



## INTERNSHIPS DOWN UNDER

### BENEFIT TABLE POLICY G900350L

BENEFIT	SUM INSURED (AUD\$)
<b>Section A – Excursion Emergency Healthcare</b>	
MEDICAL EXPENSES Maximum In case of illness or accident	\$2,000,000
In-Patient Psychiatrist's Fees	Up to \$10,000 (lifetime)
Out-Patient Psychotherapy	Up to \$1,000
Private Duty Nursing Care	Up to \$15,000
Out-Patient Physiotherapy and Speech Therapy	Up to \$1,000
Emergency Transport by taxi to or from hospital or medical clinic	Up to \$100
Paramedical Services (chiropractor, osteopath, naturopath, acupuncturist, chiropodist, podiatrist)	Up to \$500
Accidental Dental Care	Up to \$4,000 for emergency dental treatment to repair or replace natural or permanently attached artificial teeth as the result of an Accidental Injury or; Up to \$500 for emergency repairs to artificial teeth including bridges and denture plates.
Emergency Dental Care	Up to \$600 dental expenses due to sudden and acute pain
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	Up to \$250,000
EMERGENCY REUNION - Personal support and accompaniment	Up to \$6,500 when You are hospitalized for more than 7 days, includes round trip economy airfare (\$5,000), hotel expenses and meals (\$1,500) for close relative (Benefit allows up to 2 people)

REPATRIATION of REMAINS or BURIAL	Up to \$5,000
PERSONAL ACCIDENT Accidental Death, loss of sight, loss of limb(s), permanent total disablement	\$50,000
Security Evacuation	Up to \$100,000
<b>Section B – Third Party Liability</b>	
PERSONAL LIABILITY Physical injury and Property Damage	\$2,000,000
Host Family Homeowner/Other Applicable Insurance Coverage	Up to \$1,000
LEGAL EXPENSES	Up to \$50,000

**This policy provides cover for unforeseen medical events only. No Pre-existing Medical Conditions are covered. You are not covered for any claims that you make that relates to a Pre-existing Medical Condition as defined herein.**

#### **GENERAL EXCLUSIONS APPLICABLE TO THE LIABILITY POLICY PLUS EXCURSION RIDER**

Each Section of the Policy contains Exceptions. They must be read in conjunction with the following Exceptions which apply to all Sections unless otherwise stated.

We will not pay any expenses resulting indirectly or directly from:

- a) Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b) Your claim which is recoverable under some other scheme that provides coverage for any medical treatment. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
- c) Your claim occurring because You act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- d) Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- e) Your claim occurring from You being in control of or a motor cycle or vehicle with an engine capacity greater than 250cc without a current motorcycle or vehicle license valid for the country you are travelling in and without wearing a helmet.
- f) Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
- g) Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for Personal Accident, Medical Expenses, Emergency

Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of Trip where You have no direct or indirect involvement in the Act of Terrorism).

- h) Your claim arising from Your participation in any Sporting or Athletic Activity on a professional, semi-professional or intercollegiate basis.
- i) Your claim arising from Your participation in any activity or sport not engaged in solely for leisure, recreation, entertainment or fitness purposes.
- j) Your claim arising from any of the following:
  - i. You intentionally and recklessly placing yourself in circumstances, or undertaking activities, which pose a risk to Your personal safety (except in an attempt to save a human life)
  - ii. Your participation in the following sport or activities: hunting, polo, racing (except on foot), mountaineering, rock climbing, abseiling, base jumping, running with bulls, or pot holing
  - iii. Travelling in international waters in a private sail vessel or privately registered sail vessel
  - iv. Your participation in, or training for, a professional sporting activity
  - v. Riding a 4 wheel motor cycle, even as a pillion passenger
- k) Your claim arising because You dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the Australia or you were diving under licensed instruction.
- l) Your claim arising from Your use of drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse. This exclusion does not apply in respect of Benefit 35 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
- m) Your claim arising whilst You are under the influence of alcohol as defined by the motor vehicle laws at Your Trip destination.
- n) Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
- o) Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- p) Your claim if You had attained the age of 41.
- q) Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
- r) Your claim arising from Your engaging in any form of Physical Manual Labour.
- s) Any expenses incurred within Your Home Country.

**The following Exclusions apply to Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial and Emergency Reunion.** Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from:

- a) Charges resulting directly or indirectly from any Pre-existing Medical Condition.
- b) Pregnancy other than Complications of Pregnancy up to a maximum of \$25,000.
- c) Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein, in excess of \$20,000
- d) Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e) Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f) Treatment for HIV+, AIDS or ARC and conditions or procedure that either promotes or prevents

conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

- g) Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h) Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
- i) Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
- j) The supply of medications commonly available without prescription.

## **PRE-AUTHORIZATION REQUIREMENTS FOR TREATMENTS, COSTS CHARGES OR EXPENSES.**

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Assistance Company. If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre- authorisation requirements, You or a third party must:

1. Contact the Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the reasonable instructions of the Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Assistance Company.

If in an emergency it is not reasonably possible for You to obtain pre-authorization from Our Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations, You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

### **Who to contact in the event of an Emergency Medical Claim**

Emergency Medical Assistance is provided by our Assistance Company, Intana Global:

**Email:** [HDIGSAssist@intana-global.com](mailto:HDIGSAssist@intana-global.com)

**Phone:** +44 (0) 1444 442 349

### **Who to contact in the event of a Non-Emergency Claim**

For all non-emergency medical claims, Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement, Personal Liability, Legal Advice, Loss of Personal Belongings, Search and Rescue or Catastrophe Cover claims to be notified to the Third Party Administration and Claims Management Company, **Gallagher Bassett Services Pty Ltd**

GPO Box 14, Brisbane, Queensland 4001  
Phone (AUS): +61 730 051 981

**This is only a summary. Please refer to the policy document for a complete list of definitions, exclusions, provisions, and covered expenses.**