

Premium Support Scheme (PSS) and Declaration Information Sheet

About the Premium Support Scheme

The Premium Support Scheme (PSS) has been established by the Australian Government to provide financial assistance to eligible doctors with their medical indemnity premiums. You must apply separately for each year that you wish to be assessed for eligibility.

For full details regarding the Scheme, please refer to the PSS Information Booklet, which is available on our website mdanational.com.au or by contacting our Member Services team on 1800 011 255.

Will I be eligible for the PSS?

Subject to the terms and conditions of the PSS, you are eligible if one of the following applies:

- your Gross Indemnity Costs for a Premium Period exceed 7.5% of your Estimated Income
- your Gross Indemnity Costs for a Premium Period exceed 7.5% of your Actual Income
- you are a procedural General Practitioner practising in a rural area (defined as RRMA 3-7)
- if you work only in the public sector, thereby earning no income from private practice, but have a contract of insurance which provides run-off cover, retroactive cover or both for incidents that occurred in connection with past private medical practice[#]
- you previously received a subsidy under the Australian Government's Medical Indemnity Subsidy Scheme (MISS) and have continued to work in the same specialty.

Note: If you work primarily in the public sector but obtain medical indemnity cover for private healthcare services (which are not indemnified under a right to private practice agreement) for which income is received, you may still be eligible for the PSS.

[#]This does not include an insurance contract which only provides cover for medico-legal costs and/or damages in respect of gratuitous services.

When am I not eligible for the PSS?

You are not eligible if:

- Your Actual Income from private practice is less than \$1,000
- Your run-off cover costs, if any, are capped at \$50
- You are eligible for the Run-Off Cover Scheme (ROCS)
- You have practised outside Australia for a period of six months or more within the Premium Period^{*}

^{*}Your overseas practice will not affect your eligibility if it involves treatment of Australian citizens or residents while on a sporting, cultural or official tour, or any aid work undertaken outside Australia.

Actual Income

Actual Income, for the purpose of the PSS, is defined as the total of all billings generated by you from your provision of private healthcare services for which you require medical indemnity cover for a Premium Period including, without limitation:

- Medicare benefits
- payments by individuals, the Commonwealth Department of Veterans' Affairs, workers' compensation schemes and third party and/or vehicle insurers and
- income earned for medical practice overseas if your contract of insurance covers any overseas practice.

This is whether these amounts are retained by you or otherwise and before any apportionment or deduction of any expenses and/or tax.

In addition, if as part of your medical practice you derive income from any other sources (such as professional fees and incentive payments) this income must be included in the declaration of Actual Income.

Finally, where for a Premium Period you generate billings from the provision of both private and public medical services, your Actual Income should be limited to the income that relates to the provision of private healthcare services for which medical indemnity cover is not provided by the public sector organisation.

Gross Indemnity Costs

Gross Indemnity Costs means, for a Premium Period, costs charged to you, or for which you are liable, comprising any:

- premium for medical indemnity cover in respect of private medical services
- MDO Membership subscription
- costs payable for retroactive or run-off cover and
- 50% of any risk surcharge charged to you (excluding procedural General Practitioners practising in a RRMA 3-7).

Gross Indemnity Costs does not include:

- GST
- stamp duty
- capital calls
- excess payments or deductibles
- charges imposed by an insurer for late payment of any of these costs (including the premium)
- costs for previous Premium Periods except the costs of retroactive or run-off cover
- late payment penalties under the *Medical Indemnity Act 2002* ('Cth')
- any amount of premium for a policy that primarily covers the employees of a medical practitioner or an entity that runs a medical practice (being a company, partnership or other entity).

Non Therapeutic Cosmetic Procedures

Non Therapeutic Cosmetic Procedure means a procedure that is cosmetic in nature and is NOT a professional service mentioned in the general medical services table under the *Health Insurance Act 1973* (Cth) (i.e. procedures NOT claimable under Medicare) or a health service specified under subsection 3C(1) of that Act.