

Target Market Determination

Inbound Medical Expenses Insurance

IN 05102021

1800 618 700 ahiinsurance.com.au This Target Market Determination (TMD) is designed to provide customers, insurance brokers, distributors and Accident and Health International Underwriting Pty Limited (AHI) AFSL No. 238261 staff with the appropriate information to understand who this product has been designed for and the approach to determining that the product is likely to be consistent with the objectives, financial situations and needs of the target market customer and the distribution conditions.

AHI is an underwriting agency specifically created to provide Personal Accident, Medical and Travel insurance. AHI acts on behalf of Tokio Marine & Nichido Fire Insurance Co. Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF) who are the issuer of this insurance, and AHI have full authority to quote and issue contracts of insurance, collect premiums and pay Claims on TMNF's behalf.

This TMD sets out the target market for the following Product Disclosure Statement (PDS):

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This Product is suitable for:

- AHI's Inbound Medical Expense insurance is insurance designed for those persons not covered by Medicare or reciprocal health care agreements, aged under 65 and may assist you to meet certain government visa requirements.

This product is not suitable for the following:

- Age limits apply to this policy and can vary depending on the requirements of the group or AHI's underwriting guidelines. The maximum age limit is 65 for this policy unless otherwise agreed. No cover is provided for Insured Persons who are not aged over maximum age limits of the Policy at the time of an Event as stated in the policy schedule.
- This Policy consists of several Benefits. An Insured Person is only covered for the benefits outlined in the Policy Schedule. If a benefit within the Policy Schedule is stated to be \$0.00, no cover is provided under this Policy for that Benefit. This policy is not suitable for persons seeking coverage beyond that provided.
- The Policy benefits may be subject to Benefit Limits. Benefit Limits may affect the amount payable in the event of a Claim. If a Benefit Limit is applicable to a Benefit, it will be shown in the Policy Schedule below the Benefit it applies to, indented from the left margin of the Schedule of Benefits.

Key Benefits and Exclusions

What is Insured*

- Hospital Expenses
- Out-Patient Medical Care Expenses
- Prescription Medicines
- Herbal Medicines
- Maternity Care Expenses
- Dental Services (Routine) Expenses

- Dental Services (Major) Expenses
- Optical Expenses
- Acupuncture Expenses
- Chiropractic Expenses
- Dietetics Expenses
- Hypnotherapy Expenses
- Naturopathic Expenses
- Osteopathic Expenses
- Physiotherapy Expenses
- Podiatry Expenses
- Speech Therapy Expenses
- Medical Aids & Medical Mobility Equipment
- Ambulance Service Expenses
- Psychology Expenses
- Home Nursing Expenses
- Occupational Therapy Expenses
- Pre and Post Hospitalisation Accommodation Expenses
- Medical Transportation Accommodation Expenses Benefit
- Parental Hospital Stay Expenses Benefit
- Repatriation of Mortal Remains / Funeral Expenses

* These items are only Insured if selected and shown on the Policy Schedule and Product Disclosure Statement (PDS) for an insured amount. If the Sum Insured shown in the Policy Schedule is \$0.00 for a Benefit, no cover is provided under this Policy for that Benefit.

What is not Insured*

This insurance policy contains the following general exclusions which unless otherwise agreed in writing apply to all Benefits under this Policy, other specific exclusions may apply to individual benefits. The PDS should be checked to ensure that it is likely to be consistent with the objectives, financial situations and needs of the target market customer before proceeding to insure with AHI.

- No cover is provided for an Insured Person who has attained the age shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)".
- No cover is provided for any Benefit payment that would constitute the carrying out of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth) or the National Health Act 1953 (Cth).
 - No cover is provided for any Claims arising from the Insured Person being under the influence of intoxicating liquor or any other drug unless it was prescribed by a Medical Practitioner and taken in accordance with the Medical Practitioner's advice.
- No cover is provided for an Insured Person engaging in or taking part in naval, military or air force service or operations.
- No cover is provided for racing and/or time trials of any form, other than on foot.
- No cover is provided for the Claims arising from the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel.

