HEALTHIER, LONGER, BETTER LIVES

AIA Health Insurance

OVERSEAS VISITORS HEALTH COVER

Member Guide

Effective 4 June 2024

Information within this guide is important. We recommend you read and retain for future use. This Member Guide needs to be read in conjunction with the Fund Rules and Product Fact Sheets.

Contents

Welcome to AIA Health

Your Member Guide

Your Member Guide is designed to help you understand important information about your Overseas Visitors Health Cover and how your AIA Health membership works in accordance with our Fund Rules. This Member Guide includes a summary of some of the key Fund Rules and it is important for all members to read this guide in conjunction with the Fund Rules and your AIA Health Overseas Visitors Health Cover Product Fact Sheets. Please note our Fund Rules, Member Guide and Product Fact Sheets may change from time to time. AIA Health may make changes to the benefits available from time to time, and will provide reasonable notice of such changes. If you are unhappy with those changes, you are able to switch to a different level of cover with us, or discuss your options. You can access a current version of these documents on our website at aia.com.au/health, or you can call us on 1800 161 170.

Getting started

Here's some important things you can expect to receive from us when you become an AIA Health member.

Membership Card

Once you have provided us with your address in Australia, you'll receive your AIA Health membership card together with a Welcome Pack in the mail. Your membership card is the easiest and fastest way to claim. When on-the-spot claims are available, simply present and swipe your membership card, and you'll only pay the remaining balance. No forms needed. If you're admitted to hospital, you'll need to present your card when admitted.

On your card, you'll find your membership number, as well as the names of those covered under your membership. You'll also find our contact details located on the back for easy reference. If your card is lost, stolen, or if you add a new person to your membership, we'll send you a new card. Remember, whenever you get a new card from us, your old one automatically becomes invalid, so throw it away to avoid any confusion.

Online Member Services

You can access all the information you need on your policy by logging onto your Online Member Service Portal. Here you can manage your membership, update contact details, manage payments, make claims and view correspondence. You can login via members.healthinternational.aia.com.au

Correspondence

From time to time, we'll need to send you important information about your insurance policy or membership. As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence from us.

Waiting periods

A waiting period is the time you'll need to serve as a member before being able to make a claim for a service included under your policy.

Waiting periods apply for:

- members new to Overseas Visitors Health Cover, whether part of a new membership or being added to an existing membership
- upgraded services for existing members increasing their level of cover
- transferring members upgrading their level of cover or where waiting periods had not been served with their previous fund.

If you have transferred from another Australian health insurer or registered international insurer recognised by us without a break in cover, you do not need to re-serve hospital and medical cover waiting periods you've previously completed. However, if you're adding or upgrading your cover, you do need to complete waiting periods for the new or upgraded items. This includes reducing a hospital excess. Note - the 12 month waiting period for pre-existing conditions applies regardless of any waiting periods you have served where you transfer from a registered international insurer.

Newborns and Child Dependants

A newborn, adopted or fostered child can be added to a membership without waiting periods provided the main Policyholder has held the policy for more than two months and the baby, adopted or foster child is added within six months of birth/adoption/fostering. Single and Couple memberships will need to be upgraded to a Single Parent Family or Family membership. The join date will be effective as of the newborn's date of birth. Other child dependants added to a policy will be subject to new waiting periods. This includes children added more than six months after birth, adoption, fostering or marriage. Normal portability rules will apply in the case where a child is transferring from another Australian health fund or registered international insurer recognised by us.

Pre-existing conditions

A pre-existing condition (PEC) is one where signs or symptoms of your ailment, illness or condition, in the opinion of a medical practitioner appointed by AIA Health (not your own doctor), existed at any time during the preceding six months ending at the time of join on which you commenced cover for the relevant service.

