

Mid Working Cover

Overseas Visitor Health Cover (OVHC)

To check if you hold an eligible visa for this product, please see our website www.allianzassistancehealth.com.au/eligible-visas-we-cover

If you get sick or have an accident while you are here in Australia, we'll help pay your medical costs.

Our **Mid Working Cover** combines our hospital and GP cover with our Extras benefits which includes hospitals, repatriation, local doctor visits, prescription medicine, general dental, physiotherapy and more.

You can purchase a Single, Dual-family or Multi-family OVHC policy so you have the peace of mind knowing you and your loved ones have cover.

Get your quote at www.allianzassistancehealth.com.au.

Why Choose Allianz Global Assistance?

- ✓ No Excess
- ✓ 24/7 Emergency Helpline
- ✓ Australia-wide cover
- ✓ Certificate of Insurance via email
- ✓ Meets Australian Government visa condition 8501

At a Glance

Cover

- | | | |
|----------------------------------|-------------------------------------|--|
| ✓ Public Hospital [^] | ✓ Local Doctor (GP) [^] | ✓ Optical [^] |
| ✓ Private Hospital [^] | ✓ Prescribed Medicines [^] | ✓ Physiotherapy [^] |
| ✓ Maternity & Birth [^] | ✓ Pathology [^] | ✓ Chiropractic [^] |
| ✓ Rehabilitation [^] | ✓ Radiology [^] | ✓ Complementary Therapies [^] |
| ✓ Ambulance [^] | ✓ Other Specialists [^] | ✓ Health Management [^] |
| ✓ Repatriation [^] | ✓ General Dental [^] | |

Not Included

- ✗ Treatment for pre-existing medical conditions within relevant waiting periods.
- ✗ Assisted reproductive medical service (IVF).
- ✗ Elective Cosmetic surgery procedures.
- ✗ Prescription medication not included in the Pharmaceutical Benefits Schedule (PBS) that is prescribed in-hospital.
- ✗ Podiatry, psychology, speech therapy, hearing aids, health aids & wellness

For all exclusions please read the Policy Wording which is available at <https://allianzassistancehealth.com.au/en/policy-wording-documents/>.

[^]This document provides a summary of information and benefits for OVHC Mid Working cover. For the full exclusions, limitations, waiting periods, terms and conditions of OVHC Mid Working cover, please read the Policy Wording which is available at <https://allianzassistancehealth.com.au/en/policy-wording-documents/>.

Benefits Covered under Mid Working Cover

Public Hospital [^]		Waiting Periods
Accident and emergencies admission and treatment.	100% of State or Territory rate	
Hospital accommodation (generally in a shared ward) and theatre fee.	100% of State or Territory rate	2 months for pre-existing psychiatric-related medical conditions
In-hospital medical service including doctors fees, rehabilitation, specialist services.	100% of the MBS fee	12 months for all other pre-existing medical conditions
Surgically implanted prostheses. Must be included on Federal Government's prosthesis list.	100% of minimum benefit of the Federal Government's prosthesis list.	2 months for rehabilitation and palliative care services
In-hospital prescribed medication. Must be included on the Pharmaceutical Benefits Scheme (PBS).	Expenses above PBS patient co-payment	
Maternity & Birth	100% of the MBS fee or State / Territory rate as relevant to the service provided.	12 months

