

# Working Visa

# Overseas

# Health Cover

Policy document and members guide



Global Assistance

Allianz 

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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.

We provide health cover to look after **you** while **you're** working in Australia.

## What is OVHC?

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

- In **hospital** medical treatment
- Emergency ambulance transport
- Medical repatriation (only if authorised by **us**)
- Out of **hospital** medical treatment (*not included in Budget Working cover*)
- **Prescription medicines** (*not included in Budget Working cover*)

## 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 Home Affairs (**DoHA**). Allianz Global Assistance's OVHC meets all DoHA requirements and will satisfy Visa Condition 8501.

DoHA 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](http://www.allianzassistancehealth.com.au/oshc).

## 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.

**"certificate of insurance"** means the document **we** give **you** which confirms that **we** have issued a policy to **you** and sets out details of **your** cover.

**"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 who is qualified and registered to practise medicine or surgery in Australia. This person cannot be **your dependant** or a person on whom **you** are dependent.

**"eligible visa"** means a working visa subclass included on **our** list of eligible visas published on **our** website <https://allianzassistancehealth.com.au/en/visitors-visa-ovhc/visas-we-cover/>.

**"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.

**"health aids"** means items of equipment including blood glucose monitors, blood pressure monitors, CPAP machines, diabetic consumables, leg calipers, nebulisers, orthopaedic shoes, peak flow meters, physiotherapy / chiropractic aids, Synvisc injections, TENS machines and wigs.

## Section one: OVHC benefits

“**health management programs**” means preventative health programs approved by **us** that manage or treat a specific health condition, including cover for equipment hire or purchase, fitness programs, health screenings and improvement programs.

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

“**injury**” means bodily injury.

“**in-patient**” means a patient who has been formally admitted to a **hospital** or day facility.

“**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 dual family or multi-family policy.

“**MBS**” means the Medicare Benefits Schedule which is the list of fees set by the Australian Government for the purpose of determining the Medicare benefit which is payable for a particular medical service.

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

“**out of pocket**” means the difference between the amount charged by the service provider and the amount **we** will pay to **you** or on **your** behalf for a **benefit**.

“**out-patient**” means a person who receives a health service or procedure without being formally admitted to **hospital** as an **in-patient**. To remove doubt, out-patient services may be provided in a **hospital** or other medical facility.

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

“**Peoplecare**” means Peoplecare Health Limited, a private health insurer under the Private Health Insurance Act 2007 (Cth).

“**PBS**” means the Pharmaceutical Benefits 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, and is calculated based on the product **you** choose.

“**prescription medicines**” means medicines that require a prescription completed by a **doctor** or other **medical practitioner** in order to be dispensed by a registered pharmacist.

“**start date**” means the start date on **your certificate of insurance**.

“**we**”, “**us**” and “**our**” means AWP Australia Pty Ltd (trading as Allianz Global Assistance) as the manager of this Overseas Visitors Health Cover product.

“**you**” or “**your**” means the insured person or persons named in **your certificate of insurance**.



## BUDGET WORKING COVER

### Hospital only benefits covered under your Budget Working policy

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

Service
<b>In-patient medical services</b>
Admitted medical services provided in <b>hospital</b> .
Public <b>hospital</b> – admitted patient treatment including: <ul style="list-style-type: none"> <li>overnight and day only <b>hospital</b> accommodation (including theatre, intensive care, labour wards, ward drugs);</li> <li>emergency department treatment that leads to an admission; and</li> <li>post-operative services that are a continuation of care associated with an early discharge from <b>hospital</b>.</li> </ul> Includes <b>PBS</b> listed drugs (including discharge medications) that form part of the episode of <b>hospital</b> care.
Private <b>hospital</b> /registered day <b>hospital</b> facility.
Surgically implanted prostheses and other items included on the Federal Government’s prostheses list.
<b>Ambulance services</b>
When medically necessary for admission to <b>hospital</b> or for <b>emergency treatment</b> or for inter- <b>hospital</b> transfer for clinical reasons.
<b>Medical repatriation benefit</b>
Cover for <b>you</b> or <b>your dependants</b> ’ repatriation to <b>your</b> home country as a result of a life-altering illness or <b>injury</b> , or in the unfortunate event of death, the repatriation of <b>your</b> or <b>your dependants</b> ’ mortal remains.

\* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.**

Benefit per service*
100% of the <b>MBS</b> fee.
The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare. For admission-related <b>PBS</b> listed drugs, the <b>benefit</b> is equal to the Australian Government’s <b>PBS</b> list price less the current <b>PBS patient co-payment</b> .
100% of the contracted charges for all insurable costs raised by one of <b>our</b> agreement <b>hospitals</b> with a minimum of shared ward accommodation. Refer to “Private admission” on page 38.
100% of the minimum <b>benefit</b> as listed on the Federal Government’s prostheses list.
100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
100% of the costs authorised by <b>us</b> up to a maximum amount of \$20,000 per policy.

