We may cancel this Policy in any of the circumstances permitted by law by informing you in writing.
- We will give you this notice in person or send it to your address last known to us.

## The premium

We will refund to you the proportion of the premium for the remaining period of insurance.

## Taxation implications

There may be taxation implications affecting you, depending upon your own circumstances. We recommend that you seek professional advice.

## Cooling-off information

If you want to return your insurance after your decision to buy it, you may cancel it and receive a full refund. To do this you may notify your financial services provider electronically or in writing within twenty one (21) days from the date the Policy commenced.

This cooling-off right does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights however your financial services provider may deduct certain amounts from any refund for administration costs or any non-refundable taxes.

If your Policy is for an event that will start and finish within the twenty one (21) day cooling-off period, you can only exercise your right before the event starts or the expiry of the cooling-off period, whichever is the earlier. For example, for travel insurance, the commencement of the journey is the event.

## Financial Claims Scheme

Your Policy is a protected policy under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the event of an insurer becoming insolvent. In the unlikely event of QBE becoming insolvent you may be entitled to access the FCS, provided you meet the eligibility criteria.

More information may be obtained from the Australian Prudential Regulation Authority (APRA).

### How to contact APRA

Phone	1300 558 849. Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Online	www.fcs.gov.au

## Part B – Policy Terms and Conditions for Inpatient Medical Expenses Insurance Policy

### Insurer

The Policy is underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545.

### Our agreement with you

This Policy is a legal contract between you and us. You pay us the premium, and we provide you with the cover you have chosen as set out in the Policy, occurring during the period of insurance shown on your Policy Schedule or any renewal period.

The general exclusions and general conditions apply to all covers provided by this Policy.

### Your Policy

Your Inpatient Medical Expenses Insurance Policy consists of Part B (Policy Terms and Conditions) of this PDS and the Policy Schedule we give you.

Please read your Policy carefully, and satisfy yourself that it provides the cover you require.

If you want more information about any part of your Policy, please ask us, or your financial services provider.

The address and telephone number of your QBE branch are on your Policy Schedule.

You should keep your Policy booklet and Policy Schedule together in a safe and convenient place for future reference.

### Providing proof

You should keep documents you will need in case of a claim – for example, documents which substantiate your earnings and any medical certificates that relate to your claim.

### Keeping us up to date

You must notify us immediately if you become aware that the insured person is suffering from any medical condition which

- is likely to affect your ability to work or
- will lead to a shortened life expectancy.

Otherwise, we may

- cancel the Policy
- reduce or refuse to pay a claim.

### Jurisdiction

This Policy will be governed and construed in accordance with the laws of the state or territory in Australia in which your registered address is located. You irrevocably and unconditionally agree to submit to the non-exclusive jurisdiction of the courts of that state or territory.

### Subrogation

We are only required to make any payment under this Policy if:

- we can exercise any rights of recovery held by you or the insured person to the extent of that payment; and
- you and any insured person must not do anything that reduces any such rights; and
- you and any insured person must provide reasonable assistance to us in pursuing any such rights.

## How you can pay your premium

You can pay your premium in one annual payment by cash, cheque or credit card.

### Paying your premium

You must pay your premium or any additional premium we request from you by the due date. If we do not receive your premium by this date or your payment is dishonoured this Policy will not operate and there will be no cover.

## Definitions - words with special meanings

Some key words and terms used in this Policy have a special meaning.

If words and terms are only used in just one section of the Policy, we will describe their special meaning in that section.

Wherever the following words or terms are used in the Policy, they mean what is set out below:

Word or term	Meaning
Aggregate limit of liability	the maximum amount we will pay for any one event involving more than one insured person. The aggregate limit of liability is shown in the Policy Schedule. If this amount is not enough to pay all claims in full, then we will reduce each insured person's benefit proportionately.
Ambulance services	charges, that are not otherwise covered by third party arrangements, for transport by ambulance provided by, or under an arrangement with a government approved ambulance service when medically necessary for admission to hospital, emergency treatment on-site, or inter-hospital transfer for emergency treatment.
Anaesthetic services	charges made for an anaesthetic and its administration.
Ancillary services	charges made for services listed below provided by the qualified practitioner listed below: <ul style="list-style-type: none"> <li>• osteopath</li> <li>• chiropractor</li> <li>• naturopath</li> <li>• homeopath</li> <li>• physiotherapy, rehabilitation and occupational therapy</li> <li>• speech therapy</li> <li>• acupuncture</li> <li>• chiropody/podiatry</li> <li>• dietitian</li> <li>• hearing aids</li> <li>• prostheses</li> <li>• optical services</li> <li>• psychology, psychiatry, psychotherapy, hypnotherapy, personal /family/marital counselling.</li> </ul>

