



TABLE 120 - SCHEDULE OF COVER and POLICY DOCUMENT

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(PLEASE NOTE: this policy does not include Obstetrics and New Born Infants Cover)

SCHEDULE OF COVER

AHI Insurance 100% In-Hospital Cover plus 100% of Australian Health System Fees for Out-Patient Medical

SECTION 1 IN-HOSPITAL (IN-PATIENT) EXPENSES for INJURY and SICKNESS, including REHABILITATION PROGRAMMES following hospitalisation 100% Cover without excess or co-payment

In-Hospital (In-Patient) Expenses incurred as a result of sustaining Injury or Sickness and paid by You or on Your behalf to a Medical Practitioner, registered nurse or registered physiotherapist or hospital or rehabilitation facility for medical, surgical, x-ray, hospital, nursing or other medical treatment as listed below, including prescribed medicines, drugs and medical supplies within Australia.

Private Accommodation

Shared Private Ward

General Ward

Theatre Fees

Intensive Care

Procedure Room

Anaesthetic Services

Same Day Surgery

Specialist Medical Care in Hospital

Rehabilitation programmes following hospitalisation

Dental Reconstruction (following trauma)

Prostheses (Surgically implanted)

Special Surgical Dressings, Supplies and Procedures

Physiotherapy in Hospital

Drugs and Medicines in Hospital

Specialist Nursing

X-rays

Pathology

Medical and Surgical Supplies

Blood Transfusions

All Medical, Surgical and Ancillary services and other In-Hospital services approved by IMAN/AHI

Parent Hospital Accommodation Charges

SECTION 2 OUT-PATIENT MEDICAL EXPENSES for INJURY and SICKNESS
100% of Australian Health System Fees, also known as Medicare Benefits Schedule (MBS) Fees.

Out-Patient Medical Expenses incurred as a result of sustaining Injury or Sickness and paid by You or on Your behalf to a Medical Practitioner for medical, surgical, x-ray, pathology, nursing or other medical treatment as shown below, including the cost of drugs and supplies administered by a medical practitioner, as part of the treatment.

Primary and Specialist Medical Practitioner Outpatient Medical Care for Injury and Sickness

Medical Practitioner visits to office, hotel or residence

Visits to Medical Practitioners - General Practitioners and Specialist Medical Practitioners

Sports Medicine

Pathology for Injury and Sickness

Diagnostic Testing

Tests and Procedures

Pathology Tests

Laboratory Tests

Blood Tests

Medical Practitioner-ordered Outpatient Medical Services for Injury and Sickness

Plastic Surgery (reconstruction after accident)

Chemotherapy

Radiation Therapy

X-rays

Other Medical Tests, operations, treatments and specialist procedures as approved by IMAN

SECTION 3 ELECTIVE SURGERY EXPENSES

In-Hospital (In-Patient) Expenses and Same Day Surgery Expenses for Elective Surgery up to a maximum of \$A2000 per person per annum in total for non-critical surgery determined as elective by a Medical Practitioner appointed by the Health Fund.

SECTION 7 AMBULANCE EXPENSES
100% Cover without excess or co-payment

Road and Air Ambulance services within Australia.

SECTION 8 INSURANCE AND LIABILITY SURCHARGE

Insurance and Liability Expenses levied by Medical Practitioners and Hospitals in Australia, up to a maximum of \$A20,000 per Policy per annum in total.

POLICY DOCUMENT

1. Extent of Cover

This policy is arranged on behalf of Members of Australian Health Insurance and IMAN International Pty Ltd who are temporary residents working in Australia but who are not entitled to Medicare benefits whilst in Australia, or only entitled to limited benefits under Reciprocal Health Agreements.

The liability under any section of the Policy is limited to the sums insured as specified in the Schedule of Cover, and limited to those sections of the Schedule of Cover for which the premium has been paid.

In accordance with the provisions of the applicable health insurance legislation and regulations, this policy has been underwritten by Australian Health Management Group Ltd (ahm) a Registered Health Benefits Organisation.

