

# Mid Workers Cover

**Working Overseas Visitors Cover**  
Fact Sheet effective from 1 January 2023

## Cover availability



Single



Couple



Single  
Parent  
Family



Family

## Excess options



Excess is waived for  
**Dependants**

## 8501 Visa Condition



✓ Meets the minimum adequate  
health insurance requirements  
for **Visa condition 8501**

**IMPORTANT:** This Fact Sheet is only a summary of the cover. More information about definitions, benefit rules and conditions can be found in the Overseas Visitors Cover Member Guide and Terms and Conditions. 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. Information is current at 14 October 2022 and is subject to change from time to time. For the most up-to-date description of your visa adequate health insurance requirements, please refer to information available via [immi.homeaffairs.gov.au](https://immi.homeaffairs.gov.au)

# Mid Workers Cover

Overall limit	Additional information	Benefit
<b>Yearly benefit limit</b> (January to December)	All benefits below are subject to this limit	<b>\$1,000,000 per person</b>

Cover for Included Services	Public Hospital	Agreement Private Hospital
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All treatments listed on the Medical Benefits Schedule (MBS) are included during hospital admission, unless listed as Restricted or an Excluded Service below. Where the treatment you receive is for an Included Service we will pay benefits towards:

<b>Accommodation and theatre fees</b>	Includes overnight and day surgery procedures, labour ward, intensive and coronary care in Public and Agreement Private Hospitals. Public Hospital benefits are equal to the state and territory gazetted rates for Medicare ineligible patients. Includes post-operative services that are a continuation of care associated with early discharge from hospital.	✓ Covered
<b>Medical fees (in-patient)</b>	Up to 100% of the Medicare Benefits Schedule (MBS) fee. Please note that if doctors charge above the Medicare Benefits Schedule (MBS) fee amount, out-of-pocket costs will apply.	✓ Covered
<b>Surgically implanted prostheses</b>	Up to 100% of the cost of a prosthesis as listed in the prostheses list set out in the Private Health Insurance (Prostheses) Rules, as in force from time to time,	✓ Covered
<b>Pharmacy in-hospital</b>	For all Pharmaceutical Benefits Scheme (PBS)-listed drugs, prescribed according to PBS-approved indications, that are administered during and form part of an admitted episode of care. Includes PBS-listed drugs that are administered post-discharge if they form a part of the admitted episode of care. Excludes high cost, non-PBS listed, or drugs that are not approved by the Therapeutic Goods Administration (TGA).	✓ Covered

Included Services	Public Hospital	Agreement Private Hospital
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This table lists the Included Services on your cover. Excluded Services and Other Benefits are set out in the tables below.

<b>Psychiatric, Rehabilitation and Palliative Care</b>	✓ Covered	ⓘ Restricted
<b>Pregnancy and birth related services</b> (Note: fertility treatments and assisted reproductive services are Excluded Services –see below)	✓ Covered	ⓘ Restricted
<b>All other in-hospital treatments covered by the Medicare Benefit Schedule (MBS)</b> unless they are Excluded Services, see below	✓ Covered	

## Waiting periods

A waiting period is the time you must wait before you can claim a benefit. It's the time between when you joined us and when you're covered for a service or treatment.

<b>Psychiatric treatment, Rehabilitation and Palliative Care</b>	<b>2 month waiting period</b>
<b>Pregnancy and birth related services</b>	<b>12 month waiting period</b>
<b>Pre-existing conditions (other than Psychiatric, Rehabilitation and Palliative Care)</b>	<b>12 month waiting period</b>
<b>Hospital treatment for other new conditions after joining this cover</b> (unless Excluded, below) includes Hospital Substitution Programs	<b>No waiting period</b>
<b>Out of hospital Pharmacy</b> (see Other Benefits)	<b>2 month waiting period</b>
<b>Ambulance</b> (see Other Benefits)	<b>No waiting period</b>

## Excluded Services

<b>Fertility treatments and assisted reproductive services</b>	✗ Not Covered
<b>Bone marrow and organ transplants</b>	
<b>Robotic surgery consumables</b> (unless otherwise covered for your treatment by the agreement between Australian Unity and the hospital)	
<b>Medical services not covered on the Medical Benefits Scheme (MBS)</b> This includes surgical procedures performed by a dentist or surgical podiatrist. Elective cosmetic surgery is excluded unless deemed medically necessary as the result of an accident or surgical scarring that occurred after joining this cover	
<b>Respite/convalescent care</b>	
<b>Services and treatments provided outside of Australia</b>	
<b>Services and treatments where you have the right to claim damages, compensation or benefits from another source</b>	

