

POLICY DOCUMENT

This document describes the Benefits, exclusions, conditions, and definitions of your membership with IMAN Australian Health Plans.

All Plans comply with the Department of Immigration and Citizenship regulations regarding minimum levels of cover for 457 and other specified 400 series visas current as at the time of publication of this document.

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

IMAN Australian Health Plans Pty Ltd (trading as IMAN Australian Health Plans)

All Plans issued by IMAN Australian Health Plans (IMAN) are underwritten by nib health funds limited, as a private health insurer registered under the Private Health Insurance Act 2007, as health related business.

IMAN and nib health funds limited are both wholly owned subsidiaries of nib holdings limited. IMAN is responsible for the administration and payment of any claims you make under the terms of the Plans.

IMAN 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

Administration Fee means the fee charged for cancellation of your membership if you cancel prior to the Commencement Date of your Plan.

Annual Limits means, for certain Benefits, 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'.

Commencement Date means the date your Plan comes into effect as shown on your Membership Certificate. This date cannot be prior to your arrival in Australia.

Credit for Time Away means the ability to suspend your membership when you travel outside of Australia.

Dependant 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 dependant is different to that used in your Australian Visa application.

Elective Surgery is:

- Gastric banding and obesity surgery
- Terminations where not medically necessary
- Circumcision
- Tongue Tie
- Sterilisation and reversal of sterilisation
- Sleep apnoea testing
- Infertility treatment including IVF (applicable only to Executive Top Visitor and Top Visitor Cover. Excluded on Budget Visitor, Basic Visitor and Mid Visitor)

Emergency Treatment means treatment provided for Sickness and Injury, which requires immediate medical attention, action or remedy.

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 Membership Certificate, or prior to you upgrading your Plan membership as detailed on the Membership Certificate.

GST means the Goods and Services Tax included in the cost of the Plans. When you make a claim for payment of Benefits under this membership, you will need to make a declaration regarding your or any other party's entitlement to claim any part of the GST paid as an input tax credit.

Hospital Emergency Room means the emergency department of a public or private hospital.

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

In-patient means a patient receiving treatment that requires a stay in hospital, admitted for the day or overnight. Treatment received in an emergency ward of a hospital without a formal admission does not qualify the patient as In-patient.

Medicare means the Australian Government agency that administers the national health program (public health care) in Australia.

Medicare Benefit Schedule (MBS) Fees means the fees for medical services as set by Medicare.

Medical Arbiter means a Medical Practitioner appointed by us.

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

Membership Year means a period of twelve months starting from the commencement date of cover with IMAN, or from the anniversary of that date.

Membership Certificate means the certificate supplied by IMAN detailing the information specific to your Plan.

Out-patient means a patient who receives treatment outside of an admission to a hospital, and excludes Hospital Emergency Room visits. Treatment may be provided at the hospital premises, in a Medical Practitioner's consulting rooms or at another designated health facility such as community health centre or polyclinic.

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 payable as Benefits under your Plan.

Plan means the agreement between us and you which is comprised of the application form completed by you or on your behalf, this document, your Membership 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 Membership Certificate.

Sickness and Injury Cover for all in-hospital procedures that are listed under the Medicare Benefits Schedule (MBS) – this is with the exception of the in-hospital procedures that are listed separately under Sections 1.2, 1.4, 3, 9 of IMAN Plans.

Term means the period during which the Plan is in effect. It starts on the Commencement Date and continues until the Plan is cancelled.

Waiting Period means the period in which certain Benefits are not payable. A Waiting Period of 12 months applies for Existing Ailments. Other specific Waiting Periods apply as specified in this Policy Document and in the Schedule of Benefits which relates to your Plan.

you / your means the person(s) named in the Membership Certificate (and for the Couple Plan and Family Plan, a Dependant of the person(s) named therein).

we / us / our means IMAN Australian Health Plans Pty Ltd (ACN 144 907 746) a company duly incorporated under the laws of Australia and registered in Victoria, Australia, and trading as Australian Health Plans.

