

Important things to know – terms and conditions

Overseas Visitors Cover

Effective from 1 April 2020

Member eligibility

You may purchase our Overseas Visitors Cover if you are;

- a resident of an overseas country and visiting Australia on a temporary basis,
- a citizen of an overseas country intending to reside permanently in Australia,
- a citizen of Australia who is residing overseas for greater than 5 years,

provided that in all cases you are ineligible for full Medicare benefits.

Evidence to support any information contained in your application, such as identity, nationality or age may be required at our discretion.

If you are already eligible for or become eligible for full Medicare benefits, you are no longer entitled to hold an Overseas Visitors Cover. Please contact us immediately on **1300 683 782** to arrange a more suitable cover.

Membership types

- A single membership covers one person (the member) only.
- A couple's membership covers the member and their spouse, de facto spouse or partner
- A single parent family membership covers the member and one or more eligible dependent children.
- A family membership covers the member and their spouse, de facto spouse or partner and dependent children.

Dependants/Students

A dependant is a child aged up to 23 years old that is unmarried or not in a de facto relationship. Dependants can continue to be covered under the family membership as a Student Dependant up until the age of 25 years, while they remain unmarried or not in a de facto relationship and continue to attend a full-time course of study at a school, college or university subject to any conditions attached to their visa.

You can download the 'Student Dependant' guide for more details from australianunity.com.au/downloads

Note, Australian Unity doesn't have any covers suitable for visitors on Student Visas.

Visa requirements

As an overseas visitor, it's your responsibility to understand the type of visa requirements you need to meet, as set out by the Department of Home Affairs (DHA) and to ensure that the health cover purchased meets these requirements.

Transferring from another Australian health fund

If your previous cover was provided by an insurer outside of Australia, you will be considered as a new member and any applicable waiting periods will apply.

If you are transferring from another registered Australian private health insurance fund, you need to purchase health cover with us within 30 days of cancelling your old hospital or extras cover and provide a Transfer Certificate from your previous insurer for us to recognise the waiting periods you have already served.

Depending on the cover you purchase with us and the period of cover you've held with the other insurer, we will recognise the following;

- **Non-working Visitors Cover:** the initial two-month waiting period will be waived.
- **Working Visitors Cover:** any applicable waiting periods already served will be waived.
- **Extras Cover:** years of membership and extras benefits paid with another Australian registered private health insurance fund will be taken into account when calculating waiting periods and extras benefits payable by us.

Waiting periods

Generally, you may claim on services received from the commencement of your cover, except where waiting periods apply as outlined in your Overseas Visitors Cover Fact Sheet.

Waiting periods apply when you join, upgrade your cover, reduce your excess or re-join after a break in cover.

If you upgrade your cover, you can claim the higher benefits for services received, except where a waiting period applies. In this case, if you'd served your waiting periods under your previous cover, we'll pay benefits equivalent to that cover until the waiting period on your new level of cover has been served.

Pre-existing conditions

The waiting period on pre-existing conditions is applied to protect our existing membership against claims made by new members, or those who have upgraded their cover, for ailments, illnesses or conditions that they had before joining or upgrading their cover which may require immediate treatment. Applying the waiting period assists insurers manage the risk of members joining the fund only to make such a claim and then leave after claiming.

Refer to your Overseas Visitors Cover Fact Sheet for more information as selected covers do not pay any benefits for treatment of pre-existing conditions.

A pre-existing condition is an ailment, illness or condition that in the opinion of a medical practitioner appointed by Australian Unity (not your own doctor), the signs or symptoms of that ailment, illness or condition existed at any time in the period of six months ending on the day on which you joined Australian Unity or upgraded your cover, irrespective of whether you were aware of it.

Contact us to discuss if the pre-existing condition waiting period applies to you prior to booking any hospital procedures or outpatient services. We need up to five working days to carry out the initial pre-existing condition assessment, after receiving information about any signs and symptoms related to your condition from your first consulting medical practitioner.

