

The background of the entire page is a photograph of three business professionals in a meeting. A woman in the center is smiling and looking towards the camera, with her hand resting on a desk. To her left, another woman is partially visible, looking towards the center. To her right, a man in a white shirt and tie is looking towards the camera. They are all seated at a light-colored wooden table.

# OVERSEAS VISITORS HEALTH COVER

(Including home leave)

TEMPORARY RESIDENTS  
ON 457 VISAS

Department of Immigration & Citizenship (DIAC) compliant

**DUAL**  
AUSTRALIA

Dual Australia underwriting agency On behalf of Lloyds

## INTRODUCTION

With effect from 14 September 2009, the Australian Commonwealth Department of Immigration and Citizenship (DIAC) requires that all sponsored employees on temporary visa have appropriate health insurance in place upon arrival in Australia. Proof that such health insurance is in place, evidenced by a letter from an Insurer, is required before a visa will be issued.

DIAC also requires that any health insurance provide a minimum level of cover in order to qualify for visa purposes – in summary, the minimal requirements are as follows.

### MINIMUM INSURANCE POLICY REQUIREMENTS

Minimum Policy Limit:  
\$1,000,000 per person per annum including maternity benefits

Public Hospital in-patient treatment only:  
Overnight and day only hospital accommodation (all costs including all theatre, intensive care, labour wards, and ward drugs).

Pharmacy:  
All PBS\* listed drugs, that are administered during and form part of an admitted episode of hospital in-patient care and administered post discharge (\*Pharmaceutical Benefits Scheme with Government subsidised medicine is specific to Australia.)

Medical out-of-hospital Services:  
Out-patient services required after in-patient treatment - 100% of the Medicare Benefits Schedule fee. (There will be out-of-pocket expenses)

Ambulance Services:  
100% of the charge, when medically necessary for admission to hospital, emergency treatment on-site or inter-hospital transfer for emergency treatment.

Waiting Times:  
The only waiting periods that may be imposed are:

- 12 months for pregnancy related conditions
- 12 months for pre-existing conditions applied in a way that is consistent with Section 75-15 of the Private Health Insurance Act 2007. (specific to Australia and means that after 12 months all medical conditions are covered)
- 2 months for psychiatric, rehabilitation and palliative care, regardless of whether or not the condition is a pre-existing.

**The DUAL Overseas Visitors Cover meets and exceeds DIAC minimum compliance requirements**

### ACCESSING MORE COMPREHENSIVE COVER

The minimum insurance requirements set by the Department of Immigration and Citizenship (DIAC) do not extend to out of hospital treatment and primary care normally associated with dental and optical treatments, and other ancillary benefits, such as physiotherapy. Expenses for these treatments are at your expense.

### CHOOSING THE RIGHT COVER IS EASY

There are a number of overseas visitors' policies available in Australia but very few cover the four key areas of health cover that overseas visitors should consider when in Australia. These are:

- Costs for Hospital in-patient treatment as a private patient in any private or public hospital in Australia including your choice of doctor and hospital.
- Costs for out of hospital medical services provided by doctors and specialists, including Surgery, Consultations and Home Visits.
- Costs for Extras (Ancillary Benefits) – i.e. for services not provided by hospitals such as dental, optical, physiotherapy and more.
- "Home Leave" Costs for illness or injury incurred whilst on "Home Leave"  
\*This is Ideally suited for overseas visitors as most Australian travel policies utilised for home leave are totally restricted to Australian citizens only.

The Dual Overseas visitor's policy will cover all of the above key areas with expenses reimbursed at 100% of cost after the annual deductible of \$250 Single and \$500 couple/family.

### ELIGIBILITY FOR WORKING VISA HEALTH INSURANCE COVERS

Dual health insurance covers are only available to people who are in Australia on certain working-type visas. This includes the following Visa sub classes:

Visa Sub class	Visa Type*
411	Exchange
419	Visiting Academic
420	Entertainment
422	Medical Practitioner
442	Occupational Trainee
456	Business short stay
457	Temporary business long stay
470	Professional Development

\* the table above does not contain a complete list of visa sub class classifications and visa sub class numbers which are subject to change by the Australian government from time to time. If you are in Australia on a working-type visa but your visa subclass is not mentioned here you can contact us.