## STANDARD WORKING COVER

### Medical and hospital benefits covered under your Standard Working policy

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

Service
<b>Out-patient medical services</b>
Medical services provided by a <b>doctor</b> .
All other medical services such as pathology and radiology (including specialists).
<b>In-patient medical services</b>
Admitted medical services provided in <b>hospital</b> .
Public <b>hospital</b> –
<ul style="list-style-type: none"> <li>Admitted patient treatment including:           <ul style="list-style-type: none"> <li>overnight and day only <b>hospital</b> accommodation (including theatre, intensive care, labour wards, ward drugs); and</li> <li>post-operative services that are a continuation of care associated with an early discharge from <b>hospital</b>.</li> </ul> </li> <li>Emergency department treatment;</li> <li><b>PBS</b> listed drugs (including discharge medications) that form part of the episode of <b>hospital</b> care.</li> </ul>
Private <b>hospital</b> /registered day <b>hospital</b> facility.
<b>Prescription Medicines</b>
For medicines prescribed by your <b>doctor</b> or other <b>medical practitioner</b> and dispensed by a registered pharmacist.

\* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.**

Benefit per service*
100% of the <b>MBS</b> fee.
85% of the <b>MBS</b> fee.
100% of the <b>MBS</b> fee.
The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare. For admission-related <b>PBS</b> listed drugs, the <b>benefit</b> is equal to the Australian Government's <b>PBS</b> list price less the current <b>PBS patient co-payment</b> .
100% of the contracted charges for all insurable costs raised by one of <b>our</b> agreement <b>hospitals</b> with a minimum of shared ward accommodation. Refer to "Private admission" on page 38.
<b>Prescription medicines</b> benefit for expenses exceeding the equivalent of the current <b>PBS patient co-payment</b> for general beneficiaries up to a: <ul style="list-style-type: none"> <li>maximum <b>benefit</b> of \$50 per prescribed item</li> <li>maximum amount per calendar year for Single cover of \$300</li> <li>maximum amount per calendar year for Dual family and Multi family cover of \$600</li> </ul> For Dual family and Multi family cover, each individual member of a family has a <b>limit</b> equivalent to a person with Single cover as long as the family maximum <b>benefit</b> has not been reached. <b>Limits</b> do not apply to admission-related <b>PBS</b> listed drugs.

## STANDARD WORKING COVER (continued)

### Medical and hospital benefits covered under your Standard Working policy

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

Service
<b>Surgically implanted prostheses</b>
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.
<b>Ambulance services</b>
When medically necessary for admission to <b>hospital</b> or for <b>emergency treatment</b> or for inter- <b>hospital</b> transfer for clinical reasons.
<b>Medical repatriation benefit</b>
Cover for <b>you</b> or <b>your dependants'</b> repatriation to <b>your</b> home country as a result of a life-altering illness or <b>injury</b> , or in the unfortunate event of death, the repatriation of <b>your</b> or <b>your dependants'</b> mortal remains.

*\* You may incur **out of pocket** costs for **hospital** expenses above **your benefit** amount. Payment of **benefit** subject to the same rules/ criteria as payment of a Medicare **benefit** for the same service.*

Benefit per service*
100% of the minimum <b>benefit</b> as listed on the Federal Government's prostheses list.
100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
100% of the costs authorised by <b>us</b> up to a maximum amount of \$20,000 per policy.

## MID WORKING COVER

### Medical and hospital benefits covered under your Mid Working policy

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

Service
<b>Out-patient medical services</b>
Medical services provided by a <b>doctor</b> .
All other medical services such as pathology and radiology (including specialists).
<b>In-patient medical services</b>
Admitted medical services provided in <b>hospital</b> .
Public <b>hospital</b> –
<ul style="list-style-type: none"> <li>Admitted patient treatment including:                             <ul style="list-style-type: none"> <li>overnight and day only <b>hospital</b> accommodation (including theatre, intensive care, labour wards, ward drugs); and</li> <li>post-operative services that are a continuation of care associated with an early discharge from <b>hospital</b>.</li> </ul> </li> <li>Emergency department treatment;</li> <li><b>PBS</b> listed drugs (including discharge medications) that form part of the episode of <b>hospital</b> care.</li> </ul>
Private <b>hospital</b> /registered day <b>hospital</b> facility.
<b>Prescription Medicines</b>
For medicines prescribed by your <b>doctor</b> or other <b>medical practitioner</b> and dispensed by a registered pharmacist.

