

CARE AUSTRALIA

Information Booklet

Expatriate Medical and Accident/
Illness Benefits for Employees on
Overseas Assignment

gowgates.com.au



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INTRODUCTION

This booklet has been prepared to provide you with important information concerning the extent of cover provided by the CARE Australia Expatriate Medical and Accident/Illness Insurance policy. The benefits under this policy are provided to you, and your partner and dependent children, whilst a contracted employee of CARE Australia working and living outside of Australia or your deemed country of residence.

The benefits provided under this policy to you and your family are comprehensive, however, as with all insurance policies, certain limits and restrictions apply.

If you require more information or clarification on the scope of benefits provided by this cover you can contact Melissa Commerford or Carolyn Barnes at Gow-Gates Insurance Brokers Pty Ltd in Sydney.

Contact Information

Gow-Gates Insurance Brokers

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GOW GATES GROUP

With over 50 years of specialisation in the Australian and international insurance markets, Gow-Gates is the partner of choice for many of Australia's best-known businesses, associations and individuals.

Our clients operate in a diverse range of sectors, from sport to renewable fuels, and have business interests all over the world.

We're known for our objectivity, creative thinking and deep insurance knowledge. For our clients, this provides the insights and strategies they need to meet their risk management challenges.

Plus, our solutions are always practical and cost effective, which means we often identify cost savings for our clients.

In all that we do, we continuously strive for:

Vision: We continually adapt to the changing economic and regulatory environment to ensure client security. We offer our clients highly commercial and outcome-focused advice that considers their own individual circumstances and how this may change.

Excellence: To meet and surpass our clients' expectations, we work in partnership with them, continuously demonstrating commitment. We retain carefully trained staff who are committed to serving our clients' interests and foster a supportive, satisfying work environment.

Integrity: Our level of service, professionalism and dedication to clients is never compromised. We endeavour to conduct ourselves in an ethical and socially responsible manner at all times.

WHO IS COVERED

As a contracted employee of CARE Australia you, and your accompanying family will be automatically covered by this policy. CARE Australia will advise Gow Gates who is covered by this policy.

Cover applies only whilst you are an expatriate employee working outside of Australia or outside your deemed country of permanent residency or citizenship. Your accompanying partner and dependants will also only be covered whilst they are residing outside their deemed country of permanent residence or citizenship.

This cover may not be applicable for accompanying partners and/or dependants if they take up employment with another organisation within the country of posting. They will need to ensure that appropriate insurance coverage is provided by their respective new employers.

Once you have completed your contract of employment with Care Australia and/or you return permanently to your deemed country of residence all cover under this policy will cease.

For family cover, dependants include your:

- SPOUSE means your husband or wife living with you or any person of either sex living in a de-facto relationship with you in your country of assignment.
- CHILDREN means you or your spouse's unmarried dependent children, step-children or legally adopted children who are living with you in your country of assignment and who are under 18 years of age or under 25 years of age if they are a full time student and primarily dependent on you for maintenance and support.

Cover is limited to Insured Persons who are under 65 years of age, unless otherwise agreed by the Insurer.

When are you covered The Policy provides you cover 24 hours a day whilst you are employed by CARE Australia as an expatriate outside of your deemed country of residence. The policy also extends to include cover if you temporarily return to your deemed country of residence on leave.

360 ASSIST 24 HOUR MEDICAL ASSISTANCE

As an insured person you and your family are entitled to the services of an emergency assistance company in the event of a medical emergency or sickness.

360 Assist provides many services including:-

Advice as medical resources in your area of operation, co-ordination and planning of aero medical transportation of incapacitated or critically ill patients back to the nearest first rate medical facility;

24 hour medical monitoring

24 hour medical advice

Guarantees of payments to hospitals/medical facilities

Booking flights, special arrangements for flights and obtaining medical clearances.

In general, 360 Assist can help you identify and access quality medical services at or near your location.

