



MEDICAL 'BEL ISI' GOLD PLUS INSURANCE POLICY

IMPORTANT

Your attention is drawn to Policy Condition (a) under Section 4 which states, inter alia, that in the event of probable hospitalisation or emergency transfer the Insured Member his Agent or attending Physician must consult with Pacific MMI prior to proceeding except in circumstances that are organ or life threatening.

Whilst not endeavouring to infringe on the right of an Insured Member to seek appropriate medical attention it is important that this Condition is complied with to ensure that any claims resulting from such hospitalisation or emergency transfer is settled without undue delay.

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‘BEL ISI’ GOLD PLUS HEALTHCARE INSURANCE POLICY

Important Notices

This booklet contains important information about Your Policy. You must read all the information carefully to make sure that you fully understand it and that it meets Your needs.

Your Duty of Disclosure

Before we give You insurance, You must tell us every matter that:

- You know, or
- You could be reasonably expected to know, which is relevant to Our decision to give You the insurance and terms We give it on.

You do not need to tell Us anything that:

- Reduces Our risk,
- Is commonly known,
- We already know or ought to know,
- We tell You We don't wish to know.

There is a special question in the declaration asking You if there is any additional information that You need to tell Us, if in doubt, it is better to tell Us.

If You do not tell Pacific MMI Insurance of anything which the duty of disclosure requires, We may:

- Refuse or reduce a claim
- Cancel Your Policy.

If Your failure is fraudulent, We may avoid the insurance from its beginning.

Renewals, Variations, Extensions or Reinstatements

The same duty of disclosure applies when the Policy is renewed, varied, extended or reinstated.

Our Agreement

If We accept Your proposal and You have paid the premium to Us We will insure You during the Period of Insurance subject to the terms and conditions of the Policy.

The information You have provided was used by Us to calculate the premium and terms for this insurance.

We will provide the cover described in this Policy while You are in within Papua New Guinea.

The cover selected by You and provided by this Policy is shown on Your Insurance Schedule.

WHEREAS the Insured Member named in the Certificate of Insurance hereto has submitted to Pacific MMI a written Application for Insurance against Medical Hospital Emergency Medical Evacuation and Ancillary Benefits as defined herein and upon the conditions hereinafter specified which shall be the basis of the contract and be considered as incorporated herein.

NOW THIS POLICY WITNESSETH that, in consideration of the payment of the Premium and subject to the conditions special provisions and exclusions contained herein endorsed hereon or attached hereto if during the period of Insurance, Medical Hospital Emergency Medical Evacuation and Ancillary Benefits as defined herein shall be incurred by an Insured Member Pacific MMI will pay the Compensation as provided for herein.

SECTION 1 – INSURANCE COVER PROVIDED

a) MEDICAL AND HOSPITAL EXPENSES BENEFIT

Medical and hospital treatment and other expenses as specified in Schedule A of Section 2 – Schedule of Benefits, necessarily incurred by the Insured Member sustaining illness or injury during the period of insurance, in PNG, including whilst travelling on holiday or business, anywhere in the world excluding America, Canada and Japan, and as deemed necessary and as recommended by a duly qualified medical practitioner or specialist.

b) EMERGENCY MEDICAL EVACUATION BENEFIT

Expenses for Emergency Medical Evacuation of the Insured Member or spouse or dependant including medical care en route, qualified escorts, charter of air ambulance, airfares on scheduled or charter air flights when deemed necessary and as directed by Pacific MMI in the event of a life or organ threatening condition and requiring urgent medical treatment, within PNG or to the nearest point in Australia where there are facilities to the required standard available to treat the Insured Member.

In the event that the condition is not life or organ threatening Benefits under Section 1 (b), (ci, cii) and (di, dii) will not apply.

c) INTERNAL TRANSFER FOR MEDICAL TREATMENT (WITHIN PAPUA NEW GUINEA)

i) AIRFARES

Limited to one transfer per Insured Member in any one period of Insurance.

ii) PRIVATE ACCOMMODATION

To cover up to K300 per day, the cost of private hotel accommodation prior to or following Internal Transfer for emergency medical treatment within PNG in the event of a life or organ threatening situation and that the required medical treatment is not available in the Insured Member's place of residence as deemed necessary and as directed by Pacific MMI. This benefit is paid up to an annual maximum limit of K3,000 any one period of insurance.