*\* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/ criteria as payment of a Medicare benefit for the same service.***

Benefit per service*
100% of the <b>MBS</b> fee.
85% of the <b>MBS</b> fee.
100% of the <b>MBS</b> fee.
The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare. For admission-related <b>PBS</b> listed drugs, the <b>benefit</b> is equal to the Australian Government's <b>PBS</b> list price less the current <b>PBS patient co-payment</b> .
100% of the contracted charges for all insurable costs raised by one of <b>our</b> agreement <b>hospitals</b> with a minimum of shared ward accommodation. Refer to "Private admission" on page 38.
<b>Prescription medicines</b> benefit for expenses exceeding the equivalent of the current <b>PBS patient co-payment</b> for general beneficiaries up to a: <ul style="list-style-type: none"> <li>maximum <b>benefit</b> of \$50 per prescribed item</li> <li>maximum amount per calendar year for Single cover of \$300</li> <li>maximum amount per calendar year for Dual family and Multi family cover of \$600</li> </ul> For Dual family and Multi family cover, each individual member of a family has a <b>limit</b> equivalent to a person with Single cover as long as the family maximum <b>benefit</b> has not been reached. <b>Limits</b> do not apply to admission-related <b>PBS</b> listed drugs.

## MID WORKING COVER (continued)

### Medical and hospital benefits covered under your Mid Working policy

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

Service
<b>Surgically implanted prostheses</b>
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.
<b>Ambulance services</b>
When medically necessary for admission to <b>hospital</b> or for <b>emergency treatment</b> or for inter- <b>hospital</b> transfer for clinical reasons.
<b>Medical repatriation benefit</b>
Cover for <b>you</b> or <b>your dependants'</b> repatriation to <b>your</b> home country as a result of a life-altering illness or <b>injury</b> , or in the unfortunate event of death, the repatriation of <b>your</b> or <b>your dependants'</b> mortal remains.

\* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.**

Benefit per service*
100% of the minimum <b>benefit</b> as listed on the Federal Government's prostheses list.
100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
100% of the costs authorised by <b>us</b> up to a maximum amount of \$20,000 per policy.

## MID WORKING COVER (continued)

### Extras provided under your Mid Working policy

**Please note:**

This is a summary only and does not provide a full list of services covered. It's always best to give **us** a call before having any treatment to check exactly what **you're** covered for.

Services	
Dental	General Dental - Preventative, X-rays, Basic Restorations, Basic Surgery & Extractions
	Major Dental - Periodontics, Endodontics, Crowns & Bridges, Implants & Dentures
	Orthodontics
Optical	Glasses
	Contact Lenses
	Laser Eye Surgery
Physiotherapy	Physiotherapy
	Occupational Therapy
	Orthoptics (eye therapy)
	Exercise Physiology Hydrotherapy
Chiropractic	Chiropractic
	Osteopathic Services
Complementary Therapies	Acupuncture
	Natural Therapy
	Remedial Massage
	Dietetics
	Chinese Medicine consultation
Podiatry	Podiatry (Chiropody)
Psychology	Psych/Group Therapy
Speech Therapy	Speech Therapy
Health Management Programs	Preventative Health
Health Aids & Wellness	Equipment (1 every 3 years)
	Health Services (allergy treatments)
	Orthotics (1 every 2 years)
Hearing Aids	Hearing & Audiology

Benefits + Annual Limits	
Benefit	Annual Limit
50%	\$500 Per Person \$1,000 Per Family
X	X
X	X
100%	\$150 Per Person \$300 Per Family
X	X
Initial: \$35 Standard: \$25	\$300 Per Person \$600 Per Family
50%	
Initial: \$35 Standard: \$25	\$300 Per Person \$600 Per Family
Initial: \$35 Standard: \$25	\$150 Per Person \$300 Per Family
X	X
X	X
X	X
50%	\$100 Per Person \$200 Per Family
X	X
X	X

## TOP WORKING COVER

### Medical and hospital benefits covered under your Top Working policy

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

Service
<b>Out-patient medical services</b>
Medical services provided by a <b>doctor</b> .
All other medical services such as pathology and radiology (including specialists).
<b>In-patient medical services</b>
Admitted medical services provided in <b>hospital</b> .
Public <b>hospital</b> –
<ul style="list-style-type: none"><li>Admitted patient treatment including:<ul style="list-style-type: none"><li>overnight and day only <b>hospital</b> accommodation (including theatre, intensive care, labour wards, ward drugs); and</li><li>post-operative services that are a continuation of care associated with an early discharge from <b>hospital</b>.</li></ul></li><li>Emergency department treatment;</li><li><b>PBS</b> listed drugs (including discharge medications) that form part of the episode of <b>hospital</b> care.</li></ul>
Private <b>hospital</b> /registered day <b>hospital</b> facility.
<b>Prescription Medicines</b>
For medicines prescribed by your <b>doctor</b> or other <b>medical practitioner</b> and dispensed by a registered pharmacist.

\* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.**

Benefit per service*
100% of the <b>MBS</b> fee.
85% of the <b>MBS</b> fee.
100% of the <b>MBS</b> fee.
The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare. For admission-related <b>PBS</b> listed drugs, the <b>benefit</b> is equal to the Australian Government's <b>PBS</b> list price less the current <b>PBS patient co-payment</b> .
100% of the contracted charges for all insurable costs raised by one of <b>our</b> agreement <b>hospitals</b> with a minimum of shared ward accommodation. Refer to "Private admission" on page 38.
<b>Prescription medicines</b> benefit for expenses exceeding the equivalent of the current <b>PBS patient co-payment</b> for general beneficiaries up to a: <ul style="list-style-type: none"><li>maximum <b>benefit</b> of \$50 per prescribed item</li><li>maximum amount per calendar year for Single cover of \$300</li><li>maximum amount per calendar year for Dual family and Multi family cover of \$600</li></ul> For Dual family and Multi family cover, each individual member of a family has a <b>limit</b> equivalent to a person with Single cover as long as the family maximum <b>benefit</b> has not been reached. <b>Limits</b> do not apply to admission-related <b>PBS</b> listed drugs.

## TOP WORKING COVER (continued)

### Medical and hospital benefits covered under your Top Working policy

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

Service
<b>Surgically implanted prostheses</b>
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.
<b>Ambulance services</b>
When medically necessary for admission to <b>hospital</b> or for <b>emergency treatment</b> or for inter- <b>hospital</b> transfer for clinical reasons.
<b>Medical repatriation benefit</b>
Cover for <b>you</b> or <b>your dependants'</b> repatriation to <b>your</b> home country as a result of a life-altering illness or <b>injury</b> , or in the unfortunate event of death, the repatriation of <b>your</b> or <b>your dependants'</b> mortal remains.

*\* You may incur **out of pocket** costs for **hospital** expenses above **your benefit** amount. Payment of **benefit** subject to the same rules/criteria as payment of a Medicare **benefit** for the same service.*

Benefit per service*
100% of the minimum <b>benefit</b> as listed on the Federal Government's prostheses list.
100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
100% of the costs authorised by <b>us</b> up to a maximum amount of \$20,000 per policy.

## TOP WORKING COVER (continued)

### Extras provided under your Top Working policy

**Please note:**

This is a summary only and does not provide a full list of services covered. It's always best to give **us** a call before having any treatment to check exactly what **you're** covered for.

Services	
Dental	General Dental - Preventative, X-rays, Basic Restorations, Basic Surgery & Extractions
	Major Dental - Periodontics, Endodontics, Crowns & Bridges, Implants & Dentures
	Orthodontics
Optical	Glasses
	Contact Lenses
	Laser Eye Surgery
Physiotherapy	Physiotherapy
	Occupational Therapy
	Orthoptics (eye therapy)
	Exercise Physiology Hydrotherapy
Chiropractic	Chiropractic
	Osteopathic Services
Complementary Therapies	Acupuncture
	Natural Therapy
	Remedial Massage
	Dietetics
	Chinese Medicine consultation
Podiatry	Podiatry (Chiropody)
Psychology	Psych/Group Therapy
Speech Therapy	Speech Therapy

Benefits + Annual Limits	
Benefit	Annual Limit
70%	\$1,000 Per Person \$2,000 Per Family
70%	\$1,000 Per Person \$2,000 Per Family
70%	\$800 \$2,400 Lifetime <b>Limit</b>
100%	\$250 Per Person \$500 Per Family
70%	\$500 per eye \$2,000 per family
Initial: \$51 Standard: \$41	\$500 Per Person \$1,000 Per Family
70%	
Initial: \$45 Standard: \$35	\$500 Per Person \$1,000 Per Family
Initial: \$45 Standard: \$35	\$350 Per Person \$700 Per Family
Initial: \$45 Standard: \$35	\$400 Per Person \$800 Per Family
Initial: \$90 Standard: \$70	\$400 Per Person \$800 Per Family
70%	\$400 Per Person \$800 Per Family

## TOP WORKING COVER (continued)

### Extras provided under your Top Working policy

Services	
Health Management Programs	Preventative Health
Health Aids & Wellness	Equipment (1 every 3 years) Health Services (allergy treatments) Orthotics (1 every 2 years)
Hearing Aids	Hearing & Audiology

**Please note:**

This is a summary only and does not provide a full list of services covered. It's always best to give **us** a call before having any treatment to check exactly what **you're** covered for.