A summary of benefits offered under your Plan

There are five Plans available to choose from – you should decide which Plan suits you. The Plan you have purchased is shown on the Membership Certificate. An overview is outlined below:

	Executive Top Visitor Cover (320 Plan)		Top Visitor Cover (360 Plan)		Mid Visitor Cover (390 Plan)		Basic Visitor Cover (120 Plan)		Budget Visitor Cover (190 Plan)		Waiting Periods
	Single	Couple/Family	Single	Couple/Family	Single	Couple/Family	Single	Couple/Family	Single	Couple/Family	
HOSPITAL AND MEDICAL											
Public & Private Hospital Cover, same Day Surgery for Sickness and Injury	100% of cost of Hospital & In-patient Medical		100% of cost of Hospital & In-patient Medical		100% of cost of Hospital & In-patient Medical		100% of cost of Hospital & In-patient Medical		100% of cost of Hospital & In-patient Medical		12 months Pre-existing
Public and Private Hospital Emergency Room	100% of cost		100% of cost		100% of cost		Not covered, unless the treatment leads to an admission as In-patient, or is certified by the treating doctor as a genuine emergency		Not covered, unless the treatment leads to an admission as In-patient, or is certified by the treating doctor as a genuine emergency		Nil
Public Hospital Cover Pregnancy & Birth Related Services	Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		12 months
Private Hospital Cover for Pregnancy & Birth Related Services	Minimum benefits apply	100% of cost Hospital & In-patient medical	Minimum benefits apply	100% cost Hospital 100% MBS In-patient medical	Minimum benefits apply		Minimum benefits apply		Minimum benefits apply		12 months
Public & Private Rehabilitation Hospital	100% of cost Hospital & In-patient medical		100% of cost Hospital & In-patient medical		100% of cost Hospital & In-patient medical		100% of cost Hospital & In-patient medical		100% of cost Hospital & In-patient medical		2 months
Public Hospital Cover Psychiatric Treatment, and Palliative Care	Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Public hospital cover 100% MBS fee In-patient medical		Nil
Hospital Cover - Elective Surgery	Refer to the Schedule of Benefits for details		Refer to the Schedule of Benefits for details		Refer to the Schedule of Benefits for details		Refer to the Schedule of Benefits for details		Refer to the Schedule of Benefits for details		12 months Pre-existing
Out-patient treatment following hospitalisation and rehabilitation	100% of cost		100% of cost		100% of cost		100% of cost		100% of cost		12 months Pre-existing
Out-patient Medical Cover (Excludes Psychiatric, Antenatal, Postnatal)	100% of cost		100% of cost		100% of cost		100% of the MBS fee		Not included		12 months Pre-existing
Out-patient Antenatal & Postnatal services	Not included	100% of cost	Not included	100% MBS	Not included		Not included		Not included		12 months
Out-patient Psychiatric (per Membership Year)	\$2000		\$2000		\$2000		Not included		Not included		12 months Pre-existing

	Executive Top Visitor Cover (320 Plan)		Top Visitor Cover (360 Plan)		Mid Visitor Cover (390 Plan)		Basic Visitor Cover (120 Plan)		Budget Visitor Cover (190 Plan)		Waiting Periods
	Single	Couple/Family	Single	Couple/Family	Single	Couple/Family	Single	Couple/Family	Single	Couple/Family	
EXTRAS - YOU GET 100% OF THE COST BACK											
Out-patient Prescribed PBS Pharmaceuticals (per Membership Year)	\$1000	\$2000	\$1000	\$2000	\$1000	\$2000	Not included		Not included		2 months
Physiotherapy/Osteopathy/Chiropractic (per Membership Year)	\$1000	\$2000	\$1000	\$2000	\$1000	\$2000	Not included		Not included		2 months (12 months pre-existing)
Extras Benefits: <ul style="list-style-type: none"> • Acupuncture • General dental, but excluding teeth whitening/bleaching • Major dental • Orthodontics • Optical, including lenses, eye examinations, but excluding frames • Laser eye surgery • Occupational therapy • Podiatry • Home nursing and home care • Hearing aids • Dietetics • Speech therapy • Traditional Chinese or alternative medical therapy 	\$1000 per Membership year across all listed benefits Benefits unused in any 12 month period are carried forward to the next year	\$2000 per Membership year across all listed benefits Benefits unused in any 12 month period are carried forward to the next year	\$1000 per Membership year across all listed benefits Benefits unused in any 12 month period are not carried forward to the next year	\$2000 per Membership year across all listed benefits Benefits unused in any 12 month period are not carried forward to the next year	Not included		Not included		Not included Not included Not included 2 months Except 6 months (Hearing aids, Major dental, Orthodontia) 12 months (Laser eye surgery) All pre-existing conditions have a 12 month waiting period.		
OTHER BENEFITS											
Ambulance Cover	✓		✓		✓		✓		✓		Nil
Repatriation to Your Home Country	✓		✓		✓		✓		✓		Nil
Funeral Expenses	✓		✓		✓		✓		✓		Nil

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 Commencement Date as detailed on the Membership Certificate. 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. 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 Policy Document and in the Schedule of Benefits relating to your Plan. 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.
Pregnancy and birth related services	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 Executive Top Visitor Cover (320 Plan) and Top Visitor Cover (360 Plan) Couple or Family, 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 insurance, 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 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 (some benefits are payable on Executive Top Visitor & Top Visitor – refer to the Schedule of Benefits for these products for more information.)
Treatment in a Hospital Emergency Room	Treatment provided in a Hospital Emergency Room is not covered on Budget Visitor Cover (190 Plan) and Basic Visitor Cover (120 Plan), unless the treatment leads to an admission as an In-patient, the treatment provided is certified by a treating doctor as a genuine emergency or the treatment is approved by IMAN.

