

OVERSEAS VISITORS ESSENTIALS PRODUCT SUMMARY

Essentials helps look after your health needs in Australia, covering most treatments if you need to go to hospital. It also includes cover for doctors' fees, PBS medicines, and emergency ambulance transport.

FEATURES



ESSENTIALS

- ✓ Covered immediately for hospital services, unless your condition is pre-existing
- ✓ Lower out-of-pocket costs with our extensive provider network
- ✓ Hospital accommodation, operating theatre and prosthesis fees
- ✓ Doctors' fees in and out of hospital
- ✓ PBS medicines required while in or out of hospital, or on discharge
- ✓ Ambulance cover in emergencies
- ✓ Emergency department fees up to \$200 per visit

This cover doesn't meet the visa health insurance requirements for condition 8501

HOSPITAL

HOSPITAL SERVICES

When you're admitted to hospital, the type of benefits we may pay includes:

- accommodation
- operating theatre
- intensive care
- doctor and specialist fees
- government-approved prostheses
- PBS medicines.

The level of benefits we pay will depend on whether you go to a hospital participating in the HCF private hospital network.

All treatment received at either public or non-participating private hospitals, including if the services or conditions are listed as covered in your level of cover, are only payable at Minimum Benefits. The out-of-pocket costs could be significant.

No matter which type of hospital you go to, you may need to pay medical out-of-pocket costs for doctors' fees and X-rays.

Call our 24/7 helpline on **13 68 42**, then press 2, so we can help you find a hospital and doctor in the HCF network.

SERVICES OR CONDITIONS COVERED

HOSPITAL SERVICES	WAITING PERIODS	IMPORTANT INFORMATION
<p>✓ All services or conditions when admitted to hospital where a benefit would be payable under the Australian Government Medicare system (except for the Excluded Services and Minimum Benefit services shown below). The following list doesn't include everything - see Overseas Visitors Health Cover Fund Rules for more complete information on your cover</p>	No waiting period unless pre-existing condition (pre-existing condition 12 months)	A pre-existing ailment or condition is an ailment, illness or a condition that you had signs or symptoms of in the 6 months before you got your HCF Overseas Visitors Health Cover, or upgraded to a higher level of cover, even though you may not have got a diagnosis
✓ Emergency ambulance	No waiting period	Unlimited emergency ambulance transport and on-the-spot treatment
✓ Emergency department facility fees	No waiting period	Maximum fee per service
<p>MB Heart surgery, including diagnostic and therapeutic heart procedures</p>	No waiting period unless pre-existing condition (pre-existing condition 12 months)	<p>MB Minimum Benefits will not cover the full cost of your treatment - see further information below</p>
<p>MB Hip/knee joint replacement surgery</p>	No waiting period unless pre-existing condition (pre-existing condition 12 months)	
✗ Pregnancy and birth-related services		
✗ Assisted reproductive services, for example, IVF		
✗ Cataract and other lens related surgeries		
✗ Sterilisations and reversals		
✗ Renal dialysis		
✗ Gastric banding and obesity surgery		
✗ Bone marrow and stem cell transplants		
✗ Organ transplants		
✗ Elective cosmetic surgery		
✗ Psychiatric services		
✗ Podiatric surgery (provided by an accredited podiatric surgeon)		

✓ Covered (Included Service) at participating private hospitals. Minimum Benefits are payable at public and non-participating private hospitals (see definition below).

MB Minimum Benefits will be payable if treatment is received at any hospital. See definition below.

✗ Not covered (Excluded Service).

Minimum Benefits Minimum Benefits means benefits are only payable at the Minimum Benefit rate (an amount set by the Federal Government) for both HCF participating and non-participating private hospitals and public hospitals, and for surgically implanted prostheses on the Australian Government approved Prostheses List. These benefits won't cover all of your hospital costs and there could be significant out-of-pocket costs (money you have to pay).

IN-HOSPITAL MEDICAL SERVICES

Depending on how each of your doctors (including surgeons and anaesthetists) decide to bill you when you're admitted to hospital, we'll cover you for up to 100% of the Medicare Benefits Schedule (MBS) fee. If your doctor participates in HCF's No Gap or Known Gap arrangement, you'll either have nothing to pay or a limited 'gap' to pay. For more info go to the Frequently Asked Questions (FAQs) at hcfvisitorhealthcover.com

MEDICINE

For PBS Medicines that are charged by the non-participating hospital or the public hospital to the member, the benefit payable will be 100% of the PBS listed price for that Medicine minus the current PBS general patient co-payment. The PBS patient co-payment fee is an out-of-pocket cost you're required to pay towards the cost of PBS medicine before we will calculate your benefit. The patient co-payment fee is determined by the Department of Health and is subject to change.

