



Further Travel Insurance Frequently Asked Questions

What does my RAA travel insurance cover?

All of our RAA International policies provide 24-hour medical emergency assistance and unlimited reasonable overseas medical treatment (conditions, sub-limits and exclusions apply). We offer a number of policy options with varying benefits and limits for both International travel and Domestic travel, as well as a domestic rental car excess only policy. The policy also covers your dependents such as children, grandchildren, step-children and foster children at no extra cost, provided they are travelling with you, are up to the age of 25, are financially dependent on their parents, are not working full time, and do not require medical assessment. Please refer to the table of benefits in the [Product Disclosure Statement](#) for further details.

Who can get insured?

Cover is available to —

Australian citizens and permanent Australian residents up to 110 years of age for Single Trip policies and up to 75 years of age for the Annual Multi-Trip policy, provided:

- you purchase your policy before you begin your trip; and
- for International cover your trip begins and ends in Australia; or
- for Domestic cover your trip must be wholly within Australia.

Australian Temporary residents up to 110 years of age for Single Trip policies and up to 75 years of age for the Annual Multi Trip policy, provided:

- you hold a current Australian Visa (not a tourist, study or working holiday visa) that will remain valid beyond the period of your return from your trip; and
- you hold a return ticket; and
- you have a primary place of residence in Australia that you intend to return to; and
- you purchase your policy before you begin your trip; and
- for International cover your trip begins and ends in Australia; or
- for Domestic cover your trip must be wholly within Australia.

What is a Medical Condition?

A medical condition means any medical or physical condition, disorder, disease, disability or illness, including any mental illness, which at the relevant time, you were aware of, or a reasonable person in the circumstances could be expected to have been aware of, and at the relevant time:



1. is chronic, ongoing, terminal, or has affected or involved one or more of the following:
 - a. heart, circulatory system, lungs or respiratory system, brain, kidneys, liver, or cancer;
 - b. surgery involving the back, neck, joints, or abdomen; or
2. in the last 24 months had:
 - a. presented symptoms which would have caused an ordinarily prudent person to seek medical opinion or treatment;
 - b. become exacerbated or complicated; or
 - c. been diagnosed, treated or treatment was recommended by a treating doctor.

Terms used above are defined in the [Product Disclosure Statement](#).

Which medical conditions are automatically covered?

This section outlines those medical conditions automatically included, where you, at the relevant time:

- a) have not required hospitalisation or treatment by any treating doctor within the last 24 months (unless a different time-period is specifically listed in the list below) for the medical condition;
- b) are not awaiting the outcome of any investigation, tests, surgery or other treatment for the medical condition; and
- c) meet any additional criteria set out in the medical conditions we automatically cover listed below.

If the criteria above are satisfied, cover is automatically included for the following medical conditions:

1. Acne
2. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever, however this excludes any Anaphylaxis as part of any such condition
3. Asthma providing you:
 - a. have no other lung disease; and
 - b. are less than 60 years of age at the time you purchase the policy
4. Bell's Palsy
5. Benign Positional Vertigo
6. Bunions
7. Carpal Tunnel Syndrome
8. Cataracts
9. Coeliac Disease



10. Congenital Blindness

11. Congenital Deafness

12. Diabetes Mellitus (Type I) providing you:

- a. were diagnosed over 24 months ago; and
- b. have no eye, kidney, nerve or vascular complications; and
- c. do not suffer from a known cardiovascular disease, hypertension, or hypercholesterolemia; and
- d. are under 50 years of age at the date of policy purchase

13. Diabetes Mellitus (Type II) providing you:

- a. were diagnosed over 24 months ago; and
- b. have no eye, kidney, nerve or vascular complications; and
- c. do not suffer from a known cardiovascular disease, hypertension, or hypercholesterolemia; and
- d. are under 50 years of age at the date of policy purchase

14. Dry Eye Syndrome

15. Epilepsy providing:

- a. there has been no change to your medication regime in the past 24 months; and
- b. you are on no more than one anticonvulsant medication

16. Gastric reflux

17. Gastric/Peptic ulcer

18. Glaucoma

19. Gout

20. Graves' Disease

21. Hiatus Hernia

22. Hip/Knee replacement if performed more than 24 months ago but less than 10 years ago

23. Hypercholesterolemia (High Cholesterol) providing you do not also suffer from a known cardiovascular disease and/or Diabetes