Managing your membership

Changing your cover

You can change your level of cover at any time over the phone by calling us on **1300 683 782**.

Upgrading your cover means increasing your level of hospital or extras benefits or reducing your excess. You

may have to serve new waiting periods for services you weren't previously covered for.

If you become eligible for full Medicare benefits, contact us immediately to arrange alternative cover as you will no longer be entitled to hold Overseas Visitors Cover.

Planning a family

Contact us if you are planning for a baby. We can check your level of hospital cover to see if it includes benefits for pregnancy and related services. Checking your cover is also important because a 12 month waiting period applies for pregnancy and related services. Please refer to your Overseas Visitors Cover Fact Sheet.

Already have a Family, Single Parent Family or Couple membership? Let us know about your newborn within 12 months of the birth and we'll add your child to your membership and they won't have any waiting periods.

Still on a single membership? You have 30 days from the birth date to upgrade to a Family or Single Parent Family membership and include your newborn from their birth date to avoid them serving any waiting periods.

These changes will be made effective from the baby's date of birth and you will be required to back pay any difference in premium.

Otherwise, if your baby needs to be admitted to hospital, waiting periods or exclusions for pre-existing conditions will apply from the date you changed to a Family or Single Parent Family membership. Please refer to your Overseas Visitors Cover Fact Sheet for waiting periods and exclusions.

Premiums

Unless otherwise offered or agreed by Australian Unity, your premiums are payable monthly, or in monthly multiples, in advance. If you pay for a period in excess of 12 months, we may only accept payment for a period of 12 months and refund you the remainder. Advance payments do not fix the terms and benefits of your product, which we can change at any time with appropriate notice and in accordance with Australian Consumer Law.

For some of our Overseas Visitors Covers, the premiums for the membership are set based on your age at the time of joining. It is the oldest person under that membership that will be used to determine the premium tier payable.

Making claims

The benefits, yearly limits and excesses on your cover are calculated from 1 January each calendar year. The conditions and benefits payable for your claims are based on the date the service was received. When faxing, emailing or submitting a claim online, you should retain your original receipts for at least two years.

We will only pay on claims you have made for products and services purchased within Australia and are limited to the insured rate or the actual amount charged, whichever is less. If your membership falls into arrears or is suspended, we will not pay your claims for services received during that period.

Remember to send your claims to us promptly as we will not pay on any claims submitted more than two years after the date of service.

Compensation

Australian Unity benefits are not payable for claims where you have the right to claim compensation, damages or benefits from another source, now or at a later date, so it is in your interest to pursue that entitlement. Where it becomes known that you have, or may have a right to compensation, you are obliged to:

- inform us as soon as you know or suspect that such a right exists; and your decision to claim compensation
- include in any claims for compensation the full amount of all expenses for which benefits are, or would otherwise be, payable by us keep us updated as to the progress of your claim; and
- let us know as soon as practicable the determination of settlement of the claim or the establishment of a right to receive compensation

Australian Unity at its absolute discretion may require you or a person under your membership in respect of whom a claim maybe otherwise payable, to sign an irrevocable undertaking.

This means where we have paid on related claims and you have received compensation from another source, you will be required to reimburse us. Please contact our Customer Service team for advice concerning compensation claims.

Claim quality reviews

Australian Unity is committed to keeping fund premiums to a minimum, and one way of doing this is to ensure that claims for treatment or services raised by healthcare providers are charged and the benefits paid are accurate and correct. Australian Unity may undertake audits of hospital or extras claims, and may contact you to assist or seek written consent. Your details will be kept confidential at all times.

Suspension of membership

If you're travelling overseas for an extended period or returning back to your home country temporarily, you may be able to apply to suspend your membership, depending on your level of cover. Your application must be received in advance of your departure from Australia, and your membership must be paid in advance by at least one month of the requested suspension date.