E-mail: [expatrisks.au@willis.com](mailto:expatrisks.au@willis.com)

### GENERAL CONDITIONS APPLYING TO THE POLICY

1. no cover is provided under the policy until the insured person has paid the whole of the aggregate excess.
2. no cover is provided under the policy for any insured person in excess of the limit of liability.
3. unless an insured person otherwise directs all benefits (with the exception of employee replacement / employee return to country of domicile) shall be paid to the insured person, or, in the case of the insured person's death, to the insured person's legal personal representative.
4. in the event of a claim you must advise us immediately as to any other insurance you may have covering the same risk.

5. no cover is provided under the policy for benefits for expenses which are incurred on or after the date an insured person permanently returns to their country of residence.

1. (Medicare Levy) and,
2. Medicare Levy Surcharge (MLS).

## PORTABILITY FROM AN AUSTRALIAN OR OVERSEAS HEALTH FUND

Applicants who transfer from another registered Australian health fund, or from a recognised international health fund, will be covered immediately for all treatments, including those listed, as long as they've already served equivalent waiting periods with their current health fund.

To determine if an overseas health fund qualifies Dual requires;

- A "certificate of insurance" of their existing health fund stating period of cover and benefits provided.
- Continuity of cover can only apply if the change in membership between funds is made within 30 days.
- Where your new cover differs from the cover under your old fund, the lower level of benefits applies for pre-existing ailments during the first 12 months of hospital cover.

## RECIPROCAL HEALTH CARE AGREEMENTS

Australia has Reciprocal Health Care Agreements (RHCA) with New Zealand, Ireland, the United Kingdom, the Netherlands, Sweden, Finland, Norway, Italy and Malta, Slovenia and Belgium.

These agreements provide limited access to Australia's public healthcare system, Medicare and do not cover treatment as a private patient.

The RHCA agreements provide access to:

- Public hospital in-patient care, including hospital accommodation and medical treatment (as public in-patient only)
- Medical Expenses\* - Medicare benefits for out-of-hospital medical treatment provided by doctors/specialists. (There will be out-of-pocket expenses)
- Subsidised medicines listed under Government's Pharmaceuticals Benefits Scheme (PBS)

Visitors from RHCA countries are covered for the duration of their stay in Australia, with the exception of visitors from Malta and Italy who are covered for a period of six months.

\*The doctor will provide a bill to be claimed from a Medicare office.

Reimbursements are 85% of Medicare scheduled fee.\*\*

Any shortfalls (gaps) not covered by Medicare are payable by you.

\*\* (The fee determined by the Federal Government as the appropriate fee for a specific service)

## TAX IMPLICATIONS

Because you have limited access to Medicare, the Australian public health system, sponsored employees from RHCA countries are treated in the same way as Australian citizens for income tax purposes.

This means you are subject to the same tax and tax penalty payments which are;

Medicare Levy

Under Australian Taxation Law, anyone who holds a Medicare Card and/or who is entitled to hold a Medicare Card, has to pay the 1.5% Medicare Levy which is an integrated component of the income tax deducted from your pay-as-you-go salary

Medicare Levy Surcharge (MLS).

Sponsored employees from RHCA countries who do not have "appropriate"\* Private Health Insurance, also have an exposure to the Medicare Levy Surcharge (MLS), which is a 1% surcharge levied by the Australian Taxation Office when you lodge your tax return.

For the tax year 2011/2012 this surcharge applies to incomes over \$80,000 per annum (for a single person) and over \$160,000 per annum (for a couple/family). This threshold will increase by an extra \$1,500 for the second and each subsequent child

For more information please consult the Australian Health Industry Association (AHIA) calculator:

<http://www.privatehealth.com.au/surcharge> or visit the Australia Taxation Office website (<http://www.ato.gov.au>).

\*("appropriate" insurance restricted to Australian citizens and permanent residents only)

## MEDICARE LEVY SURCHARGE (MLS) EXEMPTION

Overseas Visitors policies available in Australia are not classed as "appropriate" Private Health Insurance hence having an Overseas Visitors Health Plan will not provide an MLS tax penalty exemption.

However sponsored employees from RHCA countries can, if required, purchase a "Reciprocal Health Cover" to eliminate the Medicare Levy Surcharge for less than the cost of the MLS tax surcharge

Premiums for RHCA Health Cover" below.

