

Hospital & Medical Cover

Comprehensive Working Visa



Our top level of Visitors Cover, perfect for those who want to ensure complete peace-of-mind while working in Australia.

It includes a private room (subject to availability) in a public or HIF contracted private hospital, your choice of doctor or specialist, visits to the GP, ambulance trips, and more. This cover also includes an optional \$500 excess in order to reduce the cost. You will only pay the excess once per person per year and only for overnight stays in hospital.

Note: Comprehensive Working Visa Cover is only available to international visitors to Australia on a working visa, less than 65 years of age.

What's included, not included or restricted?

Rehabilitation	✓	Lung & chest	✓
Hospital psychiatric services	✓	Blood	✓
Palliative care	✓	Back, neck & spine	✓
Bone Marrow and Organ Transplants	✓	Plastic & reconstructive surgery (medically necessary)	✓
Brain & nervous system	✓	Dental surgery ¹	✓
Eye (Not cataract)	✓	Podiatric surgery ² (provided by a registered podiatric surgeon)	✓
Ear, nose and throat	✓	Implantation of hearing device	✓
Tonsils, adenoids & grommets	✓	Cataracts	✓
Bone, joint & muscle	✓	Joint replacement	✓
Joint reconstructions	✓	Dialysis for chronic kidney failure	✓
Kidney & bladder	✓	Pregnancy and birth	✓
Male reproductive system	✓	Assisted reproductive services	✓
Digestive system	✓	Weight loss surgery	✓
Hernia & appendix	✓	Insulin pumps	✓
Gastrointestinal endoscopy	✓	Pain management with a device	✓
Gynaecology	✓	Sleep studies	✓
Miscarriage & termination of pregnancy	✓	Ambulance ³	✓
Chemotherapy, radiotherapy & immunotherapy	✓	Repatriation	✓
Pain management	✓	Access Gap Cover	✓
Skin	✓		
Breast surgery (medical necessary)	✓		
Diabetes (excluding insulin pumps)	✓		
Heart & vascular systems	✓		

Key: ✓ = included ✗ = not included

¹ Please note: If you undergo surgery by a recognised dentist in a hospital, you may be able to claim benefits for theatre, accommodation and anaesthetist costs. Benefits towards your dentist's fees will only be paid if you also hold a suitable Extras product and have served all relevant waiting periods in addition to your Hospital cover.

² Limited benefits apply to Podiatric Surgery, and you may incur significant out of pocket expenses. Please refer to the Health Cover Guide for more information.

³ Not covered for
 - Transportation from a hospital to your home, nursing home or other hospital.
 - Transportation for ongoing medical treatment.
 - Off road or air ambulance (e.g. plane, helicopter or boat).

What's included or not included – Outpatient Medical Services

Outpatient pregnancy services [^]	✓
GP consultations [^]	✓
Specialist consultations [^]	✓
Pathology (e.g. blood tests) [^]	✓
Radiology (e.g. x-ray scans) [^]	✓
Allied health services	✗
Outpatient psychiatric services [^]	✓
Pharmacy PBS items*	✓

[^] Benefits paid up to 125% of the Medicare Benefit Schedule fee (MBS).

* Benefits paid at 50% up to \$500 per person per calendar year on PBS (Pharmaceutical Benefits Scheme) and Non-PBS items that are part of the TGA listing.

Waiting periods

Waiting periods (the time you need to wait before you can claim) are necessary for all services. Our waiting periods are:

- **Emergency Ambulance** – 1 day
- **Non-Emergency Ambulance** – 30 days
- **Psychiatric care, rehabilitation and palliative care regardless of whether or not the condition is pre-existing** – 2 months
- **All treatment related to a pre-existing condition** – 12 months
- **Pregnancy and birth** – 12 months
- **All other treatments** – no waiting period.

Important, please note: Waiting periods are effective from your arrival into Australia. For example, if your policy start date is January 1, however you do not arrive into Australia until March 1 – your 12-month pre-existing waiting period will end on March 2 the following year.

Does a hospital excess apply?

For Comprehensive Working Visa, applying an excess is optional. That means you have the choice to apply no excess to your policy, or you can choose \$500 excess.

Single memberships:

- \$0 or \$500 per calendar year.

Couple/family policies:

- \$0 or
- \$500 per person up to a policy maximum of \$1,000 per calendar year.

