OVERSEAS STUDENT HEALTH COVER PRODUCT SUMMARY

Meets the Australian Government's student visa requirements by helping international students with the cost of medical treatment and hospital services. Provides cover for hospital treatment, doctors' fees, medicines, emergency ambulance and more.

FEATURES



OVERSEAS STUDENT HEALTH COVER

- ✓ **Meets visa requirement for adequate health insurance (condition 8501)**
- ✓ **No excess**
- ✓ **Hospital accommodation, operating theatre, intensive care, labour ward and surgically impacted prostheses fees**
- ✓ **Doctors' fees in and out of hospital (including online GP consults)**
- ✓ **PBS medicines required while in or out of hospital or on discharge**
- ✓ **Emergency ambulance services**
- ✓ **Emergency department fees**
- ✓ **Diagnostic services (for example, blood tests, scans and X-rays*)**

* 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.

KEY FEATURES	
Excess (per person per calendar year)	$0
Meets visa requirement for adequate health insurance (condition 8501)	✓
General Practitioner (GP) consults	✓
Online doctor services	✓
Specialist visits	✓
Medical tests (blood tests, scan & X-rays)	✓
Emergency ambulance services	✓
Hospital care	✓
Prescription medicine	✓

HOSPITAL SERVICES INCLUDED:
Ambulance cover in emergencies
Pregnancy and birth
Insulin pumps*
Rehabilitation
Palliative care
Hospital psychiatric services
Weight loss surgery
Brain and nervous system e.g. stroke, brain or spinal cord tumours, head injuries, epilepsy and Parkinson's disease
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye
Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets
Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer
Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer
Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids
Hernia and appendix e.g. hernia operations and appendicitis
Gastrointestinal endoscopy e.g. colonoscopy, gastroscopy, endoscopic retrograde cholangiopancreatography (ERCP)
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer
Miscarriage and termination of pregnancy
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block
Skin e.g. melanoma, minor wound repair and abscesses
Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynecomastia
Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections
Kidney and bladder e.g. kidney stones, adrenal gland tumour and incontinence
Heart and vascular system e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls
Lung and chest e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest
Blood e.g. blood clotting disorders and bone marrow transplants
Back, neck and spine e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis
Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma
Dental surgery e.g. surgery to remove wisdom teeth and dental implant surgery
Podiatric surgery (provided by a registered podiatric surgeon)^
Implantation of hearing devices+
Cataracts
Joint replacements e.g. replacement of shoulder, wrist, finger, hip, knee, ankle and toe joints
Dialysis for chronic kidney failure e.g. peritoneal dialysis and haemodialysis
Pain management with device e.g. treatment of nerve pain, back pain and pain caused by coronary heart disease with a device
Sleep studies e.g. sleep apnoea and snoring

SERVICES NOT INCLUDED:
Assisted reproductive services
Elective cosmetic surgery

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
- medical tests (blood tests, scans & X-rays)
- post operative services related to early discharge
- labour ward
- PBS medicines.

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

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

Call our 24/7 helpline on **13 68 42**, then press 3, so we can help guide you to a hospital and doctor in our network.

PUBLIC HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment as a private patient in a public hospital for services included in your level of cover, the benefits payable are at the Gazetted Rate, which is determined by a state or territory health authority. **These benefits are higher than Minimum Benefits but if the hospital charges more than the Gazetted Rate, you'll have an out-of-pocket cost.**

PARTICIPATING PRIVATE HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment at a participating private hospital for services included in your level of cover, the benefits payable are specified in the hospital contract with that hospital.

NON-PARTICIPATING PRIVATE HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment at a non-participating private hospital for services included in your level of cover, the benefits payable are only Minimum Benefits. **Minimum Benefits are low level benefits. In some instances, the out-of-pocket costs could be significant, and depending on the treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.**

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services. Always check with us to see if you're covered before going to hospital.

* Covered for certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes.

^ Benefits are limited to accommodation and the cost of a prosthesis as listed in the Government approved prescribed list of medical devices and human tissue products.

+ Includes associated speech and sound processors including upgrades.

IN-HOSPITAL MEDICAL SERVICES

Depending on how each of your doctors (including surgeons and anaesthetists) decide to bill you for their services when you're admitted to hospital, we'll cover you for 100% of the Medicare Benefits Schedule (MBS) fee or less where you are charged less. 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 see the Frequently Asked Questions (FAQs) at **hcf.com.au/overseas-health-cover/faqs/choosing-cover**

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 are 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, Disability and Ageing 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

If you go to a public hospital, you'll be covered for 100% of the charges raised. This means you won't need to pay for the emergency department fees (including administration fees).

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.

If you go to a private hospital and you're not admitted, we'll pay up to $200 per visit. If the hospital charges more, you'll have out-of-pocket costs.