iii) ADDITIONAL EXPENSES

To cover the cost of meals, taxis, telephone calls, up to K200 per day, prior to or following Internal Transfer for emergency medical treatment within PNG in the event of a life or organ threatening situation and that the required medical treatment is not available in the Insured Member's place of residence, as deemed necessary and as directed by Pacific MMI. This benefit is paid up to an annual maximum limit of K4,000 any one period of insurance.

d) INTERNATIONAL TRANSFER FOR MEDICAL TREATMENT (PRINCIPALLY NORTH QUEENSLAND).

i) AIRFARES

Limited to one transfer per Insured Member in any one period of Insurance.

ii) PRIVATE ACCOMMODATION

To cover up to K350 per day, the cost of private hotel accommodation prior to or following International Transfer for emergency medical treatment to the nearest point in Australia, in the event of a life or organ threatening situation and that the required medical treatment is not available in PNG, as deemed necessary and as directed by Pacific MMI. This benefit is limited to an annual maximum limit of K5,000 any one period of insurance.

iii) ADDITIONAL EXPENSES

To cover the cost of meals, taxis, telephone calls, up to K250 per day, prior to or following International Transfer for emergency medical treatment to the nearest point in Australia, in the event of a life or organ threatening situation and that the required medical treatment is not available in PNG, as deemed necessary and as directed by Pacific MMI. This benefit is paid up to an annual maximum limit of K4,000 any one period of insurance.

Special Note:

- i) To claim for these expenses, receipts and accounts must be provided as evidence of the costs having been incurred.
- ii) In addition to the referral letter from the attending Doctor, a second medical opinion must be obtained from the appropriate Specialist Doctor and submitted to Pacific MMI for assessment.

e) ANCILLARY EXPENSE BENEFITS

Physician prescribed health related services as specified in Schedule B of Section 2 – Schedule of Benefits, performed by a medical practitioner recognised as registered and qualified to practice and provide these health services.

f) OPTICAL EXPENSE BENEFIT

Charges made by an optometrist for routine eye examination, prescribed reading glasses (including glasses for long/short sightedness) contact lenses.

g) DENTAL EXPENSE BENEFIT

Charges by a dentist for routine dental examination, scaling and cleaning, dental fillings, x-ray and injections and extractions of teeth.

h) PREGNANCY EXPENSE BENEFIT

Medical, hospital and other associated costs excluding airfares accommodation and additional expenses relating to the pregnancy, including antenatal and post natal care, immunisation of the new born infant in the first (6) six months of life, whether incurred inside or outside PNG.

Note: This benefit only applies to the legally married spouse of the insured principal.

Special Provision: In the event of a complication at birth and the lives of the mother and the baby are endangered, Benefits (a), (b), (c) and (d) under Section 1 will apply, however, the insured member or her attending Physician must consult with Pacific MMI prior to proceeding.

i) FUNERAL EXPENSE BENEFIT

To cover the cost of funeral expenses in the event of the death of an Insured Member up to the maximum annual limit stated in Schedule B, under Section 2, Schedule of Benefits.

Special Note:

To claim under benefit (i), the following documents must be submitted:

- i) Death Certificate
- ii) Receipts of costs incurred
- ii) Completed claim form.

j) IMMUNISATION

This will cover a new born child where it is not covered for under the Pregnancy extension, due to new members not qualifying for same. Benefits under Section 1(a) will apply.

k) CONGENITAL DEFECTS

This will only cover a new born child with congenital defects discovered after birth however the standard exclusion will remain in place. Benefits under Section 1(a) will apply.

l) NATURAL PARENTS

This will cover natural parents of all insured member and their spouses. Benefits under Section 2, Schedule B (vi) will apply.

