



PRODUCT DISCLOSURE STATEMENT

This Product Disclosure Statement (**PDS**) describes the benefits, exclusions, conditions, definitions and cost of IMAN Australian Health Plans, as well as information about your rights if you decide to purchase a Plan.

All Plans comply with the Department of Immigration and Citizenship regulations regarding minimum levels of cover for 457 and other specified 400 series visas.

You should read it carefully to assist you in understanding what we will and will not pay for under the Plans. We cannot advise you on which Plan is suitable for your particular needs.

IMAN International Pty Ltd and Australian Health Plans

IMAN International Pty Ltd (**IMAN**) is the product issuer for the IMAN Australian Health Plans. This means that we are responsible for the payment of any claims you make under the terms of the Plans.

IMAN holds an Australian Financial Services Licence which authorises us to deal in, and provide general advice on, discretionary risk products. Our AFS Licence number is 246971, and is issued by the Australian Securities Investment Corporation (ASIC).

'Australian Health Plans' is a trading name owned by IMAN International Pty Ltd. The Plans are available to temporary residents with visas that allow them to work while present in Australia but who are not entitled to receive benefits from Medicare or who are only entitled to Reciprocal or Interim Medicare Benefits.

Definitions used in these Plans

Annual Limits means, for certain Expenses, the maximum amount we will pay in any one 12 month period. The Annual Limits will be specified in the *Schedule* of Benefits which relates to *your Plan*.

Benefits includes medical, hospital, rehabilitation, obstetrics, repatriation, funeral, and extras expenses under a *Plan* as specified in the section 'Benefits offered under your Plan'. The total Benefits payable per person, per annum under all *Plans* is \$A2 million dollars.

Certificate means the Membership Certificate supplied by IMAN Australian Health Plans detailing the information specific to *your Plan*.

Credit for Time Away means a period of time during which you are absent from Australia for up to 10 weeks.

Dependent includes any spouse or partner accompanying you and your natural, step, foster or adopted child under the age of 25, living at home and studying full time at an approved school, college or university. This definition of dependent is different to that used in your Australian Visa application.

Existing Ailment includes an ailment, illness, condition or disability, the signs or symptoms of which, in the opinion of a *Medical Practitioner* appointed by us, existed at any time in the six month period, prior to you becoming a *Plan* member as detailed on the *Certificate*, or prior to you upgrading *your Plan* membership as detailed on the *Certificate*. This clause is consistent with Section 75.15 of the Private Health Insurance Act 2007. This exclusion does not apply where a *Medical Practitioner* certifies, and we agree, that you require emergency treatment, or treatment for a life threatening illness in Australia.

Injury means accidental bodily injury (excluding anything that results in Sickness).

Insurance and Liability Surcharge means fees charged by a *Medical Practitioner* for which no Medicare benefit is payable to any person in any circumstance.

Interim Certificate means the Interim Membership Certificate supplied by IMAN Australian Health Plans detailing the information specific to your request for membership of a *Plan*, in support of your visa application. A non-refundable service fee may be payable. No health benefits are payable on an Interim Certificate. To activate a membership where benefits are payable, *you* need to apply for a *Certificate*, once *your* visa is approved, and an arrival date in Australia is known.

Medicare means the Australian Government's public health care system.

MBS Fees means the fees for medical services as set by Medicare.

Medical Arbitrator means a *Medical Practitioner* appointed by us.

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

Pharmaceutical Benefits means *Medical Practitioner*-prescribed drugs and medicines prescribed for sickness and injury and which are listed under the Australian Government's Pharmaceutical Benefits Scheme. Medicines which are not listed on the Australian Government's Pharmaceutical Benefits Scheme are not claimable.

Plan means the agreement between us and you which is comprised of the Application Form completed by you or on your behalf, this PDS, the *Certificate*, and/or *Interim Certificate*, and the *Schedule* of Benefits.

Reciprocal or Interim Medicare Benefits means benefits paid by Medicare for medically necessary treatment while visiting Australia.

Schedule means the Schedule of Benefits issued with each IMAN Australian Health Plans Membership *Certificate*.

Sickness means sickness or disease.

Term means the period during which the *Plan* is in effect. The Term commences on the day shown in the Membership *Certificate* and continues until the *Plan* is cancelled. The commencement date cannot be prior to *your* arrival in Australia.