You can contact 360 Assist 24 hours a day, 365 days a year by reverse charge call on [+61 8016 9273](tel:+6180169273)

or by Email on – 360assist@ausassistance.com.au

In the event of a medical emergency, evacuation or your personal safety is in danger contact 360 Assist and seek their advice. If you do seek their advice you should act on it. Failure to do so may prejudice your claim.

BENEFIT LIMITS

Some of the benefits listed in the following summaries provide up to 100% Reimbursement of actual costs up to a specified annual limit, while other benefits are provided up to a specific dollar limit.

The policy is also subject to an overall Aggregate Limit of A\$1,000,000 for each Insured person.

In the event of a single event involving a number of Insured persons under the cover the most that could be paid out is A\$10,000,000 for that event. If this amount is not enough to pay all claims in full the benefit will be reduced proportionately.

If you are aware of any situation where this Aggregate Limit could be reached or exceeded please contact CARE Australia immediately.

COVER DETAILS

Cover is divided into 2 basic components:

Component 1. Death / Personal Accident and Weekly Benefits

If as a result of injury you or your dependants suffer death or permanent injury, compensation is payable as provided in the following Table of Benefits and listed in detail in the policy document.

The maximum benefits payable are as follows:

Death and Injury Benefits

Expatriate Employees	\$500,000
Spouse	\$ 20,000
Dependant children	\$ 10,000

Weekly Salary Benefits (Employees only)

\$3,000 per week or 85% of salary whichever is the lesser
Maximum period payable 104 weeks.

Section A – Lump Sum Benefits

Table of Insured Events – Table 1

Insured Events	Benefit
	As a percentage of the amount as shown against the schedule on the Section A – Lump Sum Benefits .
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Permanent and incurable paralysis of all limbs	100%
4. Loss of sight of both eyes	100%

5. Loss of sight one (1) eye	100%
6. Loss of one (1) or more limbs	100%
7. Permanent and incurable insanity	100%
8. Loss of the lens of	
a) both eyes	100%
b) one (1) eye	60%
9. Permanent loss of hearing	
a) in both ears	100%
b) in one (1) ear	30%
10. Third degree burns resulting in disfigurement which covers more than 40% of the entire body	80%
11. Second degree burns resulting in disfigurement which covers more than 20% of the entire external body	25%
12. Permanent loss of	
a) four (4) fingers and thumb of either hand	80%
b) four (4) fingers of either hand	50%
13. Permanent loss of one thumb	
a) (two (2) joints) of either hand - each	40%
b) one thumb (one (1) joint) of either hand - each	20%
14. Permanent loss of one finger	
a) (three (3) joints) of either hand - each	15%
b) (two (2) joints) of either hand - each	10%
c) (one (1) joint) of either hand - each	5%
15. Permanent loss of	
a) all toes of either foot	15%
b) great toe (two (2) joints) of either foot	5%
c) great toe (one (1) joint) of either foot	3%
d) of toes, other than great toe, of either foot - each toe	1%
16. Fractured leg or patella with established non-union	10%
17. Shortening of a leg by at least 5cm	7.5%

<p>18. Permanent Total Disablement not otherwise provided for under insured events 8b and 9b -17 inclusive</p>	<p>Such a percentage of the amount showing against the schedule as we shall in our absolute discretion determine and being in our opinion consistent with the benefits provided under insured events 8b and 9b - 17 inclusive. The maximum amount payable is 75% of the amount showing on the schedule against Section A - Lump Sum Benefits up to a maximum of \$100,000.</p>
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Section B – Surgical Lump Sum Benefits – Bodily Injury Resulting in Surgery

Table of Insured Events – Table 2

Insured Events	Benefit
19. Craniotomy	100%
20. Amputation of limb	50%
21. Fracture of a limb requiring open reduction	50%
22. Dislocation requiring open reduction	25%
23. Any other surgical procedure carried out under a general anaesthetic	5%

