



MEDICAL EXPENSES INSURANCE CHANGES TO COVER

Changes to Cover applicable for changes from PDS version DUALEXPATPDSV615 to DUAL Australia Medical Expenses PDS and Policy Wording 02.23.

This changes to cover document provides a brief summary of the key changes made as provided by the DUAL Australia Medical Expenses Insurance PDS and Policy Wording 02.23. Please note the clause numbers have changed.

The changes to cover document should be read in conjunction with the full Policy Wording, Policy Schedule, and any other supporting documents that we issue you.

Section	Comments
Wording Title	The policy wording has been renamed Medical Expenses to incorporate medical expenses for temporary residents to Australia and expatriates.
General Definitions	
Amended General Definitions	aggregate excess has been clarified to confirm the excess applies to claimable benefits and if the insurance period is less than (12) twelve months in duration the total amount of the aggregate excess is applied. If the insurance period is greater than (12) twelve months in duration the pro-rata aggregate excess is applied.
	critical injury or critical sickness has been amended to mean a life threatening injury or sickness, as certified by a doctor , that was unknown and unexpected prior to commencement of the insured person's foreign assignment.
	doctor has been amended to mean a medical practitioner or medical specialist who is registered and/or licenced and legally qualified to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical specialist who is the insured person , the insured person's employee or the insured person's relative.
	home leave has been amended to mean all forms of leave provided by the insured for the insured person to temporarily return to their country of residence .
	Out of Hospital Medical Care and Services has been replaced by Outpatient Medical Care and Services .
	pregnancy and maternity care expenses has been clarified to confirm the limits in the policy apply per pregnancy.
	pre-existing condition has been amended to include part b) the manifestation of symptoms which would have caused a reasonable person to seek medical advice.
	routine newborn child expenses has been amended to include all vaccinations required under an immunisation program.
	specialist has been amended to mean a legally registered medical practitioner who is registered or licensed to practice medicine under the laws of the country in which they practice and who is qualified by advanced training and certification and whose practice is limited to a particular class of patients, diseases or technique who is not the insured or insured person or a relative of the insured person .

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	war has been amended to include any armed opposition, whether declared or not between two countries, states or armed groups using force.
	we/our/us means DUAL Australia Pty Ltd (ACN 107 553 257) as agent of the Underwriters.
Additional General Definitions	aggregate limit of liability means the maximum amount we will pay for all claims arising from insured events which occur during the insurance period . The aggregate limit of liability is shown in the schedule .
	computer system means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.
	cyber act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any computer system .
	cyber incident means: a. any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any computer system ; or b. any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any computer system .
	emergency medical transport means transport by ambulance provided by, or under an arrangement with, a government approved ambulance service when medically necessary for admission to hospital , emergency treatment on site or inter-hospital transfer for treatment.
	policyholder means the insured .
	preventative medical expenses means charges incurred for treatment, diagnosis, X-rays, scans, ultrasounds and laboratory examinations for prevention of a sickness as provided by or referred by a doctor or specialist including breast examinations, pap smears, prostate checks and skin cancer checks.
Deleted General Definitions	Ancillary has been removed as a defined word.
Section 1 - Medical Expenses	
Table 2 – Outpatient Expenses	
Amended Insured Event	2(a) Out of Hospital Medical Care and Services has been amended to Outpatient Medical Care and Services
Additional Insured Event	Emergency Medical Transport is included under 2(c) and clarifies local ambulance or other local emergency transport to a hospital emergency treatment on site or inter-hospital transfer for treatment. This is now included under Section 1 of the policy and not under Section 2 - Emergency Medical Evacuation which is a separate benefit and has a separate policy limit.
Table 3 – Pregnancy and Maternity Care Expenses	
Amended Benefit	The benefit limits for 3 a, b, and c have been removed from Table 3 of the policy wording and the Pregnancy and Maternity Care Expenses sublimit is now the amount shown in the schedule .