24. Hyperlipidemia (High Blood Lipids) providing you do not also suffer from a known cardiovascular disease and/or Diabetes

25. Hypertension (High Blood Pressure) providing you do not also suffer from a known cardiovascular disease and/or Diabetes

26. Hypothyroidism, including Hashimoto's Disease

- 27. Incontinence
- 28. Insulin Resistance
- 29. Macular Degeneration
- 30. Meniere's Disease
- 31. Migraine
- 32. Nocturnal cramps
- 33. Plantar Fasciitis
- 34. Raynaud's Disease
- 35. Sleep Apnoea
- 36. Solar Keratosis
- 37. Trigeminal Neuralgia
- 38. Trigger Finger

If your condition meets the automatically covered conditions criteria, there is nothing further you need to do in order to be covered for that condition.

If your condition does not meet the automatically covered conditions criteria, and you want cover for this, you must complete a medical assessment to assess whether we can accept this risk and what, if any additional premium is payable by you, to have that condition specified on your policy.

Please also read the “General Exclusions” section of the [Product Disclosure Statement](#).

I have a medical condition that isn't automatically covered. Can I still get cover?

If you have a medical condition that is not automatically covered above and you want cover for this medical condition, you will need to complete our online medical assessment so that we can assess whether:

- a) we can cover the medical condition – in which case additional premium may be payable and the medical condition will be listed on your Certificate of Insurance; or
- b) we can't cover the medical condition – in which case, the medical condition that has not been accepted will be listed on your Certificate of Insurance.

Please also read the “General Exclusions” section of the [Product Disclosure Statement](#) which applies in addition to any limitations set out above.

You can complete the online medical assessment as part of your [travel insurance quote](#).

This is an online set of medical questions (assessment) which you will need to complete if you wish to apply for travel insurance but have medical conditions which are not automatically covered under the policy. Upon completion of this assessment we will inform you if the medical condition can be covered and any additional premium that would be applicable.

What happens if I develop a medical condition after I buy travel insurance but before I leave on my trip? Would I still be covered?

If before starting your trip, you become aware of, or a reasonable person in the circumstances could be expected to have become aware of, a change in your health, that:

- has, or is likely to have, an effect on the diagnosis, severity, or management of a medical condition, such as a change in treatment, medication or dosage, a new symptom or change of a condition of a medical condition, that we have accepted on your Certificate of Insurance; or
- a medical condition manifests itself, that is not otherwise covered under the 'Medical Conditions we automatically cover' section;

You must tell us as soon as reasonably practicable and prior to starting your trip.

We will then assess the condition to determine if we can offer you cover, as outlined in the section above. If we consider any change in health no longer satisfies the criteria we offer under the policy because it substantially increases the risk of loss, damage, illness, injury or liability, then we will let you know and decline or withdraw coverage, as applicable, by issuing you an updated Certificate of Insurance with any applicable changes to Medical Conditions that are or are not covered by the policy.

If we withdraw or decline cover and you decide to cancel your trip as a result, cover may still be available under 'Section 1 Cancellation Fees and Lost Deposits'. If you do not claim and want to alternatively cancel your policy prior to starting your trip as a result of this decision, we will refund your premium in full, even if this is outside the cooling off period.

If you fail to tell us about a change in your health as set out above, we may refuse coverage or refuse to pay your claim, in whole or in part, subject to our rights under section 54 of the Insurance Contracts Act 1984 (Clth) to the extent that we have been prejudiced as a result of your failure to notify us. We may also be entitled to cancel your policy under section 60 of the Insurance Contracts Act (Clth).

Am I covered if I'm pregnant?

Our policies provide cover for pregnancy in limited circumstances.

What is covered?

Cover is included automatically up to the end of the 25th week of pregnancy for:

- a) single non-complicated pregnancies;
- b) unexpected pregnancy complications; and
- c) childbirth which was accelerated by accidental injury in limited circumstances.