If eligible, the criteria for temporary suspension are:

- Minimum period of membership – 3 months
- Minimum suspension time – 1 month
- Maximum suspension time – 12 months
- There must be a 12 month period between suspensions.

We will not pay for any hospital or extras services that occur during the suspension period. Waiting periods cannot be served while a membership is suspended.

Contact us to check if your membership is eligible for a temporary suspension under your level of cover.

Minimum Duration of Cover

The minimum duration of your cover is one month. Where a request to cancel your membership is received within one month of commencing cover, there shall be no refund of the first month's premium. Any monies you have paid beyond the first month will be refunded in accordance with Australian Unity's Refund Policy.

Cancellation of a membership

You have the right to cancel your membership at any time. If you are considering cancelling your membership, please contact our Customer Service team as we may be able to offer you other options.

If your reason for cancellation is due to a visa not being granted, we will refund your policy payment. A copy of the letter of visa denial must also be forwarded with the cancellation request.

Where, in the opinion of the fund there are sufficient grounds to do so, Australian Unity may terminate or suspend your membership at any time by giving you written notice, and may refund any premiums you have paid beyond the cancellation date.

Refund policy

If you cancel your membership after the Minimum Duration of Cover period has passed (one month), we will refund monies you have paid beyond the cancellation date.

In the case of visa denials, a refund of monies paid will be provided where you have been unsuccessful in obtaining an entry visa to Australia. A copy of the letter of visa denial must also be forwarded with the cancellation request.

Membership arrears

Keeping your health membership active is important, therefore your premium payments should always be paid in advance. If you don't make a payment and your membership falls into arrears for a period of more than 60 days, your cover will be cancelled and all entitlement to claim benefits will cease.

Hospital cover

Hospital accommodation

Cover for hospital accommodation under your policy includes costs for the hospital bed, theatre fee and, if applicable, 100% of the minimum cost for Government approved surgical prosthesis and patient meals while you're an admitted patient at either a private or public hospital. We will cover you at the insured rate for 365 days of the year, where your medical provider certifies that you still need ongoing acute care, or until your overall yearly maximum policy limit has been reached. Additional services such as telephone calls and internet usage charges are not covered under these policies.

Exclusions

If you select a hospital cover that has treatment listed as 'Excluded' or 'Not Covered', this means that we will not pay anything towards the costs you incur for that treatment. This can result in you incurring large out-of-pocket expenses. Always refer to your Overseas Visitors Cover Fact Sheet for more details about your hospital cover entitlements.

Restricted Cover

To lower your hospital premium, some hospital services on your cover may be listed as 'Restricted'. This means that we will pay limited benefits for your hospital accommodation and theatre fees. Large out-of-pocket expenses may apply.

Refer to your Overseas Visitors Cover Fact Sheet to confirm which services may be restricted. Contact Australian Unity before undergoing any treatment.

Excess

In exchange for a lower premium, an excess is a set amount of money you agree to pay towards the hospital accommodation costs if you or a family member is admitted to hospital. The excess is applied in accordance with your level of cover. Please check your Overseas Visitors Cover Fact Sheet to confirm how much excess you'll have to pay.

Accident

Accident means any injury sustained as a result of unintentional, unexpected actions or events, which requires medical attention from a registered medical practitioner within seven (7) days of the event, but excludes injuries arising out of: surgical procedures; unforeseen illness; pregnancy; drug use; and aggravation of an underlying condition or injury.

Where a cover offers Accident Cover, to be eligible, the accident must have occurred after you joined the level of cover. The provision of accident benefits is at our discretion; we will ask you to complete an accident declaration and your doctor to complete a medical report. The decision will be based on supporting documentation as required by Australian Unity.

Pharmaceuticals

Pharmaceutical drugs are covered up to a dollar value limit as specified on your Overseas Visitors Cover Fact Sheet. We'll only pay for drugs provided in hospital that are included under the agreement with the hospital and listed under the Pharmaceutical Benefits Scheme (PBS) for your specific condition.