Benefits + Annual Limits	
Benefit	Annual Limit
70%	\$200 Per Person \$400 Per Family
70%	\$500 Per Person \$1,000 Per Family
70% up to \$150	
70% up to \$150	
70%	\$1,000 every 5 years

## Section two: Your policy guide



## YOUR HOSPITAL AND MEDICAL COVER

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

### Waiting periods for your hospital and medical benefits

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.

The waiting period is calculated as commencing from:

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

whichever is the later date. The following waiting periods apply before these services are covered under **your** policy:

Service	Waiting period
• Psychiatric, rehabilitative or palliative care	2 months
• Pregnancy or pregnancy related condition	12 months
• Pre-existing condition	12 months

Waiting periods do not apply to **emergency treatment** by an approved ambulance service, under the Ambulance services benefit. Waiting periods will however apply to any subsequent **hospital** or medical costs.

If **you** are an existing member upgrading **your** cover from **your** current level of **benefits** to a higher level of **benefits**, **you** will need to serve the applicable waiting period for any **benefits** not covered under **your** existing policy.

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.

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

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

new waiting periods will apply upon commencement of any new policy **you** take out with **us**.

### Pre-existing conditions:

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 during the period of 6 months prior to **your** cover commencing (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** prior to **your** cover commencing.

## What's not covered under your hospital and medical benefits

**Benefits** are not payable for:

- (a) services and treatment rendered as part of an assisted reproductive program, including but not limited to in-vitro fertilisation;
- (b) bone marrow and organ transplants;
- (c) 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) treatment arranged in advance of **you** or **your dependants** or overseas visitor's arrival in Australia;
- (e) treatment rendered to **you** or **your dependants** in the first 12 months, other than psychiatric, rehabilitative or palliative care, where the treatment is for a pre-existing condition;
- (f) treatment rendered to **you** or **your dependants** in the first 2 months where that treatment is psychiatric, rehabilitative or palliative care and is for a pre-existing condition;
- (g) treatment rendered to **you** or **your dependants** in the first 12 months, where the treatment is for a pregnancy-related condition;
- (h) transportation of **you** or **your dependants** 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) services and treatment which are covered by compensation or damages provisions of any kind;
- (j) elective cosmetic surgery;
- (k) personal costs, including but not limited to, telephone, personal pharmacy, internet, personal items, **in-patient** boarder, television hire, and costs for any relative/companion;

- (l) general non-medical administrative expenses, including but not limited to prosthetic, medical consumable, and medical document handling fees;
- (m) services provided by physiotherapists, osteopaths, chiropractors, naturopaths or any other ancillary services\*;
- (n) medications, drugs or other treatments not prescribed by a **doctor** or other **medical practitioner** and dispensed by a registered pharmacist;
- (o) any costs associated with dental treatment, unless the treatment is covered on the **MBS**\*;
- (p) optical charges, unless the treatment is covered on the **MBS**\*;
- (q) any **out of pocket** costs payable by **you**;
- (r) service fees charged by a **medical practitioner** or **hospital** which are not included in the **benefits** covered under **your** policy;
- (s) costs towards an emergency room visit in a private **hospital** where **we** do not have an agreement with that **hospital**;
- (t) Any bank or transfer costs associated with the refund of **premium** or claim payment for **benefits** to an overseas financial institution;
- (u) Ambulance charges otherwise covered by a third party, or under an arrangement with a government approved ambulance service, or for **hospital** transfers due to patient preference;
- (v) services and treatments undertaken when **you** do not hold an **eligible visa**; or
- (w) treatment and services provided more than two years ago.

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 for your hospital and medical benefits**" on page 27 and the section "**Pre-medical conditions**" on page 28.

\*If **you** have purchased Mid or Top Working Cover, some **benefits** will be payable for these services under **your** extras cover. Please refer to the table of benefits on pages 16 & 17 for Mid Working Cover and pages 22 to 25 for Top Working Cover for a summary of **your** coverage. Exclusions apply to extras cover. See page 31 under the heading "**What's not covered under your Extras benefits**".

## YOUR EXTRAS COVER

### Important information

- Annual **limits** are based on the financial year (1 July – 30 June), and are per person (unless it says otherwise).
- **Health management program benefits** are available for approved services that manage or treat a specific health condition, and include blood pressure testing, cholesterol checks, mammograms and hearing tests. To find out if **you** can claim for a service, please contact **us**.
- Please keep in mind that **we** aren't able to pay **benefits** towards goods and services that are used for sport, recreation or entertainment (like gym memberships or sports shoes).

