

Non-working Visitors Cover

Health Insurance

Fact Sheet effective from 01 July 2021

Why do I need health insurance?

Most people who come to Australia on a visitor's visa aren't eligible to use the public health system unless they pay with their own money, which can lead to an incredibly expensive visit. Even a public hospital stay could cost you over \$1,000 per night.

If you take out Australian Unity Overseas Visitors Cover, you'll be able to enjoy your trip safe in the knowledge that if something happens, you'll have access to over 500 private hospitals all across Australia. And we can offer assistance with the hospital accommodation, treatment and prescription drug costs during your stay.

Large out-of-pocket expenses may apply for Private Hospitals that do not have an agreement with Australian Unity. Refer to australianunity.com.au/agreementhospitals for a list of our agreement private hospitals.

Premium Overseas Visitors Cover

Want our highest level of hospital and extras cover for overseas visitors?

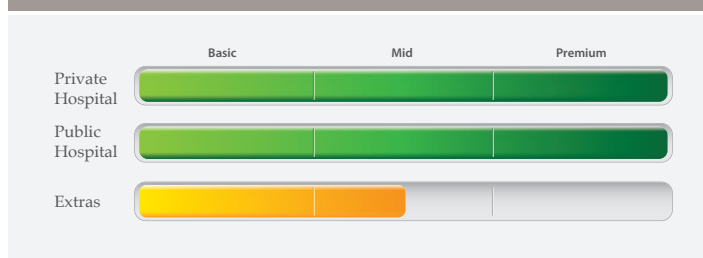
With Premium Overseas Visitors Cover, you can be fully covered for hospital accommodation and surgery fees – which includes heart and eye related surgery, hip and knee replacement services and a good deal more – in one of over 500 private hospitals and day surgery centres across Australia that we have an agreement with.

You can also receive cover for doctors' and specialists' fees, GP visits, blood and eye tests, and X-rays that occur in and out of hospital.

You are also covered for emergency ambulance transportation and can get back up to \$1,600 for singles or at least \$3,200 for families on extras such as dental, optical, physiotherapy, acupuncture, Chinese medicine and psychology and out of hospital pharmacy.

Premium Overseas Visitors Cover carries no hospital excess and provides cover of up to \$120,000 for a single or \$240,000 for a family in a calendar year. Included is cover for up to \$5,000 for prescription drugs issued in hospital and \$20,000 if you need to be sent home to receive medically necessary hospital treatment.

Level of Cover



Standard Overseas Visitors Cover

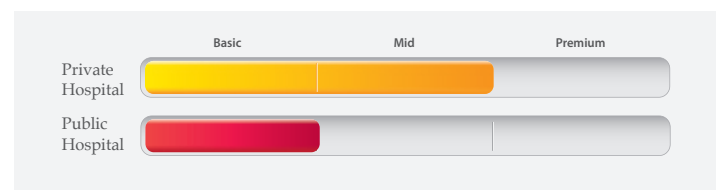
Want a generous level of health insurance that gives you access to a broad range of services?

With Standard Overseas Visitors Cover, you can be fully covered for hospital accommodation and surgery fees in one of over 500 private hospitals and day surgery centres across Australia that we have an agreement with.

You can also receive cover for doctors' and specialists' fees, GP visits, blood and eye tests, and X-rays that occur in and out of hospital.

It is worth noting that Standard Overseas Visitors Cover can be used for emergency ambulance transportation, but you will only receive limited cover for public hospital treatments.

Standard Overseas Visitors Cover carries no hospital excess and provides cover of up to \$50,000 for a single or \$100,000 for a family in a calendar year. Included is cover for up to \$5,000 for prescription drugs when issued in hospital and up to \$20,000 if you need to be sent home to receive medically necessary hospital treatment.



Budget Overseas Visitors Cover

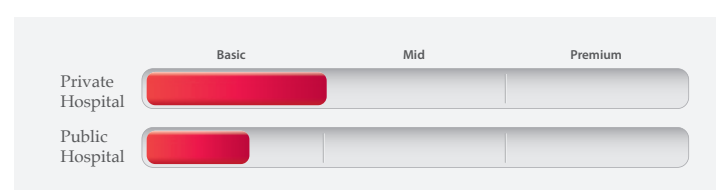
Want our most affordable cover for overseas visitors?

With Budget Overseas Visitors Cover, you can be fully covered for hospital accommodation and surgery fees in one of over 500 private hospitals across Australia that we have an agreement with, for a selected range of major and minor operations.