Australian Health Management Group Ltd (ahm) hereby agree to insure such person or persons who are named in the Australian Health Insurance and Australian Health Management Group Ltd (ahm) Certificate of Cover, and on the terms and conditions and subject to the exclusions set out in this policy for Injury and Sickness incurred during the Period of Insurance.

Family policies can consist of the Member and accompanying spouse/partner and any number of accompanying dependent children under 21 years of age.

"Dependent" for the purposes of this policy is not considered the same as for the purposes of your Visa application. "Dependent" means your natural, step, foster or adopted child under the age of 21, provided that any child between the ages of 6 and 21 is living at home and studying full time at an approved school, college or university.

2. Existing Ailments

Existing Ailments

A claim arising from an Existing Ailment may not be covered under this policy.

Where we offer to **cover an Existing Ailment**, then your policy is endorsed to confirm you are fully covered and your policy is renewable.

Where we offer a policy which **excludes an Existing Ailment**, your policy is endorsed to exclude the ailment during the first twelve months of continuous membership, and to confirm you are fully covered for all other illness or injury and your policy is renewable.

An Existing Ailment is an ailment, illness, condition or disability, the signs or symptoms of which, in the opinion of a Medical Practitioner appointed by the Health Fund, existing prior to or on the date of application, or on the date of upgrading to a higher level of cover.

You must disclose if you, or any accompanying family member:

- 1. Have undergone pre-employment health screening**
 - a) examination by a doctor**
 - b) x-rays**
 - c) blood and urine tests**
- 2. Have signed a health undertaking with the Department of Immigration and Citizenship (DIAC)**
- 3. Are aware of any existing signs or symptoms of an ailment, illness, condition or disability**
- 4. Have had an ailment, illness, condition, or disability, for which medical treatment was received in the last 6 months**
- 5. Have received hospital treatment in the last 3 years**
- 6. Have an implant of any kind**
- 7. Are currently taking prescribed drugs**
- 8. Have received any other treatment (including physiotherapy or chiropractic) within the last 6 months**
- 9. Are pregnant**

You have a duty to disclose to us whether you are aware of any Existing Ailment affecting yourself or accompanying family member, as this is relevant to our decision to offer you health insurance. If you do not disclose all relevant information at the time of applying to join the Health Fund, we may refuse to pay your claim, or may cancel the policy immediately. Should any decision need to be made about a claim for what may be an Existing Ailment, the Health Fund will appoint a Medical Arbitrator to make a decision based on the information available.

3. Definitions, Conditions & Exclusions

Definitions Applicable to this Policy

Insured Person means the person or persons named in the Australian Health Insurance and Australian Health Management Group Ltd (ahm) Certificate of Cover and who is not entitled to Medicare benefits in Australia, or who is only entitled to Reciprocal Medicare benefits in Australia.

You or Your or Yourself means the Insured Person or persons named in the Australian Health Insurance and Australian Health Management Group Ltd (ahm) Certificate of Cover.

Health Fund means Australian Health Management Group Ltd (ahm), ABN 96 003 683 298, of 10 Richardson St Wollongong NSW 2500, a registered Health Benefits Organisation, who underwrite this policy.

IMAN means IMAN International Pty Ltd, ABN 73 052 952 655, of 39 Albany St, Crows Nest, Sydney, NSW, 2065, a company duly incorporated under the laws of Australia and registered in New South Wales, Australia.

Australian Health Insurance (AHI) means Australian Health Insurance, the Registered trading name of IMAN International Pty Ltd.

We or Us means IMAN International Pty Ltd, ABN 73 052 952 655, trading as Australian Health Insurance (AHI) or Australian Health Management Group Ltd (ahm), ABN 96 003 683 298.

Injury means accidental bodily injury suffered by You during the Period of Insurance.

Sickness means sickness or disease afflicting You during the Period of Insurance.

Medical Practitioner means a person legally qualified and registered to practice medicine in Australia.

Medical Arbitrator means a Medical Practitioner appointed by the Health Fund.

Family Policy means a family consisting of the Member and accompanying spouse/partner and any number of accompanying dependent children under 21 years of age.