If you go to a participating private hospital, you won't have to pay the PBS patient co-payment fee.

OUT-OF-HOSPITAL MEDICAL SERVICES

EMERGENCY DEPARTMENT FEES

A maximum of \$200 per visit for emergency department fees including administration fees (when a charge is raised by the hospital).

Note: In hospital outpatient clinics (not Emergency Departments) benefits are only payable for medical fees where the service would be eligible for an MBS benefit if provided to an Australian resident. No other fees or charges are payable for outpatient clinics.

DOCTORS AND SPECIALIST DOCTORS' SERVICES

You're covered for doctors' services for items listed on the Australian Government Medicare Benefits Schedule (MBS) and where the service would be eligible for an MBS benefit if provided to an Australian resident:

- For regular doctor visits, you'll get back 100% when you see a doctor through our GP Network
- For specialist and non-network doctor consultations, we'll cover you for 100% of the MBS fee
- For pathology and radiology, we'll cover you for 100% of the MBS fee for services such as blood tests, scans and X-rays*.

MEDICINE

You're covered for medicines listed on the Australian Government approved pharmacy list (PBS):

- Medicines given to you when you leave hospital (discharged) if they are part of your ongoing treatment. We'll cover you up to a maximum of \$100 per individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine.
- Medicines required on a script given to you by a doctor from a medical practice or an emergency department are covered up to a maximum of \$100 per individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine.
- The yearly limit for discharge and scripted medicines claimable per person is \$250.

AMBULANCE

Emergency transportation to the nearest hospital able to provide the treatment required or for on-the-spot treatment.

OTHER THINGS YOU SHOULD KNOW

EXCESS

An excess is an amount of money you agree to pay when you go to hospital. On Essentials, you have \$250 per person excess per calendar year when hospitalised. This per person excess amount will only apply to 2 people on family policies.

WAITING PERIOD

A waiting period is the time you need to wait before a benefit becomes available to you. You'll be covered immediately for all of your services, unless you have a pre-existing condition where you need to wait for 12 months, or for PBS medicines supplied on a script from a doctor where you need to wait for 2 months.



CALL US 24/7 TO HELP YOU PAY LESS

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline and we'll connect you with the right healthcare service.

Our team of experts will connect you with a service in our network including:

- regular doctors (GPs)
- after hours GPs
- specialist doctors
- private hospitals
- emergency departments
- nurses who'll discuss your illness and suggest next steps[^].

 **13 68 42**

Call our 24/7 helpline then press 2

[^] Healthcare support isn't intended for life threatening or medical emergency situations. It isn't a diagnostic service and doesn't replace a consultation with a health professional.

* This doesn't include costs for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes.

WHAT'S NOT COVERED

HOSPITAL	MEDICAL IN & OUT OF HOSPITAL	OTHER
Out-of-pocket costs if you go to non-participating hospitals or if treated at a public hospital. This includes if the hospital decides to charge more than the Minimum Benefit	Out-of-pocket costs if you go to a non-network doctor or your specialist charges more than the MBS fee	Treatment received outside Australia
Hospital costs unless you're admitted to hospital, except emergency department fees	Non-PBS medicines including high cost and experimental drugs	Any costs if compensation, damages or benefits are payable by a third party. For example, workers compensation or motor vehicle accident
Any costs if you become classified as a nursing home type patient	Co-payments on PBS medicines	Out-of-pocket costs for extras goods and services such as dental, optical, physiotherapy, psychology or alternate therapies
Personal convenience, luxury room and take home items	Out-of-pocket costs, when your doctor/s charge more than the MBS fee and when any charges are not covered by our No Gap arrangement	For any service that has a waiting period until that time has been served
The gap on government-approved prostheses	Non-emergency ambulance or transfers between hospitals	
Any excess on your policy	Medical services that are part of any service that is excluded on your policy	
Any service that is excluded on your policy	Out-of-pocket costs for diagnostic services such as X-rays, scans and blood tests if the provider charges more than the MBS fee	
Hospital treatment for which Medicare pays no benefit for Australian residents, for example, elective cosmetic surgery	Cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes	
	Medical services for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner or service for which Medicare pays no benefit	
	Outpatient medical services provided by an allied health provider (e.g. optometrist, physiotherapist, dentist and psychologist)	

Easy ways to contact us



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