



**HEALTHIER, LONGER,
BETTER LIVES**

Overseas Workers Standard Cover

Effective 1 August 2023.

This information is important, please read thoroughly. For more information please refer to your [Member Guide](#) or call us on 1800 161 170.

This is a summary of your cover. It includes important information about what hospital and medical services we pay benefits towards and what you are not covered for.

What hospital treatment and medical services are included in your cover

You may still incur out-of-pocket expenses above the amount we pay. Before booking your treatment, call us to find out the benefits you can expect to receive, and any out-of-pocket expenses you might incur.

Included service

An Included service is a service where we pay benefits towards overnight and same-day hospital accommodation, intensive care, and medical services, when a valid Medicare Benefits Schedule (MBS) item is billed. You'll need to pay any hospital excess applicable to your cover before we'll pay a benefit. You will need to pay for any gap between the total bill and what AIA Health pay.

Excluded service

If a service is excluded, this means that AIA Health does not pay any benefits towards the hospital, medical or other costs relating to that service.

Any hospital treatments for which Medicare pays no benefit – such as cosmetic surgery – are excluded from all AIA Health covers.

AIA Health does not pay any benefit towards the costs for medical examinations, x-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency.

Hospital cover

Hospital cover can pay towards services you receive when you're admitted to hospital and treated as a private patient for hospital admissions and procedures recognised by Medicare.

Here are the hospital services that are Included or Excluded under your cover.

Emergency ambulance transport by air, land and sea is also included.

Hospital treatments	Included (✓) or Excluded (✗)
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓

Hospital treatments	Included (✓) or Excluded (✗)
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery ¹	✓
Podiatric surgery (provided by an registered podiatric surgeon) ²	✓
Implantation of hearing devices	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✓
Assisted reproductive services	✗
Weight loss surgery	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓
Travel and accommodation	✓
Accidental injury	✓
Ambulance services	✓
Bone marrow transfusion or transplant	✗
Organ transplant	✗
Cosmetic surgery	✗
In-hospital medical services provided as part of an included service (e.g. surgeon and anaesthetist fees)	✓
Surgically implanted Medical Devices and Human Tissue products ³	✓

¹ For Dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and an MBS item is billed, we will pay benefits towards the hospital and medical charges.

² For Podiatric surgery we only pay benefits towards hospital charges. This includes benefits for hospital accommodation and approved prosthesis items. There are no MBS items for podiatric surgery. This means we also don't pay any benefits towards the podiatric surgeon's fees and theatre fees under Hospital cover and you could incur significant out-of-pocket expenses.

³ For an Included service, we'll pay the minimum benefit as listed in the Australian Government's Medical Devices and Human Tissue Products list.

Medical cover

Your cover includes benefits towards medical services provided by a doctor, that are listed in the government's Medicare Benefits Schedule (MBS). The MBS is a list of medical services and corresponding fees. We pay 100% of the MBS fee for:

- general practitioner (GP) consultations
- other medical services provided out-of-hospital (for example specialists, pathology and x-rays), except where that service is excluded under your Hospital cover
- in-hospital medical services provided as part of an Included service (for example surgeon and anaesthetist fees)
- allied health services billed with an MBS item number (for example eye checks and services related to chronic disease management plans), except psychology services.

You must pay any difference between the benefit we pay and the actual fee charged by the doctor.

Out of hospital medical services	Included (✓) or Excluded (✗)
GP consultations	✓
Specialist consultations	✓
Pathology (e.g. blood tests)	✓
Radiology (e.g. x-ray scans)	✓
Allied health services	✓
Out-of-hospital pharmaceutical benefit	✓
Outpatient pregnancy services	✗
Outpatient psychiatric services	✗
CPAP-type devices ⁴	✓

⁴ Up to \$500 benefit per member every 5 years towards the hire or purchase of an approved Continuous Positive Airway Pressure (CPAP)-type device. Conditions apply, refer to your Member Guide.