Pre-existing conditions related to palliative care, psychiatric and rehabilitation services will be subject to a two-month waiting period. A 12 month waiting period applies for pre-existing conditions, ailments or illnesses. If you have less than 12 months membership on your current hospital cover, you'll need to contact us by phone or email before being admitted so we can determine whether the waiting period for pre-existing conditions applies. It can take up to five working days to complete this assessment, so make sure you factor this in when you book your stay. If you go ahead with your admission without confirming your entitlements and we subsequently determine your condition to be pre-existing, you'll have to pay all outstanding hospital and medical charges not covered by your Overseas Visitors Health Cover.

Transferring from another Australian health fund

When you join AIA Health, we'll request a Transfer Certificate from your previous fund, which can take up to 14 days to receive.

The Transfer Certificate contains information about your previous cover and allows us to remove any waiting periods previously served. If you need to make a claim during this period, you'll need to pay for your service in full and make a manual claim. Any claims made with your previous health fund in the same calendar year will be deducted from your annual limits where applicable.

Transferring from a registered international insurer

If you had previous cover with any registered international insurer, you will be required to cancel the policy yourself and provide us with a Clearance/Member Certificate, a Certificate of Currency or a document on an official letterhead written in English confirming your membership.

Where the registered international insurer that you held membership with is recognised by AIA Health, we can, at our sole discretion, provide continuity of cover on an equivalent level of cover, when you've joined us within 60 days of your end date.

Types of cover and membership

AIA Health offers Overseas Workers Health Cover.

Membership with AIA Health is available under the following categories:

- Single – one person only, the Policyholder
- Couple – for two people, the Policyholder and their partner
- Family – the Policyholder, partner and any of their Child Dependants
- Single parent family – the Policyholder and any of their Child Dependants.

Eligibility

AIA Health offers one type of Visitors Cover - Overseas Workers Health Cover.

AIA Health Overseas Workers Health Cover may only be purchased and claimed against by people who are in Australia on eligible visa subclasses, as determined by AIA Health.

This includes, but isn't necessarily limited to, the following:

Visa Subclass	Visa Type
188	Business Innovation and Investment (Provisional)
400	Temporary Work (Short Stay Specialist)
403	Temporary Work (International Relations)
407	Training
408	Temporary Activity
417	Working Holiday
462	Work and Holiday
476	Skilled - Recognised Graduate
482	Temporary Skills Shortage (TSS)
485	Temporary Graduate
489	Skilled Regional (Provisional)

The list of eligible visa subclasses is subject to change from time to time by AIA Health. You should call or email us to discuss whether the cover you've chosen is the most suitable for your visa type.

Your obligations

By joining AIA Health, you have agreed as the Policyholder that you will, in accordance with our Fund Rules:

- be truthful in your insurance application and when submitting any claims
- ensure your membership details are kept up to date and notify us as soon as possible of any changes
- have the authority and/or consent to act on behalf of all members insured under the policy
- read all documentation and correspondence provided by AIA Health, including your Member Guide, Fund Rules, AIA's Privacy Policy and Product Fact Sheets - ensure all members on your membership are aware of and abide by the information in the Member Guide, the Fund Rules, AIA's Privacy Policy and Product Fact Sheets
- will inform AIA Health immediately if you cease to meet the eligibility requirements for this cover
- keep your premiums up to date.

Our obligations

As your health fund, you can trust AIA Health will:

- treat all members fairly and in accordance with our Fund Rules
- notify you of any detrimental changes to your policy with reasonable notice (at least 60 days for hospital changes and 60 days for out of hospital changes)
- act in accordance with our Privacy Policy and Direct Debit Service Agreement
- provide you with up to date product documentation at least once per year, or any time your policy changes or at your request
- assess claims in a timely manner
- deal with complaints in a timely manner.

What to do when you feel sick

Emergency health issues	Non-Emergency health issues
• Visit your local hospital emergency department; or • Call 000 (triple zero) for an ambulance	• Visit your local GP or medical centre • Receive treatment from your GP • GP refers you to a specialist or other health service

Your AIA Health membership

This section provides information on how to manage your AIA Health membership.

Policy authority

From time to time, you may need to contact us to access information or make changes to your policy.

As the Policyholder, only you will be able to make changes to the policy. If you'd like to give your partner or another third party the authority to act on your behalf, please contact our Member Services team to complete a nomination form.

