



SUMMARY OF COVER

NON-MEDICARE MEDICAL EXPENSES

Please note this document provides a general overview of the Non-Medicare Medical Expenses benefit under ATC's Sports Personal Accident Insurance Policy only. Cover for this benefit is only included if there is a benefit shown in the policy schedule. The full cover, terms, conditions, and exclusions of the insurance policy can be found in the policy documentation.

This summary does not form part of the contract of insurance.






SUMMARY OF COVER

The ATC Sports Personal Accident Insurance Policy includes a range of benefits, including cover for Non-Medicare Medical Expenses. This benefit provides cover for certain healthcare costs that do not attract a Medicare rebate.

WHAT IS COVERED?

The Policy provides cover for specific Non-Medicare Medical Expenses.

Examples of expenses that the Policy generally covers include:





-  Private hospital accommodation*
-  Physiotherapy, chiropractor, masseuse, osteopath, and naturopath*
-  Orthotics, splints, and prosthesis*
-  Dental treatment*
-  Ambulance transportation costs*

*Before submitting any expenses to ATC, they must first be claimed through your Private Health insurance if you have a policy in place.

WHAT IS NOT COVERED?

Please note the Policy does not cover medical expenses that attract a partial or full Medicare rebate, including the "Medicare Gap".

Examples of expenses that the Policy generally cannot cover include:

-  Doctor's fees, Specialist consultations and Anaesthetist fees ^
-  Hospital surgery costs ^
-  X-rays and Ultrasounds ^
-  Pharmaceuticals/medication^^

^ Australian Federal Legislation prohibits all general insurers from covering any item listed on the Medicare Benefits Schedule.

^^ Medication expenses are excluded from cover.

Frequently Asked Questions

Can I claim the Medicare Gap?

No, Australian Federal Legislation prohibits general insurers (including ATC) from covering any item listed on the Medicare Benefits Schedule. This includes the Medicare Gap.

Can I claim through my Private Health Insurance and the Sports Personal Accident Policy?

Yes, while the Policy cannot cover the Medicare Gap, it can provide cover for the difference between your Non-Medicare Expenses and the Private Health Insurance rebate.

All expenses must first be claimed through your Private Health Insurance (if you have a policy in place) before submitting to ATC.

What is the process for claiming my Non-Medicare Medical Expenses through ATC?

1. Pay your medical expenses;
2. Check for Medicare rebates;
3. Claim your Private Health Insurance rebates (if applicable);
4. Submit your expenses to ATC.

What documents should I include when submitting Non-Medicare Medical expenses to ATC?

To assess your claimed expenses please include:

- The invoice from the service provider;
- Private Health Fund rebate statement (if applicable);
- Receipts confirming the payment.

What cover do I have for Non-Medicare Medical Expenses?

Cover is different under each policy. Generally, ATC reimburse a percentage of covered expenses up to the maximum sum insured stated in the policy schedule. An excess may also be applicable.

Please refer to the policy holder or ATC Insurance Solutions for further information on the cover available.

Can I claim any other benefits under the policy?

Each sporting club/association selects its own coverage under the Sports Personal Accident policy, resulting in varying benefits and levels of cover.

Details of the cover available can be found in the policy schedule which can be requested from your sporting club or association.

The policy schedule includes information about the specific benefits and level of cover, including:

- Any applicable excess;
- The maximum period of time for which a benefit is payable;
- The percentage of Non-Medicare expenses that can be paid;
- The sums insured or maximum benefits payable.

How often can I submit my expenses to ATC?

You can submit your claimed expenses to ATC as often as you like. However, we recommend sending the incurred costs to your allocated claims executive once per month to ensure prompt reimbursement.

Cover is not available for expenses incurred after the benefit period stated in the Schedule. This is typically 12 months after the date of your injury.

FOR MORE INFORMATION

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