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:

- When you see a doctor in our GP Network, you can get 100% back on regular GP visits and online GP consults. They may bill us directly so you won't need to pay upfront.
- 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*.

If the provider charges above the MBS fee, you will need to pay an out-of-pocket cost.

MEDICINE

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

- Medicines given to you when you leave hospital after being admitted and discharged are covered if part of your ongoing treatment. Your ongoing treatment includes medicines provided on a script given to you by a doctor from a medical practice that relate to your reason for admission to hospital or post discharge. We'll cover you for the PBS listed price after you pay an amount equivalent to the current PBS general patient co-payment per medicine. If you go to a participating private hospital, you won't have to pay the PBS patient co-payment fee.
- Medicines required on a script given to you by a doctor from a medical practice or an emergency department are covered up to $50 for each individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine. There is a yearly limit of $500 per person or $1000 per policy per calendar year

EMERGENCY AMBULANCE SERVICES

Emergency transportation to the nearest hospital for medically necessary emergency treatment or admission to hospital from any location including on-the-spot treatment in emergencies and emergency transfers between hospitals but only when the original hospital does not have the required clinical facilities.

OTHER THINGS YOU SHOULD KNOW

EXCESS

This product has no excess. An excess is a non-refundable amount of money you agree to pay towards the cost of your hospital treatment before we pay benefits to you.

WAITING PERIOD

A waiting period is the time you need to wait before a benefit becomes available to you (unless you need emergency treatment^). You'll be covered immediately for all in-hospital and out-of-hospital services included in your cover except for the following where you will need to wait:

- 2 months for hospital psychiatric services
- 12 months for pregnancy and birth and miscarriage and termination of pregnancy services for policy duration less than 2 years (no waiting period if policy duration is 2 years or longer inclusive of any period served continuously with another fund+)
- 12 months for pre-existing medical conditions# in-hospital only (except for hospital psychiatric related services)

EMERGENCY TREATMENT WAITING PERIOD WAIVER

Normally, you can't claim benefits while you're serving a waiting period. But if your doctor confirms you needed emergency treatment^ and we agree, the waiting period won't apply.

* This doesn't include 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.

^ Emergency treatment as defined in the Fund Rules.

+ Inclusive of any continuous period served with other OSHC providers.

A pre-existing condition means an ailment, illness or condition, the signs or symptoms of which in the opinion of a Medical Practitioner appointed by HCF, existed in the period of 6 months ending on the day on which the policyholder is covered for hospital benefits or upgrades to a higher product or insured group. The test applied relies on the presence of signs or symptoms of the illness, ailment or condition; not on a diagnosis.

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 or the Gazetted Rate	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 or for acquiring a student visa
Hospital costs unless you're admitted to hospital, except emergency department fees	Non-PBS medicines including high cost and experimental drugs (except where specified in the contract between HCF and the private hospital)	Any costs if compensation, damages or benefits are payable by a third party e.g. workers compensation or motor vehicle accident
Out-of-pocket costs if you become classified as a nursing home type patient in a private hospital	Co-payments on PBS medicines (unless you are given medicine whilst being treated at a HCF participating hospital)	Out-of-pocket costs for services not included in our No-Gap network or not covered on your policy
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 (unless emergency treatment)
The gap on gap-permitted prostheses	Non-emergency ambulance or transfers between hospital unless the original hospital does not have the required clinical facilities	Cost of medical repatriation (medically supervised return of a person to their home country)
Any service that is excluded on your policy	Medical services that are part of any service that is excluded on your policy	Costs of returning mortal remains to home country, or funeral costs
Hospital treatment for which Medicare pays no benefit for Australian residents, for example, elective cosmetic surgery	Out-of-pocket costs for diagnostic services such as X-rays, scans and blood tests if the provider charges more than the MBS fee	Claims made 2 years or more after the date of service
Experimental treatment and/or treatment not covered by Medicare	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	Treatment HCF determines is not medically necessary after receiving independent medical advice, which doesn't meet the standards in the PHI rules, is supplied by a provider not recognised by HCF, services not covered by Medicare and services not covered under the policy
All the other items - personal convenience items etc	Medical services for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner or service for which Medicare pays no benefit	Services received during any period where premium payments are in arrears
Services that have no MBS item number	Outpatient medical services provided by an allied health provider (e.g. optometrist, physiotherapist, dentist and psychologist) unless covered under your extras	

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 (press 3) and we'll connect you with the right healthcare service including:

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

13 68 42

Call our 24/7 helpline then press 3

In an emergency, call Triple Zero (000).

* 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.



Easy ways to contact us

In Australia 13 68 42

Outside Australia +61 2 7230 5100

ovhc_service@hcf.com.au

hcf.com.au/overseas-health-cover/students

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