

Overseas Visitors Health Cover Plus Extras Cover

Policy document and members guide



Global Assistance

Allianz 

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Allianz Global Assistance welcomes you to Australia!

We understand that maintaining **your** health is an important part of making **your** stay in Australia as safe and enjoyable as possible.

We provide health cover to look after **you** while **you're** visiting or working in Australia.

What is OVHC?

Overseas Visitors Health Cover (**OVHC**) is health insurance for international visitors which provides cover towards the costs of:

- In **hospital** medical treatment
- **Prescription medicines**
- Emergency ambulance transport
- Medical repatriation (only if authorised by **us**)
- Out of **hospital** medical treatment (Visitors Plus only)

Why is OVHC important?

Hospital and Medical treatment can be expensive

Australia has a public health insurance system, known as Medicare, and a public **hospital** system, however overseas visitors are generally not eligible for Medicare coverage or free treatment in public **hospitals**. This means that overseas visitors who need **hospital** or medical treatment while they are in Australia will have to pay for these services, and the costs can potentially be significant – in most cases **hospital** treatment will cost more than \$1,500 per day.

Visa requirement

If **your** visa is subject to Visa Condition 8501, **you** must maintain adequate arrangements for health insurance while **you** are in Australia. **Your** visa conditions can be checked on the website of the Australian Government Department of Immigration and Border Protection (**DIBP**). Allianz Global Assistance's OVHC meets all DIBP requirements and will satisfy Visa Condition 8501.

DIBP requires holders of student visas to have a particular type of health insurance product, known as Overseas Student Health Cover (**OSHC**) – if **you** hold a student visa **you** should take out OSHC rather than OVHC. Information on Allianz Global Assistance's OSHC product is available at www.allianzassistancehealth.com.au/oshc.

Words with special meanings

Some words in this policy have special meanings and are defined below.

“benefit” means an amount of money **we** will pay to **you** or on **your** behalf for approved expenses incurred by **you** in accordance with **your** policy.

“dependant” means a person who is:

- (a) a spouse or de facto partner of an overseas visitor; or
- (b) a child or step-child of an overseas visitor who is unmarried and has not turned 18.

“doctor” means a person who is qualified and registered to practise medicine or surgery in Australia. This person cannot be **your dependant** or a person on whom **you** are dependent.

“emergency treatment” means the treatment of any of the following conditions:

- (a) risk of serious morbidity or mortality and requiring urgent assessment and resuscitation; or
- (b) suspected acute organ or system failure; or
- (c) an illness or **injury** where the viability of function of a body part or organ is acutely threatened; or
- (d) a drug overdose, toxic substance or toxin effect; or
- (e) psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- (f) severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- (g) acute haemorrhaging and requiring urgent assessment and treatment; or
- (h) a condition that requires immediate admission to avoid imminent morbidity or mortality and where a transfer to another facility is impractical.

“health aids” means items of equipment including blood glucose monitors, blood pressure monitors, CPAP machines, diabetic consumables, leg calipers, nebulisers, orthopaedic shoes, peak flow meters, physiotherapy / chiropractic aids, Synvisc injections, TENS machines and wigs.

“health management programs” means preventative health programs approved by **us** that manage or treat a specific health condition, including cover for equipment hire or purchase, fitness programs, health screenings and improvement programs.

“hospital” means an established hospital registered under Australian legislation that provides **in-patient** medical care.

“injury” means bodily injury.

“in-patient” means a patient who has been formally admitted to a **hospital** or day facility.

“limit” means the maximum amount of payment by **us**. A limit applies per person as long as the maximum **benefit** has not been used if you have a dual family or multi-family policy.

“Medicare Benefits Schedule” or **“MBS”** means a list of fees set by the government for the purpose of determining the Medicare benefit which is payable for a particular medical service.

“medical practitioner” has the meaning given to it in the Health Insurance Act 1973 (Cth).

“out of pocket” means the difference between the amount payable under the **MBS** and the amount actually charged for the medical service.

“out-patient” means a person who receives a health service or procedure without being formally admitted to **hospital**. To remove doubt, out-patient services may be received in a **hospital** or other medical facility.

“PBS patient contribution” means the **out of pocket** costs **you** are required to pay, by law, towards the cost of a prescription before **we** start to calculate **your benefit**. The **out of pocket** costs **you** have to pay are the same as an Australian who does not receive any concessional payments.

“Pharmaceutical Benefits Scheme” or **“PBS”** means the Commonwealth Scheme for the payment of pharmaceutical benefits detailed in Part VII of the National Health Act (Cth).