Waiting Period means the period in which benefits are not payable.

you/your means the person(s) named in the *Certificate* or *Interim Certificate* (and for the Couple *Plan* and Family *Plan*, a *Dependent* of the person(s) named therein).

we/us/our means IMAN International Pty Ltd, ABN 73 052 952 655, AFS Licence 246971, 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, and trading as Australian Health Plans.

Benefits offered under your Plan

We will pay you certain Expenses for Injury or Sickness, where that Injury or Sickness occurs during the membership of your Plan.

Which Expenses are included depends on which Plan you choose to purchase. There are four Plans available – you should decide which Plan suits you. The Plan you have purchased is shown on the Membership Certificate.

The Expenses we will pay as Benefits under each Plan are outlined as follows on pages 3 and 4:

	320 Plan		390 Plan		120 Plan		190 Plan	
	Single	Couple/ Family	Single	Couple/ Family	Single	Couple/ Family	Single	Couple/ Family
Public & Private In-Hospital , Same Day Surgery and Emergency Room	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	
Public & Private Rehabilitation Hospital	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	
Outpatient treatment following hospitalisation and rehabilitation	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	
Cash Benefit for hospitalisation exceeding 5 days (excluding Dependents)	Up to \$200 per day up to a maximum of 180 days per annum.		Up to \$200 per day up to a maximum of 180 days per annum.		Up to \$200 per day up to a maximum of 180 days per annum.		Up to \$200 per day up to a maximum of 180 days per annum.	
Public Hospital Labour Ward	Up to 100% of Expenses after 12 months waiting period		Up to 100% of Expenses after 12 months waiting period		Up to 100% of Expenses after 12 months waiting period		Up to 100% of Expenses after 12 months waiting period	
Public Hospital Psychiatric Ward, and Palliative Care Ward	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	
Outpatient Medical Treatment	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of the amount of the MBS Fee applicable to out-patient medical services		Not Included	
Elective Surgery	Up to \$2000 per person per annum		Up to \$2000 per person per annum		Up to \$2000 per person per annum		Up to \$2000 per person per annum	
Outpatient Psychiatric	Up to \$2000		Up to \$2000		Not Included		Not Included	
Outpatient Prescribed Pharmaceuticals	Up to \$1000	Up to \$2000	Up to \$1000	Up to \$2000	Not Included	Not Included	Not Included	Not Included
Outpatient Physiotherapy/ Osteopathy/ Chiropractic	Up to \$1000	Up to \$2000	Up to \$1000	Up to \$2000	Not Included	Not Included	Not Included	Not Included
Road & Air Ambulance Expenses	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	

	320 Plan		390 Plan		120 Plan		190 Plan	
	Single	Couple/ Family	Single	Couple/ Family	Single	Couple/ Family	Single	Couple/ Family
Repatriation to Your Home Country	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	
Funeral Expenses	Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses		Up to 100% of Expenses	
Insurance and Liability Surcharge	Up to \$20,000		Up to \$20,000		Up to \$20,000		Up to \$20,000	
Extras Including: <ul style="list-style-type: none"> •Dental; •Optical, including laser eye surgery, but excluding frames •Psychiatric; •Occupational therapy; •Podiatry •Home nursing and home care •Pathology and Radiology •Eyeglass lenses & eye examinations; •Dietetics; •Speech therapy; •Hearing aids; •Acupuncture; •Naturopath; •Prosthesis; •Traditional Chinese or alternative medical therapy •Cosmetic Surgery (recommended by a Medical Practitioner as a result of an Injury or Sickness) •Treatment for infertility, sexual dysfunction, in vitro fertilisation procedures, sterility or sterilisation and impotence 	Up to \$1000	Up to \$2000	Not Included		Not Included		Not Included	
	Full details of your extras appear in the Schedule of Benefits. Benefits unused in any 12 month period are carried forward to the next year.							
Obstetrics and Newborn Infants Expenses (Private Hospital, and Out-patient)	Not included	Up to 100% of Expenses Only available after 12 months.	Not included		Not included		Not included	

Exclusions and Limitations

The Expenses we will not pay as Benefits under any Plan are as follows:

Existing Ailments Waiting Period	Expenses relating to an Existing Ailment are excluded for 12 months from the first date of you becoming a Plan member as detailed on the Certificate. If a decision needs to be made about what is an Existing Ailment when we are considering whether to pay Expenses, we will appoint a Medical Arbiter to make a decision based on the information available.
Waiting Periods	Expenses incurred during the specified waiting periods listed in this PDS and in the Schedule of Benefits relating to the specific term of your Plan membership as detailed on the Certificate. Additionally, waiting periods apply if: <ul style="list-style-type: none"> ● transferring from an Australian based provider of Overseas Visitor Health Cover - the waiting period depends on assessment of the waiting period already served, but will be no greater than 12 months. Transfer must take place within 30 days, for continuity of benefits to be recognised. ● increasing the level of benefits i.e. upgrading your membership to a higher level of benefits - the waiting period depends on assessment of the waiting period already served, but will be no greater than 12 months.
Public Hospital Labour Ward	Expenses incurred within the first 12 months of the term of membership.
Obstetrics and Newborn Infants Expenses (Private Hospital, and Out-Patient)	Expenses relating to private hospital and out-patient obstetrics services and newborn infants, incurred within the first 12 months of the term of membership on a 320 Couple or Family Plan, or incurred at any time under any other Plan.
Workers Compensation, Motor, Sports and Liability Policies & Medicare	Expenses recoverable from a third party e.g. claims under motor and sport insurance or public liability policies; from Medicare, or under a compulsory workers compensation policy.
Outside Australia	Expenses relating to an Injury or Sickness occurring or first diagnosed outside Australia.
Prescription Medicines	Expenses relating to proprietary medicines or drugs purchased without a prescription issued by a Medical Practitioner.
Visas	Expenses for medical examinations, x-rays, inoculations or vaccinations and other treatments required for the purpose of: <ul style="list-style-type: none"> ● obtaining, renewing or extending a visa for entry into Australia; ● obtaining permanent residency status in Australia; or ● travelling outside Australia
Transplants and Experimental Surgery	Expenses relating to organ transplants, bone marrow transplants, and any experimental surgical procedures not expressly approved under the Plan.
Psychological	Expenses relating to counselling, psychological testing or other mental health services provided by registered psychologists and any other person who is not a psychiatrist, and group therapy or counselling sessions, including where provided by a psychiatrist.
Annual Limits	Any expense, or that part of any expense, exceeding the internal annual limits specified in the Membership Certificate and Schedule of Benefits.
Elective Cosmetic	Expenses relating to Elective Cosmetic treatments
Assisted Reproductive Treatments	Expenses relating to Assisted Reproductive treatments

Subrogation and Contribution

If you have any legal rights against a third party e.g. Compensable claims under motor and sport insurance or public liability policies, which would entitle you to compensation from the third party for an Injury or Sickness which is suffered due to the fault of that party, we will require you to assign or subrogate those legal rights to us if we pay the Expenses relating to that Injury or Sickness in part or whole. We do this so we can make a financial recovery from a responsible third party. It is important that you do not prejudice your legal rights by holding any third party harmless or otherwise agreeing not to pursue your legal rights against a third party.

Discretionary Risk Product

Under the National Health Act 2007 Overseas Visitor Health Cover [OVHC] is now defined as health related business which is regulated under the Corporations Act 2001.

Our Working Visa Health Plans come under the definition of OVHC.

Health related business can be provided by a registered health fund, general insurer or a discretionary risk provider.

- A registered health fund is regulated by the Private Health Insurance Administration Council [PHIAC] under the National Health Act 2007
- A general insurance company is regulated by the Australian Prudential Regulation Authority [APRA] under the Insurance Act 1973 as amended
- A discretionary risk provider is regulated by the Australian Securities and Investments Commission [ASIC] under the Corporations Act 2001

IMAN is a discretionary risk provider regulated by ASIC. The Plan is a discretionary risk product subject to the terms and conditions of our financial services licence, which authorises us to deal in, and provide general advice on discretionary risk products. Our AFS Licence number is 246971. We are required to meet the financial resources conditions attached to our AFS Licence. We have placed an excess of loss insurance policy with a reputable insurer approved by APRA to carry on insurance business in Australia. This insurance policy is to assist us to pay claims in excess of \$100,000 and up to \$1,000,000. In addition we are required to maintain a Professional Indemnity policy for \$20,000,000 to cover breaches of the Corporations Act 2001.

When you make a claim under the Plan we are entitled to exercise our discretion in determining whether your claim is fully or partly payable under the Schedule of Benefits and subject to the conditions and exclusions of the Plan you have chosen. We must exercise our discretion in a just and fair way and should we ever decline to pay all or part of a claim we will advise you of the reasons for our decision. If you are not satisfied with our decision you are entitled to submit a complaint to an independent arbitrator. The decision of the arbiter is binding on us but not on you. Details of the independent arbiter are given below under the heading Dispute Resolution.

