

MSA Personal Accident Insurance Summary

The Masters Swimming Australia Personal Accident insurance provides financial reimbursement for members costs associated with personal injuries that occur during club, branch and national masters swimming activities.

Personal Accident insurance is not a Private Health Fund and therefore does not cover pre-existing injuries or preventative medicine/treatment.

Cover Provided

There are three (3) key sections to the Personal Accident Policy:

- Capital Benefits,
- Non-Medicare Medical Benefits and
- Weekly Benefits or Loss of Income.

Whilst any injury has financial repercussions, the insurance considered as the highest priority is the protection that responds to serious injury resulting in permanent disability (or even death). This is the death and permanent disability component of the insurance - sometimes referred to as Capital Benefits. It is this cover that forms the foundation of the personal accident policy. The non Medicare medical expenses and loss of income are ancillary benefits of the policy.

Capital Benefits (Death and Permanent Disability)

A Capital Benefit is the amount that is paid as a lump sum in the event of an injury that results in death or permanent total disablement as listed in the policy wording. Injuries resulting in permanent disablement, but not total disablement, receive a benefit that is calculated as a percentage of the Capital Benefit sum insured, that percentage being dependent on the degree of permanent disability.

The Masters Swimming Australia insurance covers permanent total disability of a limb, eye etc. and permanent partial disability on a percentage basis. The maximum sum insured is up to \$100,000. The accidental death sum insured is limited to \$10,000 for persons under 18 years of age and over 75 years of age.

Non-Medicare Medical Expenses

Whilst injuries that result in death or permanent disability are few, claims for non Medicare medical expenses are the most common. This area of cover is organised on the basis of providing an agreed percentage of non-Medicare medical expenses up to an agreed limit per member per injury.

This area of cover causes the most enquiries and complaints, which is contributed to by government legislation (Section 126 of the Health Insurance Act 1973), preventing general insurance companies from providing any cover in regard to medical expenses for which a Medicare benefit is payable –which includes not being able to cover the Medicare gap. Generally then, there will always be a ‘gap’ which cannot be covered by insurance e.g. general practitioner expenses, specialists/surgeons and anaesthetists fees.

To demonstrate what can be covered under a group accident insurance policy, we will take an example injury. The treatment process is likely to be: -

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	Medicare	Sports Insurance
Visit to General Practitioner (GP)	Claimable	Not covered
GP refers to specialist	Claimable	Not covered
Specialist determines that an operation is necessary. <i>Due to lack of bed availability in Public Hospitals and with sporting injuries often involving elective rather than emergency surgery, a Private Hospital is likely to be necessary.</i>		
Private Hospital accommodation and theatre fees	Not claimable	Covered
Surgeon fees and Anaesthetists fees	Claimable	Not covered
(If available) Public Hospital fees	Claimable	Not covered
Physiotherapy necessary	Not claimable	Covered
If ambulance required	Not claimable	Covered

In summary, the golden rule is that if Medicare pays a benefit on a particular medical expense, as per government legislation, no part of that expense can be paid under the sports insurance policy, even though the gap between the expense and the Medicare rebate may be significant.

It is wise for a participant in sport to have Private Health insurance. The sports insurance policy can be considered a back up to Private Health insurance. Even with the top scale of Private Health insurance there can still be a significant gap between the total non Medicare expenses and the Private Health insurance refund.

Whilst a sports insurance policy cannot cover Medicare gaps it does cover Private Health insurance gaps. A combination of Private Health insurance and sports injury insurance will see non-Medicare medical expenses incurred by members kept to a minimum. Due to legislation, the issue of Medicare gaps is one that is impossible to address under sports injury insurance.

The Masters Swimming Australia insurance is an accident only cover. The maximum Expenses Sum insured is \$1000 with an excess of \$20. It is an Australia only cover.

Weekly Benefits - Loss of Income

Loss of income insurance provides benefits when a member is injured and cannot attend their usual occupation, thereby losing income. If someone suddenly loses the income they rely on to meet the cost of living expenses for themselves and their family it has serious consequences. Whilst the participant may have some sick leave entitlement at work it is extremely unlikely that there will be sufficient sick leave for a medium to long term period of disability.

Weekly income varies between individuals and therefore it is not possible to have a group cover where the benefit selected replaces everyone's usual weekly income.

The Masters Swimming Australia Weekly Injury Benefits is an accident only cover. The Sum insured is \$210 maximum per week. Benefit period is 52 weeks with an excess of one week.

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Reporting an Injury and subsequent Claims

If and when an injury is sustained by a member, the person responsible for dealing with the injured person must complete the injury report form (MSA website) and submit it to their **Branch**.

If and when an injury is sustained and a claim is necessary, please contact the MSA National Office admin@mastersswimming.org.au or 03 96825666 to request a claim form.

MSA is insured by Sportscover Australia for personal accidents. A claim should be submitted within 120 days of the injury. Do not wait until treatment is complete before submitting the claim form.