

Overseas Visitors Health Cover

Policy document
and members guide

Global Assistance

Allianz 

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The one thing that matters the most is knowing your health care won't cost you a fortune in Australia.

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Allianz Global Assistance welcomes you to Australia!

We understand that maintaining your health is an important part of making your stay in Australia as safe and enjoyable as possible.

Allianz Global Assistance is here to assist and provide services and information that make it easy to understand and use the health cover which is available to you, whilst working in Australia.

What is OVHC?

Overseas Visitors Health Cover (**OVHC**) is health insurance for international visitors which provides cover for the costs of:

- In hospital medical treatment
- Prescription medicines
- Surgically implanted prostheses
- Emergency ambulance transport
- Medical repatriation (only if authorised by AGA)
- Out of hospital medical treatment (Visitors Plus only)

Why is OVHC important?

Hospital and Medical treatment can be expensive

Australia has a public health insurance system, known as Medicare, and a public hospital system, however overseas visitors are generally not eligible for Medicare coverage or free treatment in public hospitals*. This means that overseas visitors who need hospital or medical treatment while they are in Australia will have to pay for these services, and the costs can potentially be significant – in most cases hospital treatment will cost more than \$1,500 per day.

Visa requirement

If your visa is subject to Visa Condition 8501, you must maintain adequate arrangements for health insurance while you are in Australia. Your visa conditions can be checked on the website of the Australian Government Department of Immigration and Border Protection (**DIBP**). Allianz Global Assistance's OVHC cover meets all DIBP requirements and will satisfy Visa Condition 8501.

DIBP requires holders of student visas to have a particular type of health insurance product, known as Overseas Student Health Cover (**OSHC**) – if you hold a student visa you should take out OSHC rather than OVHC. Information on Allianz Global Assistance's OSHC product is available at: www.allianzassistancehealth.com.au/oshc

Section one: OVHC policy

Who may be suitable for OVHC?

Allianz Global Assistance offers OVHC to holders of certain visa types (**eligible visas**).

Please refer to our website for details of the eligible visa types:

www.allianzassistancehealth.com.au/ovhc

Single or Family Cover

Your Certificate of Insurance will show which policy you have selected. Your policy may be either:

- **Single** – covering only the overseas visitor;
- **Dual family** – covering the overseas visitor, and either one adult spouse or recognised de facto partner or one or more children or step-children under the age of 18 years who are not married; or
- **Multi family** – covering the overseas visitor and more than one dependant, which can only include one adult spouse or recognised de facto partner and one or more dependant children.

BUDGET VISITORS POLICY

Benefits covered under your Budget Visitors policy

Medical and hospital benefits

In the event of medical treatment being required by you or any dependants covered under your policy and occurring during the period of cover, we will pay benefits for the following:

Service	Benefit per service
In hospital medical services	
Medical services provided in hospital.	100% of the Medicare Benefits Schedule Fee.*
Public hospital – admitted patient in shared ward hospital same day services, accommodation, accident and emergency when leading to in-patient admission, and post-operative services that are a continuation of care associated with an early discharge from hospital. Includes Pharmaceutical Benefits Scheme (PBS) listed drugs (including discharge medications) that form part of the episode of hospital care.	The rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident. For admission-related PBS listed drugs, the benefit is equal to the Australian Government's PBS list price less the current PBS patient contribution.
Private hospital/registered day hospital facility.	100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation.

* Benefits payable as per the Medicare Benefits Schedule Fee

You may incur out of pocket costs for hospital expenses

Service	Benefit per service
In hospital medical services (continued)	
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.	100% of the minimum benefit as listed on the Federal Government's prostheses list.
Ambulance services	
When medically necessary for admission to hospital or for emergency treatment or for inter-hospital transfer for clinical reasons.	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
Medical repatriation benefit	
Cover for your or your dependants' repatriation to your home country as a result of a life-altering illness or injury, or in the unfortunate event of death, the repatriation of your or their mortal remains.	100% of the costs authorised by Allianz Global Assistance up to a maximum amount of \$5,000.