Your hospital cover explained

Excess

Your excess is the amount that you must contribute towards the cost of any hospital treatment during any calendar year. This product has excess options of \$500 and \$750. The excess applies per member, per calendar year and it doesn't apply to child or student dependants covered under a family or single parent policy.

Waiting periods

Waiting periods are the period of time during which a member is not entitled to the benefits of the policy. Waiting periods can apply when changing your cover to include new or upgraded services. If you're switching to AIA Health from another equivalent policy, you won't need to re-serve waiting periods already served with your previous Australian health insurer.

A newborn can be added to a family/single parent membership without waiting periods provided that the policyholder has held the policy for more than two months, and that the baby is added within six months of birth. The join date will be effective as at the newborn's date of birth.

Other child dependants added to a policy will be subject to new waiting periods. This includes children added more than six months after birth, adopted children, foster children and step children. Normal portability rules will apply in the case where a child is transferring from another Australian health insurer.

We will recognise waiting periods already served for equivalent services with your previous Australian insurer when you switch to AIA Health.

We may, at our sole discretion, recognise waiting periods already served for equivalent services with your previous overseas insurer when you switch to AIA Health. Please refer to the Member Guide for more details.

The following waiting periods apply for all treatments that are not excluded:

Waiting period

12 months	<ul style="list-style-type: none">• Pre-existing conditions, ailments or illnesses• Pregnancy and birth (obstetrics)
2 months	<ul style="list-style-type: none">• Rehabilitation• Hospital psychiatric services• Palliative care
1 day	<ul style="list-style-type: none">• Ambulance services
None	<ul style="list-style-type: none">• All other hospital admissions included on your cover

Private patient in a public hospital or private hospital

If you receive treatment as a private patient in a public hospital or in a private hospital that AIA Health has an agreement with, for services included in your level of cover, AIA Health will generally pay for the cost of this treatment. Where specified within your cover, a lower benefit may apply for some items (for example, surgically implanted Medical Devices and Human Tissue products). Where you are charged more for those items than the benefit paid by AIA Health, you'll have an out-of-pocket cost.

If you receive treatment in a private hospital that AIA Health does not have an agreement with, for services included in your level of cover, AIA Health will only pay a minimum level of benefits. The minimum level of benefits are at the Minimum Benefit rate (an amount set by the Federal Government).

Travel and accommodation

Your Travel and Accommodation benefit can be used to claim towards the travel and accommodation costs of either yourself or a carer (if applicable) if you are admitted to a hospital far away from your home. Benefits are only eligible where the round trip is at least 200km within Australia. Benefits are capped at \$50 per day for accommodation and 15 cents/km for travel for you and your carer when traveling together.

Accidental injury

All AIA Health products include cover to be treated in an agreement private hospital for injuries sustained through an accident. An accident is an unforeseen event – occurring by chance and caused by an external force or object – which results in involuntary injury to the body requiring immediate treatment. An accident does not include any unforeseen conditions, the onset of which are due to medical causes nor does it include pre-existing conditions, falling pregnant or accidents arising from surgical procedures. For an accident to be covered, treatment must be sought through a doctor or an Emergency Department within 48 hours of sustaining the injury.

Ambulance services

AIA Health will cover you for ambulance transportation when medically necessary for admission to hospital, emergency treatment onsite, or inter-hospital transfer for emergency treatment. This includes inter-hospital transfers that are necessary because the original admitting hospital does not have the required clinical facilities. It does not extend to transfers due to patient preferences.

You are covered for circumstances when immediate hospital or on-site treatment is required for a serious and acute injury or condition where the viability or function of an organ or body part is threatened.

In-hospital pharmaceuticals

AIA Health will pay benefits towards the cost of eligible pharmaceuticals provided as part of your treatment in hospital for an included service, after a contribution amount has been deducted. A contribution amount is an amount you are required to pay towards the cost of an eligible pharmaceutical item, which is aligned to the PBS co-payment and indexed annually.