Word or term	Meaning
Children	<p>the insured person or their spouse's:</p> <ul style="list-style-type: none"> <li>unmarried dependent children,</li> <li>stepchildren or</li> <li>legally adopted children</li> </ul> <p>who are:</p> <ul style="list-style-type: none"> <li>living with the insured person in their country of assignment; and</li> <li>who are under nineteen (19) years of age or under twenty five (25) years of age if they are a full time student and primarily dependent on the insured person for maintenance and support.</li> </ul>
Compensation	the amount of benefit shown in the 'Compensation tables' of this Policy.
Country of assignment	the country in which the insured person will spend most of their time during foreign assignment – their host country and not their country of residence.
Country of residence	the country of which the insured person is a citizen or permanent resident (i.e. holder of a multiple entry visa or permit which gives the insured person resident health care rights in such country) – their home country and not their country of assignment.
Couple cover	includes the insured person and his or her Spouse.
Dental services	<p>charges made by a qualified dentist or oral surgeon for:</p> <ul style="list-style-type: none"> <li>treatment for fractures and dislocations of the jaw</li> <li>cutting procedures in the oral cavity and extractions and repair</li> <li>care for the teeth and gums.</li> </ul>
Doctors services	<p>charges for outpatient services made by a registered medical practitioner</p> <ul style="list-style-type: none"> <li>for performing a surgical procedure and/or</li> <li>for other medical care and treatment.</li> </ul>
Elective cosmetic treatments	any cosmetic, plastic and reconstructive treatment which is undertaken to repair, alter or restore the appearance of a person, and is not considered medically necessary by a registered medical practitioner.
Emergency assistance provider	the emergency assistance provider shown in the Policy Schedule.
Emergency dental	charges made by a qualified dentist or oral surgeon for treatment which we consider non routine to sound and natural teeth as a result of injury.

Word or term	Meaning
Excess	a sum of money you or the insured person may be required to contribute to the amount of any claim under this Policy. Any amount payable is shown in the Policy Schedule.
Family cover	includes the insured person, his or her spouse and their children.
Hearing aids	charges for hearing aids, considered necessary as evidenced by a written statement from a registered medical practitioner.
Hospital services	<p>charges for in-patient and day patient services recommended by a registered medical practitioner or dental practitioner for:</p> <ul style="list-style-type: none"> <li>daily in-patient care</li> <li>performing a surgical procedure</li> <li>necessary medical care and treatment</li> <li>necessary dental care and treatment.</li> </ul>
Illness	any sickness or disease which first appears during the period of insurance.
Injury	<p>bodily injury which:</p> <ul style="list-style-type: none"> <li>is caused by an accident that occurs during the period of insurance; and</li> <li>is not an illness; and</li> <li>is the absolute, sole and independent cause of a payable condition covered under this Policy which occurs within twelve (12) months of the injury.</li> </ul>
Insured person	any person described in the Policy Schedule as an insured person and that person is a non resident of Australia and is temporarily employed by the insured or is temporarily contracted by the insured in Australia.
Journey	authorised business travel, commenced during the period of insurance, undertaken on behalf of the insured.
Medical condition	any actual or perceived state of health for which treatment is sought and includes but is not limited to states variously described as: abnormality, ailment, disability, disease, disorder, health problem, illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.
Medical expenses	medical expenses incurred for services or supplies, shown under the heading section A – Inpatient medical expenses cover 'What we will pay'.