Medicare Levy Surcharge (MLS) exemption endorsement*	
Single,	\$37.41 per month or \$448.92 per annum including 30% tax rebate
Couple / Family,	\$74.82 per month or \$897.84 per annum including 30% tax rebate

\*BUPA Australia requires a Medicare Levy Surcharge application to be completed.

If the policy is endorsed with this Cover, sponsored employees will be issued with a "Private Health Insurance Statement" to accompany their tax return.

## SPONSORED EMPLOYEES FROM ALL OTHER COUNTRIES

Sponsored employees from non-RHCA countries are able to request a refund for the Medicare Levy in arrears by applying to Medicare on 1300 300 271 and requesting a Medicare Levy Surcharge Exemption Certificate to accompany their tax return.

This can also be downloaded from  
<http://www.medicareaustralia.gov.au>.

### EMPLOYEES APPLYING FOR PERMANENT RESIDENCY

Members who apply for permanent residency become immediately eligible for Medicare, the Australian public health system and are able to enrol into Medicare and the private health care system.

On enrolment, you will be issued with a blue Medicare card marked "Interim" as shown below.

To become eligible you do not have to be granted PR only apply for PR  
 Tax and premium penalties accrue from date of confirmation of the PR application.



Once this card is issued, the member has full access to Medicare benefits meaning they must no longer contribute to their inpatient cover and join a resident health plan.

Willis can assist to manage this transition.

### HOW ARE WE PAID

Willis Australia Limited will earn brokerage paid by the Insurer out of the premium payable to them on the placement of this policy, and this brokerage does not exceed the ranges of brokerage as set out in our Financial Services Guide (see Important Notices). There is no brokerage payable on any of the taxes or statutory charges that form part of the Total Due amount shown on your tax invoice(s), (usually referred to as, SD or GST).

These taxes and statutory charges are always shown separately on each tax invoice you receive from us, and are paid to the statutory authorities concerned either directly by Willis or via the Insurers.

### ABOUT DUAL AUSTRALIA

DUAL Australia forms part of DUAL International which is headquartered in London, the centre of the world's largest insurance marketplace. DUAL Australia, has been established since April 2004, and DUAL International since 1998.

DUAL International is part of the Hyperion Insurance Group. For more information about Hyperion visit [www.hyperiongrp.com](http://www.hyperiongrp.com)

DUAL Australia underwrites exclusively on behalf of certain underwriters at Lloyd's (Lloyd's of London is an APRA regulated insurer).

### ABOUT WILLIS

Willis Group Holdings Limited is a leading global insurance broker, developing and delivering professional insurance, reinsurance, risk management, financial and human resource consulting and actuarial services to corporations, public entities and institutions around the world. Willis has more than 400 offices in nearly 120 countries, with a global team of approximately 17,000 Associates serving clients in virtually every part of the world.

Additional information on Willis may be found at [www.willis.com](http://www.willis.com).

### PREMIUMS

Indicative premiums below are based on the following conditions:

- § White Collar occupations including Sales & Administration
- § No pre-existing conditions

Premiums are indicative only and are subject to a completed proposal and underwriting.

Overseas Visitors Health Cover Premiums POLICY Limit \$1,000,000		
	Annual Premium (AUD) Including statutory charges	Annual Excess
Single	\$2,420	\$250
Couple	\$4840	\$500
Family	\$6,655	\$500

#### Note:

This information has been prepared as a summary of the scope of protection provided under the Insurances with DUAL Australia Pty Ltd. It is not intended to alter or override the Terms, Conditions and Limitations of the Policies and/or Cover Notes, which set out the basis of the insurance.