VISITORS PLUS POLICY

Benefits covered under your Visitors Plus policy

Medical and hospital benefits

In the event of medical treatment being required by you or any dependants covered under your policy and occurring during the period of cover, we will pay benefits for the following:

Service	Benefit per service
Out of hospital medical services	
Medical services provided by most General Practitioner services.	Benefit amount as listed in the Medicare Benefits Schedule (MBS) 100% of the MBS fee.*
All other medical services such as pathology and radiology (including specialists).	Benefit amount as listed in the MBS 85% of the MBS fee.*
In hospital medical services	
Medical services provided in hospital.	100% of the MBS Fee.
Public hospital – admitted patient in shared ward hospital same day services, accommodation, accident and emergency, and post-operative services that are a continuation of care associated with an early discharge from hospital.	The rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident. For admission-related PBS listed drugs, the benefit is equal to the Australian Government's PBS list price less the current PBS patient contribution.
Includes Pharmaceutical Benefits Scheme (PBS) listed drugs (including discharge medications) that form part of the episode of hospital care.	
Private hospital/registered day hospital facility.	100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation.

Service	Benefit per service
Prescription Medicines	
For Prescription Medicines prescribed by your doctor. Excludes: medications, drugs or other treatments not prescribed by a doctor or not listed on PBS.	Prescription Medicines Benefit for expenses exceeding the equivalent of the current PBS patient contribution for general beneficiaries up to a: <ul style="list-style-type: none"> • maximum benefit of \$50 per prescribed item • maximum amount per calendar year for Single cover of \$300 • maximum amount per calendar year for Family cover of \$600 Each individual in a family has a limit equivalent for a single person as long as the family maximum benefit has not been used. Limits do not apply to admission-related PBS listed drugs..
Surgically implanted prostheses	
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.	100% of the minimum benefit as listed on the Federal Government's prostheses list.
Ambulance services	
When medically necessary for admission to hospital or for emergency treatment or for inter-hospital transfer for clinical reasons.	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
Medical repatriation benefit	
Cover for you or your dependants' repatriation to your home country as a result of a life-altering illness or injury, or in the unfortunate event of death, the repatriation of you or their mortal remains.	100% of the costs authorised by Allianz Global Assistance up to a maximum amount of \$5,000.

* Benefits payable as per the Medicare Benefits Schedule Fee

You may incur out of pocket costs for hospital expenses

How long do I have to be covered?

For relevant visa types, the Australian Government requires that you have adequate arrangements for health insurance for the entire length of your stay in Australia

Periods of cover:

- 1 Your OVHC Policy is only valid whilst you hold a current eligible visa and have paid the full premium required.
- 2 You are insured for the period of cover shown on your Certificate of Insurance, starting on the commencement date shown.
- 3 Your cover ceases on the date of your departure from Australia, the date you cease to hold an eligible visa, or on the expiry date shown on your Certificate of Insurance, whichever occurs first. However if you leave Australia on a holiday but return prior to the expiry date shown on your Certificate of Insurance and you still hold a current eligible visa when you return, your cover will recommence on your return to Australia and continues for the remaining period of your cover.
- 4 No benefits are payable for claims incurred by you during the lapsed period of your OVHC.
- 5 We will allow for acceptance of premiums for 60 days from the expiry date shown on your Certificate of Insurance without terminating the membership, unless you cease to hold an eligible visa. We are not obligated to pay for treatments received during any arrears period until and unless the arrears are paid for the relevant period.

Services which are not covered under your policy:

- (a) services provided by physiotherapists, osteopaths, chiropractors, naturopaths or any other ancillary services
- (b) medications, drugs or other treatments not prescribed by a doctor and not included in the PBS
- (c) any costs associated with dental treatment, unless the services provided meet the requirements of the Medicare Benefits Schedule
- (d) optical charges
- (e) the co-payment payable by you under Australian law or as a result of the provider charging in excess of the Medicare Benefits Schedule Fee
- (f) service fees charged by a doctor or hospital which are not included in the benefits covered under your policy.

General exclusions

Benefits are not payable:

- (a) for services and treatment rendered as part of an assisted reproductive program, including but not limited to in-vitro fertilisation;
- (b) for bone marrow and organ transplants;
- (c) for treatment rendered outside of Australia, whether or not in connection with a course of study and including treatment necessary en route to or from Australia;
- (d) for treatment arranged in advance of the dependant's or overseas visitor's arrival in Australia;
- (e) for treatment rendered to a dependent or overseas visitor in the first 12 months, other than psychiatric, rehabilitative or palliative care, where the treatment is for a pre-existing condition;
- (f) for treatment rendered to a dependent or overseas visitor in the first 2 months where that treatment is psychiatric, rehabilitative or palliative care and is for a pre-existing condition;
- (g) for treatment rendered to a dependent or overseas visitor in the first 12 months, where the treatment is for a pregnancy-related condition;
- (h) for transportation of a dependant or overseas visitor into Australia in any circumstance, or for transportation out of Australia except in the circumstances and to the extent covered by our "Medical Repatriation Benefit";
- (i) for services and treatment which are covered by compensation or damages, provisions of any kind; and
- (j) for elective cosmetic surgery.