Word or term	Meaning
Nursing care services	charges made by a qualified nurse for nursing care, provided the nursing care is considered necessary as evidenced by a written statement from a registered medical practitioner.
Optical services	charges made by a qualified optician for: <ul style="list-style-type: none"> <li>• routine eye tests</li> <li>• prescribed spectacles and contacts lenses including repairs to frames.</li> </ul>
Parenting accommodation	the reasonable cost of a parent staying in the same hospital with the child under the age of twelve (12).
Payable condition	is the benefit We will pay in the event the insured Person suffers an Injury or Illness and entitles them to claim compensation under the Policy, up to the amounts specified in the compensation table and the Policy Schedule.
Period of insurance	the period shown in the Policy Schedule.
Pharmaceutical supplies	charges for drugs and medicine and all other surgical supplies deemed necessary for treatment evidenced by a written prescription from a registered medical practitioner, except where any law does not allow us to do so.
Place of employment	the site at which the insured person is currently working, or the first or last place of business activity for the day.
Place of residence	the insured person's usual place of residence. In the event of temporary absence from the usual place of residence, it also includes the place within the boundary of the temporary accommodation.
Policy Schedule	the schedule of insurance, or any endorsement schedule we give you.
Pre-existing condition	a medical condition for which the insured person has sought treatment in the twelve (12) months prior to the commencement of his or her cover.
Pregnancy and childbirth emergency and complications services	charges for medical emergencies or complications resulting from pregnancy or childbirth.
Pregnancy and childbirth services	charges made by a registered medical practitioner for: <ul style="list-style-type: none"> <li>• routine prenatal and post-natal care</li> <li>• childbirth.</li> </ul>
Prostheses and appliances	charges for prostheses and appliances considered necessary as evidenced by a written statement from a registered medical practitioner.

Word or term	Meaning
Radiation therapy	charges for: <ul style="list-style-type: none"> <li>• X-Ray treatment</li> <li>• radium and radioactive isotope treatment.</li> <li>• chemotherapy</li> </ul>
Registered medical practitioner	is a medical practitioner who holds a current registration with the respective Medical Practitioners Board/Medical Board of Australia.
Serious illness	<p>a) cancer means the conclusive diagnosis of one or more malignant tumours, including:</p> <ul style="list-style-type: none"> <li>• malignant breast tumours</li> <li>• malignant cancer of the cervix</li> <li>• leukaemia</li> <li>• malignant bone marrow disorders</li> <li>• malignant lymphomas</li> <li>• Hodgkin's disease diagnosed by a registered medical practitioner who is a consultant Oncologist but does not mean:</li> <li>• tumours showing the malignant changes of 'carcinoma in situ' (including cervical dysplasias CIN-I, CIN-2 and CIN-3) or which are histologically described previously as benign</li> <li>• malignant melanoma less than Clark Level 3 depth of invasion as determined by histological examination</li> <li>• all hyperkeratoses or basal cell carcinomas of the skin</li> <li>• all squamous cell carcinomas of the skin unless there has been a spread to other organs</li> <li>• Kaposi sarcoma and other tumours associated with AIDS.</li> </ul> <p>a) heart attack means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis shall be made by a registered medical practitioner</p> <ul style="list-style-type: none"> <li>• who is a consultant cardiologist, and</li> <li>• supported by the following criteria being consistent with a heart attack: <ul style="list-style-type: none"> <li>○ typical chest pain</li> <li>○ recent electrocardiographic evidence, and</li> <li>○ elevation of cardiac enzymes</li> </ul> </li> </ul>

Word or term	Meaning
	<p>b) stroke means a cerebrovascular accident or incident producing significant permanent neurological sequelae, evidenced by:</p> <ul style="list-style-type: none"> <li>• infarction of brain tissue</li> <li>• intracranial or subarachnoid haemorrhage, or</li> <li>• embolisation from an extracranial source</li> </ul> <p>but does not mean:</p> <ul style="list-style-type: none"> <li>• transient ischaemic attacks, cerebral symptoms due to migraine</li> <li>• cerebral injury resulting from trauma or hypoxia, and</li> <li>• vascular disease affecting the eye, optic nerve or</li> <li>• vestibular functions.</li> </ul> <p>c) occupationally acquired HIV (AIDS) means infection with the Human Immunodeficiency Virus (HIV), where:</p> <ul style="list-style-type: none"> <li>• the virus was acquired as a result of an accident occurring during the course of your normal occupation, and</li> <li>• seroconversion to the HIV Infection occurs within six months of the accident</li> </ul> <p>but does not mean:</p> <ul style="list-style-type: none"> <li>• HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use</li> <li>• please note also claims condition No. 1.</li> </ul>
Single cover	includes the insured person only.
Spouse	the insured person's husband or wife living with the insured person or any person of either sex living in a defacto relationship with the insured person in their country of assignment.
Trauma counselling services	charges for trauma counselling provided by a registered psychologist (who is not an insured person or their relative) if the insured person suffer psychological trauma outside their country of residence as a result of being a victim of a criminal act (including car jacking, sexual assault, rape, violent robbery or other such violent and external incidents of like nature).
We, our or us	QBE Insurance (Australia) Limited, ABN 78 003 191 035.

