

Hospital & Medical Cover Essentials Working Visa

Phone 1300 13 40 60

Visit hif.com.au/visitors



Essential Working Visa is a smart choice if you just want hospital cover and you're happy to be treated in a shared room in a public or contracted private hospital. It's very affordable and as the name suggests, covers all those essentials like access to the Australian public health system. It doesn't cover GP visits though, and other limits & exclusions also apply.

What's covered?

- ✓ Unlimited urgent road ambulance
- ✓ Full cover for a shared room in a public or private hospital
- ✓ Pregnancy and birth-related services
- ✓ Intensive care fees
- ✓ Inpatient medical bills (in-hospital) services
- ✓ Surgically implanted prostheses
- ✓ Repatriation (maximum \$4,000)
- ✓ Cardiac (heart) conditions, procedures or monitoring
- ✓ Cataract and eye lens procedures
- ✓ In-hospital pharmacy drugs

For a full list of covered services, visit hif.com.au/visitors

Minimum policy period is two months. Please see overleaf for excluded services.

Important, please note: Unlike domestic health insurance, Overseas Working Visa policies are not required to meet the community rating principle created through the Private Health Insurance Act 2007. HIF reserves the right to decline or refuse an application for overseas visitors health cover at any time. For more information, please visit - hif.com.au/communityrating

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.

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
- Ambulance transportation

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'. As outpatient services are excluded on Essentials Working Visa, a benefit for services provided in a public or private hospital Emergency Department will only be applicable on our Intermediate Working Visa Hospital or Comprehensive Working Visa Cover.

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

There's no excess, and you are fully covered for all inpatient medical (doctor) bills up to the Medicare Benefit Schedule Fee (MBS). Our Hospital insurance gives you access to the hospital system in Australia. The MBS is the schedule of set fees by the Australian Government for standard medical services. As an overseas visitor with HIF insurance, you'll be covered for at least 100% of the MBS fee if you are admitted (as an inpatient) in to a hospital or a day facility.

We recommend you contact us before going to into hospital to find if you will incur an out of pocket expense.

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. Download a copy now from: hif.com.au/overseaspds

What's not covered?

- ✗ Bone marrow transplants and organ transplants
- ✗ Artificial reproductive techniques (e.g. IVF and investigations or treatment relating to infertility)
- ✗ Any cosmetic service for which Medicare will not pay a benefit (e.g. cosmetic surgery not clinically necessary)
- ✗ Services outside of Australia or arranged prior to coming to Australia.

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 care, rehabilitation and 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**

Important, please note: Waiting periods are effective from your arrival into Australia. For example, if your policy start date is January 1, however you do not arrive into Australia until March 1, your 12-month pre-existing waiting period will end on March 2 the following year.

What is a pre-existing condition?

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.

What is repatriation?

Repatriation is the process of returning an eligible international member to their home country because they are terminally ill or suffer from a substantial life-altering illness or injury. In that instance, we will pay a contribution towards the cost of their return travel with another family member and a professional who is qualified to provide medical supervision. In the event of a member passing away while visiting Australia, the deceased person's mortal remains may be repatriated to their home country if legally permissible. On Essentials Working Visa Cover, the repatriation benefit is \$4,000 per person, per lifetime.

Other situations when you will not be covered by HIF include:

- ✗ Occasions when you're not admitted to hospital as an inpatient, instead receiving outpatient treatment for services like GP visits and specialist consultations.
- ✗ When you receive treatment for a service that you're still serving waiting periods for.
- ✗ Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment
- ✗ Hospital treatment for which Medicare pays no benefit. This includes in-hospital services such as experimental treatment and/or procedures, prostheses and respite care.
- ✗ Any personal expenses not covered by your HIF policy such as: pay TV, internet access, phone calls, newspapers, or meals ordered for visitors.
- ✗ When your policy is suspended, unfinancial or cancelled.
- ✗ Where compensation, damages or benefits for medical treatment can or have been claimed from a third party; such as workers compensation, public liability sources, your employer or any other insurance policy.