- No cover is provided for any deliberate self-inflicted harm or Injury, caused or committed by the Insured Person, including suicide or attempted suicide, reckless misconduct or any criminal or illegal act. No cover is provided for War, Civil War, rebellion, revolution, insurrection or military or usurped power in or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the Insured's Country of Domicile or Country of Expatriation, or the Insured Person taking part in a riot or civil commotion.
- No cover is provided or deemed to be provided and AHI shall not be liable to pay any Claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such Claim or provision of such benefit would expose AHI to any sanction, prohibition or restriction under United Nations Security Council (UNSC) resolutions or the trade or economic sanctions, laws or regulations of Australia, European Union, United Kingdom and/or the United States of America.
- No cover is provided for an Insured Person engaging in or taking part in or training for Professional Sports of any kind.
 - No cover is provided for an Insured Person engaging in air travel except as a passenger in any registered and licensed aircraft that carries passengers.
 - No cover is provided for travel that is planned and/or undertaken:
 - a. by the Insured Person against the advice of a Dental Practitioner or Medical Practitioner; or
 - b. when the Insured Person is unfit to travel; or
 - c. for the purpose of the Insured Person to seek medical attention for a Pre-Existing Condition.
- No cover is provided for any bone marrow treatment or organ transplant.
- No cover is provided for any congenital deformities or abnormalities occurring or diagnosed prior to the Insured Person's Effective Date of Cover under this Policy.
- No cover is provided for any cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of an Injury to the Insured Person).
- No cover is provided for Medicare eligible services where the service provider has charged above the Medicare Scheduled Fee for that itemised service (i.e. the difference or "gap" payment, including booking fees, administration fees).
- No cover is provided for any expenses or charges incurred after the Insured Person or their representatives or Insured refused to follow or ignored the instructions and directions of AHI.
- No cover is provided for any infertility, sterilisation or abortion (unless certified as medically necessary by the attending Medical Practitioner).
- No cover is provided for any medical services provided within the Commonwealth of Australia where an eligible Insured Person receives:

- a. treatment or services which are covered by Medicare and the contribution of any further payment to this service would contravene provisions of the Private Health Insurance Act 2007 (Cth); or
- b. the Health Insurance Act 1973 (Cth), the National Health Act 1953 (Cth), or any succeeding or amending legislation to the aforementioned Acts; or
- c. supplies or purchases Prescription Medicines or pharmaceutical supplies that are either available through the Pharmaceutical Benefits Scheme (PBS) of Australia, or below the PBS co-payment threshold; or
- Medicare eligible services where the service provider has charged above the Medicare Scheduled Fee for that itemised service (i.e. the difference or "gap" payment, including booking fees, administration fees).
- No cover is provided for any Benefits, treatment or services covered by Compensation under Australian and international equivalents of National Health schemes, Government Sponsored Funds, Workers' Compensation Acts, Transport Compensation Acts or Private Health Insurance of which the Insured Person is a member, or where payment of Benefits under this Policy would be in breach of such statutes.
- No cover is provided for any non-medical services including but not limited to telephone, newspapers, magazines and television.
- No cover is provided for any expenses incurred whilst an Insured Person is undertaking private Leisure Travel outside of the Insured's Country of Expatriation or Country of Domicile.
- No cover is provided for any medication, medical supplements or medical supplies that are able to be purchased without the need for a medical prescription (i.e. over-the-counter).
- No cover is provided for any treatment arranged in advance of Insured Person's arrival in Country of Expatriation.
- No cover is provided for an Insured Person playing or training for any code of football with a registered club or the Insured Person being a registered player.
- No cover is provided for losses arising from Nuclear, Biological or Chemical Terrorism.
- No cover is provided for any Pre-Existing Conditions.
- No cover is provided for any Claim in any way caused by or resulting from:
 - a. coronavirus disease (COVID-19); or
 - b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
 - c. any mutation or variation of SARS-CoV-2; or
 - d. any fear or threat of a), b) or c) above. Other than associated medical expenses.