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Table 5 – Ancillary Expenses	
Amended Insured Event	<p>a. an overall limit of \$100 per visit up to a maximum of \$500 per insured person applies to Acupuncture, Chiropractic, Osteopathy, Physiotherapy. Amended from:</p> <ul style="list-style-type: none"> • Acupuncture a maximum of \$1,000; • Chiropractic a maximum of \$1,000; • Osteopathy a maximum of \$1,000; • Physiotherapy a maximum of \$1,500. <p>b. an overall limit of \$500 per insured person applies to Podiatry, Speech Therapy, Dietetics, Homeopathy, Hypnotherapist, Naturopathy. Amended from:</p> <ul style="list-style-type: none"> • Podiatry a maximum of \$1,000; • Speech Therapy a maximum of \$1,000; • Dietetics a maximum of \$1,000; • Homeopathy a maximum of \$1,000; • Hypnotherapist a maximum of \$1,000; • Naturopathy a maximum of \$1,000. <p>c. an overall limit of \$300 per insured person applies to Optical. Amended from a maximum of \$600.</p> <p>d. a limit of one (1) appliance every two (2) years up to a maximum of \$1,000 per insured person applies to prosthesis appliance. Amended from:</p> <ul style="list-style-type: none"> • 100% up to a maximum of \$1,000 <p>e. a limit of \$5,000 per insured person applies to rehabilitation/occupational therapy. Amended from:</p> <ul style="list-style-type: none"> • 100% up to a maximum of \$10,000 <p>g. a limit of \$1,500 per insured person has been included for preventative medical expenses.</p>
Section 2 - Emergency Medical Evacuation	Sub headings have been included for clarity.
Amended Insured Event	<p>Former clause number 6, now clause 4. Insured Person's return to country of domicile: This clause has been amended to cover the return of the insured person to their country of domicile within ninety (90) days of sustaining the critical injury or critical sickness for the purpose of continuing their work for and on behalf of the insured. The number of days has been reduced from three hundred and sixty five (365) days.</p> <p>Additionally, the clause states we will only pay these transport charges if they are in addition to what the insured or insured person had budgeted for on the original journey to the country of domicile and return.</p>
	Clause 3 and 4 have been simplified for accompanying persons for a dependent child and for an adult.
Additional Insured Event	<p>Clause 5 – Accommodation Benefits c. has been included:</p> <p>c. accommodation charges for an insured person when the insured person's treating doctor or specialist and DUAL Assist certify as necessary for the insured person to wait for hospital treatment, convalesce after hospital treatment or wait for medical test results. The maximum amount payable is two hundred and fifty dollars (\$250) per day for up to fourteen (14) days.</p>

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Section	Comments
Section 2 – Conditions	
Additional Conditions	<p>We have included additional conditions specific to Section 2 to include that 1. we will evacuate or repatriate an insured person at our discretion. DUAL Assist will determine the most appropriate means of transport and destination for evacuation or repatriation based upon medical advice received from the insured person's treating doctor and the DUAL Assist medical advisor;</p> <p>2. the maximum amount we will pay is shown in the schedule against Section 2, Emergency Medical Evacuation;</p> <p>3. accommodation benefits are not available in the insured person's country of residence unless agreed to by us and are only payable if the insured person does not have an alternative place to stay (E.g. with a relative).</p>
Section 3 – Additional Benefits	
Amended Additional Benefits	<p>Additional benefits have been renamed Section 3 – Additional Benefits</p> <p>1. Home Leave has been amended to include cover b) if an insured person undergoes an emergency medical evacuation returning them to their country of residence and is covered under Section 2 – Emergency Medical Evacuation of this policy.</p> <p>Home Leave Conditions have been included and cover amended under condition a) and condition b):</p> <p>a. There is a new restriction to cover that is provided under the home leave benefit that a maximum period of thirty (30) consecutive days any one stay and a maximum of sixty (60) days in any one insurance period is allowed;</p> <p>b. DUAL Assist must have approved prior to the insured person's return date:</p> <p style="padding-left: 20px;">(i) medical treatments the insured person requires for any medical condition the insured person was aware of before their return date. If this prior approval is not obtained and we have been prejudiced we may at our discretion choose to pay what it would have cost had we been so advised.</p>
	<p>Employee Replacement or Employee Return to Country of Domicile has been amended to read as Employee Replacement.</p> <p>Cover has been amended to delete the reference to return of an insured person to their country of domicile, as this cover is available under Section 2, Clause 4 – Insured Person's return to country of domicile. The benefit amount is now shown in the schedule.</p>
	Emergency Return to Country of Residence benefit amount is now shown in the schedule .
	Repatriation of Mortal Remains or Local Funeral Expenses benefit amount is now shown in the schedule .
General Conditions	
Additional General Conditions	<p>3. Cover under Pregnancy and Maternity Care Expenses, Table of Insured Events – Table 3 is subject to:</p> <p style="padding-left: 20px;">a. a twelve (12) month waiting period being completed by the insured person; and</p> <p style="padding-left: 20px;">b. the pregnancy must commence during the insurance period and after the insured person has been accepted to the policy.</p> <p>4. Any benefits for medical expenses caused by or arising out of a cyber act or a cyber incident are payable, subject to all other terms and conditions of the policy.</p> <p>5. it is a condition of the policy that DUAL Assist (+61 2 8016 9210) must be notified as soon as reasonably practicable if the insured person is hospitalised or where medical expenses, emergency medical evacuation and covered travel costs have or may exceed five thousand (\$5,000) dollars in any one (1) event to confirm cover under the policy.</p>