 Private Hospital[^]		Waiting Periods
If you choose to be treated in a private hospital, the private hospital must have an agreement with Allianz Global Assistance, otherwise we may not cover the full cost of your hospitalisation.		
Hospital accommodation with a minimum shared ward accommodation and theatre fees.	100% of contracted rate	2 months for pre-existing psychiatric-related medical conditions 12 months for all other pre-existing medical conditions 2 months for rehabilitation and palliative care services
In-hospital medical service including doctors fees, rehabilitation, specialist services.	100% of MBS fee	
Surgically implanted prostheses. Must be included on Federal Government's prosthesis list.	100% of minimum benefit of the Federal Government's prostheses list.	
In-hospital prescribed medication. Must be included on the Pharmaceutical Benefits Scheme (PBS).	Expenses above PBS patient co-payment fee	
Maternity & Birth.	100% of the MBS fee or State / Territory rate as relevant to the service provided.	12 months
 Ambulance[^]		
Emergency treatment or transport to hospital.	100%	No waiting period.
Inter-hospital transfer for clinical reasons.	100%	
 Repatriation[^]		
Emergency repatriation to home country as a result of life-altering illness or injury.	Up to a maximum amount of \$20,000 per policy	Waiting Periods mentioned above.
 Local Doctor (GP)[^]		
Services and consults provided by a local doctor (GP).	100% of the MBS fee	Waiting Periods mentioned above.
 Prescribed Medicines (out-of-hospital)[^]		
Out-of- hospital prescribed medication from your local doctor (GP) or other medical practitioner and dispensed by a registered pharmacist.	Expenses exceeding the PBS patient co-payment up to: \$50 per script \$300 per single cover per calendar year \$600 family cover per calendar year	Waiting Periods mentioned above.
 Pathology[^]		
Blood tests	85% of MBS fee	Waiting Periods mentioned above.
 Radiology[^]		
X-rays, scans	85% of MBS fee	Waiting Periods mentioned above.
 Other Specialists[^]		
Ophthalmology and dermatology, other specialists.	85% of MBS fee	Waiting Periods mentioned above.

 Dental[^]			Waiting Periods
General Dental Preventative, X-rays, basic restorations, basic surgery & extractions.	Benefit 50%	Annual Limit \$500 per person \$1,000 per family	2 months
 Optical[^]			
Glasses and/or contact lenses	Benefit 100%	Annual Limit \$150 per person \$300 per family	6 months
 Physiotherapy[^]			
Physiotherapy, occupational therapy, orthoptics (eye therapy).	Benefit Initial: \$35 Standard: \$25	Annual Limit \$300 per person \$600 per family	2 months
Exercise physiology and hydrotherapy.	50%		
 Chiropractic[^]			
Chiropractic and osteopathic services.	Benefit Initial: \$35 Standard: \$25	Annual Limit \$300 per person \$600 per family	2 months
 Complementary Therapies[^]			
Acupuncture, natural therapy, remedial massage, Chinese medicine consultation & dietetics.	Benefit Initial: \$35 Standard: \$25	Annual Limit \$150 per person \$300 per family	2 months
 Health Management[^]			
Blood pressure, cholesterol screening, weight management programs, quit smoking programs.	Benefit 50%	Annual Limit \$100 per person \$200 per family	6 months

Things You Should Know

What is a Waiting Period?

A **waiting period** is the time you need to wait after purchasing your policy and before cover is available for certain medical conditions. You cannot claim for medical treatment that is provided during the waiting period.

Certain medical conditions and treatments have different waiting periods. Carefully review your policy to ensure you are aware of the different waiting periods.

What is a Pre-Existing Condition?

A **pre-existing condition** is an ailment, illness or condition, the signs or symptoms of which existed at any time 6 months prior to **your** cover commencing. This includes an undiagnosed ailment, illness or condition that was present at the time your cover commences.

For example, if you have been diagnosed with asthma within 6 months before your cover commences, this will be considered a pre-existing condition. You will need to wait the applicable waiting period before cover will be provided.

A pre-existing condition is determined by a medical practitioner, appointed by us, at the time a claim arises.

In forming an opinion, our appointed medical practitioner will refer to any information in relation to the ailment, illness or condition that your doctor provides us.

What are Out-of-Pocket Fees?

You may incur an **out-of-pocket fee** (also known as a gap fee) if the amount a medical provider charges is more than the benefit you're entitled to under your cover.

We recommend you confirm all costs with your doctor or hospital before any procedure or consult so that you are aware of all costs including any **out-of-pocket fees**.

What is the MBS fee?

The **Medicare Benefits Schedule (MBS)** is a list of medical services (e.g. a standard consultation with a GP or having surgery in hospital) subsidised by the Australian Government with a fee (known as a 'Schedule fee') for each item.

The Schedule fee is the amount the government considers appropriate for one of these services and determines the amount you receive when you make a claim.