For the purposes of these exclusions, the start date for calculating the relevant period of 12 months or 2 months, and whether or not the condition is a pre-existing condition, will be determined in accordance with the section "Waiting periods" on page 10.

Waiting periods

You cannot claim for costs arising during the applicable waiting period if such costs arise from a pre-existing condition or a pregnancy related condition.

The waiting period is calculated as 12 months (or, for psychiatric, rehabilitative or palliative care, 2 months) commencing from:

- the date you or your dependant (as the case may be) arrived in Australia; or
- the date your eligible visa was granted,

whichever is the later date.

If you are switching to Allianz Global Assistance from a similar policy held with another insurer, and there has not been a gap in your coverage of more than 30 days, we will count the time you were covered under your previous policy towards any waiting period which applies to your coverage with us – see the section “Other Important Matters” on pages 12 & 13.

If you have previously held OVHC or OSHC with us and:

- you voluntarily terminated your policy and 30 days have since elapsed during which you did not hold health insurance; or
- your policy was lawfully cancelled by us,

new waiting periods will commence upon commencement of any new policy you take out with us after that time.

A pre-existing condition is an ailment, illness or condition the signs or symptoms of which (in the opinion of a medical practitioner appointed by us) existed at any time in the period of 6 months ending on the relevant start date (determined in accordance with the above rules). In forming such an opinion, the medical practitioner must have regard to any information in relation to the ailment, illness or condition that the medical practitioner who treated the ailment, illness or condition gives him or her.

This includes an ailment, illness or condition that was present, but had not been diagnosed by a medical practitioner at the time of your arrival in Australia or the date your eligible visa was granted, whichever is the later date.

Other important matters

This section explains your and our rights and responsibilities under this policy.

1 Hospitalisation

If you or a person covered under your policy is hospitalised, you or the hospital must advise us as soon as possible.

2 Privacy Notice

Your privacy is important to us and we are committed to complying with our obligations under the Privacy Act 1988 and the Australian Privacy Principles. By providing your personal information to us or our agents, you consent and agree to us collecting, holding, using, and disclosing your personal information (including sensitive information such as your medical details) in accordance with our privacy policy which is available from us on request or view it on the web at <http://www.allianz-assistance.com.au/privacy-and-security/>. We summarise below some key aspects of our privacy policy.

We collect your personal information

To arrange and manage your OSHC or OVHC policy, we (in this Privacy Notice “we”, “our” and “us” means AWP Australia Pty Ltd ABN 52 097227 177 of 74 High St, Toowong, 4066, phone (07) 3305 7000, trading as Allianz Global Assistance) collect your personal information including sensitive information not only from you (such as when you apply for your policy or make a claim) but also from universities and other educational institutions, Government Departments, doctors, hospitals, your family members and personal representatives, and others who assist us provide our services to you. For example, we collect your name, address, date of birth, credit card and/or bank account details, country of origin, passport details, medical and other information.

Why we collect your personal information

Any personal information provided to us is used to evaluate and arrange your policy, and to administer and provide services covered by your policy. We may also use it to provide other services such as welcoming, orientation, and information services to you including before you arrive in Australia. We also use and disclose it so as to comply with regulatory requirements, to manage, process, and investigate claims, for product development, for customer data analytics and research, for marketing our products to you and those of our business partners unless you opt out, for recovery action against third parties as well as for other purposes with your consent or where authorised by law.

To whom do we disclose it

Your personal information may be disclosed to our agents and representatives as well as to other service providers and third parties who assist us provide the services to you or to carry out our normal business activities including claims handlers, assessors, investigators, medical practitioners, hospitals and other medical assistance and health care providers, educational institutions and Government Departments, insurers and re-insurers, 'cloud' storage providers, as well as your family members and personal representatives.

