

Overseas Visitors

Health Cover

Pregnancy

Fact Sheet

This fact sheet aims to help you understand the Australian healthcare system when having a baby.

During your pregnancy

Make sure you have health cover for your family

Allianz Global Assistance OVHC offers three types of policies:

Your Certificate of Insurance will show which policy you have selected. Your policy may be either:



Single – covering only the overseas visitor.



or



Dual family – covering the overseas visitor, and either one adult spouse or recognised de facto partner or one or more children or step-children under the age of 18 years who are not married.



Multi family – covering the overseas visitor and more than one dependant, which can only include one adult spouse or recognised de facto partner.

Allianz 

Global Assistance

Frequently asked questions

If I fall pregnant after I arrive in Australia, am I covered?

Yes, as long as you have held your OVHC policy for at least 12 months. Pregnancy-related services have a 12-month waiting period when you first purchase OVHC.

If I am on a single policy, is my baby covered?

If you are on a single policy, you will need to upgrade to either a dual family policy or a multi-family policy. Either of these options will mean an increase in your premium.

Please note you have 60 days after your baby is born to notify us of the birth.

If I am on a dual family policy, is my baby covered?

If you are on a dual family policy, this policy covers one valid visa holder plus either one adult spouse or recognised de facto partner or one or more dependent children. Depending on the mix of dependants, you may need to upgrade to a multi-family policy. This option will mean an increase in your premium.

If I am on a multi-family policy, is my baby covered?

If you are on a multi-family policy, all you need to do is add your baby to the policy. There is no change to your premium.

Please note you have 60 days after your baby is born to notify us of the birth.

Details of the types of cover are available on our website at www.ovhcallianzassistance.com.au.

How do I upgrade my OVHC policy to either dual family or multi-family?

Simply log in to the Online Member Services section of our website, select 'People Covered' from the 'My Details' menu, then click the 'Add Person' button to add your baby to your policy.

Alternatively, you can ring and speak with one of our Member Services Officers on 1300 727 193.

Please note this may involve paying additional premium.

What if I don't have continuous cover?

No benefits are payable for claims incurred by you during the period that you allowed your OVHC to lapse. You may need to purchase a new policy and you may need to re-serve waiting periods if your cover has lapsed. Please call us on 1300 727 193 if you have any questions about lapsed cover.



When should I add my baby's details to my policy?

A baby can't be added before it's born. Once your baby is born, simply log in to the Online Member Services section of our website, select 'People Covered' from the 'My Details' menu, then click the 'Add Person' button to add your baby to your policy. Alternatively, you can call us on 1300 727 193 to add your baby to your policy. If your baby is added within 60 days of birth, no waiting periods apply. If they are added more than 60 days after birth, waiting periods may apply. We are unable to pay for any medical costs for your baby until you have added your baby to your policy.

When should I notify Allianz Global Assistance about my pregnancy?

Your hospital's maternity bookings coordinator will call the Allianz Global Assistance OVHC Eligibility Line to notify us of your pregnancy and confirm cover as soon as:

- Your medical practitioner has referred you to a hospital, and
- The hospital has scheduled your expected delivery.

If you wish, you may also call the OVHC Eligibility Line on 1800 884 526 to confirm cover or ask any questions you have.

If you are having difficulty finding an appropriate hospital, please contact our staff on 1300 727 193, who will be able to assist you.

Types of pregnancy care

The first step is to consult your local doctor for their recommendations in relation to an obstetrician or a qualified local doctor/midwife who participates in a shared maternity care program to manage your pregnancy. Your chosen medical practitioner/specialist will then see you on a regular basis throughout your pregnancy.

Shared maternity care means that during your pregnancy you can see the same local doctor (GP), or community midwife for most of your pregnancy visits. You will visit the hospital early in your pregnancy and again at 36 weeks. Together, the hospital and your chosen community doctor/midwife will 'share your care'.

Shared maternity care is a popular choice for women who are healthy with a normal, low-risk pregnancy. Shared care doctors/midwives may charge some gap fees. This amount varies, but is likely to be less than obstetrician fees.

Obstetricians in public hospitals specialise in pregnancies and birth. If you experience complications during your pregnancy, an obstetrician will be involved in your care. You will attend the public hospital antenatal clinic to see doctors and midwives. Your local doctor will refer you to your closest public hospital for your initial consultation.

Please note that outpatient services are only covered if you have an OVHC Visitors Plus policy.



A private obstetrician means you can choose which private obstetrician you would like to manage your pregnancy and the delivery of your baby. Your chosen obstetrician will be affiliated with specific hospitals. If you've selected your obstetrician, you will need to have your baby at the hospital that they are affiliated with. If you prefer, you can choose your hospital first, then ask the hospital for a list of obstetricians.

You need to obtain a referral from your local doctor and take this to your first obstetric appointment.

Private obstetricians set their own fees. As such you will need to contact their surgery to confirm their fees and the Medicare item numbers. Once you have this information you can contact OVHC member services (1300 727 193) to confirm what your gap fee will be. Please note if you are on a Budget Policy there is no provision for out of hospital medical costs.

Choosing your hospital

There are a number of options when it comes to choosing where to have your baby. You can have your baby:

- As an OVHC patient in a public hospital.
- As a private patient in a public hospital.
- As a private patient in a private hospital.

The table below shows what you are covered for in each of these situations.