Depending on the cover you purchase and the medical treatment for which you are claiming, we will cover either **85%** or **100%** of the MBS fee.

For example, you purchase OVHC Mid Working cover which includes local doctor (GP) consults. You visit a GP and are charged **\$60.55**. The MBS fee at the time for a GP visit is **\$38.20**. Under the OVHC Mid Working cover, we will cover you for **100%** of the MBS fee. You will therefore receive **\$38.20** when you claim.

Any cost above the MBS fee is considered an out-of-pocket fee (also known as a gap fee), which you will need to pay the GP directly. See **What are Out-of-Pocket Fees?** section for information.

For more information about the MBS visit www.mbsonline.gov.au.

What is the PBS?

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 or other medical practitioner;
2. Be included in the PBS list if prescribed in-hospital; 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 fee** is an out-of-pocket cost you are required to pay towards the cost of a prescription before we will calculate your benefit.

For example, you purchase OVHC Mid Working cover that includes Prescription Medicines. You have been prescribed a medicine from a doctor that costs **\$60**. The Government states the PBS patient co-payment is **\$40.30**. We will cover the difference between your PBS patient co-payment fee (**\$40.30**) and the total cost of the prescription medicine (**\$60**). Therefore you will receive **\$19.70** from us.

Visit <http://www.pbs.gov.au/pbs/home> to find out more information about the PBS.

What if you need to go to hospital?

Hospital Admission - Accident and emergency treatment

Many hospitals have a 24 hour accident and emergency department. Accident and emergency departments should only be accessed in case of a medical emergency. 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 have been admitted for emergency treatment, contact Allianz Global Assistance immediately on 1800 814 781.

If you have been referred to hospital for treatment on a non-emergency basis, 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 Hospital 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 out-patient clinic by one of the hospital's specialists in his/her private rooms or you will be referred to your local **doctor**. **You** may incur **out of pocket** costs for public **hospital** expenses.

Private Hospital Admission

You can choose to be treated in a private hospital. Through our relationship with Peoplecare Health Limited we have arrangements in place with most private hospitals in Australia. These hospitals ensure that an agreed schedule of fees (including in-patient accommodation, theatre and special unit accommodation fees as appropriate but not emergency department fees) are 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 arrangements. For those hospitals, we may not cover the full cost of your hospitalisation however, if you call us before you go into hospital we'll be able to tell you approximately how much it will cost you. Members who choose a non-agreement hospital may incur out-of-pocket expenses for hospital related services.

What are the Public Hospital State or Territory rates?

We will cover **100%** of the State or Territory Rate. This rate is determined by each State and Territory's health authorities for services charged to a patient who is not eligible for Medicare.

You still may incur out-of-pocket fees for some medical providers/hospitals.

What are the Private Hospital contracted rates?

We will cover **100%** of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation. **You** may not be covered for the costs at the accident and emergency department of a private **hospital** - cover will depend on which **hospital you** attend. Please contact **Allianz Global Assistance** before attending a private hospital to see if **you** will be covered for the costs.

Making a Claim

Once you have purchased your policy, you can claim for medical expenses (provided the expenses are not for treatment of medical conditions that are subject to waiting periods).

Online

To make a claim simply:

1. Download the OVHC claim form from our website www.allianzassistancehealth.com.au.
2. Print and complete the form.
3. Scan your completed form and any relevant attachments (e.g. receipts) and email them to ovhcclaims@allianz-assistance.com.au with your claim reference in the subject line.

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

Direct Billing

For visits to your local doctor (if included in your OVHC policy), you can use our network of providers make it easier for you to claim when you visit a doctor. All you need to do is provide your valid membership card and the provider will bill us directly for the covered amount of your bill. Make sure you select a doctor or medical provider that specifies they can direct bill.

To find a doctor visit www.allianzassistancehealth.com.au/en/find-doctor.

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

Disclaimer

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This insurance is arranged and managed by AWP Australia Pty Ltd ABN 52 097 227 177 Trading as Allianz Global Assistance Level 16, 310 Ann Street Brisbane QLD 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

Allianz Global Assistance Working Visa Overseas Health Cover policies are 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 Working Visa Overseas Health Cover.