Some of the above service providers, agents, and representatives to whom we disclose your personal information (including those that assist us with claims handling and orientation and information services) may be located in other countries where the Allianz Group and its subcontractors have a presence including but not limited to France, India, China, Thailand, and Japan. You agree that whilst those overseas service providers will often be subject to confidentiality or privacy obligations, they may not always comply with Australian privacy laws.

Marketing

Unless you opt out, we may contact you on an ongoing basis by telephone, mail, electronic message (including email) with offers of products or services that we consider may be relevant and of interest to you. If you do not want to receive such offers, you can opt out at any time by calling Allianz Global Assistance on 1800 023 767.

Access & Complaints

You can seek access to and ask to correct your personal information or make a complaint about your privacy by contacting us on telephone (07) 3305 7000 or by writing to 'The Privacy Officer', Allianz Global Assistance, PO Box 162, Toowong, QLD 4066.

For more information about our handling of personal information, including access, correction, and complaints, please refer to our privacy policy available on request or view it on the web page set out above.

If you do not agree to our privacy policy or will not provide us with personal information, we may not be able to provide you with our services.

3 Transferring from another health insurer (Fund)

If you transfer to Allianz Global Assistance from a similar policy held with another Fund and there has not been a gap in your coverage of more than 30 days, then provided you can provide documentary proof of the period you had cover with the other

Fund, we will take this period of cover into account when assessing the waiting periods with us. If you are transferring to Allianz Global Assistance, we require that you obtain a clearance certificate from your current Fund.

To arrange your transfer:

- visit us at www.allianzassistancehealth.com.au/ovhc
- or call 1300 727 193,
- or email us at OVHC@allianz-assistance.com.au

4 Resolving your concerns

Any enquiry or concerns relating to this policy should be referred to:

Allianz Global Assistance
Overseas Visitors Health Cover
Locked Bag 3004
TOOWONG QLD 4066
Telephone 1300 727 193

Commonwealth Ombudsman

The Commonwealth Ombudsman has responsibility to assist with enquiries and complaints about any aspect of private health insurance. The Ombudsman is independent of private health funds, private and public hospitals and the Government. Information may be obtained or complaints lodged about health insurance by telephoning the Ombudsman's office toll free on 1300 737 299.

5 Premium refunds

You can apply in writing for a pro-rata refund of premium for the unexpired portion of your policy if:

- (a) you paid your premium and did not come to Australia
- (b) you paid your premium on the basis of an extended stay but the extension of authorised stay was not granted by Department of Immigration and Border Protection
- (c) you have been granted permanent residence in Australia
- (d) you can provide proof of OVHC provided by another organisation which includes the period covered by the organisation.

Please note:

- Refunds are calculated on a monthly pro-rata basis, with a minimum refund of one month.
- A minimum cover period of 3 months is payable if cover is cancelled whilst in Australia.

- Any amount that we retain on these grounds is treated as a fee for processing your refund.
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia.

6 You must help us recover any money we have paid

If a claim made by you and paid by us under this policy is subject to recovery action by us against a third person you must do the following:

- Assign your rights in relation to the recovery of any amount we have paid under this policy.
- Provide us with reasonable assistance to recover payments made by us.
- Reimburse us for any amounts paid to you as part of a settlement for claims paid by us.

7 You must provide additional information upon request

You must provide all information and details that we may reasonably require in order to process any medical and hospital claims.

8 Compensation Fund

Benefits are not payable if your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored Fund, Plan, or Medical Benefit Scheme, or any other similar type legislation required to be effected by or under a law.

9 Fraud

Insurance fraud places additional costs on honest policy holders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential. Report insurance fraud by calling 1800 453 937.

Words with special meanings

Some words in this policy have special meanings and are defined below.

“benefit” means an amount of money we will pay to you or on your behalf for approved expenses incurred by you in accordance with your policy.

“co-payment” means the amount you must contribute towards a claim. It is the difference between the amount payable under the Medicare Benefits Schedule and the amount actually charged for the medical service.

“dependant” means a person who is:

- a spouse or de facto partner of an overseas visitor; or
- a child or step-child of an overseas visitor who is unmarried and has not turned 18.

“doctor” means a person qualified and registered to practice medicine or surgery in Australia.

“emergency treatment” means the treatment of any of the following conditions:

- risk of serious morbidity or mortality and requiring urgent assessment and resuscitation; or
- suspected acute organ or system failure; or
- an illness or injury where the viability of function of a body part or organ is acutely threatened; or
- a drug overdose, toxic substance or toxin effect; or
- psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- acute haemorrhaging and requiring urgent assessment and treatment; or
- a condition that requires immediate admission to avoid imminent morbidity or mortality and where a transfer to another facility is impractical.