SECTION 2 – SCHEDULE OF BENEFITS

SCHEDULE A

i) MEDICAL SERVICES

Physician visit to office, hotel or residences, Member visits to doctor or hospital emergency room, Tropical Screens, Pathology Tests, Laboratory Tests, X-Rays, Immunisations, Blood Tests, Hepatitis Inoculation, Diagnostic Testing, Dental Restoration after Trauma, Plastic Surgery (reconstructive), Chemotherapy, Radiation Therapy, Lithotripsy, Other approved Medical Tests, Operations & Specialist Procedures as prescribed by the Treating Doctor.

ii) HOSPITAL SERVICES

Private Hospital Room, Theatre Fees, Intensive Care, Procedure Room, Anaesthetic Services, Same Day Surgery, Prostheses (Surgically Implanted), Special Surgical Items, Surgical Procedures, Major Prescribed Drugs, Special Nursing, X-Rays, Medical/Surgical Supplies, Blood Transfusions, Other Approved Tests & Procedures as prescribed by the Treating Doctor.

iii) EMERGENCY MEDICAL EVACUATION

Air Ambulance Charter, Airfares, Medical Escorts, as directed by Pacific MMI.

Annual Limits for Schedule (A) Benefits, (Ai), (Aii), and (Aiii) above:-

Single Plan	-	K 550,000.00
Couple Plan	-	K 750,000.00
Family Plan	-	K1,200,000.00

iv) INTERNAL TRANSFER FOR TREATMENT

- Private Accommodation K300 per day
Maximum Annual Limit K3, 000
- Additional Expenses K200 per day
Maximum Annual Limit K4, 000

v) INTERNATIONAL TRANSFER FOR TREATMENT

- Private Accommodation K350 per day
Maximum Annual Limit K5,000
- Additional Expenses K250 per day
Maximum Annual Limit K4,000

SCHEDULE B

i) ANCILLARY SERVICES

Physiotherapy, Acupuncture, Chiropractic, Podiatry, Home Nursing, Speech therapy, Eye Therapy, Osteopathic, Naturopathic, Dietetics, Prostheses, Hearing Aids & Similar Appliances, Artificial Aids, Blood Glucose Meter, Nebuliser, Dialysis, Psychology, Psychiatry & Occupational Therapy as deemed necessary and prescribed by the Treating Doctor.

Annual Limit	Single	K 3,000.00
	Couple	K 4,000.00
	Family	K 5,000.00

ii) PREGNANCY

Medical, hospital and other treatment costs necessarily incurred in respect of all pregnancy related expenses including the immunisation of the new born infant in the first six months of life.

Maximum Limit K 8,500 per birth.

iii) OPTICAL

Eye Examinations, Prescribed Reading Glasses (including glasses for long/short sightedness), Contact Lenses, as deemed necessary and prescribed by a qualified Optometrist.

Annual Limit	Single	K 2,500.00
	Couple	K 2,500.00/insured
	Family	K 2,500.00/insured

iv) DENTAL

General tooth Examinations, Scaling & Cleaning, Dental Fillings, X-Rays, Injections, Extraction of Teeth as deemed necessary and prescribed by a qualified Dentist.

Annual Limit K 2,500.00/insured

iv) FUNERAL EXPENSES

K3, 500/insured maximum any one period of insurance.

vi NATURAL PARENTS EXPENSES

Annual Limit K 1,500.00/insured

NB: Schedule A Benefits (iii), (iv), (v) do not Apply to Schedule B Benefit.

NB: ALL THE ABOVE BENEFITS ARE SUBJECT TO A 25% EXCESS. NO EXCESS WILL APPLY TO APPROVED MEDICAL EVACUATIONS. MEDICAL/HOSPITAL AND ASSOCIATED EXPENSES INCURRED FOLLOWING AN APPROVED MEDICAL EVACUATION WILL BE SUBJECT TO A 25% EXCESS TO A MAXIMUM OF K 5,000. (No excess to apply to funeral expense benefit)

