

Top Overseas Visitors Cover

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

Cover availability



Single



Couple



Single
Parent
Family



Family

Excess



Excess is waived for
Dependants

8501 Visa Condition



✗ Does not meet 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

Top Overseas Visitors Cover

Overall limit	Additional information	Benefits
Yearly benefit limit (January to December)	All benefits below are subject to this limit	Up to \$150,000 for singles \$300,000 for couples/families

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 a hospital admission, unless listed as an Excluded Service below. Where the treatment you receive is for an Included Service we will pay benefits towards:

Accommodation and theatre fees	Includes overnight and day surgery procedures in Public and Agreement Private and Hospitals. Public Hospital benefits are equal to the state and territory gazetted rates for Medicare ineligible patients.	✓ Covered
Doctors' and specialists' fees In-hospital	Up to 100% of the Medicare Benefits Schedule (MBS) fee. Please note that if doctors charge above the MBS fee amount, out-of-pockets will apply.	✓ Covered 100% MBS fee
Surgically implanted prostheses	Up to 100% of minimum cost for government approved surgically implanted prostheses for procedures that are Included Services. We cover you for Australian Government approved prostheses on the Australian Government's Prostheses List, up to the value stated on that List.	✓ Covered
In-hospital Pharmacy	For all Pharmaceutical Benefits Schedule (PBS) listed medications, prescribed according to PBS-approved indications, that are administered during and form part of an admitted episode of care.	✓ Covered
	For medications not listed on the Pharmaceutical Benefits Schedule (PBS) that are administered during and form part of an admitted episode of care. Excludes pharmaceuticals that are not approved by the Therapeutic Goods Administration (TGA), high cost or experimental drugs.	✓ Covered Up to \$7,500 for singles or \$15,000 for couples/families per calendar year.

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.

Treatment (including Rehabilitation) for a condition related to an Accident occurring after joining this cover	24 hour waiting period
Pre-existing conditions	12 month waiting period
Hospital and medical treatment for other new conditions after joining this cover (unless Excluded, below) includes Hospital Substitution Programs. Waiting period waived when you purchase Australian Unity Overseas Visitors Cover before coming to Australia, or within 2 weeks of your arrival.	2 month waiting period
Out-of-hospital pharmacy (see Other Benefits)	2 month waiting period
Ambulance (see Other Benefits)	No waiting period

Excluded Services

No benefits are payable for Excluded Services.

Psychiatric treatment	✗ Not Covered
Rehabilitation where not resulting from an Accident that occurred in Australia after joining this cover	
Palliative care	
Pregnancy and birth related services	
Fertility treatment and assisted reproductive services	
Sterilisations and reversals	
Gastric reduction and obesity procedures and revisions	
Renal dialysis	
Bone marrow and organ transplants	
Respite/convalescent care	
Medical services not listed under the Medical Benefits Scheme (MBS) This includes surgical procedures performed by a dentist, surgical podiatrist and elective cosmetic surgery	
Robotic surgery consumables unless otherwise covered for your treatment by the agreement between Australian Unity and the hospital	
Services related to Visa acquisition Includes costs for medical examinations, x-rays, vaccinations and other treatments required that relate to acquiring a visa for entry into Australia or permanent residency visa	
Services and treatments provided outside of Australia	
Services and treatments where you have the right to claim damages, compensation or benefits from another source	

Other Benefits

Waiting periods and Excluded Services listed in previous tables

Out-of-hospital medical benefits	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.	✓ Covered 100% of the MBS fee
Hospital accident and emergency room fees	Only when preceding a hospital admission	✓ Covered
Emergency ambulance transportation	The account must be coded as emergency transportation by a recognised ambulance service to qualify for benefits.	✓ Covered
Ambulance attendance fees (where you are not taken to hospital)	The account must be from a recognised ambulance service to qualify for benefits.	✓ Covered Includes 3 attendances for singles or 6 for couples/families per calendar year
Hospital substitution programs	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.	✓ Covered Subject to prior application and approval
Medical repatriation	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.	✓ Covered Up to \$20,000 per membership Subject to approval
Out-of-hospital pharmacy	Only for private prescribed Non-Pharmaceutical Benefits Scheme (PBS) items for the indication approved by the Therapeutic Goods Administration (TGA)	✓ Covered \$30 per script Up to \$500 for singles or \$1,000 for couples/families 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.

Top Overseas Visitor Cover has a \$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

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

Portability from other Australian health insurers

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 out-of-hospital pharmacy cover, will apply. 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

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

This cover does not meet 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 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 dentist, GP or specialist) to complete a medical report. You should ask us to carry out this assessment before going into hospital.

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.



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

Contact us

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australianunity.com.au