



Target Market Determination

Product: AHI Inbound Medical Expenses

TMD effective date: 09 February 2024

Product Disclosure Statement: AHI Inbound Medical Expenses Product Disclosure Statement

Issuer: Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548

1800 618 700

ahiinsurance.com.au

AHI Target Market Determination

This Target Market Determination (TMD) is effective from 09/02/2024 and relates to the Inbound Medical Expenses Product Disclosure Statement (Product).

This TMD is required under Section 994B of the Corporations Act 2001 (Cth). The purpose of this TMD is provide the following information in respect of the Product:

- class of consumers that comprises the target market;
- conditions and restrictions on distribution;
- events and circumstances that will trigger TMD review and review period;
- distributor's obligations relating to reporting.

This TMD:

- is not intended to be a consumer facing disclosure document;
- does not form part of the PDS/policy for this Product, and
- does not provide any financial product advice and does not take into consideration the objectives, financial situation and needs of individual customers.

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 likely 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 Product.

Class of consumers that comprise target market

This Product is suitable for:

This insurance product is distributed to Australian based businesses and organisations and is designed to provide cover for certain medical expenses of their nominated employees and their accompanying spouse/partner and/or dependent children, (who are not Australian residents or citizens) whilst temporarily residing in Australia with a valid visa or work permit with an Australian based business or organisation.

A number of the benefits are designed for employees who are able to fund the cost of medical expenses they incur before seeking reimbursement, and to pay any excess in the event of a claim.

AHI and TMNF's assessment of the key terms and attributes of the insurance benefits available under the policy is that they are likely to be consistent with the likely needs, objectives and financial situation of customers in the target market for this product.

This Product is not suitable for:

- organisations that do not have employees working on temporary work visas in Australia
- organisations seeking medical insurance for employees who are citizens or permanent residents of Australia
- organisations or employees who are unable to pay any applicable excess or who are unable to pay costs incurred at the time of loss for benefits paid on a reimbursement basis.
- organisations seeking benefits offered under life insurance policies, such as guaranteed renewal policies under a policy with a term greater than 12 months
- Individuals who are not employed by an Australian business or organisation

This Product is not intended to be a replacement or alternative to private health insurance in Australia.

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

Key eligibility criteria:

Age limits apply to the policy and can vary. No cover is provided for insured persons who have not attained the minimum age limit, or who have attained the maximum age limit, at the time of an event claimed under the policy. The minimum age limit and maximum age limit are stated in the policy schedule. Please refer to PDS for full details.

Limitations:

This Product provides 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 the policy for that benefit. This policy is not suitable for persons seeking coverage beyond that provided.

There is a maximum amount payable under each benefit of the policy with respect to each insured person, and with respect to all claims payable under the policy during each Period of Insurance. The limit of AHI's liability is the Sum Insured against each benefit as shown in the policy schedule and is subject to the overall maximum amount in any one Period of Insurance as also shown in the policy schedule against "Aggregate Limit of Liability".

Excess and other deductions

Claims are subject to the payment of any excess, deferral period and co-payment as specified in the policy schedule.

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
- Medical Transportation Accommodation Expenses Benefit
- Parental Hospital Stay Expenses Benefit
- Pre and Post Hospitalisation Accommodation Expenses
- Repatriation of Mortal Remains / Funeral Expenses

* These items are only Insured if selected and shown on the policy schedule and 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.

Key exclusions

The policy contains the general exclusions, which unless otherwise agreed in writing, apply to all benefits under the policy. Other specific exclusions may apply to individual benefits. The PDS should be checked to ensure that the Product is consistent with the likely objectives, financial situations and needs of the target market customer. Some of the key exclusions which apply to this Product include:

- an insured person who has attained the age shown in the policy schedule against "Maximum Age Limit (sub limits may apply)".
- any benefit payment that would result in us breaching any of the following:

- a. the Private Health Insurance Act 2007 and the Private Health Insurance (Health Insurance Business) Rules;
- b. Health Insurance Act 1973 (Cth); or
- c. National Health Act 1953 (Cth),

as amended from time to time.

- 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.
- 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.
- 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.
- an insured person engaging in or taking part in or training for professional sports of any kind.
- an insured person engaging in air travel except as a passenger in any registered and licensed aircraft that carries passengers.
- 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).
- any expenses or charges incurred after the insured person or their representatives or insured refused to follow or ignored the reasonable instructions and directions of AHI or AHI Assist where it was reasonably practicable to do so in the circumstances.
- any expenses incurred whilst an Insured Person is undertaking private leisure travel outside of the insured's country of in-patriation or country of domicile.
- losses arising from nuclear, biological or chemical terrorism.

Distribution conditions

This Product may be distributed by insurance brokers and their representatives that are authorised, and licensed to the extent required, by law, under an Australian Financial Services Licence.

Distribution conditions and restrictions include underwriting rules as amended from time to time by AHI and TMNF, terms of AHI and TMNF's distribution arrangements, Industry code, and legal and regulatory requirements.

This Product can only be distributed through an underwriting system approved by AHI and TMNF, and in accordance with the eligibility and underwriting rules, including restrictions relating to age and pre-existing conditions. Any quoting outside of such system(s) must be referred to an authorised representative of AHI and TMNF.

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 TMD

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:

- a material change to the Product;
- A change in product governance framework;
- A change in underwriting rules and guidelines, pricing or reinsurance arrangements, such as 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, including a change in the terms of broker or distribution partner arrangements or how AHI and TMNF distribute the Product;

- A change in the law or regulatory guidance or industry code that materially affects the terms of cover or the receipt of feedback from distributors, regulators or the General Insurance Code Governance Committee that suggests the TMD is no longer appropriate;
- Systemic complaints and claims issues which indicate that the Product is no longer suitable for the described target market;
- Material and relevant changes in the key product suitability metrics such as:
 - Customer feedback,
 - Product acceptance,
 - Sales and loss ratios,
 - Cancellations,
- An external event such as relevant court proceedings, political and global events or adverse media coverage;
- 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. Other than when review is triggered as set out in this TMD, this TMD is to be reviewed within twelve (12) months from the date TMD was first determined for this Product. Thereafter, TMD is reviewed at least every twenty-four (24) months on an ongoing basis.

Reporting

AHI and TMNF will record all complaints received about this Product as received and collate to review on a monthly basis.

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

Distributors and brokers are required to report to AHI and TMNF, as set out in the table below:

Information required to be reported	Who is required to report	Reporting period
Breach of distribution condition or distribution outside of target market	Distributors and brokers	As soon as practicable after becoming aware of the matter and within 10 business days
Significant dealings that are not consistent with this TMD	Distributors and brokers	As soon as practicable after becoming aware of the matter and within 10 business days
Complaints – number and details of complaints relevant to this TMD	Distributors and brokers	As soon as practicable after becoming aware of the matter and within 10 business days
Information indicating that the Product may not be appropriate for the target market	Distributors and brokers	As soon as practicable after becoming aware of the matter and within 10 business days

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 the 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 the 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.

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ahiinsurance.com.au