

Working Visa Hospital Cover Basic

Phone 1300 13 40 60

Visit hif.com.au



As the name suggests this is a Basic level of cover for those who want to ensure they meet Visa requirements and are okay to only be covered in a Public hospital while in Australia. It includes emergency ambulance trips and inpatient pharmacy. This cover includes a \$500 excess to be paid per person per admission.

What's covered?

- ✓ Unlimited urgent road ambulance
- ✓ Full cover for a shared room in a public hospital
- ✓ Inpatient medical bills up to Medicare Benefit Schedule Fee (MBS)*
- ✓ Intensive care fees
- ✓ Prostheses
- ✓ Cardiac and cardiac-related services (heart)
- ✓ Cataract and eye lens procedures
- ✓ Joint replacement
- ✓ In-hospital pharmacy drugs
- ✓ Repatriation (maximum \$4,000)

* Noting some doctors charge over the MBS fee so out-of-pocket expenses may occur.

What's not covered?

- ✗ Outpatient medical services, including visits to doctors and specialists, radiology and pathology, except public hospital emergency department fees that lead to an admission in hospital
- ✗ Bone marrow and organ transplants
- ✗ Artificial reproductive techniques and investigations or treatment relating to infertility e.g. (IVF)
- ✗ Any inpatient hospital service not normally covered by Medicare for Australian residents, including most cosmetic and podiatric surgery
- ✗ Services where benefits are claimable from another source including workers compensation, public liability sources, your employer or any other insurance policy

Medical annual limit

Please note: a medical annual limit of \$1,000,000.00 per person applies to this policy.



Restricted benefits

Benefits for the following services are restricted to the rate determined by the relevant state and territory health authority. This means that significant out-of-pocket expenses will apply for these services if you are admitted as an inpatient for the following specified treatments.

- ✗ Pregnancy and birth related services
- ✗ Psychiatric care and treatment
- ✗ Palliative care
- ✗ Gastric banding and obesity surgery

Waiting periods

Waiting periods (the time you need to wait before you can claim) are necessary for some services. All Australian health funds have waiting periods. Our waiting periods are:

- Psychiatric, rehabilitation or palliative care regardless of whether or not the condition is pre-existing – 2 months
- Pregnancy and birth related services – 12 months
- All treatment related to a pre-existing condition – 12 months

A pre-existing condition is defined as 'Any ailment, illness, or condition where, in the opinion of a medical adviser appointed by the health insurer, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy.'

A pre-existing condition can be identified by the presence of signs or symptoms of the illness, ailment or condition (i.e. it's not necessary for the member or their doctor to know what their condition is, or for it to be diagnosed). In assessing whether



a condition is a pre-existing condition or not, an HIF-appointed medical practitioner will take into account information provided by the member's treating doctor.

Read more about waiting periods and the pre-existing condition rule in our Product Disclosure Statement available to download from hif.com.au/overseaspds

Who is visitors cover for?

We cover overseas workers and other visitors to Australia. Our Working Visa covers are suitable for visitors on working visas and aged under 65.

Do you have to pay anything if you are admitted (as an inpatient) into a hospital or day facility?

Yes, there is a \$500 excess on this product payable per person per admission, you are covered for all inpatient medical (doctor) bills up to the Medicare Benefit Schedule fee (MBS), although some doctors may charge over the MBS which means out-of-pocket expenses may apply.

What's more, no co-payments are required for a shared room in a public hospital. We recommend you contact us before going to hospital to find out if you will incur an out of pocket expense.

How does the health system work in Australia?

We have a health system that combines public and private health care services. Medicare is the public health care system, which provides limited cover for visitors from countries that have a reciprocal agreement, but only for emergency treatment, and only under certain conditions. In any case, with Medicare you aren't able to choose your doctor and you won't be covered for:

- *Treatment in a private hospital*
- *Non-emergency visits to the doctor*
- *Extras services like dental and optical care or ambulance transport. Also, bear in mind that even if you are entitled to cover from Medicare, you may be put onto a hospital waiting list if your condition is not life threatening.*

Hospital Emergency Department Treatment

Under Australian legislation, services provided in the emergency department of a hospital are defined as 'outpatient medical' and not deemed to be a 'hospital treatment'. Emergency Department Treatment is not available on this product unless you're admitted to hospital. You'll need to upgrade this product to be covered for this service.

Make sure you read our Product Disclosure Statement

It's important that you read our Product Disclosure Statement. It's full of information about Hospital cover, from benefits through to waiting periods and pre-existing conditions.

If you need hospital treatment please call us on 1300 13 40 60 and one of our friendly team will be happy to help guide you through the journey.

Minimum policy period is two months.