“premium” means the premium payable for **your** OVHC policy, including all taxes and charges, and is calculated based on the product(s) **you** choose..

“prescription medicines” means those medicines that require a prescription completed by a **doctor** or other authorised practitioner in order to be dispensed by a registered pharmacist. **Benefits** are only payable on prescription medicines listed within the **PBS**.

“we”, “us” and **“our”** means Peoplecare Health Limited, a private health insurer under the Private Health Insurance Act 2007 (Cth) and AWP Australia Pty Ltd (trading as Allianz Global Assistance) as the manager of this Overseas Visitors Health Cover product.

“you” or **“your”** means the person or persons named in the Certificate of Insurance under the heading **‘Insured Persons’**.

Section one: OVHC



Who may be suitable for OVHC?

OVHC is health insurance for international visitors wishing to travel or work in Australia on certain visa types, including visa types subject to visa condition 8501 (eligible visas).

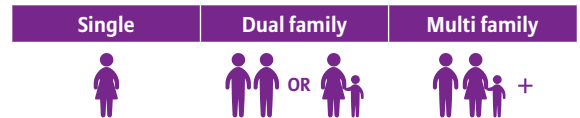
Please refer to **our** website for details of the eligible visa types:

<https://allianzassistancehealth.com.au/en/visitors-visa-ovhc/visas-we-cover/>

Single or Family Cover

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

- **Single** – covering the primary overseas visitor visa holder (**you**) only;
- **Dual family** – covering the primary overseas visitor visa holder (**you**), and one of:
 - **your** dependent spouse or de facto partner, or
 - one or more of **your** dependent children or step-children under the age of 18 years who are not married;if:
 - they are authorised to enter Australia under the overseas visitor's visa, and
 - they live with **you**.
- **Multi family** – covering the primary overseas visitor visa holder (**you**), and:
 - **your** dependent spouse or de facto partner, and
 - **your** dependent children or step-children under the age of 18 years who are not married;if:
 - they are authorised to enter Australia under the overseas visitor's visa, and
 - they live with **you**.



If **you** are not sure if **you** have the right cover, or **your** circumstances have changed, then please contact **us** immediately.

We do not cover other family members such as parents, grandparents, brothers, sisters, uncles or aunts. They will need to consider alternative health cover. Please visit:

www.allianzassistancehealth.com.au/ovhc

BUDGET VISITORS (HOSPITAL ONLY) POLICY

Benefits covered under your Budget Visitors policy

Medical and hospital benefits

In the event of medical treatment being required by **you** or any **dependants** covered under **your** policy during the period of cover, **we** will pay **benefits** for the following:

Service	Benefit per service*
In-patient medical services Admitted medical services provided in hospital . Public hospital – admitted patient treatment including: <ul style="list-style-type: none"> overnight and day only hospital accommodation (including theatre, intensive care, labour wards, ward drugs); emergency department treatment that leads to an admission; and post-operative services that are a continuation of care associated with an early discharge from hospital. Includes PBS listed drugs (including discharge medications) that form part of the episode of hospital care.	100% of the MBS fee. The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare. For admission-related PBS listed drugs, the benefit is equal to the Australian Government's PBS list price less the current PBS patient contribution .
Private hospital /registered day hospital facility.	100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation. Refer to "Private admission" on page 25.
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.	100% of the minimum benefit as listed on the Federal Government's prostheses list.
Ambulance services When medically necessary for admission to hospital or for emergency treatment or for inter- hospital transfer for clinical reasons.	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
Medical repatriation benefit Cover for you or your dependants' repatriation to your home country as a result of a life-altering illness or injury , or in the unfortunate event of death, the repatriation of your or their mortal remains.	100% of the costs authorised by us up to a maximum amount of \$5,000 per policy.

* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.**

VISITORS PLUS POLICY

Benefits covered under your Visitors Plus policy

Medical and hospital benefits

In the event of medical treatment being required by **you** or any **dependants** covered under **your** policy during the period of cover, **we** will pay **benefits** for the following:

Service
Out-patient medical services
Medical services provided by most General Practitioner services.
All other medical services such as pathology and radiology (including specialists).
In-patient medical services
Admitted medical services provided in hospital .
Public hospital – admitted patient including: <ul style="list-style-type: none"> overnight and day only hospital accommodation (including theatre, intensive care, labour wards, ward drugs); emergency department treatment; and post-operative services that are a continuation of care associated with an early discharge from hospital. Includes PBS listed drugs (including discharge medications) that form part of the episode of hospital care.
Private hospital /registered day hospital facility.
Prescription Medicines
For medicines prescribed by your doctor . Excludes: medications, drugs or other treatments not listed on PBS .
Surgically implanted prostheses
Surgically implanted prostheses and other items included on the Federal Government's prostheses list.
Ambulance services
When medically necessary for admission to hospital or for emergency treatment or for inter- hospital transfer for clinical reasons.
Medical repatriation benefit
Cover for you or your dependants' repatriation to your home country as a result of a life-altering illness or injury , or in the unfortunate event of death, the repatriation of your or their mortal remains.