Section C – Surgical Lump Sum Benefits – Sickness Resulting in Surgery

Table of Insured Events – Table 3

Insured Events	Benefit
	As a percentage of the amount as shown against the schedule on the Section C – Lump Sum Benefits – Sickness Resulting in Surgery .
Open heart surgical procedure	100%
Brain surgery	50%
Abdominal surgery carried out under general anaesthetic	50%
Any other surgical procedure carried out under a general anaesthetic	5%

Component 2. Medical Expenses

If during the period of insurance you suffer an injury, sickness or disease, insurers will pay the usual, customary and reasonable cost of medical, surgical hospital ambulance, nursing home, dental and optical charges and other treatment given incurred by you outside Australia or Your Deemed Country of residence.

In addition, the insurer will pay for your emergency evacuation if recommended by a legally qualified medical practitioner.

Important – Cover is not provided for any condition, which was, known prior to your contract with CARE and which would require treatment during the period of Insurance unless agreed by insurers and noted on the policy by endorsement. The policy will not pay for medication which is required to be taken by you on a regular basis.

The following schedule of Benefits provides a list of cover available under this component of cover. The limit per person for medical expenses is \$1,000,000 any one policy year unless sub-limits are specified in the schedule below.

Schedule of Benefits	MAXIMUM SUM INSURED COMPENSATION
Hospital Expenses In-Patient Medical Care Expenses Out-Patient Medical Care Expenses Preventative Medical Expenses Prescription Medicines Herbal Medicines Ambulance Service Expenses Home Nursing Expenses	100% of costs to a maximum \$1,000,000
Maternity Care (Routine) Expenses Maternity Care (Emergency) Expenses New Born Child Expenses	\$20,000 \$20,000 \$20,000
Dental Services (Routine) Expenses Dental Services (Special) Expenses	75% of cost to a maximum of Single: \$3,000 Family: \$6,000
Optical Expenses Including Eye Examinations, Optometrist	50% of expense to a maximum of: Single: \$600 Per Person Family: \$600 per person \$1,500 per family
Acupuncture Expenses Chiropractic Expenses Dietetics Expenses Hypnotherapy Expenses Naturopathic Expenses Osteopathic Expenses Physiotherapy Expenses Podiatry Expenses Speech Therapy Expenses	Benefit per Visit up to \$75 to a maximum of \$1,750 per single or per family
Medical Aids & Medical Mobility Equipment; Hearing Aids and similar appliances, Artificial Aids, Blood Glucose Meter, Nebuliser	100% of expense to a maximum of \$2,500 per person
Psychiatry / Psychology Expenses	50% of expense to a maximum of \$2,000 per single or \$4,000 per family
Rehabilitation / Occupational Therapy Expenses	100% of expense to a maximum of \$7,500 per single and family

Repatriation of Mortal Remains / Funeral Expenses	Reasonable Expenses
Political Risk, Natural Disaster and Personal Safety Evacuation Expenses	\$50,000
Accommodation Expenses Medical Transportation Accommodation Expenses Benefit	\$20,000
Emergency return to country of residence	\$10,000
Home leave	60 Days
Employee replacement	\$10,000

Please note. As an Expatriate Employee your medical costs are not subject to an excess. All costs under this area of cover will be fully met subject to the limits of the policy.

Benefits payable to your family under this component of cover are subject to a **\$500 aggregate deductible** any one period of insurance.

WHAT IS NOT COVERED

The main exclusions relating to this policy are listed below. No benefits will be payable with respect to any insured Event which –

1. results from the insured engaging in or taking part in or training for any professional sports of any kind;
2. No cover is available for drugs or medicines required to be taken on a regular basis
3. is deliberately self-inflicted or caused by You;
4. results from You engaging in air travel except as a passenger in any properly licensed aircraft;
5. results from You engaging in or taking part in naval, military or air force service or operations;
6. is a sexually transmitted disease, or Acquired Immune deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection, unless caused by occupational accidental means.
7. results from a criminal or illegal act committed by you;
8. are incurred in relation to any condition, which was known prior to departure would require treatment during the period of Insured Travel other than pharmaceutical medication;
9. are in relation to cosmetic elective treatment, sterilisation, reversal of sterilisation and infertility treatments

Important

It is important that you read all the conditions and exclusions relating to this cover, as each section provides a list of what is not covered. If in any doubt as to the extent of cover please contact Melissa Commerford at Gow-Gates Insurance Brokers or Michael Rennick at CARE Australia.

