

# Non-working Visitors Cover

Effective from 31 July 2020  
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## Why do I need health cover?

Hospital services in Australia are provided by both public and private hospitals. As an overseas visitor, if you don't have health cover you may need to pay for these services with your own money. These may include costs for your accommodation, theatre and emergency room, ambulance transportation, doctors and specialists, as well as for any tests, X-rays and medication needed. Some hospital stays can cost in excess of \$2,000 per night, which can lead to a very expensive visit. To protect you against some of these costs it's important you have cover in place.

## A great range of health cover options to suit your needs and budget

Regardless of whether you are visiting for a short or long time, Australian Unity has designed a tailored range of health cover options that can suit your needs and budget to help you with the cost of your hospital treatment. By choosing Australian Unity, you'll be with one of Australia's most established health insurers.

### Top Overseas Visitors Cover



Perfect for visitors who want complete peace of mind with our highest level of cover.

### Mid Overseas Visitors Cover



Ideal for medium to long term visitors who want access to a broad range of services.






### Basic Overseas Visitors Cover



Designed for short-term visitors who are young and healthy and only need the basics.

## What's included in these covers?

Please see the following pages for product inclusions, limits and waiting periods.

-  Accommodation and theatre fees in over 500 private hospitals and day surgeries across Australia (up to yearly limits)
-  Assistance with medical costs including doctors' and specialists' fees, GP visits, tests, and X-rays that occur in and out of hospital
-  Emergency ambulance transportation to a hospital
-  Emergency room fees, when preceded by a hospital admission
-  Plus cover for a wide range of treatments and services.

You will also be covered for your accommodation and theatre fees in a public hospital, however the level of cover may be restricted and could result in larger out-of-pocket expenses. 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](http://australianunity.com.au/agreementhospitals) for a list of our agreement private hospitals.

**IMPORTANT:** This Fact Sheet is only a summary of the cover. 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 20 July 2020 and subject to change from time to time.

# Hospital cover

All benefits below are inclusive of your overall yearly benefit limit.

## Non-working Visitors Cover

	Top Overseas Visitors Cover	Mid Overseas Visitors Cover	Basic Overseas Visitors Cover
<b>Yearly benefit limit</b>	\$150,000 for singles or \$300,000 for couples/families.	\$100,000 for singles or \$200,000 for couples/families.	\$50,000 for singles or \$100,000 for couples/families.
<b>Accommodation</b> <i>Agreement private hospital. Includes intensive and coronary care. \$500 excess payable.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Accommodation</b> <i>Public hospital. Includes intensive and coronary care. \$500 excess payable.</i>	✓ Covered	⊖ Restricted 80% of cost Large out-of-pocket expenses may apply.	⊖ Restricted 60% of cost Large out-of-pocket expenses may apply.
<b>Theatre fees</b> <i>Agreement private hospital.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Theatre fees</b> <i>Public hospital.</i>	✓ Covered	⊖ Restricted 80% of cost Large out-of-pocket expenses may apply.	⊖ Restricted 60% of cost Large out-of-pocket expenses may apply.
<b>Doctors' and specialists' fees</b> <i>Includes in-hospital and out-of-hospital (e.g. GP visits). Please note that some doctors charge above this amount and some out-of-pocket costs may apply.</i>	✓ Covered 100% of the Medicare Benefits Schedule (MBS) fee.	✓ Covered 100% of the Medicare Benefits Schedule (MBS) fee.	✓ Covered 100% of the Medicare Benefits Schedule (MBS) fee.
<b>Hospital accident and emergency room fees</b> <i>Only when preceding a hospital admission.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Emergency ambulance transportation</b> <i>The account must be coded as emergency transportation by the ambulance service to qualify for benefits.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Ambulance attendance fee</b> <i>Attendance fees are when you are treated on the spot, but are not transported to hospital.</i>	Includes 3 ambulance attendances for singles and 6 for couples/families per calendar year, where you are not taken to hospital.	Includes 2 ambulance attendances for singles and 4 for couples/families per calendar year, where you are not taken to hospital.	Includes 1 ambulance attendance for singles and 2 for couples/families per calendar year, where you are not taken to hospital.
<b>Day surgery and procedures</b> <i>Agreement private hospital. \$500 excess payable.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Day surgery and procedures</b> <i>Public hospital. \$500 excess payable.</i>	✓ Covered	⊖ Restricted 80% of cost Large out-of-pocket expenses may apply.	⊖ Restricted 60% of cost Large out-of-pocket expenses may apply.
<b>Surgical prosthesis</b> <i>100% of minimum cost for government approved surgically implanted items.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Pharmacy in-hospital</b> <i>For medications listed under the Pharmaceutical Benefits Scheme (PBS) for treatment of your specific condition. Excludes high cost, non-PBS listed or drugs that are not approved by the Therapeutic Goods Administration (TGA).</i>	✓ Covered 100% of cost up to \$7,500 for singles and \$15,000 for couples/families.	✓ Covered 100% of cost up to \$5,000 for singles and \$10,000 for couples/families.	✓ Covered 100% of cost up to \$2,500 for singles and \$5,000 for couples/families.
<b>Pharmacy out-of-hospital</b> <i>Non PBS/TGA prescription items only. 2 month waiting period</i>	✓ Covered \$30 per script up to \$500 for singles or \$1,000 for couples/families per calendar year.	✓ Covered \$30 per script up to \$300 for singles or \$600 for couples/families per calendar year.	✗ Not Covered
<b>Rehabilitation</b> <i>Agreement private hospital and only as a result of an accident occurring in Australia after joining.</i>	✓ Covered	✓ Covered	✓ Covered
<b>Rehabilitation</b> <i>Public hospital and only as a result of an accident occurring in Australia after joining.</i>	✓ Covered	⊖ Restricted 80% of cost Large out-of-pocket expenses may apply.	⊖ Restricted 60% of cost Large out-of-pocket expenses may apply.
<b>Pre-existing conditions</b>	✓ Covered 12-month waiting period.	✓ Covered 24-month waiting period.	✗ Not Covered
<b>Cataract and lens procedures</b>	✓ Covered	✓ Covered	✗ Not Covered
<b>Hip and knee replacements</b>	✓ Covered	✗ Not Covered	✗ Not Covered
<b>Pregnancy, fertility and related services</b> <i>Assisted reproductive treatments such as IVF or GIFT, and sterilisations and reversals.</i>	✗ Not Covered	✗ Not Covered	✗ Not Covered
<b>Transplant services</b> <i>All organ transplants, including bone marrow transplants.</i>	✗ Not Covered	✗ Not Covered	✗ Not Covered
<b>Psychiatric</b>	✗ Not Covered	✗ Not Covered	✗ Not Covered