“hospital” means an established hospital registered under Australian legislation that provides in-patient medical care.

“hospital same day services” means minor medical, surgical or diagnostic treatment provided in a registered hospital or medical centre, which does not require you to be confined in a hospital overnight but must be admitted as a day patient.

“injury” or **“injured”** means bodily injury.

“limit” means the maximum amount of payment by us. A limit applies per person as long as the maximum benefit has not been used if you have a Family Policy (this includes both dual family or multi-family policies). Unless otherwise stated your limit relates to the maximum amount payable under a 12 month policy and is pro rata according to the length of cover of your policy.

“**medical practitioner**” has the meaning given to it in the Health Insurance Act 1973 (Cth).

“**PBS patient contribution**” means the co-payment you are required to pay, by law, towards the cost of a prescription before we start to calculate your benefit. The co-payment you have to pay is the same as an Australian who does not receive any concessional payments.

“**Pharmaceutical Benefits Scheme**” or “**PBS**” means the Commonwealth Scheme for the payment of pharmaceutical benefits detailed in Part VII of the National Health Act (Cth).

“**premium**” means the premium payable for your OVHC policy, including all taxes and charges.

“**prescription medicines**” means those medicines that require a prescription completed by a doctor or other authorised practitioner in order to be dispensed by a registered pharmacist. Benefits are only payable on Prescription Medicines listed within the Pharmaceutical Benefits Scheme.

“**schedule fee**” means the amount as determined from time to time by the Australian Government and listed in the Medicare Benefits Schedule as the standard fee for a certain treatment or service.

“**we**”, “**us**” and “**our**” means Peoplecare Health Limited, a private health insurer under the Private Health Insurance Act 2007 (Cth) and AWP Australia Pty Ltd (trading as Allianz Global Assistance) as the manager of this Overseas Visitors Health Cover product.

“**you**” or “**your**” means the person or persons named in the Certificate of Insurance under the heading ‘Insured Persons’.

Section two: Members guide

OVHC 24 hour helpline - 1800 814 781

In the event of a medical or personal situation, we will assist you with:

- (a) medical advice and assistance
- (b) referrals to a doctor for medical treatment
- (c) telephone access to a solicitor for legal advice
- (d) access to an interpreting service

In a medical emergency situation call triple zero (000).

AWP Australia Pty Ltd trading as Allianz Global Assistance has been appointed by the underwriter to administer all assistance services. Please note that the provision of assistance services to you is not deemed to be acceptance of cover in circumstances where no cover is otherwise available to you under this policy.

The Australian healthcare system

It is very important that you have a good understanding of the Australian healthcare system. If you understand the healthcare system in Australia, you will be able to access the best and most effective treatment for you.

www.humanservices.gov.au/customer/dhs/medicare

General Practitioners (benefits apply to Visitors Plus only)

If you are not in a medical emergency situation, the first point of contact is a general practitioner (GP), medical practitioner or local health/medical centre. You can access many services at your local health centre. Some of the services available are:

- General medicine and simple diagnostic screenings.
- Assessment and treatment of health problems and injuries.
- First aid services as needed.
- Women’s and men’s health.
- Referrals to specialist services.

In most cases, it is necessary for you to make an appointment to see your doctor.

Accident and emergency treatment

Many hospitals have a 24 hour accident and emergency department. Accident and emergency departments should only be accessed in the case of emergency situations. When you visit an accident and emergency department, a nurse will assess you and if your illness or injury is not deemed as an emergency, you may need to wait a long time to see a doctor. If you hold a budget visitor policy and your attendance at an accident and emergency department does not lead to in-patient admission, no cover is provided under your policy for any costs charged for your accident and emergency attendance.

Hospital treatment

If you have been admitted for emergency treatment, contact Allianz Global Assistance immediately on 1800 814 781. If you have been referred to hospital for a non-emergency admission, contact the claims department on 1300 727 193 prior to admission. You will need to provide Allianz Global Assistance with the details of your treatment and hospital stay. We will then be able to confirm your cover and assist you with making arrangements for payment to the hospital.