Changing your contact details

You can change your contact details by logging in to your Online Member Services portal or by calling our Member Services team.

Adding/removing members

If you need to add or remove a member from your policy, you can do so by calling our Member Services team.

Only the Policyholder or an authorised person can make changes to the policy, and only the Policyholder can cancel the membership.

Child Dependants

A Child Dependant can remain covered under a Family or Single Parent Family membership until their 25th birthday. They must be living at home and not married or in a defacto relationship.

Once removed from a policy, they'll have 60 days to take out their own policy to avoid re-serving waiting periods if they transfer to an equivalent or lower level of cover

Changing your level of cover

From time to time your circumstances may change requiring you to change your level of cover. This can be done at any time by contacting our Member Services team, who can assist with finding you the right level of cover for your needs.

Standard waiting periods will apply for upgraded services if you're increasing your level of cover. Refer to the waiting periods section of this Member Guide for more information on waiting periods.

Managing your premiums

Payment methods and frequencies

You can choose to pay your premiums monthly or annually, by direct debit from a credit card (Visa or Mastercard) or nominated Australian bank account.

Arrears

To claim benefits, your premiums must be up to date at the time of incurring the expense for the service or treatment.

If you do fall into arrears of two months or more, we may cancel your membership as of your last paid-to date.

Suspending your policy

You can apply to suspend your membership if you're travelling overseas for a period of time.

Suspending your membership allows you to put your cover on hold and resume your cover without being subject to additional waiting periods. You will not be able to claim any benefits while your policy is on suspension and your period of suspension does not count towards any waiting periods - all outstanding waiting periods will need to be served on reactivation of the membership.

You can apply to suspend your policy if you're travelling overseas providing you:

- have served at least three months continuous unsuspended AIA Health membership, with at least six months between suspensions for overseas travel
- plan to be overseas for at least four weeks
- have paid your premiums up to the date of suspension
- apply for your suspension before you leave.

For an overseas travel suspension, you're required to provide documentation showing the dates of your travel (such as your travel itinerary or boarding pass). The maximum allowable suspension period is 12 months.

If suspending for financial hardship, you'll need to provide us with details to support your application. The maximum allowable suspension for financial hardship is three months. Contact our Member Services team to find out more about our financial hardship policy.

Changing payment details

You can change your payment details, or make a manual payment, by logging in to your Online Member Services portal or contacting our Member Services team.

Direct Debit Request Service Agreement

By joining AIA Health, you agree to act in accordance with our Direct Debit Request Service Agreement. The agreement explains your obligations when undertaking a direct debit arrangement with us, as well as our obligations to you as your direct debit provider.

A copy of our Direct Debit Request Service Agreement is available on our website.

Cancelling your cover

We'd be sad to see you go, but you can terminate your membership at any time from the date you notify us by giving us a call.

If you're considering cancelling your membership, please contact our Member Services team. Having the right insurance is important. Our team can help you work through the considerations, answer your questions, and review your cover to help ensure you're holding the right policy for your needs.

If you decide to leave, we'll send you a Transfer Certificate within 14 days of your request to cancel. We'll cancel your membership from the date that we receive your notice (or a future nominated date) and return any premiums paid in advance.

Only the Policyholder or a power of attorney (POA) has the right to cancel a membership.

AIA Health reserves the right to immediately terminate a membership with notice to the policyholder in accordance with section C9 of our Fund Rules

If you cancel within 30 days of joining AIA Health, we reserve the right to retain the first month's premium as an administration fee.

Medicare eligibility

Along with a person's visa and residency status, your eligibility for Medicare will determine the type of health insurance cover you may need to supplement any existing entitlements. Levels of Medicare eligibility are:

- Full Medicare (Green card)
- Interim Medicare (Blue card)
- Reciprocal (RHCA) Medicare (Yellow card)
- No Medicare

If you, or any member on the membership, have interim or full access to Medicare, you should call us to discuss whether this cover is still the most suitable cover for your circumstances. AIA Health offers a range of covers that may be better suited to your needs.