Benefit per service*
100% of the MBS fee.
85% of the MBS fee.
100% of the MBS fee.
The rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare. For admission-related PBS listed drugs, the benefit is equal to the Australian Government's PBS list price less the current PBS patient contribution .
100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation. Refer to "Private admission" on page 25.
Prescription medicines benefit for expenses exceeding the equivalent of the current PBS patient contribution for general beneficiaries up to a: <ul style="list-style-type: none"> maximum benefit of \$50 per prescribed item maximum amount per calendar year for Single cover of \$300 maximum amount per calendar year for Dual family and Multi family cover of \$600 Each individual in a family has a limit equivalent to a single person as long as the family maximum benefit has not been used. Limits do not apply to admission-related PBS listed drugs.
100% of the minimum benefit as listed on the Federal Government's prostheses list.
100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
100% of the costs authorised by us up to a maximum amount of \$5,000 per policy.

* **You may incur out of pocket costs for hospital expenses above your benefit amount. Payment of benefit subject to the same rules/criteria as payment of a Medicare benefit for the same service.**

How long do I have to be covered?

For relevant visa types, the Australian Government requires that **you** have adequate arrangements for health insurance for the entire length of **your** stay in Australia.

Periods of cover:

1. **Your** OVHC Policy is only valid whilst **you** hold a current eligible visa and have paid the full **premium** required.
2. **Your** cover starts on the later of the Start Date shown on **your** Certificate of Insurance and the date **your** eligible visa is issued.
3. **Your** cover ceases on the date of **your** departure from Australia, the date **you** cease to hold an eligible visa or the date **we** or **you** cancel **your** policy, whichever occurs first.
4. If **you** leave Australia, **your** policy will remain current on **your** return if **your** eligible visa is still current and **your** **premium** payments are up to date. No **benefits** are payable for claims incurred by **you** during the period **you** were not in Australia, however **you** won't need to re-serve any waiting periods that **you** have already served.
5. **We** will allow for acceptance of **premiums** for 60 days after the due date of each payment without terminating the policy. **We** are not obligated to pay for treatments received during any arrears period until the arrears are paid for the relevant period.

Waiting periods

You cannot claim for costs arising during the applicable waiting period if such costs arise from a pre-existing condition or a pregnancy related condition.

The waiting period is calculated as 12 months (or, for psychiatric, rehabilitative or palliative care, 2 months) commencing from:

- the date **you** or **your dependant** (as the case may be) arrived in Australia; or
- the date **your** eligible visa was granted; or
- the date **your** policy commenced,

whichever is the later date.

If **you** are an existing member upgrading **your** cover from Budget Visitors to Visitors Plus, **you** will need to serve the applicable waiting period for any benefits not covered under **your** existing Budget Visitors policy.

If **you** are switching to Allianz Global Assistance from a similar policy held with another insurer, and there has not been a gap in **your** coverage of more than 30 days, **we** will count the time **you** were covered under **your** previous policy towards any waiting period which applies to **your** coverage with **us** – see the section “*Other important matters*” on page 20.

If **you** have previously held OVHC or OSHC with **us** and:

- **you** voluntarily terminated **your** policy and 30 days have since elapsed during which **you** did not hold health insurance; or
- **your** policy was lawfully cancelled by **us**,

new waiting periods will commence upon commencement of any new policy **you** take out with **us** after that time.

Pre-existing conditions:

A pre-existing condition is an ailment, illness or condition the signs or symptoms of which (in the opinion of a **medical practitioner** appointed by **us**) existed at any time in the period of 6 months ending on the relevant start date (determined in accordance with the above rules). In forming such an opinion, the **medical practitioner** must have regard to any information in relation to the ailment, illness or condition that the **medical practitioner** who treated the ailment, illness or condition gives him or her.

This includes an ailment, illness or condition that was present, but had not been diagnosed by a **medical practitioner** at the time of **your** arrival in Australia or the date **your** eligible visa was granted, whichever is the later date.