### Waiting periods for your Extras

The following waiting periods apply before these services are covered under **your** policy, and commence from the **start date** of **your** policy:

Extras	Waiting period
<ul style="list-style-type: none"><li>• Services covered by another fund (when transferring directly to a similar level of cover)</li></ul>	Continuation of cover, with only the need to serve remainder of waiting period
<ul style="list-style-type: none"><li>• Joining the fund</li><li>• Upgrading <b>your</b> cover</li><li>• General dental, physiotherapy, chiropractic, podiatry, psychology, speech therapy, health aids and complementary therapies</li></ul>	2 months
<ul style="list-style-type: none"><li>• Optical and health management programs</li></ul>	6 months
<ul style="list-style-type: none"><li>• Major Dental – including crowns, bridgework, implants, orthodontics, endodontics, periodontics and dentures</li></ul>	12 months
<ul style="list-style-type: none"><li>• Laser eye surgery &amp; hearing aids</li></ul>	24 months

If **you** are switching to Allianz Global Assistance from a similar policy held with another insurer, **we** will count the time **you** were covered under **your** previous policy towards any waiting period which applies to **your** coverage with **us**.

If **you** are an existing member upgrading **your** cover from Mid to Top Working cover, **you** will need to serve the applicable waiting period for any **benefits** not covered under **your** existing policy.

## What's not covered under your Extras

**Benefits** are not payable under **your** extras cover for:

1. treatment & services provided by providers that aren't registered or recognised by **us**;
2. treatment & services provided within **your** waiting periods ;
3. treatment & services provided outside Australia;
4. treatment & services covered by compensation or another type of insurance (like third party or sports club insurance);
5. treatment & services provided more than 2 years ago;
6. complementary therapy **benefits** provided by providers not registered with either Medicare or the Australian Regional Health Group (ARHG);
7. naturopathic & herbal medicines;
8. first aid kits & courses;
9. non-prescription glasses, contacts & sunglasses;
10. treatment & services provided by a family member, relative, business partner or yourself;
11. treatment & services **you** weren't charged for;
12. services for sport, recreation or entertainment;
13. receipts issued by a third party, like group buying website or group deals;
14. if **you're** using a gift voucher, **we** can't pay the difference between the cost of the service and the value of the voucher. For example, if **you** use a \$60 voucher to pay for a \$40 service, **you** can only claim back the \$40 as the official fee for that service;
15. **benefits** higher than the amount **you** paid for the service. For example, if **you** receive treatment that's discounted from \$65 to \$30, **we** only pay a **benefit** towards the fee **you** paid (e.g. \$30); or
16. surcharges, delivery costs and credit card processing fees.

## INFORMATION ABOUT YOUR POLICY

### Who may be suitable for OVHC?

OVHC is health insurance for international visitors wishing to work in Australia on certain visa types, including visa types subject to visa condition 8501.

#### Eligible Visas

**You** must hold an **eligible visa** to be covered under **your** AGA OVHC policy. Please refer to **our** website for details of the **eligible visa** types: <https://allianzassistancehealth.com.au/en/visitors-visa-ovhc/visas-we-cover/>

**Your** policy will not be valid for any times that **you** do not hold an **eligible visa**.

#### Single or Family Cover

**Your certificate of insurance** will indicate which policy **you** have purchased. **Your** policy may be any of the following:

- **Single** – covering the primary overseas visitor visa holder (**you**) only;
- **Dual family** – covering the primary overseas visitor visa holder (**you**) and one of:
  - **your** dependent spouse or de facto partner; or
  - one or more of **your** dependent children or step-children under the age of 18 years who are not married;if:
  - they are authorised to enter Australia under **your** visa, and
  - they live with **you**.
- **Multi family** – covering the primary overseas visitor visa holder (**you**) and:
  - **your** dependent spouse or de facto partner; and
  - one or more of **your** dependent children or step-children under the age of 18 years who are not married;if:
  - they are authorised to enter Australia under **your** visa, and
  - they live with **you**.



If **you** are not sure if **you** have the right cover, or **your** circumstances have changed including ceasing to hold an **eligible visa**, then please contact **us** immediately.

**We** do not cover other family members such as parents, grandparents, brothers, sisters, uncles or aunts on the same policy. They will need to arrange their own health cover. Please visit: [www.allianzassistancehealth.com.au/ovhc](http://www.allianzassistancehealth.com.au/ovhc)

### How long do I have to be covered?

For relevant visa types subject to visa condition 8501, the Australian Government requires that **you** and **your dependants** have adequate arrangements for health insurance for the entire length of **your** and **your dependants** stay in Australia.