## Other Benefits

Waiting periods and Excluded Services are listed above

<b>Out-of-hospital medical services</b>	Including GP visits, specialist fees, medical tests recognised by Medicare. 100% of the Medicare Benefits Schedule (MBS) fee. Please note, if doctors charge above this amount, out-of-pocket costs will apply.	✓ <b>Covered</b> 100% of the MBS fee
<b>Hospital accident and emergency room fees</b>	Only when preceding a public hospital admission	✓ <b>Covered</b> Public hospital only
<b>Hospital substitution programs</b>	Receive short-term support from our approved service providers in the comfort of your own home to avoid or reduce a hospital stay following a hospital admission, when referred by a medical practitioner. Please contact Australian Unity for information on eligibility and any waiting periods that may apply.	✓ <b>Covered</b> Subject to prior application and approval
<b>Medically necessary ambulance</b>	For medically necessary ambulance transportation to hospital, treatment onsite, or inter-hospital transfer for treatment. This includes inter-hospital transfers that are necessary because the original admitting hospital does not have the required clinical facilities. It does not include transfers due to patient preferences.	✓ <b>Covered</b>
<b>Medical Repatriation</b>	The provision of this benefit is at the discretion of Australian Unity. We may pay up to \$20,000 for medically necessary services and transportation back to your home country, such as where you have suffered a life-altering injury or become terminally ill.	✓ <b>Covered</b> Up to \$20,000 per membership Subject to approval
<b>Out-of-hospital pharmacy PBS and Non PBS</b>	For Pharmaceutical Benefits Scheme (PBS) and private non-PBS items prescribed for the indication approved by the Therapeutic Goods Administration (TGA)	✓ <b>Covered</b> Up to \$30 per script after an amount equal to PBS patient contribution is paid Up to \$300 per person per calendar year

## Important Information

### Excess

In exchange for a lower premium, excesses are set amounts you agree to pay towards the hospital accommodation costs if you or a family member is admitted to hospital.

Mid Workers Cover has the following excess options:

- Mid Workers Cover with \$0 excess
- Mid Workers Cover with \$500 excess

You will only pay an excess for the first hospital admission per person per calendar year. Plus you won't pay an excess if your dependant is admitted to hospital.

### Medicare Benefits Schedule (MBS)

The Medicare Benefits Schedule (MBS) is a list of all the medical services subsidised by the Australian Government. We use this schedule to calculate benefits for Overseas Visitors Cover. It's important to note that your health professional may charge above the MBS fee for their services, and depending on your level of cover, you'll need to pay the difference for any medical costs including doctors' fees, pathology accounts and more. For more information about the MBS, visit [mbsonline.gov.au](http://mbsonline.gov.au)

### Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) is a Government run scheme which provides access to a wide range of medicine within Australia. Under the PBS, all Australian residents and overseas visitors from countries that have a Reciprocal Health Care Agreements with Australia have access to a range of prescription medicines at a more affordable cost. More information about the PBS can be found at [pbs.gov.au](http://pbs.gov.au)

### Restricted Benefits

Restricted services are hospital claims which are limited to a minimum (default) benefit. This is the minimum dollar amount set by the Australian Government for patient accommodation as a private, Medicare-eligible, patient in a shared room of a public hospital. A Restricted service does not pay any money towards the cost of intensive or coronary care, or theatre fees in a private hospital or private day centre. Large out of pocket expenses may apply. Contact Australian Unity before undergoing any treatment.

### Portability from other Australian health insurers

If your previous cover was provided by an insurer outside of Australia, or if you did not hold an eligible cover, you will be considered a new member and any applicable waiting periods will apply. If you are transferring from another registered Australian private health insurance fund where you held an eligible cover, and purchased health cover with us within 30 days of cancelling your old hospital cover with the previous Australian insurer, any applicable waiting periods already served will be recognised. For more information about transferring from another fund, please see your OVC Member Guide at [australianunity.com.au/health-insurance/visitors/using-your-cover/forms](http://australianunity.com.au/health-insurance/visitors/using-your-cover/forms)

### Visa Condition 8501

Under some visas, you may be required to meet condition 8501. Condition 8501 means that you must have maintained adequate health insurance for the whole of your stay in Australia. For more information about the condition and the most up-to-date description of your visa adequate health insurance requirements, please refer to information available via [immi.homeaffairs.gov.au](http://immi.homeaffairs.gov.au)

**This cover meets the minimum requirements for Visa Condition 8501**

### 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. If you make a hospital or medical claim in the first 12 months of your joining or upgrading your cover, we will ask you to get your consulting doctors or other practitioner (e.g. your GP or specialist) to complete a medical report. You should ask us to carry out this assessment before receiving treatment.

### 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.

### 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.

## Contact us

**1300 683 782**  
[australianunity.com.au](http://australianunity.com.au)



For more information, please refer to the OVC Member Guide particularly Important Things to Know - Terms and Conditions available [australianunity.com.au/health-insurance/visitors/using-your-cover/forms](http://australianunity.com.au/health-insurance/visitors/using-your-cover/forms)