

Overseas Student Health Cover (OSHC)

Fact Sheet

What's covered?

OSHC gives you a level of cover that is similar to the benefits Australians get from Medicare. Many general health services are covered by OSHC. Please note that Waiting Periods may apply.

Out of hospital	Doctor/Specialist visits	<p>In Australia your local doctor is called a general practitioner (GP). We will pay for a doctor or specialist visit if the service is listed in the Medicare Benefit Schedule (MBS).</p>	<p>100% of the MBS fee for GP visits 85% of the MBS fee for Specialists visits Limits apply (see "Things you might have to pay for")</p>
	Pathology	<p>Pathology includes items such as blood tests or similar diagnostic tests needed to determine the cause and nature of diseases. We will help you pay for pathology services listed in the MBS. This includes pathology services received in Accident & Emergency where you have not been admitted to stay overnight in hospital.</p>	<p>85% of MBS fee Limits apply (see "Things you might have to pay for")</p>
	Radiology	<p>Radiology typically refers to medical imaging services like x-rays, ultrasounds and CAT scans, used in the diagnosis and sometimes treatment of disease and injuries. We will help you pay for radiology services listed in the MBS. This includes radiology services received in Accident & Emergency where you have not been admitted to stay overnight in hospital.</p>	<p>85% of MBS fee Limits apply (see "Things you might have to pay for")</p>
	Prescribed medicines	<p>We will pay you back for a prescribed medicine if it is listed in the Pharmaceutical Benefits Schedule.</p>	<p>Limits apply (see "Things you might have to pay for")</p>
	Ambulance services	<p>We will pay for ambulance transport with an approved ambulance service when medically necessary for admission to hospital or for emergency treatment.</p>	<p>100%</p>
	In Hospital	Hospital Charges	<p>If you need to be admitted to stay in hospital overnight or are treated as a same day patient, you are covered for Hospital Charges such as accommodation, theatre fees and any facility fees.</p>
In hospital Medical Services		<p>You are covered for Medical Services received whilst you are staying overnight in hospital or being treated as a same day patient. This includes pathology, radiology and doctor/specialist visits.</p>	<p>100% of the MBS fee Limits apply (see "Things you might have to pay for")</p>
Surgically implanted prostheses		<p>We will pay if you have a surgically implanted prosthesis fitted as part of your hospital treatment.</p>	<p>100% of the minimum benefit on the Federal Government's prosthesis list</p>

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Terms you should understand

In hospital

In hospital refers to medical services or treatment received in a hospital where you are admitted to stay overnight or where you are admitted to be treated as a same day patient.

Out of hospital

Out of hospital refers to medical services or treatment received where you have not been admitted to stay overnight or admitted for treatment as a same day patient. This includes treatment received in an Accident and Emergency department where you were not admitted.

Waiting period

The OSHC policy includes waiting periods for the treatment of pre-existing conditions (i.e. a condition that you had in the 6 months prior to arriving in Australia or grant of your student visa, whichever date is later). This means if you received treatment for a pre-existing condition during the relevant waiting period, you cannot claim for the costs and you will need to pay the entire amount. A waiting period is calculated from either the date you arrived in Australia or the date your visa was granted, whichever date is later. Please refer to the policy wording for further details.

Things you might have to pay for

Doctor/Specialist Visits, Pathology & Radiology

The Medicare Benefits Schedule (MBS) is a large list of medical procedures and services. Each medical procedure and service has a fee set by the Australian government. This is known as the "MBS fee". Some providers charge only the MBS fee; other providers can charge more than the MBS fee, which creates a gap fee. You should always check with your provider if they charge a gap fee before incurring any costs.

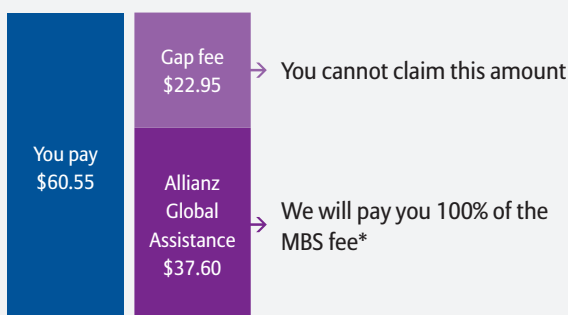
The gap fee is the difference between the MBS fee and the amount actually charged by the medical provider. This can also be referred to as an "out of pocket" expense. You must pay the gap fee amount and you cannot claim this money back.