However, no benefit is paid under your Hospital cover for medications dispensed upon being discharged from hospital (unless they form part of the admitted episode of care), high-cost medications (for example, some drugs not on the PBS such as certain Chemotherapy drugs) and experimental drugs (for example, a drug not on the Therapeutic Goods Administration list). This means you may have large out-of-pocket expenses. Please contact us to understand what benefits may be payable towards these medications under your policy.

AIA Health may pay a benefit for some non-PBS pharmaceuticals in hospital under special circumstances as part of an ex-gratia request made by the treating clinician. Please see the Member Guide for more details or contact us to understand what benefits may be payable towards these pharmaceuticals under your policy.

Common and Support Services

There are a number of Medicare Benefits Schedule (MBS) items that will also be included to support the services under this cover where a benefit is payable. These may include items like in-hospital consultations and some scans, tests and anaesthetics that are associated with your hospital admission.

Public hospital accident and emergency departments

If you need to attend a public hospital accident and emergency department, we'll pay 100% of any 'facility fee' charged by the hospital for attending their accident and emergency department.

The fee may not include all medical services provided and out-of-pocket expenses may apply such as for x-rays, blood tests and any charges raised by the doctor above the benefit we pay.

Your medical cover explained

Waiting period

12 months	• CPAP-type devices
2 months	• Out-of-hospital pharmaceutical benefit
No waiting period	• Out-of-hospital services (excluding CPAP-type devices)

* In some instances a pre-existing check may apply

Out-Of-Hospital Pharmaceutical Benefit

AIA Health will pay benefits towards all non-PBS Pharmaceuticals and travel vaccines provided in Australia through a medical practitioner via private prescription of up to \$40 per item, after the PBS threshold, up to an annual limit of \$300 per person per calendar year.

Pharmaceutical benefits are only payable on drugs that are registered and labelled with an AUSTR number on the Australian Register of Therapeutic Goods and are a Schedule 4 or Schedule 8 class drug, as outlined in the Poisons Standard that has been prescribed in accordance with relevant State or Territory legislation.

Other benefits of your cover

Repatriation or Funeral Expenses

If you or any person on your membership sustains a substantial life-altering disability or a serious medical condition, as determined by us or by a Medical Practitioner appointed by AIA Health, and that person needs to return to their home country, we may pay up to \$100,000 towards the reasonable cost of travel with appropriate medical supervision.

In the unfortunate event of death, we'll pay up to \$10,000 towards the reasonable cost for the repatriation of mortal remains (excluding ashes following a cremation) of you or anyone else on your membership to that person's home country if legally permissible. Alternatively, if the deceased is being buried or cremated in Australia, we'll pay up to \$10,000 towards the reasonable costs of their funeral in Australia.

A 2-month waiting period applies for the repatriation or funeral expenses benefit. This waiting period is extended to 12 months if related to pre-existing conditions, ailments or illnesses.

Conditions apply, call us on 1800 161 170 to understand the requirements of this benefit.

Please also refer to our Overseas Visitors Health Cover Member Guide and our Overseas Visitors Health Cover Fund Rules for more information on the various requirements of this benefit (including details on maximum benefit payable, waiting periods, exclusions and other relevant factors).

Choice of treating doctor or specialist

You can choose your doctor or specialist when you're treated in hospital as a private patient.

Other services for OVHC members

24/7 Health Line

Receive phone-based information and assistance at any time of the day with our trusted partner Nationwide Helpline Services (NHS). Calls to the NHS Health Line are free, providing AIA Health OVHC members access to information and assistance about non-emergency medical problems and translation services when they need it.

Depending on the situation, NHS may refer members to seek medical treatment or offer additional services. Before entering a contract or paying a fee, members are advised to check with NHS to understand if there are any cost you may incur.

To access the NHS Health Line, call 1800 566 091. For emergencies, call Triple Zero (000).

AIA Health may make changes to this cover from time to time, including to add, remove or reduce the benefits or services available to members. Changes will be made in accordance with the Fund Rules and Member Guide. Please call us on 1800 161 170 for further details.