	OVHC patient in a public hospital	Private patient in a public hospital	Private patient in a private hospital
Your choice of doctor	No	Yes	Yes
Your choice of hospital	No Need to go to public hospital in your local area, which is based on your residential address.	No Need to go to public hospital in your local area, which is based on your residential address or where your chosen obstetrician has admitting rights.	Yes Need to choose a private hospital that has contracted Australian Health Services Alliance (AHSa) contracted rate with <i>Peoplecare Health Insurance</i> .
Covered for hospital expenses (accommodation and theatre fees)	Yes Hospital inpatient shared ward accommodation , 100% of the rate determined by the State and Territory health authority for Medicare ineligible patients.	Yes Hospital inpatient shared ward accommodation , 100% of the rate determined by the State and Territory health authority for Medicare ineligible patients.	Yes Hospital inpatient shared ward accommodation , 100% of the Australian Health Services Alliance (AHSa) contracted rate with <i>Peoplecare Health Insurance</i> .
In hospital patient (inpatient) Covered for doctor, radiology and pathology fees	Yes 100% of the Medicare Benefits Schedule (MBS) fee. Any doctors' fees above the MBS fee will be a gap, which is a cost to you. OVHC does not cover any gap fee above the MBS fee.	Yes 100% of the Medicare Benefits Schedule (MBS) fee. Any doctors' fees above the MBS fee will be a gap, which is a cost to you. OVHC does not cover any gap fee above the MBS fee.	Yes 100% of the Medicare Benefits Schedule (MBS) fee. Any doctors' fees above the MBS fee will be a gap, which is a cost to you. OVHC does not cover any gap fee above the MBS fee.
Out of hospital (outpatient) Covered for doctors, pathology and radiology fees	Visitors Plus Only Benefit amount as listed in the Medicare Benefits Schedule (MBS) – 85% of the MBS fee*. OVHC does not cover any gap fees above the MBS fee.	Visitors Plus Only Benefit amount as listed in the Medicare Benefits Schedule (MBS) – 85% of the MBS fee*. OVHC does not cover any gap fees above the MBS fee.	Visitors Plus Only Benefit amount as listed in the Medicare Benefits Schedule (MBS) – 85% of the MBS fee*. OVHC does not cover any gap fees above the MBS fee.
Gap fees likely	Only if the doctors charge above the MBS rates, or outside the hospital rates schedule.	Yes	Yes

*Benefits payable as per Medicare Benefits Schedule fee.

How to arrange your stay in hospital

Public hospital

- Public hospitals accept OVHC members for maternity care.
- To book into a public hospital you will require a referral from your local doctor and confirmation of your residential address.
- The hospital maternity bookings department will then review the request. Acceptance into the public hospital will be based on the following:
 - Priority is given if your residential address falls within the specified catchment area of the public hospital.
 - Availability of maternity beds at the time you are due to have the baby. Should the hospital reach full capacity then you will need to apply to a different public hospital. You can contact the maternity bookings department to discuss your other options.
- If you are unable to confirm a booking in a public hospital then please talk to your local doctor about having your baby in a private hospital.
- Once your booking has been confirmed by the public hospital maternity bookings department, please confirm when your first antenatal clinic appointment will be (usually scheduled around 12-14 weeks). Ongoing appointments will then be scheduled following your first visit.

Private patient in a public and/or private hospital

Having your baby as a private patient allows you the opportunity to choose your hospital and practitioner/s. Once you have made a decision and have confirmed your obstetrician delivers at that hospital, a booking will need to be made with the hospital. This is usually done through your obstetrician.

After the birth

- After the birth of your baby, you can expect to stay in a public hospital for 48 hours following a normal birth or 72 hours following a caesarean delivery.
- In a private hospital, you can expect to stay four days following a normal delivery and four to five days following a caesarean delivery. The actual length of your stay will depend on your wellbeing and the health of your baby.
- From birth, family doctors, paediatricians and child health nurses provide care for babies and children including performing routine check-ups to monitor growth and development.



Adding your baby to your OVHC membership

Once your baby is born, you will need to let us know within **60 days**.

- Simply log in to the Online Member Services section of our website, select 'People Covered' from the 'My Details' menu, then click the 'Add Person' button to add your baby to your policy.
- Alternatively, you can call us on 1300 727 193 to add your baby to your policy.

Medical fees

The Australian Government provides financial assistance with medical expenses and hospital care through a scheme called **Medicare**. However, as an international visitor you are **not eligible** for Medicare, which is why you are required to hold an OVHC insurance policy. Your OVHC benefits are based on the Medicare Benefit Schedule of fees (MBS).

Doctors and medical services may choose to charge more than the MBS scheduled fee which is called a gap fee. You will be responsible for these costs and cannot claim this amount from OVHC. These gap fees would also apply to local residents who have Medicare. You can contact the medical provider prior to your appointment and ask if there will be any gap fee to pay.

How to reduce your gap expenses

- If you are eligible for shared maternity care and able to receive this care from one of our direct-billing doctors, this will help to reduce your medical expenses.
- In Australia, doctors, pathology and radiology medical services set their own fee schedule, and the difference in prices may vary considerably. As such, you can contact ahead and ask their receptionists what their typical fee schedule is prior to making an appointment.
- Choose a private hospital that has an agreement with the Australian Health Service Alliance contracted rates with Peoplecare, Allianz Global Assistance's health insurance provider. You can confirm this by asking the hospital maternity booking coordinator. Alternately the hospital finance department will have this information.
- Discuss the cost of any proposed medical services with your obstetrician/midwife and any other specialist involved in your care prior to your treatment, to ensure you understand their fee structure.