This policy is not suitable for persons seeking coverage for losses arising from the policy exclusions listed within the PDS.

Distribution of this product

This product is designed to be distributed by insurance brokers and their representatives that hold an Australian Financial Services Licence.

Only these parties are authorised to distribute this product as they understand the market this product has been designed for.

AHI and TMNF will make risk-based decisions to determine its acceptance criteria about insurance cover that they can offer and the costing that will be applied. Some of the key acceptance criteria relating to this target market determination may include:

- Age of Insured Persons
- Occupation of Insured Persons
- Activities undertaken during the cover period
- Previous claims experience for this type of risk
- Risk location
- The Benefits and Sum Insured required

The cost of the Policy is made up of premium, administration fees and government taxes (such as Goods & Services Tax [GST] and Stamp Duty), where applicable.

Reviewing this document

AHI and TMNF will review this TMD within 2 years from the effective date to ensure it remains appropriate.

AHI and TMNF will also review this TMD if any event or circumstances (called 'review triggers') occur that would reasonably suggest that the determination is no longer appropriate, such as:

- AHI make a material change to the cover provided by the product,
- A change in the acceptance criteria that impacts on the suitability of the product for the target market,
- A material change to the distribution of the product,
- The discovery of a relevant and material deficiency in the product's disclosure documentation (eg: an unfair contract term),
- Systemic complaints and claims issues which indicate that the product is no longer suitable for the described target market,
- Material and relevant reductions in the key product suitability metrics such as:
 - Customer satisfaction,
 - Product acceptance,
 - Financial performance,
 - Benefits to customers,
 - Product value and affordability.
- Significant dealing/s in the product outside the target market as defined in this TMD.

AHI and TMNF will review this TMD within ten (10) business days of the occurrence of any review trigger.

Reporting

AHI and TMNF will record all complaints received about this product on a monthly basis (Complaints Reporting Period).

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All staff and representatives are required to provide regular and incident-based reporting on key metrics (see the heading "Reviewing this document") to allow AHI and TMNF to review this TMD.

AHI and TMNF also review sales data including number of policies issued, renewed and cancelled on a monthly basis.

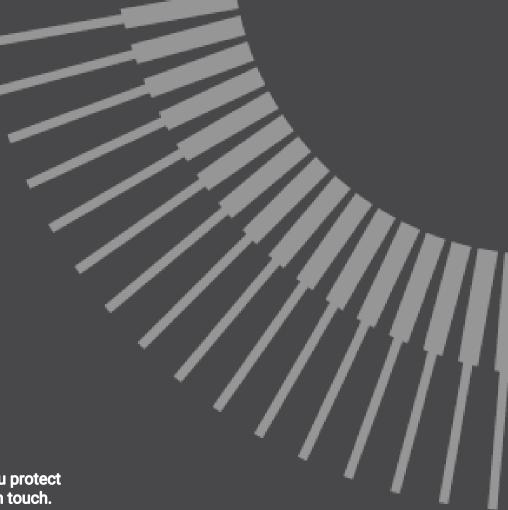
Record Keeping

AHI and TMNF will maintain records of the reasonable steps they have taken to ensure that this product is sold in a manner consistent with this TMD.

AHI and TMNF will also prepare and maintain complete and accurate records of our decisions, and the reasons for those decisions, in relation to:

- All target market determinations for this product,
- Identifying and tracking review triggers,
- Setting review periods, and
- The matters documented in this TMD.

Contact Us



To find out how AHI can help you protect what matters most, please get in touch.

Sydney | Melbourne | Brisbane | Perth

1800 618 700

ahiinsurance.com.au