You can also receive cover for doctors' and specialists' fees, GP visits, and X-rays that occur in and out of hospital.

It's worth noting that with Budget Overseas Visitors Cover you will only receive limited cover for public hospital treatments.

Budget Overseas Visitors Cover carries no hospital excess, provides cover of up to \$30,000 for a single or \$60,000 for a family in a calendar year, and includes up to \$5,000 for prescription drugs when issued in hospital.



IMPORTANT: This Fact Sheet is only a summary of the covers. Our Member Guide and Terms & Conditions documents have further information on how this cover works. Before booking treatment, you should contact us to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur. This information is current as at 18 January 2021 and subject to change from time to time.

Hospital Cover

Non-working Visitors Cover Health Insurance

	Premium Overseas Visitors Cover	Standard Overseas Visitors Cover	Budget Overseas Visitors Cover
Accommodation Agreement private hospital.	✓ Covered	✓ Covered	✓ Covered
Accommodation Public hospital.	✓ Covered	⊖ Restricted Up to \$600 per day. Large out-of-pocket costs may apply.	⊖ Restricted Up to \$350 per day. Large out-of-pocket costs may apply.
Theatre fees Agreement private hospital.	✓ Covered	✓ Covered	✓ Covered
Theatre fees Public hospital.	✓ Covered	⊖ Restricted Up to a maximum of \$3,500 per admission. Large out-of-pocket costs may apply.	⊖ Restricted Up to a maximum of \$3,500 per admission. Large out-of-pocket costs may apply.
Intensive Care Agreement private hospital.	✓ Covered	✓ Covered	✓ Covered
Intensive Care Public hospital.	✓ Covered	⊖ Restricted For Intensive Care admissions up to 3 days per admission to a maximum of \$850 per day. Large out of pocket costs may apply	⊖ Restricted For Intensive Care admissions up to 3 days per admission to a maximum of \$850 per day. Large out of pocket costs may apply
Doctor and specialist fees Please note that some doctor's charge above this amount and some out-of-pocket costs may apply.	✓ Covered Up to 100% of the Medicare Benefits Schedule (MBS) fee for both in-hospital and out-of-hospital consultations.	✓ Covered	✓ Covered
Pharmacy in hospital Benefits payable toward the cost of in-hospital pharmaceuticals, if not already included in agreement private hospital contracts, will be limited to a maximum of \$5,000 per person per calendar year.	✓ Covered	✓ Covered	✓ Covered
Day surgery and procedures Agreement private hospital.	✓ Covered	✓ Covered	✓ Covered
Day surgery and procedures Public hospital.	✓ Covered	⊖ Restricted Up to \$600 per day. Large out-of-pocket costs may apply.	⊖ Restricted Up to \$350 per day. Large out-of-pocket costs may apply.
Pre-existing conditions	✓ Covered	✗ Not Covered	✗ Not Covered
Pregnancy and related services Agreement private hospital.	✓ Covered	✓ Covered	✗ Not Covered
Pregnancy and related services Public hospital.	✓ Covered	⊖ Restricted Up to a maximum of \$450 for labour ward per admission. Large out-of-pocket costs may apply.	✗ Not Covered
Fertility treatments Assisted reproductive treatments such as IVF or GIFT.	✗ Not Covered	✗ Not Covered	✗ Not Covered
Psychiatric or rehabilitation	✓ Covered	✗ Not Covered Unless as a result of an Accident occurring in Australia after joining.	✗ Not Covered Unless as a result of an Accident occurring in Australia after joining.
Heart-related services Agreement private hospital.	✓ Covered	✓ Covered	✓ Covered
Heart-related services Public hospital.	✓ Covered	⊖ Restricted For Coronary Care admissions up to 3 days per admission to a maximum of \$850 per day. Large out of pocket costs may apply.	⊖ Restricted For Coronary Care admissions up to 3 days per admission to a maximum of \$850 per day. Large out of pocket costs may apply. (See heart-related waiting periods under Additional Information)
Surgical prosthesis Up to the minimum cost for government approved surgical implanted items such as a replacement knee or hip.	✓ Covered	✓ Covered	✓ Covered
Emergency ambulance transportation The account must be coded as emergency transportation by the ambulance service to qualify for benefits.	✓ Covered	✓ Covered	✗ Not Covered
Hospital accident and emergency facility fees	✓ Covered Only when preceding a public hospital admission.	✗ Not Covered	✗ Not Covered
Overall yearly benefit limit	\$120,000 for singles or \$240,000 for families	\$50,000 for singles or \$100,000 for families	\$30,000 for singles or \$60,000 for families

Which level of cover?