SECTION 3 – GENERAL EXCLUSIONS

Pacific MMI shall not be liable for:-

- a) Any claims incurred after the Insured Member or dependant spouse has reached 65th birthday or in the case of children:-
 - i) the date, they enter full time employment;
 - ii) the date, they are married;
 - iii) the date, they attain the age of (18) years.
- b) Any claim arising from flying in any aircraft other than in an aircraft licensed for the transportation of passengers and then only as a passenger.
- c) Any claims arising from an intentional self-injury, suicide or attempted suicide, alcoholism, intoxicants, or the use of drugs except as prescribed by a physician.
- d) Any claims arising from an illness or injury manifesting itself after the Period of Insurance has ended or after cancellation of this insurance, or any illness or injury continuing after coverage has expired or been cancelled.
- e) Any medical expenses or liability directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.
- f) Pregnancy expenses incurred within the first (52) weeks of effecting this insurance.
- g) Any condition of disability in respect of which an Insured Member has a right to action under any Workers Compensation or any other policy of insurance, Healthfund under which an Insured Member can claim any benefit.
- h) Any Pre-existing Illness (see Definition (d), under Section 5) unless appropriate steps have been taken in accordance with Condition (c), under Section 4.
- i) Any claims arising directly or indirectly from any injury, illness, death loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any mutant derivatives or variations thereof however caused, venereal disease and sexually transmitted disease (STD).
- j) Voluntary abortion, sterilisation, infertility, vasectomy, hysterectomy, contraceptives, in-vitro fertilisation (IVF).
- k) Any claims in respect of loss, theft or damage to glasses, contact lenses, hearing aids and/or similar appliances.
- k) Any claims in respect of the costs of non-reconstructive or elective plastic surgery or treatment/surgery of an elective nature.
- m) Any claims in respect of expenses incurred for organ or tissue transplants or experimental or venture medicine or experimental medicines and drugs, vitamins or health food supplement.
- n) Any claims from an Insured Member engaging in services in the armed forces of any country.
- o) Any travel or transfer expenses made against the advice or prior approval of Pacific MMI.
- p) Expenses for congenital conditions for those whose birthing costs have not been met under the policy except for Section 1(a).
- q) Airfares and accommodation expenses are not covered where facilities to the required standard to treat or investigate the medical condition are available in PNG.
- r) Expenses for parents who are engaged in full-time or permanent casual work.

SECTION 4 – CONDITIONS

a) ADVICE OF CLAIMS

- i. The Insured Member must advise Pacific MMI as immediately as possible of any accident, illness, loss, damage or mishap which causes a claim to be made under this insurance. However, in the event of probably hospitalisation or emergency evacuation, the Insured Member, his Agent or his Attending Physician must consult with Pacific MMI prior to proceeding except in circumstances which are organ or life threatening, where consultation with Pacific MMI must take place as immediately as is reasonably possible.
- ii. Written Notice of any claim must be given to Pacific MMI within sixty (60) days of the expiry of the period of insurance in which medical and/or repatriation expenses are incurred and full particulars including receipts and/or accounts shall be furnished in the form required by Pacific MMI. Any claims lodged after (60) days will not be reimbursed.
- iii. If the Insured Member is currently entitled to benefits under any other medical fund, i.e. Medicare in Australia, Pacific MMI Insurance Limited will only meet the cost of any claims after they have been claimed from that fund.

b) CANCELLATION

This policy may be cancelled at any time at the request of the Insured Member in which case Pacific MMI will refund the unexpired portion of the premium paid. Pacific MMI may at any time by giving written notice to the Insured Member, cancel this Policy. Notice of cancellation may be delivered personally or posted to the Insured Member at the address last notified to Pacific MMI and the cancellation of the Policy shall be effective on delivery of the said notice, or if posted, from the time the said notice should be delivered in the ordinary course of post in no case later than (14) days after the said notice has been posted. After cancellation, Pacific MMI will refund the unexpired portion of any premiums paid.

c) PRE-EXISTING ILLNESS

An Insured Member with a Pre-Existing Illness as defined in this Policy, must obtain a Physician's written report detailing the illness and its present condition. This Physician's report must be submitted with an application for a decision on acceptance of cover, by Pacific MMI of that condition.

d) FRAUD

If the Insured Member shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this contract shall become null and void and all coverage hereunder shall be forfeited. This includes altering of names or amounts on receipts or accounts from Doctors.

d) PAYEE

Claims under this Insurance shall be payable to the Insured Member named in the Certificate of Insurance or the Medical Service Provider treating the Insured Member, whichever the case may be.

f) DISPUTE RESOLUTION

The parties to this Insurance expressly agree that the laws of Papua New Guinea shall govern the validity, construction, interpretation and effect of this policy.

g) CO-OPERATION

The Insured Member undertakes to co-operate with Pacific MMI as required to minimise the cost of claims, and gives permission for Pacific MMI to obtain a medical history from any Physician who treated the Insured Member in the three years prior to the commencement of this insurance.