FREQUENTLY ASKED QUESTIONS

Q Who pays for medical treatment if I see a doctor?

Costs for minor treatments should be paid by you. You should complete a claim form and submit this together with receipts to either Care Australia. If payable under the policy you will be reimbursed your costs as prescribed in the policy wording.

Q My family is covered by the policy – what does the \$500 aggregate excess mean?

The \$500 aggregate excess is only applicable to the medical expenses section of cover. This means that all medical expenses incurred by your spouse and/or dependants up to \$500 any one policy year are not covered by the policy. All insured expenses after this limit is reached will be covered. You will need to retain proof that this limit has been reached to ensure expenses above the \$500 threshold are claimable.

Q My contract with CARE expires in December this year. I am injured in an accident and will not be able to work for 9 months, will the weekly benefits payable by the policy cease when my contract with CARE ceases?

Under this cover, weekly benefits are payable for as long as you are unable to work for a maximum period of up to 104 weeks.

Q I want to travel home (or away from my country of posting) for holidays will this policy cover me whilst on leave?

Yes, the policy is in force 24 hours a day / 7 days a week. If you are travelling back to your deemed country of residence this policy will pay for medical costs allowable by law for treatment received for emergency or unknown conditions. If you are travelling home to undergo specific treatment of your choice the policy will not pay for these costs.

Q Is dental treatment covered?

Yes, dental treatment is covered and is subject to annual limits per person or family as per the policy conditions.

Q Will the policy cover me for costs of treatment when back in my country of deemed residence?

The policy will not cover any treatments received in your deemed country of residence if your travel is specifically made for this treatment. The only cover available is for medical costs allowable by law for treatment received for emergency or unknown conditions which arise whilst in your deemed country of residence. The maximum duration of your trip back to your deemed residence for this benefit to be payable is 4 weeks.

Q The policy excludes medical treatment when I am visiting my “deemed country of residence” except for emergency or unknown conditions. But my preference is to get my annual checks up when I am visiting home with my Doctor who is familiar with my medical history?

The prime intent of the insurance is to provide cover whilst you are on posting. That is, whilst you are away from your deemed country of residence you are provided with medical and accident insurance and in addition you are allowed to have precautionary health checks and gain access to ancillary health care services.

Insurers will generally allow claims for reasonable costs of routine annual medical check-ups, routine dental checks and routine optical checks, if paying such a claim is allowable by law whilst you are in your deemed country of residence. The maximum duration of your trip back to your deemed residence for this benefit to be payable is 4 weeks. If you are travelling home to undergo specific treatment of your choice, the policy will NOT pay for these costs.

Q What if I incur an injury either work related or outside work hours that is of a serious enough nature that I am no longer able to perform my job role and may need to resign from CARE.

The coverage entitles a person to a maximum of 104 weeks of pay. What happens if I am unable to work after the 104 weeks has expired in a case where an accident arose?

This policy provides weekly benefits for up to 104 weeks at 85% of salary to a maximum of \$2,000 per week. If after 104 weeks it is medically determined that the employee is permanently and totally disabled and unable to work, the policy also provides a lump sum benefit which will pay the difference between the weekly payments made and the maximum payable under the policy (\$500,000).

Example

Person on a salary of \$1,500 per week is unable to work for 104 weeks

Payment would be $104 \times \$1,275$ (85% of salary) = \$132,600 paid over the two year period. If at the end of the two year weekly benefit period a determination was made by a doctor that the injured person was unable to work and that the injury suffered was a permanent one (e.g. Paralysis of both legs) The final lump sum benefit payable at this time would be \$500,000 less \$132,600 = \$368,000.