 Premium cover

 Mid-level cover

 Basic cover

Extras Cover

Non-working Visitors Cover Health Insurance

	Service	Premium Overseas Visitors Cover		Standard Overseas Visitors Cover	Budget Overseas Visitors Cover
		What you'll get back	Waiting period		
DENTAL	Preventative dental	\$500 per person Set amounts back apply per item	No waiting period Includes selected services such as scale and clean, fluoride treatment and mouthguards	X Not Covered	X Not Covered
	General dental		No waiting period for selected diagnostic services 2 months Includes most fillings and simple tooth extractions 12 months for surgical extraction of wisdom teeth and periodontics and endodontics.	X Not Covered	X Not Covered
OPTICAL	Optical For prescription glasses, contact lenses or repairs supplied by an optometrist in private practice. Excludes non-prescription sunglasses and contact lenses	\$200 per person Set amounts back apply per item	6 months	X Not Covered	X Not Covered
	Eye examination For services provided by recognised optometrists in a private practice.	Covered Up to 100% of the cost of the Medicare Benefits Schedule (MBS) fee		X Not Covered	X Not Covered
THERAPIES	Physiotherapy	\$300 per person \$30 per consultation	2 months Physiotherapy includes sports physiotherapy and hydrotherapy	X Not Covered	X Not Covered
	Chiropractic			X Not Covered	X Not Covered
	Acupuncture			X Not Covered	X Not Covered
	Chinese medicine Excludes supplements, remedies and herbal medicines			X Not Covered	X Not Covered
	Psychology	\$300 per person \$30 per consultation	2 months	X Not Covered	X Not Covered
	Out-of-hospital pharmacy Non PBS/TGA prescription items only. Dispensed by a registered pharmacist in a private practice	\$300 per person Up to \$50 per script after the member's co-payment equivalent to the current Pharmaceutical Benefit Scheme (PBS) contribution.	2 months	X Not Covered	X Not Covered

Consultations and Telehealth Appointments

References to 'consultations' in the table above are to in-person consultations. The following treatments are also eligible for benefits where the consultation can be appropriately delivered as a telehealth appointment: Physiotherapy and Psychology. Benefits are only payable for one consultation with a provider on the same day, for the same member.

Additional information

Waiting periods

A waiting period is the amount of months you have to wait after joining or upgrading, until you can make a claim for a service or treatment.

All Overseas Visitors Covers

- 2 months – All hospital and medical treatments. This waiting period is waived when you purchase Australian Unity Overseas Visitors Cover either before coming to Australia or within two weeks after you arrive.

Budget Overseas Visitors Cover

- 24 months – Treatment for heart-related services that is not the result of a pre-existing condition

Standard Overseas Visitors Cover

- 0 months - Ambulance
- 12 months – Pregnancy and related services

Premium Overseas Visitors Cover

- 0 months - Ambulance
- 12 months – Psychiatric and rehabilitation programs
- 12 months – Pregnancy and related services
- 12 months – Pre-existing medical conditions.

Members transferring within 30 days from another Australian registered health insurer on to an equivalent Non-working Visitors Cover may not have to re-serve the initial 2 month waiting period. All other applicable waiting periods such as for pre-existing conditions and pregnancy and related services will apply. To check if a waiting period applies, please contact Australian Unity on 13 29 39.

Additional information

Hospital Care at Home & Rehabilitation at Home

Receive short-term support from our approved service provider in the comfort of your own home to avoid or reduce a hospital stay following a hospital admission, when referred by a medical practitioner. Subject to prior application and approval. Waiting periods may apply.

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.

Exclusions

The following services are excluded:

- Sterilisations and reversals
- Cosmetic Surgery – unless as a result of an Accident or surgical scarring that occurred in Australia while you were a member of Australian Unity.
- Services provided outside of Australia.

To check what you are covered for or if you've got any questions relating to your cover, please call us on 13 29 39.

Restricted benefits

Where a benefit is identified as 'restricted' it means we only pay limited (reduced) hospital benefits for your hospital accommodation and theatre fees. Large out-of-pocket expenses may apply. Contact Australian Unity before undergoing any treatment.

Changes to your cover

We may at any time make changes to your cover. This may include adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice of these changes in accordance with the Australian Consumer Law.

Accidents

Accident means an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner (defined here as a medical doctor who is not the member or a relative of the Member) within 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.