#### Periods of cover:

1. **Your** AGA OVHC Policy is only valid whilst **you** hold a current **eligible visa** and have paid the full **premium** required. Payment of the **premium** is required in advance, with the first payment being a minimum of one month's **premium**.
2. **Your** cover starts on the later of the **start date** shown on **your certificate of insurance**, the date **your eligible visa** is granted, or the date of **your** arrival in Australia.
3. **Your** cover ceases on the date of **your** departure from Australia, the date **you** cease to hold an **eligible visa** or the date **we** or **you** cancel **your** policy, whichever occurs first. To check if **your** visa type is an **eligible visa**, please refer to **our** website: <https://allianzassistancehealth.com.au/en/visitors-visa-ovhc/visas-we-cover/>.
4. **You** may temporarily leave Australia and return without re-serving waiting periods, provided that:
  - **You** return to Australia on an **eligible visa**; and
  - **You** have paid the full **premium** required.No **benefits** are payable for services provided to **you** during the period **you** were not in Australia.
5. If **you** are paying **your** policy by instalments, **we** will allow for payment of **premiums** within 60 days after the due date of each payment. If **we** do not receive **your** payment within 60 days, **your** cover will cease and **we** will cancel **your** policy.
6. **We** are not obligated to pay **benefits** for services provided to **you** during any period that **your** payments are not up to date.

### 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** policy:

- visit **us** at [www.allianzassistancehealth.com.au/ovhc](http://www.allianzassistancehealth.com.au/ovhc);
- or call 1300 727 193;
- or email **us** at [OVHC@allianz-assistance.com.au](mailto:OVHC@allianz-assistance.com.au).

## 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 the Department of Home Affairs
- (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.
- Any amount that **we** retain on these grounds is treated as a fee for processing **your** refund.
- Any bank or transfer costs associated with the refund of **premium** to an overseas financial institution will be borne by **you** and deducted from the **premium** refund.

## Adding a newborn child

To add a newborn child to **your** existing policy, **you** must provide **us** with their details within 60 days of their birth.

This might require **your** policy to be upgraded to a dual or multi family cover with additional **premium** payable. **We** will advise **you** of the additional **premium** when **you** provide **your** child's details.

If **we** are advised of **your** child's details within 60 days of their birth, cover for **your** child will commence from the child's date of birth and once **you** have paid the additional **premium**. Waiting periods are considered to be served for the same period that currently applies to the policyholder.

If **we** are advised of **your** child's details after 60 days from their birth, cover for the child will commence from the date **we** are advised of your child's birth and **you** have paid the additional **premium** (date of addition). **We** will not be obliged to pay **benefits** for any services provided to **your** child prior to the date of addition. Waiting periods will need to be served from the date of addition.

For further information, please refer to **our** website:

<https://allianzassistancehealth.com.au/en/helpcentre/ovhc/pregnancy-care/>.

## Hospitalisation

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

## 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**.

## 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.

## 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, Reciprocal Health Care Agreement or medical or health benefit scheme, or any other similar type of legislation required to be effected by or under a law.

## 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.

Any fraudulent misuse of **your** policy or card may result in **your** policy being cancelled and **your** details passed onto the relevant authorities. **We** will not be responsible for any expenses arising from the misuse of **your** card.

## Section three: 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 **Peoplecare** 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.

This helpline is for assistance only. **We** may be unable to confirm eligibility at the time of the call, and claims are subject to assessment.

### 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 better placed to access the best and most effective treatment for **you**. For information about the Australian healthcare system, visit: [www.humanservices.gov.au/customer/dhs/medicare](http://www.humanservices.gov.au/customer/dhs/medicare)

### General Practitioners (benefits apply to Standard, Mid and Top Working cover only)

If **you** are not in a medical emergency situation, the first point of contact is a **doctor**, also known as a general practitioner, **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 Working policy and **your** attendance at an accident and emergency department does not lead to **you** being admitted as an **in-patient**, no cover is provided under **your** policy for any costs charged for **your** accident and emergency attendance.

**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 **us** before attending a private hospital to see if **you** will be covered for the costs.

## 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 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 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 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 but not emergency department fees) 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** approximately 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 <https://allianzassistancehealth.com.au/en/find-doctor/>. **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 **doctors** may charge more than the **benefit** payable, in which case there will be an **out of pocket** cost to **you** for the part 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.

Step 1	Obtain a claim form by downloading and printing out a claim form from <b>our</b> website
Step 2	Complete the claim form in full. Please write clearly and sign the form ensuring <b>you</b> have clearly written <b>your</b> OVHC policy number on the form
Step 3	Attach <b>your</b> receipts to the claim form
Step 4	Scan and email a copy of <b>your</b> claim form and receipts to <a href="mailto:ovhcclaims@allianz-assistance.com.au">ovhcclaims@allianz-assistance.com.au</a> Or Post the claim form, copies of 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 credit** - into **your** nominated Australian bank account; or
- **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 '**out of pocket**' costs 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 required original documents. If **we** need additional information, a written request will be sent to **you** within 10 working days. For **hospital** claims, payment and remittance can take up to 30 days to process.

### **Making an Extras claim**

Claiming couldn't be easier!