We won't cover you for high cost or experimental drugs that are not listed under the PBS and are not Therapeutic Goods Administration (TGA) approved for use for the specific condition. We will not pay for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes.

Under selected covers we'll also pay some costs on pharmaceutical scripts provided out of hospital. You will be required to contribute an amount equivalent to the maximum general patient charge as noted on the PBS website prior to us paying your claim.

Emergency Department

Services provided in the Emergency Department at a hospital is deemed in Australia to be an out-of-hospital service. This is because you are not an admitted patient while receiving treatment.

Subject to your chosen level of cover, we may contribute to the cost of treatment at a hospital Emergency Department when it precedes a hospital admission.

Ambulance

Ambulance benefits are payable in accordance with your level of cover. Refer to your Overseas Visitors Cover Fact Sheet to confirm when benefits are payable. Some Overseas Visitors Covers only include benefits for emergency ambulance transportation. To be eligible for this benefit, the account must be coded and billed as an emergency by the state or territory's relevant ambulance authority.

We recommend, where available, that you purchase a stand-alone Ambulance cover or an Ambulance Subscription with your applicable State Ambulance provider. (VIC, SA, NT and rural WA).

For some Overseas Visitors Covers, we will pay for ambulance transportation that is 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.

For some Overseas Visitors Covers, we will also pay for on-the-spot treatment where an ambulance service has attended to you but not transported you to hospital.

We won't pay ambulance transportation charges where you are covered under an ambulance subscription scheme or the transportation is claimable from another source.

Medical cover

As a private patient, you can have the choice of your own doctor at a private hospital or public hospital, if available. Fees charged by your specialist, surgeon and anaesthetist for treatment received while you're in hospital will be billed to you.

On selected covers, we may also pay benefits for medical claims incurred out of hospital, such as a general practitioner (GP) consultation. The amount of benefits we pay towards your practitioner's fees either in hospital or out of hospital is detailed in your Overseas Visitors Cover Fact Sheet. The reference document we use to determine the amount we pay for all eligible medical claims is the Medicare Benefits Schedule of Fees and Services.

Australian Unity's Medical Gap Cover Scheme is not available to Overseas Visitors Covers. You may have an out-of-pocket cost if your medical practitioner charges more than what is paid by Australian Unity.

Extras cover

What's covered

Extras cover allows you to claim on services such as dental, physiotherapy, optical, remedial massage and acupuncture. You can claim for these types of services where it is offered under the level of cover you have chosen and the treatment was given by a recognised provider in private practice. The benefits you can claim are outlined in your product Fact Sheet and the criteria are set out in our Fund Rules which are available online at australianunity.com.au/importantdocuments

When making a claim you must submit an original account (not photocopies) or take a photo of an original account detailing the date of service, the item number, the description of service and the cost.

Claims for artificial aids/appliances such as a C-PAP and TENS require a health practitioner's referral stating the condition being treated, to accompany the claim.

What's not covered

Extras benefits will not be payable:

- where treatment is provided by a practitioner not in private practice
- where a provider is not recognised by us
- for any claims, where the treatment is rendered by a provider to themselves, their partner, dependant, business partner or business partner's partner or dependant. Where the service includes a cost for materials, we may consider payment towards the purchase and supply of those materials.
- when provided in a public hospital
- where Medicare, an Australian Government body or third party provide a benefit
- where services are delivered online or over the telephone, unless part of an approved Australian Unity chronic disease or health management program
- where more than one treatment or consultation has been charged per patient, per practitioner, per day
- where you have reached your yearly maximum limit, including lifetime limits and benefit replacement periods
- where treatment is not included under your cover
- where treatment is subject to a waiting period
- for services or items rendered/or purchased outside of Australia

- for any claims submitted more than two years after the date of service
- for any claims containing false or misleading information or where the service or treatment has been incompletely or incorrectly itemised

Benefit replacement periods

For claims on certain types of artificial aids or devices (like sets of dentures), we apply a set period of time you have to wait until you can claim further benefits towards the purchase of a replacement of that particular aid or device. These are called "benefit replacement periods", and vary depending on your level of cover. For example, you can only claim once during the period for the replacement of a set of dentures, regardless of whether you have reached your yearly limit. A "benefit replacement period" applies where your product Fact Sheet says something like, "1 set every 3 years".