## Important information

### ? 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.

Waiting periods may apply for pre-existing conditions. Please see below for the waiting period associated with each of our covers.

### ⌚ Waiting periods

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

#### All Overseas Visitors Covers

- 0 months – Ambulance
- 24 hours – For accident related conditions
- 2 months – All hospital and medical treatments. This waiting period is waived when you purchase Australian Unity Overseas Visitors Cover before coming to Australia or within two weeks after you arrive.
- 12 months – Pre-existing conditions for Top Overseas Visitors Cover
- 24 months – Pre-existing conditions for Mid Overseas Visitors Cover
- No cover for pre-existing conditions for Basic Overseas Visitors Cover

#### Top Overseas Visitors Cover and Mid Overseas Visitors Cover

- 2 months - Pharmacy out-of-hospital

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. To find out more, please contact us on 13 29 39.

### ? Accidents

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.

### ? Excess

This cover has a \$500 excess. You will only pay an excess on the first hospital admission each year for singles cover, or the first two hospital admissions each year for couples or family cover. An excess is not payable for medical services rendered out-of-hospital at private clinics such as GP visits or pathology tests. For Top Overseas Visitors Cover, there is no excess for dependent children.

### ? 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 Doctor (i.e. 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.

### ✈ 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. For more information, please call us on 13 29 39.

### ! 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.

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](http://australianunity.com.au/privacy) Australian Unity Health Limited - ABN 13 078 722 568

## Non-working Visitors Cover

### ? Suspension of membership

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

Eligibility 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 break 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.

### ✕ Exclusions

The following services are excluded:

- Hospital treatments, such as cosmetic or podiatric surgery, that is not listed under the MBS
- Medical services for surgical procedures performed by a dentist, surgical podiatrist or any other practitioner or service that is not listed under the MBS
- Pre-existing conditions (Basic Overseas Visitors Cover only)
- Psychiatric and palliative care
- Rehabilitation where it is not the result of an accident that occurred after arriving in Australia and joining the product
- 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
- Bone marrow and organ transplants, renal dialysis, gastric reduction and obesity procedures and revisions
- In-patient hospital pharmacy for non-PBS items, high cost and experimental drugs
- Services and treatments provided outside of Australia or arranged in advance of arrival in Australia.
- Services and treatments where you have the right to claim damages, compensation or benefits from another source.
- Pregnancy and related services including fertility treatments such as assisted reproductive treatments like IVF or GIFT, and sterilisation and reversals.

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.

### ? 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.



Any Questions? Talk to us on 13 29 39