Word or term	Meaning
X-ray and laboratory examinations	<p>charges for:</p> <ul style="list-style-type: none"> <li>• X-Ray, magnetic resonance imaging (MRI) or computerised axial tomography (CT scan or CAT scan)</li> <li>• pathology tests or analysis</li> <li>• laboratory tests or analysis made for diagnostic or treatment purposes.</li> </ul>
You or your	the insured shown in the Policy Schedule.

## Types of cover

The Policy provides:

Section A – Inpatient medical expenses cover

Section B – Emergency travel assistance

Section C – Personal liability

## Section A - Inpatient medical expenses cover

### What we will pay

We will pay compensation by way of reimbursement of costs for medical expenses as set out in the compensation tables in this section of the Policy if the insured person incurs:

- medical expenses in Australia during the period of insurance; or
- medical expenses in the insured person's country of residence during the period of insurance;
- medical expenses incurred by an insured person arising directly or indirectly from a preexisting condition.

While the insured person is engaged in temporary employment with the insured or is temporarily contracted by the insured in Australia and is provided cover by this Policy.

The benefits we pay under this section of the Policy will be the lesser of:

- the amounts shown in the compensation table in this section of the Policy, or
- a fixed percentage of actual costs shown in the Policy Schedule.

### What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- medical expenses in Australia for which the insured person is eligible to claim benefits from any registered health fund of which the insured person is a member,
- medical expenses for which the insured person is eligible to claim compensation under any Worker's Compensation Legislation or Employers Liability Legislation or at common law,
- medical expenses incurred by an insured person arising directly or indirectly from a preexisting condition,
- childbirth or pregnancy expenses incurred within twelve (12) months of becoming an insured person under this Policy,
- artificial reproductive technologies of any kind including, but not limited to, in-vitro insemination, in-vitro fertilisation, gamete intra-fallopian transfer, intra cytoplasmic sperm injection or embryo transfer or any kind of treatment for infertility,
- sterilisation, vasectomy or reversal of same, unless considered medically necessary by a registered medical practitioner,
- elective cosmetic treatments,
- pharmaceutical supplies available through the Pharmaceutical Benefits Scheme of Australia.

The general exclusions set out in this Policy may also affect your claim.

## Medical expenses restrictions and conditions

1. The maximum amount of medical expenses we will pay during the period of insurance in respect of an insured person for any one medical condition is the benefit limit shown in the compensation table.
2. The maximum amount we will pay in respect of any one insured person for any one claim or all of claims in any one period of insurance is \$1,000,000.
3. If the insured person has been covered under this Policy for a period in excess of 12 consecutive months, they can claim pregnancy and childbirth related medical expenses provided they have selected Family cover within 30 days of becoming aware of the pregnancy.
4. After birth the child is covered for medical expenses up to the benefits limits shown in the compensation table provided that you have purchased family cover and that the appropriate premium has been paid.
5. If the insured person incur medical expenses in their country of residence, we will reimburse emergency expenses (or expenses incurred for a critical medical condition) to the benefit limit and all other expenses for a maximum period of 60 days and \$20,000 in all.
6. In the event an insured person, or the spouse or a child of the insured person, incurs medical expenses in regard to the provision of psychiatric, rehabilitation or palliative care, including care or treatment for alcohol or drug addiction, intentional self injury, suicide, or any attempt at suicide, we will only reimburse medical expenses incurred during an episode of care in a public hospital and associated ambulance services. We will not reimburse any other costs or expenses associated with this type of care or treatment. The maximum we will pay will be limited to \$30,000 for any one period of insurance, any one insured person.
7. In the event an insured person, or the insured person's spouse or children suffer an injury or illness which incurs medical expenses as a result of a criminal or illegal act, we will only reimburse medical expenses incurred during an episode of care in a public hospital and associated ambulance service expenses. We will not reimburse any other costs or expenses associated with a criminal or illegal act under this Policy. The maximum we will pay for any one claim will be limited to \$30,000.
8. We will cover any additional insured persons for the remainder of the period of insurance as long as we have accepted a completed application within 60 days of additional insured persons becoming continuously employed or contracted by the insured and the insured has agreed to pay (or has paid) any additional premium we require.
9. On the insured person's permanent return to their country of residence at the termination of their contract or employment with the insured, cover stops 14 days after the insured person's permanent return. If the insured person do not return to their country of residence at the termination of their contract or employment with the insured, cover stops 14 days after the insured person's employment ceases.
10. We will not pay compensation if the insured person incurs expenses outside the period of insurance.
11. Amounts shown in this Policy are expressed in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange on the date the expense was incurred.