Period of Insurance means the period stated in the Australian Health Insurance and Australian Health Management Group Ltd (ahm) Certificate of Cover. The Period of Insurance cannot commence before You arrive in Australia and cannot extend beyond the date of Your departure from Australia. The Period of Insurance can only be extended from the last date of cover shown in the Australian Health Insurance and Australian Health Management Group Ltd (ahm) Certificate of Cover - except in the event of Your travelling or residing overseas, when the

Period of Insurance can recommence from the date of Your return to Australia. The Period of Insurance should be terminated upon the granting of Permanent Residency.

Existing Ailment is an ailment, illness, condition or disability, the signs or symptoms of which, in the opinion of a Medical Practitioner appointed by the Health Fund, existed prior to or on the date of application, or on the date of upgrading to a higher level of cover.

Credit for Time Away means in the event of You travelling overseas for short periods of no more than 10 weeks, and by advising AHI **in advance of your travel plans**. Your premium payments will be suspended during your absence. Entitlement to refund of Expenses payable under this Policy are adjusted to correspond with the period of Credit for Time Away.

Schedule means the Schedule of Cover issued with each Australian Health Insurance and Australian Health Management Group Ltd (ahm) Certificate of Cover.

Expenses means medical, hospital, and other Expenses specified in the Schedule.

Medicare Benefits Schedule (MBS) means the fees for medical services, as set by the Australian Government. Doctors may choose to charge more than the MBS Fees.

Extras Cover means Extras Medical Expenses as specified in the Schedule.

Conditions Applicable to all Sections of Policy

Subrogation. We shall be subrogated to all Your rights of recovery against any person or organisation and You shall not take any action after any loss to prejudice such rights.

Contribution. We reserve the right to seek a contribution from the other Insurer, when a loss recoverable by You under this policy is also recoverable under another insurance policy.

Exclusions Applicable to this Policy

We will not pay Expenses incurred by You in Australia:

- Which are for Existing Ailments during the first twelve months of continuous membership, as defined under this policy.
- Which are for or taking part in professional sporting activities or extreme sporting activities.
- Which are deliberate self-inflicted injury or suicide or use of illegal substances.
- Which are for any claims arising after the Period of Insurance ends or any claim arising outside Australia.
- Which are for any proprietary medicines or drugs (Prescription Medicines).
- Which are for Physiotherapy, Chiropractic or Osteopathy, or any other Extras Cover Expenses such as dental, optical, and remedial massage.
- Which are for cosmetic surgery except where required as a result of an Injury.

- Which are for treatment for infertility, sexual dysfunction, IVF procedures, sterility or impotence, or sterilisation.
- Which are for fees in excess of the MBS benefits payable for Out-Patient Medical services.
- Which are for treatment for alcohol, smoking or drug addiction.
- Which are for Expenses recoverable under Compulsory Workers Compensation policy under Australian law, or Compulsory Third Party Motor Insurance or Sports Insurance, or any other insurance policy, including Medicare.
- Which are for Obstetrics and Newborn Infant related Expenses.
- Which are for elective surgical procedures that exceed more than \$A2,000 per Member per annum.
- Which are for medical examinations, x-rays, inoculations, or other such treatments for the purposes of obtaining, renewing or extending a visa for entry to Australia, or for the purpose of obtaining Permanent Residency status in Australia, or for the purpose of travelling overseas.
- Which are for organ transplants, bone marrow transplants, laser eye surgery, or for any experimental procedures or surgery not approved under this Policy by the fund.
- Which are for preventative inoculations for diseases not normally contracted in Australia or for the purpose of travelling overseas.
- Which are for In-Hospital (In-Patient) Expenses and Out-Patient Medical Expenses for psychiatric services.
- Which are for counselling, testing, or any other services provided by registered psychologists and other practitioners.
- Which are for tests not medically necessary (including CT body scans) and not approved under this Policy by the fund.
- Which are for treatment provided by any person not registered to practise medicine in Australia.
- Which are for any claims made in excess of 24 months of the Injury and/or Sickness occurring.
- Your Australian Health Insurance and Australian Health Management Group Ltd (ahm) Membership is classified as unfinancial.

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