Subrogation

If you have any legal rights against a third party e.g. compensable claims under motor insurance, 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 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.

Private Health Insurance (PHI) Code of Conduct

Apart from promoting improved standards in clarity of information given to you, the Private Health Insurance (PHI) Code of Conduct is designed to help solve problems between you and us. The PHI Code of Conduct does not give additional legal rights to you, but does outline the dispute resolution options for you if you have a problem with us. If you are not satisfied with the outcome of IMAN's internal dispute resolution procedure, the PHI Code of Conduct requires that we tell you that you are entitled to go to an external dispute resolution body, such as the Private Health Insurance Ombudsman (PHIO).

You can contact PHIO directly:

Phone: 1800 640 695

Mail: Suite 2, Level 22, 580 George Street, Sydney NSW 2000

Email: info@phio.org.au

Web: phio.org.au

Benefit Limits

The total Benefits payable per person, per annum under all Plans is \$A1 million dollars.

Basic Visitor Cover (120 Plan) only provides Benefits for MBS fees for Out-patient Services. 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 this Plan.

Budget Visitor Cover (190 Plan), Basic Visitor Cover (120 Plan), Mid Visitor Cover (390 Plan), Top Visitor Cover (360 Plan) Single and Executive Top Visitor Cover (320 Plan) Single Plans only provide benefits for pregnancy related services in a public hospital labour ward. No Benefits are payable on these Plans for Out-patient services.

Top Visitor Cover (360 Plan) Couple or Family Plans only provides Benefits for MBS fees for obstetrics and newborn infants expenses for medical services provided by a Medical Practitioner/Specialist. Some Medical Practitioners and Specialists may charge a higher fee than the MBS fee and you will be required to pay the difference (the gap) to the Medical Practitioner.

Cost of Plans

The premium on each Plan is inclusive of GST. IMAN may increase the premium payable on each Plan from time to time. We will give you 30 days notice of any changes to your premium.

Current Plan premiums can be found on our website: **www.austhealth.com**

We will refund you the portion of the Plan premium applicable to any Credit for Time Away if all persons covered on the Plan leave Australia for more than four weeks and if IMAN is notified in advance. The maximum period that Credit for Time Away will be granted is 10 weeks. You are only eligible to apply for Credit for Time Away after completing 1 month's membership. You may be required to cancel your membership if you are leaving Australia for more than 10 weeks, unless IMAN agrees in advance of travel, that your Credit for Time Away period can be extended.

Taxation Implications

The taxes and charges that apply to the Plan will be shown in the Membership Certificate. The financial limit includes any GST payable for expenses.

Cooling Off Period

You have the right to cancel this Plan and receive a full refund if you cancel your policy within 30 days from the Commencement Date, if you have not yet made a claim for Benefits.

You may cancel by giving us notice in writing of your intention to cancel within the cooling off period.

Administration Fee and Cancellation of Membership

You may cancel your Plan at any time by giving us notice in writing, stating the reason for the cancellation, e.g. not coming to Australia, visa declined, returning home, permanent residency, Medicare entitlement.

An Administration Fee may be charged for cancellation of your Membership if you cancel prior to the Commencement Date of your Plan. This fee will be \$75.00 or one month's premium (whichever is the lesser amount).

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, a pro-rata refund of any premiums paid in advance, less the Administration Fee if applicable. 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 a Claim

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 claim form at www.austhealth.com/how-to-claim.php

The claim form contains a declaration regarding GST. It includes questions to enable us to determine if you or another party paying for your Plan, e.g. Sponsor/Employer, has an entitlement to claim part or all of the GST paid as an input tax credit.

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. Members on the Top Visitor Cover (360 Plan) will be required to pay for obstetrics medical services before claiming from IMAN.

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.

Please note that Benefits are only paid if the claim is made within 2 years of when you received the service or treatment, and if covered under the terms of your Plan. Claims will not be paid if your Plan is not financial. Plans are not financial if your premiums are in arrears. IMAN may cancel your Plan if it is more than 2 months in arrears.

Changes to this Document

This document may change from time to time and we will always inform you of any detrimental changes to your Plan.

January 2012 (nib0112)