**HICAPS** - just swipe **your** membership card at participating providers and we'll pay **your benefits** straight to the provider. You'll only have to pay the difference between what they charge and **our benefit**, and **you** won't have to submit a claim form.

If **you** aren't claiming by HICAPS, **you** can also lodge a claim form by email or post.

## Helpful services

### **Online services and information**

Simple and easy to use services and important information can be found on **our** website: [www.allianzassistancehealth.com.au/ovhc](http://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**.

## 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.

# Section four: Privacy notice



## We collect your personal information

To offer or provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Global Assistance', and our agents and representatives, collect, store, use, and disclose your personal information including sensitive information. We usually collect it directly from you but sometimes from others depending upon the circumstances and the product involved. For instance, we may collect your personal information from our business partners who may have provided you with a product or service including but not limited to travel insurance, roadside assistance with a vehicle purchase, Overseas Student or Visitor Health Cover, or other assistance services we arrange or provide. For example, your personal information may be collected from your family members and travelling companions, doctors, and hospitals if you purchase our travel insurance and require medical assistance. Likewise, we collect personal information from universities and your agents if you inquire about or apply for our Overseas Student or Visitor Health Cover. We are the 'data controller' and responsible for ensuring your personal information is used and protected in accordance with applicable laws including the Privacy Act 1988 and sometimes European Law (the GDPR) where our activities are within its scope. Personal information we collect includes, for example, your name, address, date of birth, email address, and sometimes your medical information, passport details, bank account details, as well as other information we collect through devices like 'cookies' when you visit our website such as your IP address and online preferences.

## Why we collect your personal information

We use your personal information to offer and provide our products and services and to manage your and our rights and obligations in connection with any products and services you have acquired. For instance, we use it to assess, process, and investigate any travel or health insurance claims, and to liaise with Government Departments when necessary. We may also use it for product development, marketing (where permitted by law or with your consent but not in connection with some products or services such as credit card insurances), customer data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations, and for other purposes with your consent or where permitted by law. We do not use sensitive information for marketing purposes or provide that information to any third parties for marketing.

## To whom do we disclose it

Your personal information may be disclosed to third parties (some of whom are data processors) who assist us to carry out the above activities both inside and outside of Australia, such as claims management providers, travel agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, universities and other education institutions, roadside assistance and towing providers, vehicle manufacturers, overseas data storage (including 'cloud' storage) and data handling providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, your bank if you are the beneficiary of the bank's credit card insurances, insurance reference bureaux, and our related and group companies including Allianz. Some of these third parties may be located in other countries including in Europe, Asia, Canada, or the USA. We also, where necessary, disclose your personal information to Government Departments including for immigration and private health insurance purposes as well as to regulatory bodies.

## Marketing

With the exception of credit card insurances and some other products and services that we offer or provide on behalf of certain clients, we may, where permitted by law or with your consent, contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, as well as offers from our business partners that we consider may be relevant and of interest to you. Where we contact you as a result of obtaining your consent, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

When you provide personal information to us about other individuals, we rely on you to have first obtained the individual's consent, and have made them aware of the matters set out in this Privacy Notice.

## Access

You may also (1) seek access to your personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor, and the parties to whom it may be disclosed; (2) ask us to correct and update your personal information, (3) ask for a copy of your personal data in an electronic format for yourself or for someone you nominate. You may in some circumstances restrict the processing of your personal data, and request that it be deleted. Where your personal information is used or processed with your specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw your consent at any time. You may not access or correct personal information of others unless you have been authorised by their express consent, or unless they are your dependants under 16 years of age.

If you have a request or complaint concerning your personal information or about data privacy, please contact: Privacy Officer, Allianz Global Assistance, PO Box 162, Toowong, QLD 4066, or email [DataPrivacyAU@allianz-assistance.com.au](mailto:DataPrivacyAU@allianz-assistance.com.au).

You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5218, Sydney, NSW, 2001, if you have a complaint.

For more information about our corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit our website at [www.allianz-assistance.com.au](http://www.allianz-assistance.com.au) and click on the Privacy & Security link.

If you do not agree with the matters set out in our privacy policy or will not provide us with the personal information we request, we may not be able to provide you with our products or services including the assessment and payment of any claims. In cases where we cannot comply with your request concerning your personal information, we will give you reasons why.

## **Allianz Global Assistance Overseas Visitors Health Cover**

### **Online services and information**

[www.allianzassistancehealth.com.au/ovhc](http://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

Level 16, 310 Ann Street Brisbane QLD 4000

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](mailto:OVHC@allianz-assistance.com.au)

[www.allianzassistancehealth.com.au/ovhc](http://www.allianzassistancehealth.com.au/ovhc)

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 policies.