

Basic Plus \$750 Excess Target Market Determination

About this document

This Target Market Determination (TMD) applies to the Basic Plus \$750 Excess Hospital product. It seeks to offer customers, distributors, and employees with an understanding of the class of consumer for which this product has been designed, considering their needs, objectives and financial situations.

This document is not intended to provide financial advice regarding coverage, nor does it form a part of the terms of cover. Customers must also refer to the Member Information Brochure and any supplementary document(s) which outline the relevant terms and conditions under the product, when making a decision about this product.

Product Issuer

Mildura Health Fund (MHF) ABN 13 078 2023 089

Effective date of this Target Market Determination

23 March 2023

This Target Market Determination is effective from the date shown above. This Target Market Determination will apply to policies that are purchased or renewed on or after 23 March 2023.

Product Description

Basic Plus \$750 Excess Hospital product is designed for customers who are seeking a Public Hospital Insurance Cover that gives them choice of doctor in a shared ward of a public hospital only and provides minimal private hospital cover. This product has a \$750 excess payable per person on the policy with a maximum excess payable of \$1,500 per calendar year for a family type policy.

The Basic Plus \$750 Excess Hospital product is a complying private health insurance product as defined in the Private Health Insurance (PHI) Act 2007.

This product has no exclusions with all clinical categories covered on a restricted basis.

This TMD applies to Basic Plus \$750 Excess Hospital cover referred to in the following:

- MHF Basic Plus \$750 Excess Hospital Cover Product Summary
- MHF Member Information Brochure – available at www.mildurahealthfund.com.au
- Private Health Insurance Statement (PHIS) – go to www.PrivateHealth.gov.au

This product is suitable for the following

The Basic Plus \$750 Excess Hospital product is designed for people:

- seeking cover for treatment as a private patient in a public hospital;
- seeking choice of doctor if admitted to a public hospital;
- are content to be covered in a shared ward only;
- don't want to wait for hospital treatment should it be required;
- are able to pay premiums in accordance with the chosen premium structure;
- are able to pay the excess amount should they be admitted to a public hospital.

This product is not suitable for the following

The Basic Plus \$750 Excess Hospital product is not designed for people:

- seeking private room accommodation in a public hospital;
- seeking cover for treatment in a private hospital or private day facility;
- seeking a hospital cover with no restrictions on services.
- are unable to pay premiums in accordance with the chosen premium structure;
- are unable to pay the excess amount should they be admitted to hospital.

This product is not suitable for persons seeking cover for a private hospital or private day facility, or a private room in a public hospital cover.

Distribution

All Mildura Health Fund products are designed to be distributed by trained consultants via:

- MHF head office;
- Authorised branches and agents;
- Email;
- Mail;
- Website;
- Phone.

Our distributors have control frameworks and quality assurance programs in place to support our distribution activity being delivered in alignment with our obligations.

When distributed in accordance with this TMD it is likely that customers will obtain value from this product and its key attributes.

In accordance with the PHI Act 2007, Mildura Health Fund does not have an eligibility criteria for this product nor does it discriminate against any person.

Reviewing this target market determination

We will review this TMD in accordance with the below:

Initial review	Within 12 months of the effective date.
Periodic reviews	At least every 2 years from the initial review.
Review triggers or events	<p>Any event or circumstances arise that would suggest the TMD is no longer appropriate. This may include (but is not limited to):</p> <ul style="list-style-type: none"> ● Material changes are made to the design or distribution of the product, including related documentation; ● legislative or regulatory changes; ● significant or systemic complaints or claims issues are apparent that indicate that the suitability of the product to the target market has changed; ● distribution conditions found to be inadequate; ● external events such as adverse media coverage or regulatory attention; ● customer dissatisfaction; ● Poor or significantly deteriorating key product suitability metrics, including: <ul style="list-style-type: none"> ○ Complaints monitoring ○ Net Promotor metrics ○ Product value metrics

o Financial performance metrics;

- Feedback from a regulator, the Private Health Insurance Ombudsman (PHIO) or Australian Financial Complaints Authority (AFCA) which suggest this TMD is no longer appropriate.

Where a review trigger has occurred, this target market determination will be reviewed within 10 business days.

Any detrimental changes to this or any other MHF product have notification requirements to the policy holder as per the PHI Act.

Reporting and monitoring

We may collect the following information from our distributors in relation to this TMD.

Complaints	Distributors will report all complaints in relation to the product(s) covered by this TMD on a monthly basis. This will include written details of the complaints.
Significant triggers or events	Distributors will report if they become aware of a significant trigger or event in relation to this TMD within 10 business days.