Public admission

Generally, OVHC covers the total cost of your stay and treatment as an in-patient in a shared ward of a public hospital. As a public patient, your doctors will be nominated by the hospital. After your hospital discharge your care will be carried out in either the outpatient clinic, by one of the hospital's specialists in his/her private rooms or you will be referred to your local general practitioner.

Private admission

You can choose to be treated in a private hospital. Through our relationship with Peoplecare we have arrangements in place with most private hospitals in Australia. These agreement hospitals ensure that an agreed schedule of fees (including in-patient accommodation, theatre and special unit accommodation fees as appropriate) is charged by the hospital and paid by Allianz Global Assistance on a member's behalf. You may incur out of pocket costs for private hospital expenses.

There are only a few private hospitals that are not part of these agreement hospitals. In these cases, we may not cover the full cost of your hospitalisation however, if you call us for a chat before you go into hospital we'll be able to tell you how much it will cost you. Members who choose a non-agreement hospital may incur out of pocket expenses for hospital related services.

How do I find a doctor

Direct billing services

In order to minimise your medical expenses, you can attend a health service or doctor that direct bills Allianz Global Assistance. You can find your closest direct billing service on our website at www.allianzassistancehealth.com.au/ovhc. You simply have to show your valid Allianz Global Assistance OVHC membership card, and the bill for the covered portion of your service will be sent directly to Allianz Global Assistance.

Other medical providers

You can attend any other medical practice or doctor in Australia. In most cases, you will be required to pay the bill, and submit a claim to Allianz Global Assistance in order to get your benefit reimbursed. Some medical practices or doctors may charge more than the benefit payable, in which case you will be required to pay a co-payment that is not covered by your policy.

Your claiming options

Submission of claims time limits

Claims must be lodged with us within 2 years of when you received the service or treatment.

For paid and unpaid accounts

Postal claims	
Step 1	Obtain a claim form from an Allianz Global Assistance OVHC member service point or download and print a form off from our website
Step 2	Complete the claim form in full. Please write clearly and sign the form ensuring you have clearly written your OVHC policy number on the form
Step 3	Attach your receipts to the claim form
Step 4	Scan and email a copy of your claim form and receipts to ovhcclaims@allianz-assistance.com.au Or Post the claim form, original tax invoices and receipts directly to Allianz Global Assistance

It is important that you keep a copy of all your invoices and receipts.

Claims reimbursement

Paid accounts

If you have paid your medical or hospital bill, your benefit will be reimbursed in Australian dollars by:

- **Direct debit** - into your nominated Australian bank account; or
- **Bank cheque** - sent to your postal address as nominated on your claim form - please ensure your postal address is correct and up to date.

Unpaid accounts

If you have not paid your medical or hospital bill, the benefit will be paid:

- to the nominated health care provider (eg. doctor or hospital).

You are responsible for any 'co-payment' payable to the provider. In some instances our claims officers will contact you to request more information.

We will endeavour to process your claim within 10 working days of receiving a completed claim form and all original documents.

If we need additional information, a written request will be sent to you within 10 working days.

Helpful services

Online services and information

Simple and easy to use services and important information can be found at our website:

www.allianzassistancehealth.com.au/ovhc

Members services

If you need assistance with any matter, contact our friendly and helpful member service officers on **1300 727 193**, who will be able to assist you.

Allianz Global Assistance Overseas Visitors Health Cover

Online services and information

www.allianzassistancehealth.com.au/ovhc

Members services and general enquiries

1300 727 193

Claims

1300 727 193

OVHC 24 hour helpline

Medical assistance, legal and interpreting services

1800 814 781

In a medical emergency call triple zero (000)

This insurance is arranged and managed by

AWP Australia Pty Ltd

ABN 52 097 227 177

Trading as Allianz Global Assistance

74 High Street Toowong QLD 4066

Locked Bag 3004, Toowong QLD 4066

Australia

Phone: in Australia 1300 727 193

From overseas: +61 7 3305 8833

Fax: +61 7 3305 7316

OVHC@allianz-assistance.com.au

www.allianzassistancehealth.com.au/ovhc

Effective 31 March 2017

Allianz Global Assistance Overseas Visitors Health Cover is managed by AWP Australia Pty Ltd ABN 52 097 227 177 trading as Allianz Global Assistance. Peoplecare Health Limited ABN 95 087 648 753, a private health insurer under the Private Health Insurance Act 2007 (Cth), is the underwriter of Allianz Global Assistance Overseas Visitors Health Cover policies.