## Compensation table – Medical expenses

Payable condition – Incurring medical expenses	Compensation – Benefit Limit
Hospital services	100% reimbursement of actual costs
Parenting services	80% reimbursement of actual costs
Doctor services	80% reimbursement of actual costs
Ancillary services	80% reimbursement of actual costs subject to annual sub limits shown below
Osteopath	\$1,000 any one insured person
Chiropractor	\$1,000 any one insured person
Naturopath	\$1,000 any one insured person
Homeopath	\$1,000 any one insured person
Physiotherapy, and rehabilitation services	\$2,500 any one insured person
Occupational Therapy Services	\$5,000 any one insured person
Speech therapy	\$400 any one insured person
Acupuncture	\$250 any one insured person
Chiropody/Podiatry	\$250 any one insured person
Dietitian	\$250 any one insured person
Psychology, psychiatry, psychotherapy, hypnotherapy, personal/family/marital counselling	\$500 any one insured person
Hearing aids	\$500 any one appliance and annual sub limits of \$1,000 any one insured person
Prostheses and appliance	\$1,000 any one insured person
Optical services	\$400 any one insured person
Cornea treatments - corrective eye surgery	100% reimbursement of actual costs subject to an annual limit of \$1,000 any one insured person
Dental services	
General dental	80% reimbursement of actual costs subject to annual sub limits of \$750 any one insured person
Emergency dental	80% reimbursement of actual costs

Payable condition – Incurring medical expenses	Compensation – Benefit Limit
Nursing care services	
In hospital	100% reimbursement of actual costs
Home nursing	80% reimbursement of actual costs subject to annual sub limits of \$3,000 any one insured person
Other outpatient services	
Ambulance services	100% reimbursement of actual costs
X-ray and laboratory examinations	80% reimbursement of actual costs
Radiation therapy	80% reimbursement of actual costs subject to annual sub limit of \$500 any one insured person
Anaesthetic services	80% reimbursement of actual costs
Pharmaceutical Supplies	100% reimbursement of actual costs subject to annual sub limits of \$1,000 any one insured person
Trauma counselling services	100% reimbursement of actual costs subject to annual sub limits of \$10,000 any insured person
Pregnancy and childbirth services	
Routine care	80% reimbursement of actual costs
Childbirth (hospital inpatient)	100% reimbursement of actual costs
Pregnancy and childbirth emergency and complications services	100% reimbursement of actual costs

## Additional benefits applicable to this section of the Policy

### Travel expenses additional benefit

#### What we will pay

We will pay the amounts as set out in the compensation table in this section of the policy if expenses in relation to the events stated in the compensation table are incurred during the period of insurance.

The maximum amount we will pay under this section is shown in the compensation table.

#### What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- the person on whom the journey depends is over eighty (80) years of age, except in the event of that person's death as a result of an injury,
- a person of whom the journey depends had been diagnosed with a terminal illness at any time, and the insured person was aware of the diagnosis.

The general exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

#### Travel expenses restrictions

- Airline travel costs must be incurred within fourteen (14) days of the insured person first becoming aware of the unexpected death or unexpected life threatening injury or illness.
- We will only pay compensation if the insured person can provide a letter from the attending registered medical practitioner stating that the injury or illness is of a life threatening nature.
- If we have paid the insured person compensation under Payable condition 1 we will not pay anything under payable condition 2 for the same relative.

### Compensation table – Travel expenses additional benefit

What needs to happen – Payable condition	What we will pay – Compensation
1. The unexpected life threatening injury or illness of the insured person's spouse, parent, stepparent, parent-in-law, brother, sister, child or grandchild	The cost of economy class return airline tickets for the insured person to travel to their country of residence up to a maximum of \$10,000 per person or family
2. The unexpected death of the insured person's spouse, parent, stepparent, parent-in-law, brother, sister, child or grandchild	The cost of economy class return airline tickets for the insured person to travel to their country of residence up to a maximum of \$10,000 per person or family

### Serious illness additional benefit

#### What we will pay

We will pay the amounts as set out in the compensation table in this section of the Policy if expenses in relation to the event stated in the compensation table are incurred during the period of insurance.

The maximum amount we will pay under this section is shown in the compensation table.