However, for claims on most types of artificial aids or devices, whether the claim is for a replacement doesn't matter because we just apply a longer period of time over which the yearly dollar limit applies for that particular aid or device (noting the yearly limit still applies for groups of aids/devices).

For example on some policies, the maximum dollar limit only resets every two calendar years for devices like blood glucose monitors. During this time you can still claim benefits towards another blood glucose monitor up to the set limit, which resets every two calendar years. Where this applies, your product Fact Sheet will say something like "Benefit for each item is payable every 2 calendar years."

Recognised providers

Recognition of providers for payment of your claims is based on our criteria. This includes providers being a member of an appropriate board in their field of practice and operating in private practice. If a provider is not recognised or has been de-listed, benefits will not be payable for their services. Recognition by Australian Unity is for benefit payment purposes only and should not be taken or construed in any way as sponsorship, approval of, or any recommendation as to the qualifications and skills of, or services provided by, a practitioner or therapist. Before commencing treatment, find out if your provider is recognised by calling us on **1300 683 782**.

Additional information

Changes to your cover

We may at any time make changes to your cover. This may include the premium and adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice in accordance with our Fund Rules and the Australian Consumer Law prior to the changes taking effect. If you do not wish to continue under the changed cover, you have the option of transferring to a different cover or cancelling your membership. If you do cancel, you're entitled to a refund of any premiums paid in advance as long as you have met the Minimum Duration of Cover (see page 3).

GST

A Goods and Services Tax (GST) applies (currently 10%) to Overseas Visitors Cover in accordance with A New Tax System (Goods and Services Tax) Act 1999. GST does not apply to other types of private health insurance cover. GST is included in your premium.

Becoming a health fund member

Subject to you meeting the membership eligibility criteria determined by the Board of Australian Unity Limited ('AUL') the Board of AUL may determine that you will become a member of AUL. By becoming a private health insurance policyholder, you consent on behalf of yourself and the other members on your policy, to become a member of AUL and agree to be bound by the constitution of AUL, in particular, you agree to contribute an amount not exceeding \$1 to the property of AUL in the event of AUL being wound up while you are a member of AUL or within 1 year afterwards as set out on the constitution of AUL. OVC membership alone will not entitle you to AUL membership but holding an Extras product may.

Summary of terms and conditions

This brochure contains only a summary of the fund rules. The complete rules of the health fund are set out in full within the terms and conditions of membership and liability under the fund. These rules are available for inspection at Australian Unity, 271 Spring Street, Melbourne, 3000.

We welcome your feedback.

We are committed to resolving complaints in a fair and efficient manner and view feedback as a vital opportunity to improve our services, products and policies. If you are dissatisfied with any aspect of Australian Unity's service, your health cover or feel that our service has failed to meet your expectations, we would appreciate hearing from you.

To commend us on our service or to lodge a complaint, contact our customer service team via one of the options below.

Phone: 1300 683 782

Online: australianunity.com.au/email

Mail: Australian Unity

271 Spring Street, Melbourne VIC 3000

We also have escalation procedures in place to address your complaint. If you have a complaint, Australian Unity will endeavour to acknowledge your complaint within two business days of receipt of your complaint.

If I have a complaint, how will it be handled?

Australian Unity is committed to resolving your complaint the first time you contact us. We understand that it is important to listen to you and address each of your concerns.