What's not covered?

Benefits are not payable for:

- (a) services and treatment rendered as part of an assisted reproductive program, including but not limited to in-vitro fertilisation;
- (b) bone marrow and organ transplants;
- (c) treatment rendered outside of Australia, whether or not in connection with a course of study and including treatment necessary en route to or from Australia;
- (d) treatment arranged in advance of the **dependant's** or overseas visitor's arrival in Australia;
- (e) treatment rendered to a **dependant** or overseas visitor in the first 12 months, other than psychiatric, rehabilitative or palliative care, where the treatment is for a pre-existing condition;
- (f) treatment rendered to a **dependant** or overseas visitor in the first 2 months where that treatment is psychiatric, rehabilitative or palliative care and is for a pre-existing condition;
- (g) treatment rendered to a **dependant** or overseas visitor in the first 12 months, where the treatment is for a pregnancy-related condition;
- (h) transportation of a **dependant** or overseas visitor into Australia in any circumstance, or for transportation out of Australia except in the circumstances and to the extent covered by our “*Medical Repatriation Benefit*”;

- (i) services and treatment which are covered by compensation or damages provisions of any kind;
- (j) elective cosmetic surgery;
- (k) personal costs, including but not limited to, telephone, personal pharmacy, internet, personal items, **in-patient** boarder, television hire, and costs for any relative/companion;
- (l) general non-medical administrative expenses, including but not limited to prosthetic, medical consumable, and medical document handling fees;
- (m) services provided by physiotherapists, osteopaths, chiropractors, naturopaths or any other ancillary services;
- (n) medications, drugs or other treatments not prescribed by a **doctor** and not included in the **PBS**;
- (o) any costs associated with dental treatment;
- (p) optical charges;
- (q) the **out of pocket** costs payable by **you** under Australian law or as a result of the provider charging in excess of the **MBS** fee; or
- (r) service fees charged by a **doctor** or **hospital** which are not included in the **benefits** covered under your policy; or
- (s) costs towards an emergency room visit in a private **hospital**.

For the purposes of these exclusions, the start date for calculating the relevant period of 12 months or 2 months, and whether or not the condition is a pre-existing condition, will be determined in accordance with the section *“Waiting periods”* on page 10.

Section two: Extras cover



EXTRAS COVER

Benefits covered under your

Extras - Basic and Extras - Top cover

Extras Cover	
Dental	General Dental - Preventative, X-rays, Basic Restorations, Basic Surgery & Extractions
	Major Dental - Periodontics, Endodontics, Crowns & Bridges, Implants & Dentures
	Orthodontics
Optical	Glasses Contact Lenses Laser Eye Surgery
	Physiotherapy Occupational Therapy Orthoptics (eye therapy)
	Exercise Physiology Hydrotherapy
Chiropractic	Chiropractic Osteopathic Services
Complementary Therapies	Acupuncture Natural Therapy Remedial Massage Dietetics Chinese Medicine consultation
Podiatry	Podiatry (Chiropody)
Psychology	Psych/Group Therapy
Speech Therapy	Speech Therapy
Health Management Programs	Preventative Health
Health Aids & Wellness	Equipment (1 every 3 years) Health Services (allergy treatments) Orthotics (1 every 2 years)
Hearing Aids	Hearing & Audiology

Please note:

This is a summary only and does not provide a full list of services covered. It's always best to give **us** a call before having any treatment to check exactly what **you're** covered for.

Extras - Basic		Extras - Top	
Benefit	Annual Limit	Benefit	Annual Limit
50%	\$500 Per Person \$1,000 Per Family	70%	\$1,000 Per Person \$2,000 Per Family
X	X	70%	\$1,000 Per Person \$2,000 Per Family
X	X	70%	\$800 \$2,400 Lifetime Limit
100%	\$150 Per Person \$300 Per Family	100%	\$250 Per Person \$500 Per Family
X	X	70%	\$500 per eye \$2,000 per family
Initial: \$35 Standard: \$25	\$300 Per Person \$600 Per Family	Initial: \$51 Standard: \$41	\$500 Per Person \$1,000 Per Family
50%		70%	
Initial: \$35 Standard: \$25	\$300 Per Person \$600 Per Family	Initial: \$45 Standard: \$35	\$500 Per Person \$1,000 Per Family
Initial: \$35 Standard: \$25	\$150 Per Person \$300 Per Family	Initial: \$45 Standard: \$35	\$350 Per Person \$700 Per Family
X	X	Initial: \$45 Standard: \$35	\$400 Per Person \$800 Per Family
X	X	Initial: \$90 Standard: \$70	\$400 Per Person \$800 Per Family
X	X	70%	\$400 Per Person \$800 Per Family
50%	\$100 Per Person \$200 Per Family	70%	\$200 Per Person \$400 Per Family
X	X	70%	\$500 Per Person \$1,000 Per Family
		70% up to \$150	
		70% up to \$150	
X	X	70%	\$1,000 every 5 years

