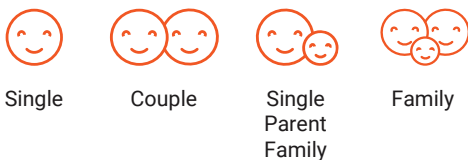


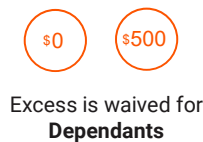
Workers Cover Plus

Working Overseas Visitors Cover
Fact Sheet effective from 1 January 2023

Cover availability



Excess options



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

Workers Cover Plus

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

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:

Accommodation and theatre fees	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
Medical fees (in-patient)	Up to 150% 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
Surgically implanted prostheses	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
Pharmacy in-hospital	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.

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

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

Excluded Services

Fertility treatments and assisted reproductive services	✗ Not covered
Bone marrow and organ transplants	
Robotic surgery consumables (unless otherwise covered for your treatment by the agreement between Australian Unity and the hospital)	
Medical services not covered on the Medical Benefits Scheme (MBS) 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	
Respite/convalescent care	
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 are listed above

Out-of-hospital medical services	Including GP visits, specialist fees, medical tests recognised by Medicare. 150% of the Medicare Benefits Schedule (MBS) fee. Please note, if doctors charge above this amount, out-of-pocket costs will apply.	✔ Covered 150% of the MBS fee
Hospital accident and emergency room fees	Only when preceding a public hospital admission	✔ Covered Public hospital only
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
Medically necessary ambulance	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.	✔ Covered
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 Non-Pharmaceutical Benefits Scheme (PBS) items prescribed for the indication approved by the Therapeutic Goods Administration (TGA)	✔ Covered Up to \$30 per script after an amount equal to PBS patient contribution is paid Up to \$500 per person per calendar year
Preventative health	For doctor health checks and programs to help with losing weight, quitting smoking, and getting fit. To check which providers and programs you are able to use, please contact Australian Unity. More information can be found at australianunity.com.au/health-insurance/programs/services	✔ Covered

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.

Workers Cover Plus has the following excess options:

- Workers Cover Plus \$0 excess
- Workers Cover Plus \$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

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, labour ward 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



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

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 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