



INSURANCE COVER INFORMATION

Effective 22nd December 2019 – 22nd December 2020

Procedures for Reporting a Claim

1. The injured player must report any injury sustained whilst playing the game of Oztag to game officials on the night the injury occurred.
2. Player to contact **Sports Underwriting Australia Claims Department (handled by AIG Insurance)** on **1300 761 195** or email austclaims@aig.com, to place a claim of Injury. Sports Underwriting Australia Claims Department will explain anything you need to know and a Claim form will then be forwarded to you.
3. Player will not be able to make a claim unless registered and paid up. All claim forms are to be signed by an Official of your Association to confirm this prior to acceptance.
4. Private Health Insurance **MUST** be claimed on first before submitting a claim to Sports Underwriting Australia.
5. Medicare Costs for the Gap cannot be claimed for. Unfortunately, the Health Act does not allow for any general Insurer to provide any cover in regard to medical expenses for which any Medicare benefit is payable. This includes what is known as the Medicare gap.

AN EXCESS OF \$100 APPLIES TO EACH CLAIM

Summary of Insurance Coverage

Policy Limit for Medical is \$2,500 per injury per annum.

Non – Medicare medical benefits Covers 75% of the invoice.

Any expenses must be incurred within 12 months of the insured person sustaining the injury.

Oztag Sports Injury Claims Example

Below is an example of the benefits that can be claimed under the policy.

Bill was playing Oztag for his team at an Oztag association and injured his knee. Bill visited a hospital where he reviewed by a doctor and was then referred a specialist surgeon who ordered an X-Ray which revealed that a full knee re-construction was needed. Bill was unable to work due to his injury and as such his surgery to be performed the following week. The surgeon advised that after the surgery Bill would not be able to work for a further 4 weeks. He then arranged to attend a physiotherapy for rehabilitation and then returned to work.

The claim is settled by the Insurer as follows -

Doctors Visit	Scheduled amount covered by Medicare (*Gap not covered)
Surgeon Fees	Scheduled amount covered by Medicare (*Gap not covered)
X-Ray	Scheduled amount covered by Medicare (*Gap not covered)
Anaesthetist	Scheduled amount covered by Medicare (*Gap not covered)
Private Hospital accommodation excess	\$500
Theatre Costs	\$1,000
Physiotherapy – 6 visits @ \$100 per visit	\$600
	Sub Total \$2,100
Total Non-Medicare Expenses	Benefit payable 75% \$1,575
Less Excess	\$100
TOTAL MEDICAL EXPENSES PAID	\$1,475
Loss of income	ONLY COVERED IF THE EXTRA COVER FOR HIS TEAM WAS ARRANGED.

All treatment must be incurred within 12 months of the sustaining the injury.

Some of the other treatments that are covered include Chiropractic costs, Dental services and Ambulance transport costs.

How does Medicare affect my claims? If you are injured and received treatment that is listed on the Medicare Benefits Schedule (MBS), this policy is unable to provide reimbursement of those costs or the gap. For example, a Doctor's consultation costs you \$100, Medicare reimburses you approximately \$45 according to the MBS. This leaves you \$55 out of pocket, which is known, as the Medicare Gap and as such this is not coverable via this policy.

Please Note - The gap from the Private Health reimbursement can be claimed, as long as it is not claimed via Medicare.