Your Extras cover

- Extras cover can only be taken in conjunction with either Budget Visitors or Visitors Plus covers for certain select visa types. Please refer to **our** website for details of the visa types eligible for Extras Cover:
<https://allianzassistancehealth.com.au/en/helpcentre/ovhc/working-visas>
- Extras cover is available for singles, and families (see “Who may be suitable for OVHC? Single or Family cover” on page 5).
- **Your** cover starts on the Start Date shown on **your** Certificate of Insurance. **Your** Certificate of Insurance will also show the level of Extras cover taken, if any.
- **Your** Extras cover will cease on the same day that **your** Budget Visitors or Visitors Plus cover ceases (see “How long do I have to be covered?”).
- Annual **limits** are based on the financial year (1 July – 30 June), and are per person (unless it says otherwise).
- Health management program benefits are available for approved services that manage or treat a specific health condition, and include blood pressure testing, cholesterol checks, mammograms and hearing tests. To find out if **you** can claim for a service, please contact **us**.
- Please keep in mind that **we** aren't able to pay **benefits** towards goods and services that are used for sport, recreation or entertainment (like gym memberships or sports shoes).

Waiting periods

The following waiting periods apply before these services are covered on **your** policy, and commence from the start date of **your** policy:

Extras services	Waiting period
<ul style="list-style-type: none"> • Services covered by another fund (when transferring directly to a similar level of cover) 	Continuation of cover, with only the need to serve remainder of waiting period
<ul style="list-style-type: none"> • Joining the fund • Upgrading your cover • General dental, physiotherapy, chiropractic, podiatry, psychology, speech therapy, health aids and complementary therapies 	2 months
<ul style="list-style-type: none"> • Optical and health management programs 	6 months
<ul style="list-style-type: none"> • Major Dental – including crowns, bridgework, implants, orthodontics, endodontics, periodontics and dentures 	12 months
<ul style="list-style-type: none"> • Laser eye surgery & hearing aids 	24 months

If **you** are switching to Allianz Global Assistance from a similar policy held with another insurer, **we** will count the time **you** were covered under **your** previous policy towards any waiting period which applies to **your** coverage with **us**.

If **you** are an existing member upgrading **your** cover from Basic to Top, the waiting period will need to be served on any higher level benefits.

What's not covered?

Benefits are not payable for:

1. treatment & services received from providers that aren't registered or recognised by **us**;
2. treatment & services received within **your** waiting periods (see page 16);
3. treatment & services received outside Australia;
4. treatment & services covered by compensation or another type of insurance (like third party or sports club insurance);
5. treatment & services received more than 2 years ago;
6. complementary therapy **benefits** received from providers not registered with either Medicare or the Australian Regional Health Group (ARHG);
7. naturopathic & herbal medicines;
8. first aid kits & courses;
9. non-prescription glasses, contacts & sunglasses;
10. treatment & services received from a family member, relative, business partner or yourself;
11. treatment & services **you** weren't charged for;
12. services for sport, recreation or entertainment;
13. receipts issued by a third party, like group buying website or group deals;
14. if **you're** using a gift voucher, **we** can't pay the difference between the cost of the service and the value of the voucher. For example, if **you** use a \$60 voucher to pay for a \$40 service, **you** can only claim back the \$40 as the official fee for that service;
15. **benefits** higher than the amount **you** paid for the service. For example, if **you** receive treatment that's discounted from \$65 to \$30, **we** only pay a **benefit** towards the fee you paid (e.g. \$30);
16. surcharges, delivery costs and credit card processing fees.

Section three: Other important matters



This section explains **your** and **our** rights and responsibilities under this policy.

1 Hospitalisation

If **you** or a person covered under **your** policy is hospitalised, **you** or the **hospital** must advise **us** as soon as possible.

2 Privacy Notice

Your privacy is important to us and we are committed to complying with our obligations under the Privacy Act 1988 and the Australian Privacy Principles. By providing your personal information to us or our agents, you consent and agree to us collecting, holding, using, and disclosing your personal information (including sensitive information such as your medical details) in accordance with our privacy policy which is available from us on request or view it on the web at <http://www.allianz-assistance.com.au/privacy-and-security/>. We summarise below some key aspects of our privacy policy.