You will need to apply for cover if at the relevant time, you know you are pregnant and are aware of, or a reasonable person in the circumstances could be expected to have been aware of, any of the following:

- I. there have been complications with this or a previous pregnancy,



- II. you are expecting a multiple pregnancy (such as triplets or twins), or
- III. you have a medical condition which could have an adverse impact on your health.

Pregnancy Complications

Pregnancy complications are considered medical conditions and need to be disclosed and assessed if you want cover for these conditions whilst on your trip. Pregnancy complications include those that occur during pregnancy or may be caused by medical conditions that already existed prior to the pregnancy, such as previous high risk of miscarriage, gestational diabetes, hyperemesis (severe morning sickness) or pre-eclampsia. Please refer to the medical conditions we need to assess section above.

What is not covered

There is no cover for:

- a) pregnancy complications occurring from the 26th week of gestation, or as described in the section above (Pregnancy Complications) unless such complications are specifically accepted by us and noted on your Certificate of Insurance;
- b) childbirth at any stage of the pregnancy, other than as a result of an accident occurring prior to the end of the 25th week of your pregnancy which causes you to give birth prematurely;
- c) the health or care of a newborn child, irrespective of the stage of pregnancy when the child is born; or
- d) regular antenatal care.

We recommend that you contact your treating doctor and obtain written confirmation that you are fit to travel before commencing your planned trip. Please see the section above about changes to your health, which outlines conditions to our cover.

If you are unsure whether you need to complete a medical assessment for your pregnancy, please call [8202 4346](tel:82024346) for additional assistance.

Please read the “General Exclusions” section of the [Product Disclosure Statement](#) which applies to all sections of cover.

Will my children be covered by my insurance?

Your dependents such as children, grandchildren, step-children and foster children are covered at no extra cost if they have not disclosed a medical condition and they meet the following criteria:

- aged 25 years or younger at the time you buy your policy;
- financially dependent on their parents or grandparents and not working full time;
- travelling with you for your entire trip;
- listed on the Certificate of Insurance as your dependant; and
- whilst on your trip, is dependent on an Adult listed on your Certificate of Insurance.



If they meet the above criteria and you choose our Ski and Winter Sports or Cruise option, they'll be covered for this as well. If you have omitted to list them, please contact us as soon as possible.

What policy benefits and limits are applicable for my children and grandchildren?

Dependents such as children, grandchildren, step-children and foster children will be covered at no extra cost if they have not disclosed a medical condition and they meet the following criteria:

- aged 25 years or younger at the time you buy your policy;
- financially dependent on their parents or grandparents and not working full time;
- travelling with you for your entire trip;
- listed on the Certificate of Insurance as your dependant; and
- whilst on your trip, is dependent on an Adult listed on your Certificate of Insurance.

The limit for any benefit payable for dependents is included in the insured adult's sum insured. For example, if an adult has Total Travel Care cover on a single policy and a claim is made under Section 13 Travel Delay, the maximum amount that may be paid for 1 adult and their children combined is \$3,000. Please note there are other sections of the policy whereby the limits are itemised per person which includes Dependents individually e.g. Funeral expenses in section 2G. Please refer to the [Product Disclosure Statement](#) for further details.

What is an excess?

If you make a claim you may be required to pay an excess. An excess is an agreed dollar amount that is subtracted from each and every Insured Event - see the definitions of 'Excess' and 'Insured Event' in the [Product Disclosure Statement](#) for more information. The default International Single Trip policy excess is \$250 but this can be reduced to \$100 or \$0 for an increased premium or increased to \$500 or \$1,000 for a reduced premium at the time of purchase. The default for our Domestic Single Trip policy is \$100 but can be reduced to \$0 for an increased premium at the time of purchase. The default Annual Multi-Trip policy is \$250 but this can be reduced to \$100 or \$0 for an increased premium at the time of purchase. Your excess will be shown on your Certificate of Insurance.

Please note: If you choose a higher excess it can reduce your premiums but it will affect the benefit you receive when you make a claim. Some cover benefit limits or sublimits may be less than your total excess and therefore the insurer may not contribute anything to your claim.

Can people with a joint Annual Multi-Trip policy travel alone for a period of time and still be covered?

Insured adults on the policy can travel alone on a trip. Dependents such as children, grandchildren, step-children or foster children who are covered under the policy must travel with an insured adult for the whole trip.