If an injury arose which allowed for the major lump sum benefit to be payable (i.e. loss of limbs or sight) the \$500,000 benefit, to an employee, as listed on the schedule would be paid in full as soon as possible after the accident occurred.

It should be noted this benefits applies to injuries incurred at the workplace or outside the workplace / hours. I.e. you have cover 24 hours a day 365 days a year whilst employed by CARE Australia.

Q What if permanent total disability is not skeletal such as permanent muscle damage?

If you are injured and suffer permanent injury, the policy does not specify that the injury must be skeletal. The policy defines Injury as “bodily injury resulting from an accident which is an external event and occurs fortuitously”. As with any policy of insurance, you will have to provide details and proof of permanent injury for a claim to be considered. The extent of disability following the injury will determine the amount of benefit payable.

Q Does the policy cover “alternative” therapy such as acupuncture and physiotherapy etc.?

The policy does extend to include “alternative” remedies. The full list and limits per visit and per annum are listed in the “Ancillary Services” benefit list of the expenses covered by the policy. These include Chiropractic, Osteopathic and Naturopathic costs.

Q I have been advised by a doctor that I am pregnant. I live and work in a remote area, what cover is provided to me?

The policy provides costs for medical treatment for your pregnancy (including childbirth) for up to \$20,000. The maximum amount payable for treatment of the child for the first six months after birth is \$100,000. Once the child is over six months old the policy will cover medical expenses as per the normal limits provided to insured persons under the policy.

In addition the policy will provide for “non-emergency” additional expenses for travel and accommodation expenses where treatment is not available in your country of assignment or for return follow up treatment for a maximum of \$10,000 per person or \$15,000 per family. This benefit must be authorised by the insurance company or the Assistance Company prior to such travel being undertaken.

Expenses associated with re- location from a remote location to a location closer to medical services during your pregnancy are not claimable costs.

Important Note: Pregnancy cover is not available unless the person has been insured under the CARE Australia Expatriate cover for a continuous 52 week period prior to becoming pregnant.

Q I am planning to take parental leave. Will this insurance cover me over this period?

To be consistent with other CARE policies and allowances, when CARE employees are on unpaid leave, insurance will NOT be available during the period of UNPAID leave.

In the case of parental leave, the insurance policy will provide cover for you up to the last day of the 12 weeks paid parental leave period within the following guidelines.

Yes, whilst within the country of posting for the 12 weeks paid parental leave.

With CARE continuing the premium payments for the 12 weeks parental leave.

No, if you plan to take the parental leave in your deemed country of residence. However, consideration may be given under certain conditions for CARE to continue premium payments to cover the 12 weeks parental leave if the Broker/Insurer is agreeable.

Once you cease this 12 week paid leave period, the insurance will lapse until your return to paid duties.

Note;

If you return to your deemed country of residence e.g. Australia and UK you would be covered by national/government medical insurance, Medicare/National Health and the CARE insurance policy will not cover you.

If you return to your deemed country of residence e.g. Austria where no national medical system is available to you then CARE “may” consider and with approval from the insurer continue the insurance premiums for the period of the parental leave.

Q When I am travelling on behalf of CARE Australia is there Travel Insurance cover for e.g. lost luggage, airline delays etc.

Yes, CARE Australia has in place a separate Corporate Travel Insurance policy to cover all staff (based in Australia or Overseas) and who are travelling on behalf of CARE and, for Expatriate staff returning home on annual leave. Cover commences automatically for authorised travel undertaken, which exceed 100kms from your normal place of residence. The travel policy provides cover for your luggage, cancellation expenses, hire care excess payments and other benefits normally covered by a corporate travel policy.

(Contact CARE Australia for full policy details).