We encourage you to discuss your complaint with the first Customer Service Representative you speak with, however, if you are not satisfied with their response, your complaint will be escalated to their manager to review and resolve. We are confident that in most cases, our Customer Service staff will address your concerns to your satisfaction.

If you are not satisfied that your complaint has been fully resolved, you have the option of escalating service and product related matters to a case manager within Australian Unity's Customer Experience department.

The case manager will investigate your complaint and attempt to resolve your complaint within five business days upon receipt of your complaint.

What if I am not entirely satisfied with the handling or resolution of my complaint?

Where possible we like to resolve the issue directly with you. If you believe that Australian Unity has not made reasonable attempts to address your complaint or you are not satisfied with our resolution and your complaint relates to a private health insurance policy, you can contact the Private Health Insurance Ombudsman.

This organisation is an independent office, appointed by the Australian Government, whose services are free to all health fund members. The Private Health Insurance Ombudsman handles enquiries, suggestions and complaints and will assist you in resolving a dispute. For more information on this service visit phio.org.au

If you wish to contact this service you may do so via any of the following channels:

Phone: 1300 362 072

Online: ombudsman.gov.au

Mail: Private Health Insurance Ombudsman
Office of the Commonwealth Ombudsman
GPO Box 442, Canberra ACT 2601

To ensure you have the best possible customer experience, please make sure that you:

Gather all supporting documents and information relating to your complaint, think about any questions you need answered that will help resolve the issue more efficiently.

Your privacy

As a member, your personal information and those of other members under your membership, are managed in line with our Privacy Policy. The security of your personal information which includes sensitive and health information is important to us and we take strict measures to ensure it is handled responsibly.

Your personal and health information is collected for the purpose of processing your application and fulfilling our obligation to manage your health cover and inform you of new products, services and special discount offers. If for any reason we need to send your information overseas, we will require that the recipient of the information complies with our privacy policy and applicable laws to maintain the security of the data.

As a member it is your responsibility to ensure that any other individual on your membership is aware of how we handle their personal information. Each person on a membership aged 16 or over may request that we keep that individual's personal information confidential and to specify which person under your membership can receive information about that individual's health claims.

You or any person under your membership has the ability to restrict the personal information we obtain from that person which may prevent us from providing health cover to you or that person.

You also have a right to stop receiving any direct marketing material at any time. To opt out, contact us on **1300 683 782** or online at australianunity.com.au/ **email** or by changing your communications preferences at australianunity.com.au/memberservices

To administer your health cover your personal information may be disclosed to:

- Australian Unity (e.g. agent, financial adviser, employer or industry association)
- a person acting on your behalf to whom you've granted a delegated authority
- claims assessment participants (for instance a medical referee used to assess a claim)
- debt collectors, government departments, regulators or for legal reasons, disclosure may need to be made to law enforcement such as police or the courts
- third parties we deal with (e.g. hospitals, doctors) to assess claims and enable us to supply health programs based on your health needs
- other reputable service providers including HICAPS electronic claiming system, Australian Health Service Alliance (AHSA) and Australian Unity selected mailing houses.
- other health funds when you transfer your health membership to or from Australian Unity

Our Privacy Policy contains more information about our privacy practices, including how we use your information. The Policy also details how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain the latest version of our Privacy Policy by contacting us or at australianunity.com.au/privacy

This documentation should be read carefully and retained. To fully understand your cover please refer to the Member Guide particularly the Important Things to Know – Terms and Conditions section and your product(s) Fact Sheet.

Australian Unity respects your wishes. If you received this by unsolicited direct mail from Australian Unity, and don't wish to receive similar product offerings in the future (including special offers and discounts), please let us know by calling 13 29 39. View our privacy policy at australianunity.com.au/privacy

Australian Unity Health Limited - ABN 13 078 722 568 Effective 1 April 2020

Contact us



1300 683 782



australianunity.com.au