### Compensation table – Serious illness additional benefit

What needs to happen – Payable condition	What we will pay – Compensation
Diagnosis, during the period of insurance, of any of the serious illnesses, provided you also survive them for a period of 30 days after diagnosis. Cover however for heart attack, stroke, and cancer will not commence until ninety (90) days after your cover starts.  This benefit will only be payable for one of the serious illnesses.	\$5,000

## Section B – Emergency travel assistance

#### What we will pay

We will pay the amounts as set out in the compensation table in this part of the Policy if the insured person's expenses are:

- incurred outside of insured person's country of residence and country of assignment; and
- incurred during the period of insurance;
- are as a result of injury or illness.

#### What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- intentional self injury or suicide or any attempt at suicide,
- flying or other aerial activity unless as a passenger in a properly licensed aircraft,
- the insured person's criminal or illegal act,
- alcoholism, drug addiction,
- if the insured person is under the influence of intoxicating liquor or drugs unless they have been prescribed by a registered medical practitioner.

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Emergency travel assistance

What needs to happen – Payable condition	What we will pay – Compensation
Medical transfer and emergency evacuation and repatriation	Up to a maximum amount of \$250,000 any one claim

## Medical transfer and emergency evacuation and repatriation

If the insured person suffers an injury or illness for which:

- it is necessary that the insured person obtain treatment which is unobtainable in their current location, and
- our emergency assistance providers medical team, in conjunction with the local registered medical practitioner attending to the insured person consider that the insured person's condition requires hospitalisation has become or continues to be necessary.

Our emergency assistance provider will organise and pay for:

- the insured person's transfer under necessary medical supervision by air ambulance, scheduled flight, road ambulance or the like to a more appropriate hospital according to the nature of their injury or illness, or
- the insured person's transfer under necessary medical supervision by scheduled flight to an appropriate hospital in their country of residence if their medical condition does not prevent such an evacuation,
- the return travel and accommodation costs of any accompanying medical personnel providing the emergency assistance provider has approved such personnel.

When the insured person has a valid claim under medical transfer and emergency evacuation and repatriation, our emergency assistance provider will also pay the following benefits.

### Return transportation benefit

If our emergency assistance provider has arranged the insured person's evacuation to other than their country of residence, our emergency assistance provider will also arrange and pay for:

- economy class airfares for the insured person to return to their country of assignment, provided such return occurs within ninety (90) days of evacuation, or
- an alternate mode or transport for the insured person to return to their country of assignment, provided such return occurs within ninety (90) days of evacuation and provided that in the opinion of our emergency assistance provider's medical officer, their condition warrants.

### Accompanying person for a repatriated child

If the insured person is under sixteen (16) years of age and require medical transfer, our emergency assistance provider will also arrange and pay for one adult return economy class airfare to accompany the insured person.

### Accompanying person for a repatriated adult

If our emergency assistance provider and the insured person's attending registered medical practitioner recommendation is that:

- the insured person cannot travel alone, and
- our emergency assistance provider have not arranged a medical escort,

our emergency assistance provider will arrange and pay for one adult return economy class airfare to accompany the insured person.

## Your additional accommodation

Our emergency assistance provider will pay

- accommodation charges they consider to be reasonable that are incurred en route by the insured person or any other person whom our emergency assistance provider have transported;
- reasonable accommodation charges that the insured person incur, up to a maximum period of fourteen (14) days while:
  - the insured person wait for hospital treatment;
  - convalesce after hospital treatment, or
  - wait for medical test results, providing that their attending registered medical practitioner certifies that it is medically necessary. This benefit is not available in the insured person's country of residence unless medical circumstances dictate that the insured person be treated:
- in a location where the insured person do not have a residence to return to, or
- an alternative place to stay (e.g. with one of their relatives).

### Accompanying person's accommodation

Our emergency assistance provider will pay:

- reasonable accommodation charges that are incurred during a period of up to 14 days of the insured person's hospital confinement by the person authorised and paid by us to accompanying the insured person on medical transfer and emergency evacuation and repatriation.

### Repatriation of mortal remains or local burial

Our emergency assistance provider will pay:

- charges incurred for the return of the insured person's body or ashes to their place of residence in their country of residence, or
- the cost of a burial overseas provided it does not exceed the cost of the return of the insured person's body or ashes to their place of residence in their country of residence.

### Advance payment of medical expenses

If the insured person's claim has been agreed by us following:

- their hospitalisation as an in-patient, or
- a medical transfer, emergency evacuation or repatriation.

Our emergency assistance provider will advance the amount required to settle the medical bills direct on our behalf subject to the 'Benefit limits' of cover.