h) SUBROGATION

In respect of the rights of the Insured Member against parties who may be liable to provide indemnity or make a contribution in respect of any matter which is the subject of a claim under this insurance, the Insured Member agrees to co-operate fully with Pacific MMI in seeking such indemnity or contribution including where appropriate, Pacific MMI constituting proceedings at its own expense against such parties in the name of the Insured Member.

i) RENEWAL

This Policy may be renewed for further consecutive periods by payment of the required premium, as herein provided subject to Pacific MMI's right to decline renewal or vary the terms and conditions of this Policy, as of the first or any subsequent renewal date thereafter by giving notice to the Insured of such declinature or variation at least (30) thirty days prior to such date.

j) MEDICAL REPORT

If approval for internal or international transfer for treatment has been given by Pacific MMI, a full medical report from the treating doctor must be provided to Pacific MMI upon discharge from hospital on the treating doctor's advice for records.

k) CURRENCY

All claims will be payable in PNG Kina, except where payment is made to an overseas (Australian) medical service provider direct.

The exchange rate used will be the rate prevailing at the time of settlement.

l) EXCESS

Where an excess is shown, all claims will be reimbursed less the excess (%) shown.

m) RESIDENCY

Claimants must be full-time residence of Papua New Guinea.

SECTION 5 – DEFINITIONS

- a) **“Insured Member”** means the person or persons who are declared on the Certificate of Insurance
- b) **“Period of Insurance”** means the period of insurance stated in the Certificate of Insurance and any subsequent period for which the Insured Member pays and Pacific MMI accepts the renewal premium. Where premiums are payable half-yearly, the period of Insurance shall be deemed to be the (12) months period.
- c) **“Pacific MMI”** shall mean Pacific MMI Insurance Limited and having its postal address at P.O. Box 331, Port Moresby, Papua New Guinea, and located on the 4th Floor, Champion Plaza, Champion Parade, Port Moresby.
- d) **“Pre-Existing Illness”** means a medical condition which manifested itself or was diagnosed or for which prescribed medication or other treatment was required within (12) months preceding the Insured Member’s application for this insurance.
- e) **“Injury”** means bodily injury caused solely and directly by accidental violent external and visible means.
- f) **“Physician”** means a person legally and professionally qualified to practice in medicine or surgery.
- g) **“Country of Medical Treatment”** is that country to which the Insured Member is transferred for urgent medical care and treatment when deemed necessary and as directed by Pacific MMI.
- h) **“Very Seriously Ill”** is a medical condition which by customary practice of the British/Australian/New Zealand Medical Profession and the British/Australian/New Zealand Hospital Administration is considered such as to warrant placing the patient on the “Very Seriously Ill” list, and to warrant a notification to relatives that their attendance is desirable in view of the imminent possibility of the patient succumbing to his or her illness (or) to the extent of dying. (Special note: A normal pregnancy is not regarded as a condition of very seriously ill).
- i) **“Medical Emergency”** is a condition which is organ or life threatening and requiring urgent transfer for Emergency Medical Treatment as deemed necessary and directed by Pacific MMI.
- j) **“Additional Expenses”** means the cost of meals, taxis and telephone calls, following a medical emergency, as deemed necessary and as directed by Pacific MMI.
- k) **“Private Accommodation”** means hotel accommodation following a medical emergency and the attending Physician’s advice before return home or accommodation arising as a necessity prior to treatment following a medical emergency, deemed necessary as directed by Pacific MMI.
- l) **“Life or Organ Threatening Condition”** means an acute medical condition of sudden onslaught which requires the Insured Member to seek immediate and urgent medical treatment including medical evacuation to the nearest point in PNG or Australia where facilities to the required standard are available to treat the Insured Member failing which loss of life or organ will result.
- m) **“Organs”** as referred to in this Policy means internal organs such as kidneys, lungs and heart which perform a vital function without which a life will be endangered.
- n) **“Prescribed Medication”** means medicine which has been prescribed by a Doctor or Specialist.
- o) **“Family”** means the principal, spouse and their immediate dependant children under the age of 18 years and or unmarried full time students under the age of 25 years who are wholly dependant and reside with the principal or in full time study in PNG or Overseas, excluding North America and Japan.
- p) **“Couple”** means the principal and his/her spouse.
- q) **“Natural Parent”** means Biological parent of the insured principal and his/her declared spouse’s parent.