It is important to remember that the death, disability and weekly benefits you are covered for under the Expatriate policy will continue whilst you are on annual leave or travelling to other countries other than your country of posting.

Q When I travel on behalf of CARE i.e. travel taking me more than 100kms from my place of work, I am covered by the CARE Australia Corporate Travel Policy. What about times when I travel privately i.e. travel funded by myself.

The Corporate Travel Insurance policy complements our prime Medical and Accident policy, offering additional cover when staff are required to travel more than 100kms from their work place on CARE sponsored travel; usually business travel. It provides additional cover e.g. lost luggage, airline cancellation fees etc.

By definition CARE home leave and R&R leave travel is CARE sponsored travel and our Corporate Travel policy provides cover in these situations.

In situations like e.g. weekend private funded travel, possibly even out of the country 360 Assist allow our people to undertake this travel and maintain travel insurance cover to a reasonable level over the year. Authorised Business Travel shall also include associated holiday travel provided that such travel accounts for no more than 50% of the duration of the Insured Journey, and the associated holiday travel takes place within the same country as Authorised Business Travel.

Please note the policy has various event exclusions e.g. professional sports, military activities etc.

but it does not specify any exclusions owing to “adventure activities” e.g. scuba diving, rock climbing etc. As a precaution before any trip that might take in “extreme activities” (e.g.

mountain climbing, white water rafting, parachuting, scuba diving and similar) it may be helpful to flag this with 360 ASsist through CARE, to avoid any queries or misunderstanding on their part should a claim or emergency arise.

Q When I travel on behalf of CARE i.e. travel taking me less than 100kms from my place of work, I am covered by the CARE Australia Corporate Travel Policy. Remote Islands.

Travel involves a destination outside a radius of 25 km from the insured’s place of residence.

Travel must involve an aircraft or motor boat for transportation, as well as an overnight stay.

Such cover shall commence from the time the Insured Person leaves their normal residence and be continuous on a full-time 24 hour basis until the Insured Person returns to their normal residence. Authorised Business Travel shall also include associated holiday travel provided that such travel accounts for no more than 50% of the duration of the Insured Journey, and the associated holiday travel takes place within the same country as Authorised Business Travel.

Q Is cover provided for theft of my personal possessions whilst on posting e.g. burglary.

No, this policy does NOT provide “home contents” style cover. It is your responsibility to source any locally based insurance should you deem it necessary.

Q My partner has accompanied me to my overseas posting and CARE provides Medical Accident and Illness cover as part of my employment contract. My partner wishes to take up some alternative employment with another organisation while we are here. What insurance cover is available?

This cover is generally NOT available for accompanying partners and/or dependants if they take up employment with another organisation within the country of posting. CARE Australia would need to understand the nature of any employment and assess the claim risk involved. Where CARE Australia deems the claim risk factor associated with any such employment unsuitable, your partner / dependent children will need to ensure that appropriate insurance coverage is provided by their respective new employers. In addition, should any such employment involve travel, the separate Travel Insurance policy will NOT be available. Your partner or dependent children should make alternative arrangements for both Medical & Accident / Illness insurance as well as travel insurance style cover while they are travelling e.g. cover for lost luggage and air fare cancellation fees etc.

Q I am on an expat employment contract in a Country Office. I have been applied for a period of Leave Without Pay (LWOP). Will the Medical and illness Insurance be available during this leave period?

No. The Medical and Accident Insurance only applies whilst you are on paid employment with CARE in our Country Office. However if your LWOP is for 10 working days or less the insurance will be maintained for you. For LWOP approved for more than 10 working days you will need to make alternative Medical & Accident / Illness insurance arrangements.

Q My employment contract is about to end and I will be returning to my deemed country of residence. When will my insurance expire?

CARE Australia will maintain your insurance for 2 weeks after your employment contract ends. This will allow you sufficient time to travel home whilst still having insurance cover. Upon arrival back in your deemed home country of residence all cover will cease.