If you obtain full access to Medicare benefits, you can change to one of our domestic health covers. This may occur when you apply for or obtain permanent residency.

Don't forget that, unless you transfer to a domestic health cover policy within 12 months of becoming eligible for full Medicare benefits, you may be required to pay the Lifetime Health Cover (LHC) Loading. Ask us for more details.

AIA Health's Overseas Workers Health Cover may also be suitable for people who want to supplement any entitlements they may have under Reciprocal Health Care Arrangements (RHCA), which exist between Australia and a number of other countries.

If you have reciprocal access to Medicare, or obtain full access to Medicare benefits and are a high income earner, you may be required to pay the Medicare Levy Surcharge if you do not have an appropriate level of private hospital cover. Check with your tax agent if this applies to you.

Goods and Services Tax (GST)

Overseas Workers Health Cover is subject to the GST, which is included in the premium you pay. Under AIA Health's Fund Rules, if you're on an Overseas Workers Health Cover product it's assumed you have no entitlement to claim any part of the GST component of the premium as an input tax credit.

If you're eligible and intend to claim back part or all of the GST you must notify us in writing.

Your hospital cover

This section outlines important information about AIA Health's hospital cover to help you understand how your policy works. As cover varies across our Overseas Workers Health Cover products, this section should be read in conjunction with your Product Fact Sheet (which was provided to you when you joined AIA Health) and the Fund Rules.

It's important to be aware that Overseas Workers Health Cover may not pay all of the costs associated with hospital treatment. You may still incur out-of-pocket expenses above the benefits we pay.

You should always call us before you go into hospital so we can help you understand what to expect in relation to your private health insurance with us.

How does it work?

Your hospital policy helps with covering the cost towards hospital accommodation, prostheses, theatre fees, intensive care and medical services when you're admitted into hospital and subject to waiting periods being served.

An 'included' benefit means we'll pay benefits towards your admission as a private patient in a participating private hospital, with the choice of your own doctor. Excesses, co-payments and out-of-pocket expenses may still apply. Refer to the 'Going to hospital' section for more information about participating hospitals. If you are admitted to a public hospital as a private patient, we'll pay benefits towards included services for that admission. Excesses and out-of-pocket expenses may still apply.

'Excluded' benefits will not be covered at all by AIA Health and you'll have to pay all expenses yourself.

Inpatient vs outpatient

In order for AIA Health to pay benefits towards treatment under your hospital cover, you'll need to be treated as a private inpatient. An inpatient is someone who has been admitted into hospital for a medical service. Outpatient services are medical services provided without a hospital admission, such as a consultation with a Specialist, Surgeon, General Practitioner (GP) or visits to an Emergency Department. Pathology and diagnostic imaging are also considered outpatient services where there is no admission.

Overseas Workers Health Cover pays benefits when a member is treated privately in a private or public hospital as an inpatient and the treatment is Included under the cover (refer to your Product Fact Sheet).

Not all Overseas Workers Health Covers pay benefits towards outpatient services (refer to your Product Fact Sheet).

Informed Financial Consent

You should ask your doctor and the hospital about any out-of-pocket expenses you may incur before going into hospital. This summary of costs is called your Informed Financial Consent and should be provided to you in writing prior to your admission.

In the event that you're being treated as the result of an emergency, a summary of costs should be provided to you as soon as reasonably possible.

Going to hospital

Being admitted to hospital can sometimes be a stressful experience. You should contact us as soon as you know you need to go to hospital.

Hospital accommodation benefits

The benefits we pay for hospital accommodation will depend on whether the hospital admission is for an Included or Excluded service (refer to your Product Fact Sheet) and the type of hospital you're admitted to.

- Included services – we pay benefits towards same-day and overnight hospital accommodation and intensive care; however, out-of-pocket expenses may still apply.
- Excluded services – no benefits are payable.

Hospital accommodation benefits don't include other things such as TV hire, newspapers, parking and take-home items, (e.g. crutches). AIA Health won't pay benefits for these (or similar) items and services. The hospital should discuss any charges with you.