## Emergency travel assistance claims – what you must do

In case of an emergency whilst overseas, the insured person must contact our emergency assistance provider before undertaking any personal action and:

- provide their name, the Policy Schedule number and the period of insurance,
- advise the place and telephone number where the insured person can be reached,
- give a brief description of the problem and nature of help required.

In case of any injury or illness requiring hospitalisation, the insured person or any person acting on their behalf must inform our emergency assistance provider within three (3) days of the date of occurrence. Failure to do so may entitle our emergency assistance provider to invoice you or the insured person any additional costs which would not have been incurred had this three (3) day delay been respected by the insured person or any other person acting on their behalf.

In a life threatening situation, the insured person should try to arrange for immediate emergency help first through local sources and then by calling our emergency assistance provider.

Our emergency assistance provider medical team or agents will have free access to the insured person in order to ascertain their medical condition.

Any decision concerning the insured person's medical transfer and/or repatriation such as date, means any medical equipment required shall be jointly and solely taken by the registered medical practitioner attending to the insured person and our emergency assistance provider's medical team.

The insured person must provide our emergency assistance provider with all documents and carry out all necessary formalities to enable our emergency assistance provider to recover payments from relevant sources, if applicable.

If the insured person use another assistance service provider to provide any of the benefits we cover, our emergency assistance provider will only cover costs that have been submitted for it's prior approval. Failure to do so may entitle our emergency assistance provider to invoice the insured person any additional costs above our emergency assistance provider's standard quotation.

## Section C - Personal liability

### What we will pay

We will pay the amounts as set out in the compensation table in this section of the Policy if the insured person becomes legally liable during the period of insurance to pay damages as a result of an occurrence.

Occurrence under this section includes continuous or repeated exposure to substantially the same general conditions. We regard all death, bodily injury or loss of or damage to property arising from one original source or cause as one occurrence.

### What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- any liability which would not have been imposed by law
- death of or bodily injury to the insured person or any member of their family or to any person who normally lives with the insured person;
- death of or bodily injury to anyone employed by the insured person or by someone who lives with the insured person if the death or injury arises out of their employment;
- damage to property belonging to or in control of the insured person or any member of their family or their employees;
- damage to property belonging to or in control of any person who normally lives with the insured person or their employees;
- loss of or damage to property or bodily injury arising out of the insured person's business or trade, or out of professional advice given by you or the insured person;
- any workers compensation legislation, industrial award or agreement, or statutory accident compensation scheme;
- the ownership, custody, or use of any lift, aerial device or aircraft (except model aircraft or toy kites), aircraft landing area, boat exceeding three (3) metres in length (except canoes, surfboards, surf skis or sailboards) or motorised watercraft;
- the conduct of any activity carried on by the insured person for reward except part time babysitting or as a lessor of the home;
- vibration or the weakening of, removal of or interference with support to land, buildings or other property;
- construction or demolition of a building;
- death or bodily injury to any person arising out of pregnancy or the transmission of any communicable disease by the insured person;
- the ownership of land, buildings or structures;
- loss, damage or injury intentionally caused by the insured person or a person acting with or their consent
- the lawful seizure, confiscation, nationalisation or requisition of the property insured;
- destruction of or damage to property by any government or public or local authority;

- the ownership or use of any motor vehicle which is registered or required to be insured under any applicable law;
- fines, penalties, or punitive, aggravated or exemplary damages;
- intentional self injury or suicide or any attempt at suicide;
- flying or other aerial activity unless as a passenger in a properly licensed aircraft;
- the insured person's criminal or illegal act;
- participating in or training for any professional sport;
- any act(s) of terrorism that is directly or indirectly caused by, contributed to by, or in any way involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion. For the purpose of this exclusion, an act of terrorism includes any act, or preparation in respect of action, or threat of action designed to influence the Government of the day or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or Government(s) of the day or de facto, and which:
  - involves violence against one or more persons, or
  - involves damage to property, or
  - endangers life other than that of the person committing the action, or
  - creates a risk to health or safety of the public or a section of the public, or
  - is designed to interfere with or to disrupt an electronic system.

The general exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Personal liability

What needs to happen: Payable event	What we will pay: Compensation
1. The insured person becomes legally liable to pay damages as a result of the death or bodily injury to any person	Up to a maximum limit of \$5,000,000 any one occurrence
2. The insured person becomes legally liable to pay damages as a result of loss of or damage to property	
3. The third party legal costs for which the insured person becomes legally liable as a consequence of payable event 1 or 2	
4. The legal costs (which we approve in advance) of defending claims arising from payable event 1 or 2	

## General exclusions

### When you are not covered

### General exclusions applying to this Policy

The following general exclusions apply to all sections of this Policy.