Q As a precaution in the location where I am posted it is necessary for me to inoculate against various conditions, e.g. Malaria, Dengue Fever, Typhoid etc. Can I claim the costs of this from insurance?

No. These costs are considered part of CARE Australia's responsibility in preparing you for posting to a Country Office location. You should consult with CARE Australia's HR Department for advice on cost reimbursement. However, should your posting be of a duration that these initial vaccinations require "booster" shots during the course of your posting, this policy will provide reimbursement of those vaccination costs.

Q I have accepted a posting at a Country Office and my family will be joining me. Coincidentally my partner is a citizen of the same country as my posting. Will there be any insurance implications?

The intention of the Expatriate policy is to cover insured persons living and working outside their deemed country of residence. The policy is not intended to provide Private Health insurance for people living and working in their own deemed country of residence. There are likely problems both from a practical as well as legal ones which prevent insurers from being able to provide cover to citizens whilst living in their own country. Citizens of that country are expected to comply with the medical provisions set up by the government of that country and external insurance is generally unable to intervene. Should your partner or dependent children have dual citizenship with another country this insurance will be able to provide medical & accident / illness cover under the terms and conditions set out in the policy. Should your partner or dependent children require medical assistance whilst visiting another country outside their country of citizenship, this insurance will be able to provide cover under the terms and conditions set out in the policy?

Q I have visited my local medical establishment for treatment for a medical condition. I have been advised that suitable care is not available in my location and I should instead travel to another country to receive the proper level of care. How do I arrange this?

You should obtain written advice from your local Medical Practitioner regarding the medical condition including confirmation that treatment is not available in your country of posting and that it is recommended you seek suitable medical attention outside of your country of posting.

For CARE expat staff posted to Vietnam, Myanmar, Laos or Cambodia, generally Bumrungrad Hospital in Bangkok is the recommended centre for treatment.

For CARE expat staff members in Timor, generally Darwin is the recommended centre for treatment.

For CARE expat nationals in PNG, generally Brisbane is the recommended centre for treatment.

If in doubt regarding your eligibility for travel or the process to follow, you should seek the services of 360 Assist (+61 2 8016 9273) to co-ordinate your hospital appointments and travel arrangements.

Alternatively, where you are familiar with the treatment regime you may prefer to contact the hospital or medical provider yourself and make the necessary appointments and arrangements. Similarly you are welcome to make your own travel arrangements (flights and hotels), adding these expenses to your claim.

Q If I am making my own travel plans to seek medical treatment outside my country of posting, what transportation expenses may I claim?

You should select economy class airline travel, via the most direct route. Where possible, you should take advantage of promotional air fare offers that might reduce the cost of the ticket. E Ticket copies will be needed to verify your claim.

On arrival at your destination city, one meter taxi return trip to your hotel or hospital may be claimed. Claims should be supported by a detailed receipt from the taxi driver or where this is not practical a detailed diary note from yourself with date/pickup-drop-off/ Taxi reference number. Highway or toll fees may be included. Additional taxi's e.g. hotel to hospital are your own expense.

Where airline schedules necessitate accommodation also being required, up to 2 nights may be claimed i.e. the night before treatment, and/or the night after hospitalization. If your medical treatment is as an outpatient, accommodation should be booked for the duration. Appropriate accommodation should be selected with consideration being given to proximity to the hospital, suitability, security and reasonable costs. Accommodation expense claims need to be verified by detailed payment receipts.

Not claimable are additional expenses including meals, beverages, hotel late checkout or similar. Similarly, expenses in your origin location e.g. taxi's to the airport or car park fees are not claimable expenses.

Q If I am travelling on CARE's business before my posting has commenced e.g. attend induction in Australia or a meeting and/or conference will I be covered by travel insurance?

Yes, as it will be the intent of CARE to employ you and CARE is paying for your flights, the intention of the policy would be that you are acting on behalf of CARE and will be covered under the Travel Insurance Policy, as it would be our (CARE's) responsibility that you are on CARE Business.