We collect your personal information

To arrange and manage your OSHC or OVHC policy, we (in this Privacy Notice “we”, “our” and “us” means AWP Australia Pty Ltd ABN 52 097227 177 of 74 High St, Toowong, 4066, phone (07) 3305 7000, trading as Allianz Global Assistance) collect your personal information including sensitive information not only from you (such as when you apply for your policy or make a claim) but also from universities and other educational institutions, Government Departments, doctors, hospitals, your family members and personal representatives, and others who assist us provide our services to you. For example, we collect your name, address, date of birth, credit card and/or bank account details, country of origin, passport details, medical and other information.

Why we collect your personal information

Any personal information provided to us is used to evaluate and arrange your policy, and to administer and provide services covered by your policy. We may also use it to provide other services such as welcoming, orientation, and information services to you including before you arrive in Australia. We also use and disclose it so as to comply with regulatory requirements, to manage, process, and investigate claims, for product development, for customer data analytics and research, for marketing our products to you and those of our business partners unless you opt out, for recovery action against third parties as well as for other purposes with your consent or where authorised by law.

To whom do we disclose it

Your personal information may be disclosed to our agents and representatives as well as to other service providers and third parties who assist us provide the services to you or to carry out our normal business activities including claims handlers, assessors, investigators, medical practitioners, hospitals and other medical assistance and

health care providers, educational institutions and Government Departments, insurers and re-insurers, 'cloud' storage providers, as well as your family members and personal representatives.

Some of the above service providers, agents, and representatives to whom we disclose your personal information (including those that assist us with claims handling and orientation and information services) may be located in other countries where the Allianz Group and its subcontractors have a presence including but not limited to France, India, China, Thailand, and Japan. You agree that whilst those overseas service providers will often be subject to confidentiality or privacy obligations, they may not always comply with Australian privacy laws.

Marketing

Unless you opt out, we may contact you on an ongoing basis by telephone, mail, electronic message (including email) with offers of products or services that we consider may be relevant and of interest to you. If you do not want to receive such offers, you can opt out at any time by calling Allianz Global Assistance on 1800 023 767.

Access & Complaints

You can seek access to and ask to correct your personal information or make a complaint about your privacy by contacting us on telephone (07) 3305 7000 or by writing to 'The Privacy Officer', Allianz Global Assistance, PO Box 162, Toowong, QLD 4066.

For more information about our handling of personal information, including access, correction, and complaints, please refer to our privacy policy available on request or view it on the web page set out above.

If you do not agree to our privacy policy or will not provide us with personal information, we may not be able to provide you with our services.

3 Transferring from another health insurer (Fund)

If **you** transfer to Allianz Global Assistance from a similar policy held with another Fund and there has not been a gap in **your** coverage of more than 30 days, then provided **you** can provide documentary proof of the period **you** had cover with the other Fund, **we** will take this period of cover into account when assessing the waiting periods with **us**. If **you** are transferring to Allianz Global Assistance, **we** require that **you** obtain a clearance certificate from **your** current Fund.

To arrange **your** policy:

- visit **us** at www.allianzassistancehealth.com.au/ovhc
- or call 1300 727 193,
- or email **us** at OVHC@allianz-assistance.com.au

4 Resolving your concerns

Any enquiry or concerns relating to this policy should be referred to:

Allianz Global Assistance
Overseas Visitors Health Cover
Locked Bag 3004
TOOWONG QLD 4066
Telephone 1300 727 193

Commonwealth Ombudsman

The Commonwealth Ombudsman has responsibility to assist with enquiries and complaints about any aspect of private health insurance. The Ombudsman is independent of private health funds, private and public **hospitals** and the Government. Information may be obtained or complaints lodged about health insurance by telephoning the Ombudsman's office toll free on 1300 737 299.

5 Premium refunds

You can apply in writing for a pro-rata refund of **premium** for the unexpired portion of **your** policy if:

- (a) **you** paid **your premium** and did not come to Australia
- (b) **you** paid **your premium** on the basis of an extended stay but the extension of authorised stay was not granted by the Department of Immigration and Border Protection
- (c) **you** have been granted permanent residence in Australia
- (d) **you** can provide proof of OVHC provided by another organisation which includes the period covered by the organisation.

Please note:

- Refunds are calculated on a monthly pro-rata basis, with a minimum refund of one month.
- Any amount that **we** retain on these grounds is treated as a fee for processing **your** refund.
- Any bank or transfer costs associated with the refund of **premium** to an overseas institution will be borne by **you** and deducted from the **premium** refund.