You are entitled to cancel your Plan without notice at any time. There is no penalty, deductible or charge upon cancellation.

Dispute Resolution

If you wish to make a complaint about our services, products or any decision we make regarding a claim, you can contact our Complaints Officer on 1800 22 11 33. We will acknowledge receipt of your complaint within 10 business days, and attempt to resolve it within 10 business days.

IMAN is a member of the Financial Ombudsman Service Limited, an external dispute resolution scheme. If you are not satisfied with the manner in which your complaint is handled, you are entitled to take your complaint to them. Any decision they make is binding on us but not on you.

Financial Ombudsman Services Ltd
G.P.O, Box 3,
MELBOURNE VIC 3001

Ph: 1300780808
Fax: 03 9613 6399
Email: info@fos.org.au

Benefit Limits

The total benefits payable per person, per annum under all Plans is \$A2 million dollars.

Plan 120 only provides benefits for MBS Fees. Some Medical Practitioners may charge a higher fee than the MBS Fee and you will be required to pay the difference (the gap) to the Medical Practitioner. You may incur significant expense in relation to gap charges under the 120 Plan.

The 190, 120, 390 Plans, and the Single 320 Plan, only provide benefits for pregnancy related services in a Public Hospital Labour Ward. No Out-Patient Services are payable.

You should take care to ensure you select the Plan that offers you the level of protection you are likely to require.

Cost of Plans

The cost of each Plan is inclusive of GST. IMAN may, at our discretion increase the cost of each Plan from time to time. We will give you 30 days notice of any changes to your Plan cost.

Plan	Monthly			Quarterly			Six Monthly			Annually		
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
320	\$233	\$466	\$499	\$699	\$1398	\$1497	\$1398	\$2796	\$2994	\$2796	\$5592	\$5988
390	\$166	\$332	\$360	\$498	\$996	\$1080	\$996	\$1992	\$2160	\$1992	\$3984	\$4320
120	\$83	\$166	\$172	\$249	\$498	\$516	\$498	\$996	\$1032	\$996	\$1992	\$2064
190	\$66	\$132	\$135	\$198	\$396	\$405	\$396	\$792	\$810	\$792	\$1584	\$1620

We will refund you the cost of the Plan applicable to any Credit for Time Away of which you have notified us in advance.

Taxation Implications

The taxes and charges that apply to the Plan will be shown in the Certificate completed when the Plan is issued by us. The financial limit includes any GST payable for expenses.

Cooling Off Period

You have the right to cancel this Plan at any time up to 14 days from the date when your Plan was confirmed and receive a full refund. You may cancel the Plan by giving us notice in writing of your intention to cancel within the cooling off period. You cannot cancel within the cooling off period and obtain a refund if you have made a claim already.

Cancellation

You may cancel your Plan at any time by giving us notice in writing, stating the reason for the cancellation e.g. returning home, permanent residency, Medicare entitlement. Your Plan will be cancelled from the date of your advice. The Department of Immigration and Citizenship, and your Sponsor/Employer may be informed, as per visa condition 8501, that your membership has been cancelled.

When you cancel your Plan we will give you, at our discretion, a pro-rata refund of any fee you have paid in advance for the Plan.

IMAN may choose to cancel your Plan, effective immediately, if you are in breach of any of the terms or conditions of this Plan, including non-payment. IMAN will give you notice in writing of its intention to cancel the Plan.

Making an Expenses Claim

For medical expenses - To make a claim for medical expenses, please download a claim form from our website, complete the form and post it to us together with your original invoices and original receipts.

You can download our claims form at <http://www.austhealth.com/howToClaim.php>

Most Medical Practitioners will require payment at the time of consultation. Chemists also require payment for all prescription medicines dispensed. Pharmacy receipts are required when claiming eligible pharmaceutical benefits.

For hospital admissions expenses - For hospital expenses claims, we can arrange payment directly to providers.

Please request the receptionist or hospital Admissions Officer to call us on our Australia-wide Freecall Number 1800 22 11 33 and provide details of the account.

For claims relating to the cash in-hospital benefit for more than 5 days hospitalisation, this benefit will be paid on a weekly basis.

Governing Law and Jurisdiction

The terms and conditions of the Plan are governed by the law of the State of New South Wales and the Courts in that State have jurisdiction in any dispute arising under the Plans.

Contact details

IMAN International Pty Ltd t/as Australian Health Plans
AFS Licence No: 246971
39 Albany St
Crows Nest NSW 2065

Ph: 1800 22 11 33
Fax: 02 8437 2877

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