"The coverage afforded by this policy shall only apply whilst the Insured Person is engaged on Authorised Travel which shall be deemed to mean, travel undertaken on the business of the Insured and/or the Insured Person, authorised by the Insured provided such travel involves a destination outside a radius of 100 km from the insured's place of residence....."

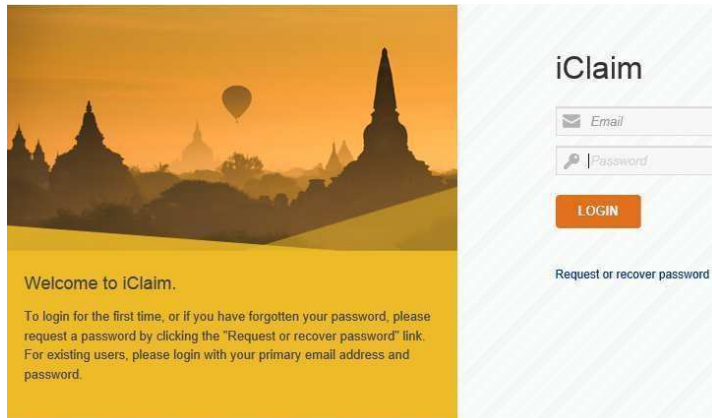
HOW TO CLAIM

Medical Claims

Claims may be lodged ONLINE method to allow you to lodge any Medical claims direct with our Insurance Company.

To assist a “cheat sheet” (Appendix attached) will assist you through the website and the simple five stage process to register a claim

So to get started please access the following link and establish your logon (which will be your CARE email address) and receive your password.



<https://icclaim.care.org.au>

Your claims profile will be set up with basic information, but you will need to complete additional information in the “Personal Details” tab

Please contact Michael Rennick at Care Australia in Canberra for assistance if unable to register and receive your password.

Michael Rennick – Email

Michael.Rennick@care.org.au

Once claims are paid, CARE will receive funds which we will arrange to pay via the monthly pay run.

To minimise undue paperwork, we ask that you retain all receipts until your claim exceeds \$100. For claims relating to Spouse and Family members retain all receipts and details of expenses incurred until costs exceed the aggregate \$500 excess level.

In the event of an emergency – you should, when possible, contact 360 Assist (contact details supplied on the assistance card and in the contacts page of this booklet). The operator will provide assistance and advice on the course of action to ensure you are provided with the best possible treatment for your situation.

Generally claims in respect of hospitalisation will be settled directly by the insurance company. Contact the assistance company to arrange this facility.

IMPORTANT

All losses should be reported as soon as possible to CARE Australia to avoid undue delays in processing claims.

INFORMATION FOR AUSTRALIAN CITIZENS ONLY

Australian citizens who have been abroad for five years or less and are returning to Australia retain their “Medicare” eligibility. This is a legislative matter and one, which is not able to be altered. This means that unless you are a member of a private health fund, you are only entitled to benefits as prescribed by the National Health Act. 1973. (Medicare)

Benefits paid by Medicare in Australia for treatment you have received in Australia are limited to refunds of 85% of the scheduled fee. It is illegal for your employer or the insurance company to cover any gap in the cost of treatment and the refund provided by Medicare.

If you fall within this category and you are back in Australia and require treatment, you are only able to claim benefits through Medicare.

If you have been overseas continuously for more than five years and require treatment in Australia whilst on a temporary visit, you should apply for a Medicare Card as soon as you arrive to ensure that medical cover is available to you as an Australian citizen.

Remember the expatriate policy will only pay those costs legally able to be paid for unknown conditions/accidents which arise whilst temporarily staying in Australia (for up to 4 weeks only)

NOTE Permanent return to Australia.

On your permanent return to Australia you will no longer be covered under this policy. You should therefore immediately apply for a Medicare card and seek private health cover if required.

CONTACT DETAILS

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