Please see below examples of scenarios of how we calculate your claim refund amount:

Scenario 1: Doctor/Specialist visit - 100% of MBS fee

You visit a doctor at your local clinic who charges you \$60.55. Coverage is 100% of the MBS fee so we will pay you \$37.60*

MBS item 23: Attendance by a general practitioner (doctor's visit)
MBS fee: \$37.60

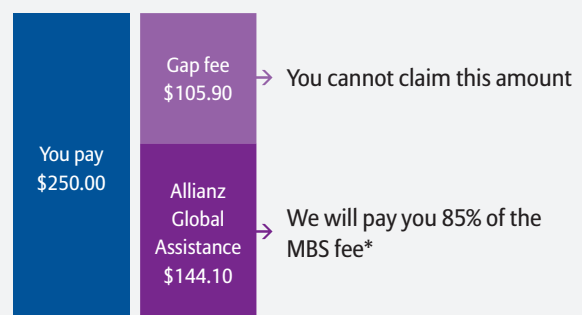


*This amount is subject to change.
Please refer to www.mbsonline.gov.au for further details.

Scenario 2: Radiology - 85% of MBS fee

You have an XRay out of hospital and pay \$250. Coverage is 85% of the MBS fee so we will pay you \$144.10

MBS Item #55276: XRay
MBS fee: \$169.50



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Prescribed Medicines

The Pharmaceutical Benefits Scheme (PBS) is a list of medicines subsidised by the Australian Government.

To claim a medicine, it must:

1. Be prescribed by a doctor;
2. Be included in the PBS; and
3. Cost **more** than the PBS patient co-payment. The patient co-payment is determined by the Department of Health and is subject to change.

The PBS patient co-payment is an out-of-pocket cost you are required to pay towards the cost of a prescription medicine before we will calculate your benefit.

Once the above conditions are met, we will pay up to a maximum of \$50.00 per prescribed medicine, up to an overall maximum of \$300 (single) or \$600 (dual/multi-family) per calendar year.

Please see below examples of scenarios of how we calculate your claim refund amount:

Scenario 1: Maximum of \$50 per prescribed medicine

Medicine cost: \$105.00

Your doctor prescribes you a medicine which costs you \$105. We will pay you \$50 (the maximum amount payable per prescribed item) and you will not be reimbursed for the patient co-payment or the costs in excess of the maximum amount.

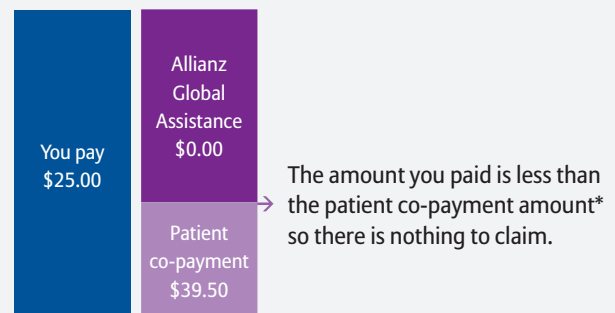


*This amount is subject to change.
Please refer to www.pbs.gov.au for further details.

Scenario 2: Maximum of \$50 per prescribed medicine

Medicine cost: \$25.00

Your doctor prescribes you a medicine which costs you \$25. This amount is less than the patient co-payment so you cannot claim the cost back.



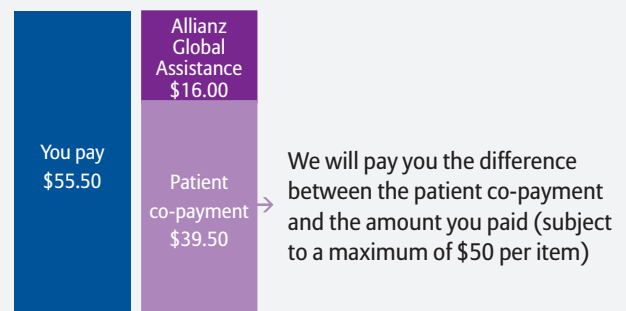
*This amount is subject to change.
Please refer to www.pbs.gov.au for further details.

Scenario 3: Maximum of \$50 per prescribed medicine

Medicine cost: \$55.50

Your doctor prescribes you a medicine which costs you \$55.50. We will pay you \$16 and the patient co-payment will not be reimbursed.

*This amount is subject to change.
Please refer to www.pbs.gov.au for further details.



Disclaimer

This document provides a summary of information and benefits for OSHC. For the full exclusions, limitations, terms and conditions of OSHC, please read the Policy Document which is available at <https://allianzassistancehealth.com.au/en/policy-wording-documents/>