This Policy excludes loss, damage, destruction, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

1. War, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, or
2. radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.

This Policy also excludes any loss, destruction, damage, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with any action taken in controlling, preventing, suppressing, retaliating against, or responding to or in any way relating to 1 or 2 above.

### Sanctions limitation and exclusion clause

You're not insured under any section of this Policy where a claim payment breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America, or any local autonomous sanctions.

### Additional exclusions applying to this Policy

We will not pay for any claim under any section of the Policy if the claim arises directly or indirectly out of any of the following:

3. Expenses recoverable by you or the insured person from any other source such as Workers Compensation or any other statutory scheme or private health insurance.
4. We will not pay any benefit, if its payment would constitute the carrying on of a 'health insurance business' as defined under the *Private Health Insurance Act 2007* (Cth) or any succeeding legislation to that Act.

## General conditions

### Changing your Policy

If you want to make a change to this Policy, the change becomes effective when:

- we agree to it, and
- we give you a new Policy Schedule detailing the change.

### Other interests

You must not transfer any interests in this Policy without our written consent.

Any person whose interests you have told us about and we have noted on your Policy Schedule is bound by the terms of this Policy.

### Cancelling your Policy

#### How you may cancel this Policy

- You may cancel this Policy at any time by telling us in writing that you want to cancel it.
- Where 'you' involves more than one person, we will only cancel the Policy when a written agreement to cancel the Policy is received from all persons named as the insured.

#### How we may cancel this Policy

- We may cancel this Policy in any of the circumstances permitted by law by informing you in writing.
- We will give you this notice in person or send it to your address last known to us.

### The premium

We will refund to you the proportion of the premium for the remaining period of insurance.

### Notices

Any notice we give you will be in writing, and it will be effective:

- if it is delivered to you personally, or
- if it is delivered or posted to your address last known to us.

It is important for you to tell us of any change of address as soon as possible.

## Claims

1. If anything happens that is likely to lead to a claim you or the insured person must:
  - follow medical advice from a registered medical practitioner as soon as possible after sustaining injury or illness;
  - give us notice in writing, by telephone or in person describing the occurrence;
  - tell us promptly;
  - fully complete our claim form and return it to us within thirty (30) days after a payable condition occurs;
  - undergo any medical examination by a registered medical practitioner appointed by us if we require it and at your expense provide us with any information about the claim we ask for including:
    - registered medical practitioner's reports,
    - letters and notices you receive from anyone else about the claim.
2. If you or any insured person act fraudulently we may reject the claim altogether and cancel this Policy.
3. You and any insured person must give us written notice as soon as possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all information in regard to matters which may lead to cover under this Policy.
4. As soon as an event that can justify a claim occurs, the insured person must make every endeavour to minimise the loss or damage.
5. In the event of a claim you must advise us of any other insurance you and the insured person have covering the same risk. If you or the insured person can claim from anyone else and we have already paid for the claim, you must render all reasonable assistance to us including but not limited to the proper lodgement of a claim in order that we may obtain a rateable recovery from any other Insurer.
6. We have the sole right to make admissions. We may refuse to protect the insured person if you or the insured person admits fault, makes any offer of payment or defends a claim in court without our consent.
7. We will be entitled to conduct in your name or the insured person's name the defence or settlement of any claim or to prosecute in your or the insured person's name.
8. We will pay benefits to you or to the insured person unless you instruct us to do otherwise.

### What we do

We may take over and conduct the defence or settlement of any claim or issue legal proceedings for damages. If we do this we will do it in your name. We have full discretion in the conduct of any legal proceedings and in the settlement of any claim. You must co-operate by giving us any statements, documents or assistance we require. This may include giving evidence in any legal proceedings.

## What can affect a claim

We will reduce the amount of a claim by the excess shown in the Policy Terms and Conditions or on the Policy Schedule.

We may refuse to pay a claim if you are in breach of your duty of disclosure or any of the conditions of this Policy, including any endorsements noted on or attached to the Policy Schedule.

We pay only once for loss or damage from the same event covered by this Policy even if it is covered under more than one section of the Policy.

We may be entitled to refuse to pay or to reduce the amount of a claim if:

- it is in any way fraudulent, or
- any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefits under this Policy.