6 You must help us recover any money we have paid

If a claim made by **you** and paid by **us** under this policy is subject to recovery action by **us** against a third person, **you** must do the following:

- Assign **your** rights in relation to the recovery of any amount **we** have paid under this policy.
- Provide **us** with reasonable assistance to recover payments made by **us**.
- Reimburse **us** for any amounts paid to **you** as part of a settlement for claims paid by **us**.

7 You must provide additional information upon request

You must provide all information and details that **we** may reasonably require in order to process any medical and **hospital** claims.

8 Compensation Fund

Benefits are not payable if **your** claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored Fund, Plan, Reciprocal Health Care Agreement or Medical Benefit Scheme, or any other similar type of legislation required to be effected by or under a law.

9 Fraud

Insurance fraud places additional costs on honest policy holders. Fraudulent claims force insurance **premiums** to rise.

We encourage the community to assist in the prevention of insurance fraud.

You can help by reporting insurance fraud. All information will be treated as confidential. Report insurance fraud by calling 1800 453 937.

Any fraudulent misuse of **your** policy or card may result in **your** policy being cancelled and **your** details passed onto the relevant authorities.

We will not be responsible for any expenses arising from the misuse of **your** card.

Section four: Members guide



OVHC 24 hour helpline - 1800 814 781

In the event of a medical or personal situation, **we** will assist **you** with:

- (a) medical advice and assistance
- (b) referrals to a **doctor** for medical treatment
- (c) telephone access to a solicitor for legal advice
- (d) access to an interpreting service

In a medical emergency situation call triple zero (000).

AWP Australia Pty Ltd trading as Allianz Global Assistance has been appointed by the underwriter to administer all assistance services. Please note that the provision of assistance services to **you** is not deemed to be acceptance of cover in circumstances where no cover is otherwise available to **you** under this policy.

The Australian healthcare system

It is very important that **you** have a good understanding of the Australian healthcare system. If **you** understand the healthcare system in Australia, **you** will be better placed to access the best and most effective treatment for **you**.

www.humanservices.gov.au/customer/dhs/medicare

General Practitioners (benefits apply to Visitors Plus only)

If **you** are not in a medical emergency situation, the first point of contact is a general practitioner (GP), **medical practitioner** or local health/medical centre. **You** can access many services at **your** local health centre. Some of the services available are:

- General medicine and simple diagnostic screenings.
- Assessment and treatment of health problems and injuries.
- First aid services as needed.
- Women's and men's health.
- Referrals to specialist services.

In most cases, it is necessary for **you** to make an appointment to see **your doctor**.

Accident and emergency treatment

Many **hospitals** have a 24 hour accident and emergency department. Accident and emergency departments should only be accessed in the case of emergency situations. When **you** visit an accident and emergency department, a nurse will assess **you** and if **your** illness or **injury** is not deemed as an emergency, **you** may need to wait a long time to see a **doctor**.

If **you** hold a Budget Visitors policy and **your** attendance at an accident and emergency department does not lead to **in-patient** admission, no cover is provided under **your** policy for any costs charged for **your** accident and emergency attendance.

We are unable to pay costs towards an emergency room visit in a private **hospital** regardless of **your** level of cover.

Hospital treatment

If **you** have been admitted for **emergency treatment**, contact Allianz Global Assistance immediately on 1800 814 781. If **you** have been referred to **hospital** for a non-emergency admission, contact the claims department on 1300 727 193 prior to admission. **You** will need to provide Allianz Global Assistance with the details of **your** treatment and **hospital** stay. **We** will then be able to confirm **your** cover and assist **you** with making arrangements for payment to the **hospital**.

Public admission

Generally, OVHC covers the total cost of **your** stay and treatment as an **in-patient** in a shared ward of a public **hospital**. As a public patient, **your doctors** will be nominated by the **hospital**. After **your hospital** discharge **your** care will be carried out in either the **out-patient** clinic, by one of the **hospital's** specialists in his/her private rooms or **you** will be referred to **your** local general practitioner.

Private admission

You can choose to be treated in a private **hospital**. Through **our** relationship with Peoplecare Health Limited **we** have arrangements in place with most private **hospitals** in Australia. These agreement **hospitals** ensure that an agreed schedule of fees (including **in-patient** accommodation, theatre and special unit accommodation fees as appropriate but not emergency department fees) is charged by the **hospital** and paid by Allianz Global Assistance on a member's behalf. **You** may incur **out of pocket** costs for private **hospital** expenses.

