Hospital & Medical Cover
Visitor Saver

Designed for holidaymakers and visitors on non-working visas. Visitor Saver covers more than just the basics in a shared room in a public or contracted private hospital.

It's a great value policy if you don't require cover for things like pregnancy, joint replacements or heart procedures. It's important to note that Visitor Saver does not meet the health insurance requirements for visa condition 8501.

Note: Visitor Saver is only available to international tourists visiting Australia, less than 65 years of age.

What's included, not included or restricted?

Rehabilitation	✓
Hospital psychiatric services	✗
Palliative care	✗
Bone Marrow and Organ Transplants	✗
Brain & nervous system	✓
Eye (Not cataract)	✓
Ear, nose and throat	✓
Tonsils, adenoids & grommets	✓
Bone, joint & muscle	✓
Joint reconstructions	✓
Kidney & bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia & appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage & termination of pregnancy	✓
Chemotherapy, radiotherapy & immunotherapy	✓
Pain management	✓
Skin	✓
Breast surgery (medical necessary)	✓
Diabetes (excluding insulin pumps)	✓
Heart & vascular systems	✗

Lung & chest	✓
Blood	✓
Back, neck & spine	✓
Plastic & reconstructive surgery (medically necessary)	✓
Dental surgery[1]	✓
Podiatric surgery[2] (provided by a registered surgical podiatrist)	✓
Implantation of hearing device	✓
Cataracts	✓
Joint replacement	✗
Dialysis for chronic kidney failure	✗
Pregnancy and birth	✗
Assisted reproductive services	✗
Weight loss surgery	✗
Insulin pumps	✓
Pain management with a device	✓
Sleep studies	✓
Ambulance[3]	✓
Repatriation	✗
Access Gap Cover	✗

Key: ✓ = included ✗ = not included

[1] *Please note: If you undergo surgery by a recognised dentist in a hospital, you may be able to claim benefits for theatre, accommodation and anaesthetist costs. Benefits towards your dentist's fees will only be paid if you also hold a suitable Extras product and have served all relevant waiting periods in addition to your Hospital cover.*

[2] *Limited benefits apply to Podiatric Surgery, and you may incur significant out of pocket expenses. Please refer to the Health Cover Guide for more information.*

[3] *Not covered for*
- *Transportation from a hospital to your home, nursing home or other hospital.*
- *Transportation for ongoing medical treatment.*
- *Off road or air ambulance (e.g. plane, helicopter or boat).*

What's included or not included – Outpatient Medical Services

Outpatient pregnancy services	✘
GP consultations^	✓
Specialist consultations^	✓
Pathology (e.g. blood tests)^	✓
Radiology (e.g. x-ray scans)^	✓
Allied health services	✘
Outpatient psychiatric services	✘
Pharmacy PBS items*	✓

^ Benefits paid up to 100% of the Medicare Benefit Schedule fee (MBS).

** Benefits paid at 50% up to $300 per person per calendar year on PBS (Pharmaceutical Benefits Scheme) and Non-PBS items that are part of the TGA listing.*

Waiting periods

Waiting periods (the time you need to wait before you can claim) are necessary for all services. Our waiting periods are:

- **Emergency Ambulance** – 1 day
- **Non-Emergency Ambulance** – 30 days
- **Rehabilitation regardless of whether or not the condition is pre-existing** – 2 months
- **All treatment related to a pre-existing condition** – 12 months
- **All other treatments** – no waiting period.

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.

Does a hospital excess apply?

For Visitor Saver, a standard excess applies:

Single policies:

- $250 per calendar year.

Couple/family policies:

- $250 per person up to a policy max of $500 per calendar year.

You'll only need to pay the excess per-person per calendar year if admitted to hospital for same-day or overnight stays.

What is a pre-existing condition

The Pre-existing Condition Rule is a 12-month waiting period for hospital treatment relating to a pre-existing condition – it's a rule that applies whether the ailment, illness or condition was known to the member or not.

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.

The pre-existing condition waiting period applies to new members and existing members upgrading their cover. The test applied under the law relies on the presence of signs or symptoms of the illness, ailment or condition, not on a diagnosis (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 forming an opinion about whether or not an illness is a pre-existing condition, an HIF appointed medical practitioner will take into account information provided by the member's treating doctor.

What's not covered?

- Any cosmetic service for which Medicare would not pay a benefit to Australian permanent residents (e.g. cosmetic surgery not medically necessary).
- Services outside of Australia or arranged prior to coming to Australia.

Important

HIF reserves the right to decline or refuse an application for overseas visitors health cover at any time.

Information correct as at 5 October 2026.

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

- 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, Medical Devices and Human Tissue Products 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.

What services are covered if you are not admitted to hospital?

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'. All outpatient medical (doctor) bills are included, as are public or private hospital emergency department fees. So that's full cover up to the Medicare Benefit Schedule fee (MBS) although some doctors may charge over the MBS which means you will need to pay these out of pocket expenses yourself. This includes consultations with doctors and specialists, radiology, and pathology.

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

Yes, there is a $250 excess on this product payable per person per admission up to $500 per policy, and you are fully covered for all inpatient medical (doctor) bills up to the Medicare Benefit Schedule Fee (MBS). The MBS is the schedule of fees set by the Australian Government for standard medical services. As an overseas visitor with HIF insurance, you'll be covered up to 100% of the Medicare Benefit Schedule (MBS) fee if you are admitted (as an inpatient) into a hospital or a day facility. We recommend you contact us before going into hospital to find 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
- Ambulance transportation

Make sure you read our Health Cover Guide

It's important that you read our Health Cover Guide. It's full of information about Hospital cover, from benefits through to waiting periods, pre-existing conditions, further exclusions and contracted (or 'agreement') private hospitals. Download a copy now from **hif.com.au/visitors**

Got a question?

Visit our handy online knowledge base for 24/7 access to a wealth of information.

Visit **hif.com.au/help** to get started or call us on **1300 134 060**.

Information correct as at 5 October 2026.