If you do select an excess, you'll only need to pay the excess per-person per calendar year if admitted to hospital for overnight stays.

What is a pre-existing condition

The Pre-existing Condition Rule is a 12-month waiting period for hospital treatment relating to a pre-existing condition – it's a rule that applies whether the ailment, illness or condition was known to the member or not.

A pre-existing condition is defined as, 'Any ailment, illness, or condition where, in the opinion of a medical adviser appointed by the health insurer, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy.'

The pre-existing condition waiting period applies to new members and existing members upgrading their cover. The test applied under the law relies on the presence of signs or symptoms of the illness, ailment or condition, not on a diagnosis (i.e. it's not necessary for the member or their doctor to know what their condition is or for it to be diagnosed).

In forming an opinion about whether or not an illness is a pre-existing condition, an HIF appointed medical practitioner will take into account information provided by the member's treating doctor.

What's not covered?

- Any cosmetic service for which Medicare would not pay a benefit to Australian permanent residents (e.g. cosmetic surgery not medically necessary).
- Services outside of Australia or arranged prior to coming to Australia.

What is repatriation?

Repatriation is the process of returning an eligible international member to their home country because they are terminally ill or suffer from a substantial life-altering illness or injury. In that instance, we will pay a contribution towards the cost of their return travel with another family member and a professional who is qualified to provide medical supervision. In the event of a member passing away while visiting Australia, the deceased person's mortal remains may be repatriated to their home country if legally permissible. On Comprehensive Working Visa Cover, the repatriation benefit is \$50,000 per person, per lifetime.

Other situations when you will not be covered by HIF include:

- When you receive treatment for a service that you're still serving waiting periods for.
- Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment.
- Hospital treatment for which Medicare pays no benefit. This includes in-hospital services such as experimental treatment and or procedures, Medical Devices and Human Tissue Products and respite care.
- Any personal expenses not covered by your HIF policy such as: pay TV, internet access, phone calls, newspapers, or meals ordered for visitors.
- When your policy is suspended, unfinancial or cancelled.
- Where compensation, damages or benefits for medical treatment can or have been claimed from a third party; such as workers compensation, public liability sources, your employer or any other insurance policy.

What services are covered if you are not admitted to hospital?

Under Australian legislation, services provided in the emergency department of a hospital are defined as 'outpatient medical' and not deemed to be a 'hospital treatment'. All outpatient medical (doctor) bills are included, as are public or private hospital emergency department fees. So that's full cover up to 125% of the Medicare Benefit Schedule fee (MBS) although some doctors may charge over 125% of the MBS which means you will need to pay these out of pocket expenses yourself. This includes consultations with doctors and specialists, radiology, and pathology.

Do you have to pay anything if you are admitted (as an inpatient) into a hospital or day facility?

There's no excess unless you've chosen to apply an optional \$500 excess to your policy, which applies per person, per overnight admission, up to a maximum of \$1,000 per family policy. You are fully covered for all inpatient medical (doctor) bills up to the Medicare Benefit Schedule Fee (MBS). The MBS is the schedule of fees set by the Australian Government for standard medical services. As an overseas visitor with HIF insurance, you'll be covered for up to 100% of the Medicare Benefit Schedule (MBS) fee if you are admitted (as an inpatient) in to a hospital or a day facility. If your doctor charges more than the MBS fee, you'll need to pay the difference. We recommend you contact us before going into hospital to find if you will incur an out of pocket expense.

How does the health system work in Australia?

We have a health system that combines public and private health care services. Medicare is the public health care system, which provides limited cover for visitors from countries that have a reciprocal agreement, but only for emergency treatment, and only under certain conditions. In any case, with Medicare you aren't able to choose your doctor and you won't be covered for:

- Treatment in a private hospital
- Non-emergency visits to the doctor
- Ambulance transportation

Make sure you read our Health Cover Guide

It's important that you read our Health Cover Guide. It's full of information about Hospital cover, from benefits through to waiting periods, pre-existing conditions, further exclusions and contracted (or 'agreement') private hospitals. Download a copy now from hif.com.au/visitors

Got a question?

Visit our handy online knowledge base for 24/7 access to a wealth of information. Visit hif.com.au/help to get started or call us on **1300 134 060**.

Important

HIF reserves the right to decline or refuse an application for overseas visitors health cover at any time.