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Section	Comments
Deleted General Conditions	<p>Former Condition Number 2. Age limit, moved to General Provision Number 3. Age Limit.</p> <p>Former Condition Number 3. Benefits payable to legal representative has been deleted.</p> <p>Former Condition Number 4. Insurance covering the same risk has been moved to General Provision Number 8. Other Insurance.</p>
General Exclusions	
Amended General Exclusions	<p>General Exclusions Applying to all Sections of the Policy preamble is amended to clarify no benefits are payable under the policy for any insured event resulting from injury that has been directly or indirectly caused by, arising out of, or in any way related to or connected directly or indirectly with any of the exclusions.</p> <p>2. is amended to clarify the intention of the exclusion is for self inflicted injury or sickness.</p> <p>6. is amended to clarify benefits will not be payable if the insured person's secondment was planned or undertaken:</p> <ol style="list-style-type: none"> a. against a doctor's advice; or b. whilst the insured person was not fit to commence secondment. <p>7. is amended to also exclude elective treatments including:</p> <ol style="list-style-type: none"> c. assisted reproduction and fertility treatments including any diagnostic testing; and d. sterilisation. <p>Former exclusion 11. relating to piloting aircraft is amended in 11. to exclude flying or engaging in any other aerial activity except as a fare paying passenger on an airline with scheduled flights.</p> <p>15. is amended to clarify that any pre-existing condition is excluded unless an application form has been received and accepted by us prior to the insured person being covered under this policy;</p> <p>17. is amended to include the relevant health insurance acts.</p> <p>18. the sanctions exclusion has been amended to read as: no insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit that trade or economic sanctions or other laws or regulations prohibit that insurer from providing the insurance.</p>
Additional General Exclusions	<p>19. no benefits are payable if the loss or expense comprising a claim (or part of a claim) for benefits is recoverable from any other source.</p> <p>21. no benefits are payable from treatment or services which are covered by:</p> <ol style="list-style-type: none"> a. any workers' compensation legislation or policy; or b. any transport accident legislation; or c. any government sponsored fund, plan, or medical benefit scheme; or d. any other insurance policy covering the same charges or expenses; or e. any other insurance policy required to be effected by or under a law.

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Section	Comments
General Provisions	
Amended General Provisions	<p>7. Subrogation and our right of recovery</p> <p>Clause expanded to include:</p> <p>If you or any insured person have waived the right to compensation from another source that is liable to pay compensation for a benefit payable under the policy, we will not cover you or any insured person under the policy for that loss, damage or liability.</p> <p>If you or any insured person brings a claim for loss or damage against a third party in respect to the benefit being paid under the policy, then included in the claim must be payments recoverable from the third party. Should damages be recovered against the third party then you or the insured person must repay to us the recoverable payments received under this policy.</p> <p>The Age limit of sixty six (66) years has been moved from general condition 2 to general provision 3.</p> <p>Former Condition Number 4. Insurance covering the same risk has been moved to General Provision Number 8. Other Insurance.</p>
Additional General Provisions	<p>1. Aggregate Limit of Liability</p> <p>We shall not be liable to pay any benefits under the policy in excess of the aggregate limit of liability. If this amount is not adequate to pay all claims in full, then we will reduce the benefit payable to each insured person proportionately, so that the total of all payments does not exceed the aggregate limit of liability.</p> <p>2. Annual Aggregate Excess</p> <p>Benefits under the policy may be subject to an aggregate excess which will be shown in the schedule.</p> <p>Where an annual aggregate excess is specified in the schedule the insured or insured person will be required to pay this aggregate excess before any benefit is payable under the policy and is the amount we will not pay in any one insurance period per single, per couple or per family. The aggregate excess is applied to claimable benefits under the policy.</p> <p>9. Several Liability of Underwriters</p> <p>The obligations of our subscribing Underwriters, where there is more than one (1) Underwriter subscribing to the policy, are several and not joint and are limited solely to the extent of their individual subscriptions. No subscribing Underwriter is responsible for the subscription of any co-subscribing Underwriter who, for any reason, does not satisfy all or part of its obligations.</p> <p>10. Territorial Limits</p> <p>The territorial limit is worldwide except where otherwise limited in the policy.</p> <p>11. Cover under more than one policy with us</p> <p>Where an insured person is covered under another insurance policy with us in respect of the same benefits as provided by this policy, we shall only pay the benefit once and the amount payable shall be the higher of the two (2) policy limits applicable.</p> <p>12. Alteration of risk</p> <p>If you make any changes, or become aware of any changes, or if you make any changes to your business activities, that are likely to increase the risk of a claim under this policy, you must tell us as soon as you become aware of the changes.</p>