## BENEFIT SCHEDULE

Under the terms and conditions of the plan, we will pay necessary, customary and reasonable expenses up to an overall maximum limit, per insured person per plan year	\$1,000,000
HOSPITAL IN PATIENT / DAY PATIENT	
Hospital medical care and services and prescribed medicines in hospital	up to 100% of the amount stated on the policy schedule
OUT OF HOSPITAL MEDICAL SERVICES	
Out of hospital medical care and services	up to 100% of the amount stated on the policy schedule
Prescribed medicines out of hospital	100% up to a maximum of \$2,000
PREGNANCY AND MATERNITY CARE EXPENSES	
Pregnancy and maternity care expenses	Pregnancy to occur during the insurance period up to 100% of the amount stated on the policy schedule
GENERAL and SPECIAL DENTAL EXPENSES	
General dental expenses	100% to a maximum \$1,200
Special dental expenses	100% to a maximum \$1,200
ANCILLARY EXPENSES	
Acupuncture	100% to a maximum of \$1,000
Dieticians	100% to a maximum of \$1,000
Naturopathy	100% to a maximum of \$1,000
Homeopathy	100% to a maximum of \$1,000
Hypnotherapist	100% to a maximum of \$1,000
Chiropractic	100% to a maximum of \$1,000
Osteopathy	100% to a maximum of \$1,000
Physiotherapy	100% to a maximum of \$1,500
Podiatry	100% to a maximum of \$1,000
Speech Therapy	100% to a maximum of \$1,000
Prosthesis/appliance (not surgically implanted )	100% to a maximum of \$1,000
Hearing Aids/Artificial Aids	100% to a maximum of \$1,000
Prescribed Medicines	100% to a maximum of \$2,200
Optical – Examinations, spectacles and contact lenses	100% to a maximum of \$600
Rehabilitation/Occupational Therapy	100% to a maximum of \$10,000
Psychology/Psychiatry/Psychotherapy as an outpatient only.	100% to a maximum of \$2,500
Home nursing expenses following an injury or sickness	\$750 per week to a maximum of 4 weeks
Emergency medical transport required as a result of injury or sickness (Ambulance)	up to 100% of the amount stated on the policy schedule

## Employee Replacement / Employee Return to Country of Domicile

subject to our prior written approval where an insured person who is an employee of the insured of this policy undertaking work as an overseas expatriate, suffers a critical injury or critical illness requiring repatriation to their country of residence, we will pay reasonable travel and accommodation expenses for either of the following up to the amount shown under each plan:-

- a) a replacement employee to complete any urgent unfinished business commitments; or
- b) the return of the insured person to his or her county of domicile to complete any unfinished business commitments after his or her recovery.

## Medical Expenses in COUNTRY OF RESIDENCE

subject to our prior written approval where an insured person suffers a critical injury or critical illness requiring repatriation to their country of residence, we will pay medical expenses up to the maximum sum insured shown on the schedule for a maximum period of three (3) months.

We will not pay for any treatment or services covered by;

- a) Medicare or any similar health insurance scheme;
- b) any statutory workers' compensation or transport accident compensation or scheme;
- c) any government sponsored fund, plan, or medical benefit scheme; or
- d) any other insurance policy specifically covering the same risk.

we will pay medical expenses up to the maximum sum insured shown on the schedule for a maximum period of three (3) months.

## Emergency Return To COUNTRY OF RESIDENCE

subject to our prior written approval where an insured person's spouse/partner or dependent child unexpectedly dies or sustains a critical injury or critical sickness, we will pay all reasonable travel and accommodation charges in returning the insured person to their country of residence

100% up to a maximum of \$5,000

## Repatriation Of Mortal Remains Or Local Funeral

if during the insurance period an insured person sustains an injury or sickness resulting in death we will pay all reasonably incurred charges for the return of the insured person's body or ashes to his or her country of residence or the cost of a local funeral in his or her country of domicile

100% up to a maximum of \$20,000

## HOME LEAVE

if during the insurance period an insured person sustains an injury or sickness whilst on home leave, we will pay any expenses incurred, provided they specifically fall within the benefits covered by the policy for up to 60 days in any one year

up to a maximum of \$100,000

## GENERAL EXCLUSIONS APPLYING TO THIS POLICY

1. from charges for non-medical services including but not limited to telephone, television newspapers and the like
2. from or in anyway caused or contributed to by nuclear reaction, nuclear radiation or radioactive contamination;
3. from any pre-existing condition, where that loss or expense is incurred within 12 months of the commencement of the insurance period.;

## BENEFIT CONDITIONS

No benefits are payable under the policy;

1. if the payment of any such benefit would constitute the carrying on of "health insurance business" as defined under any Commonwealth health legislation and regulations.
2. for any charges or expenses incurred after the expiry date of the insurance period if the policy is not renewed with US.
3. for assisted reproductive treatments;
4. for elective cosmetic surgery;
5. for Bone marrow and organ transplants
6. for admitted treatments that do not have an MBS item number, unless otherwise specifically covered under this policy.