There are only a few private **hospitals** that are not part of these agreement **hospitals**. In these cases, **we** may not cover the full cost of **your** hospitalisation however, if **you** call **us** for a chat before **you** go into **hospital** we'll be able to tell **you** approximately how much it will cost **you**. Members who choose a non-agreement **hospital** may incur **out of pocket** expenses for **hospital** related services.

How do I find a doctor?

Direct billing services

In order to minimise **your** medical expenses, **you** can attend a health service or **doctor** that direct bills Allianz Global Assistance.

You can find **your** closest direct billing service on **our** website at www.allianzassistancehealth.com.au/ovhc. You simply have to show **your** valid Allianz Global Assistance OVHC membership card, and the bill for the covered portion of **your** service will be sent directly to Allianz Global Assistance.

Other medical providers

You can attend any other medical practice or **doctor** in Australia. In most cases, **you** will be required to pay the bill, and submit a claim to Allianz Global Assistance in order to get **your benefit** reimbursed. Some **doctors** may charge more than the **benefit** payable, in which case there will be an **out of pocket** cost to **you** for the part that is not covered by **your** policy.

Your claiming options

Submission of claims time limits

Claims must be lodged with **us** within 2 years of when **you** received the service or treatment.

For paid and unpaid OVHC accounts

Step 1	Obtain a claim form by downloading and printing out a claim form from our website
Step 2	Complete the claim form in full. Please write clearly and sign the form ensuring you have clearly written your OVHC policy number on the form
Step 3	Attach your receipts to the claim form
Step 4	Scan and email a copy of your claim form and receipts to ovhclaims@allianz-assistance.com.au Or Post the claim form, copies of tax invoices and receipts directly to Allianz Global Assistance

It is important that you keep a copy of all your invoices and receipts.

Claims reimbursement

Paid accounts

If **you** have paid **your** medical or **hospital** bill, **your benefit** will be reimbursed in Australian dollars by:

- **Direct debit** - into **your** nominated Australian bank account; or
- **Cheque** - sent to **your** postal address as nominated on **your** claim form - please ensure **your** postal address is correct and up to date.

Unpaid accounts

If **you** have not paid **your** medical or **hospital** bill, the **benefit** will be paid:

- to the nominated health care provider (eg. **doctor** or **hospital**).

You are responsible for any '**out of pocket**' costs payable to the provider. In some instances **our** claims officers will contact **you** to request more information.

We will endeavour to process **your** claim within 10 working days of receiving a completed claim form and all required original documents. If **we** need additional information, a written request will be sent to **you** within 10 working days. For **hospital** claims, payment and remittance can take up to 30 days to process.

Making an Extras claim

Claiming couldn't be easier!

HICAPS - just swipe **your** membership card at participating providers and we'll pay **your benefits** straight to the provider. You'll only have to pay the difference between what they charge and **our benefit**, and **you** won't have to submit a claim form.

If **you** aren't claiming by HICAPS, **you** can also lodge a claim form by email or post.

Helpful services

Online services and information

Simple and easy to use services and important information can be found at **our** website:

www.allianzassistancehealth.com.au/ovhc

Members services

If **you** need assistance with any matter, contact **our** friendly and helpful member service officers on **1300 727 193**, who will be able to assist **you**.

NOTES

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Allianz Global Assistance Overseas Visitors Health Cover plus Extras Cover

Online services and information

www.allianzassistancehealth.com.au/ovhc

Members services and general enquiries

1300 727 193

Claims

1300 727 193

OVHC 24 hour helpline

Medical assistance, legal and interpreting services

1800 814 781

In a medical emergency call triple zero (000)

This insurance is arranged and managed by

AWP Australia Pty Ltd

ABN 52 097 227 177

Trading as Allianz Global Assistance

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Locked Bag 3004, Toowong QLD 4066

Australia

Phone: in Australia 1300 727 193

From overseas: +61 7 3305 8833

Fax: +61 7 3305 7316

OVHC@allianz-assistance.com.au

www.allianzassistancehealth.com.au/ovhc

Allianz Global Assistance Overseas Visitors Health Cover plus Extras Cover policies are managed by AWP Australia Pty Ltd ABN 52 097 227 177 trading as Allianz Global Assistance. Peoplecare Health Limited ABN 95 087 648 753, a private health insurer under the Private Health Insurance Act 2007 (Cth), is the underwriter of Allianz Global Assistance Overseas Visitors Health Cover plus Extras policies.