Medicare Benefit Schedule (MBS)

The Medicare Benefits Schedule (MBS) is a schedule published by the Commonwealth Department of Health that lists all the services for which Medicare pays benefits, and the rules that apply to the payment of those benefits.

Each service listed in the schedule has an item number and a corresponding scheduled fee that's been set by the government.

For Included services, please refer to your Product Fact Sheet to confirm what medical services are included and the benefits we'll pay towards them. This means where the provider charges no more than the benefit payable on your cover, you won't have an out-of-pocket expense. Doctors and providers aren't restricted to charging the MBS fee and may choose to charge more than the amount we pay for a particular service. Where this occurs, you will have an out-of-pocket expense.

Benefits are generally not payable:

- where you're eligible to claim a benefit for a service or treatment from Medicare, or
- for a service or treatment not listed in the MBS.

Items on the MBS are subject to change from time to time. These changes may include:

- the removal of items (with or without replacement)
- the addition of new items
- the addition or modification of conditions associated with such items (including in relation to circumstances in which benefits might be payable), or
- changes to the corresponding MBS fee.

The MBS is available at mbsonline.gov.au

Private patient in a public hospital or private hospital

If you receive treatment as a private patient in a public hospital or in a private hospital that AIA Health has an agreement with, for services included in your level of cover, AIA Health will generally pay for the cost of this treatment. Where specified within your cover, a lower benefit may apply for some items (for example, surgically implanted Medical Devices and Human Tissue products). Where you are charged more for those items than the benefit paid by AIA Health, you'll have an out-of-pocket cost.

If you receive treatment in a private hospital that AIA Health does not have an agreement with, for services included in your level of cover, AIA Health will only pay a minimum level of benefits. The minimum level of benefits are at the Minimum Benefit rate (an amount set by the Federal Government). This means you will have substantial out-of-pocket expenses if you are treated in a private hospital that AIA Health does not have an agreement with.

Inpatient medical costs

These are the fees charged by your doctor, surgeon, anaesthetist or other specialist for any treatment given to you when you are admitted to a hospital as an inpatient.

For an Included service, we cover you for the Medicare Benefits Schedule (MBS) Fee.

What should I ask my doctor and the hospital?

Here's some questions to ask your doctor and the hospital that may help you understand more about your treatment and any associated costs:

- What treatment will I receive and under what item numbers/clinical categories?
- What hospital will I be treated in and are they a participating hospital?
- Is there a Gap, and if so, how much?
- Will there be any other doctors/specialists, and if so, what are their fees?

Once you have this information, call our Member Services team and we can help you understand whether and, if so, how you're covered for any treatment under your policy.

Your excess

Your excess is the amount you must contribute towards the cost of any hospital treatment during any calendar year. The excess applies per person, per calendar year and is capped at the amount specified on your policy. AIA Health doesn't charge an excess for Child Dependants. If you attend a hospital that is not a participating private hospital, you are likely to need to pay more than just the excess - and will have significant out-of-pocket expenses.

In-hospital pharmaceuticals

The Pharmaceutical Benefits Scheme (PBS) is funded by the government and makes subsidised prescription medicines available to Australian residents. International visitors to Australia are generally not eligible for subsidised prescription medicines under the PBS.

Where included under your policy we provide benefits towards PBS listed prescription medication that meet the following criteria:

- The medicine is prescribed according to the PBS approved indication; and
- Administered during, and form part of, your admitted episode of care (including medicines prescribed on discharge); and
- The medicine isn't prescribed for cosmetic purposes.

For these medicines, you must pay:

- an amount equivalent to the current non-concessional PBS co-payment (which is the amount you would have been required to pay if you were eligible for subsidies under the PBS); and
- any costs remaining after the AIA Health benefit has been paid.

However, no benefit is payable under your Hospital cover for medications dispensed upon being discharged from hospital (unless they form part of the admitted episode of care), high-cost medications (for example, some drugs not on the PBS such as certain Chemotherapy drugs) and experimental drugs (for example, a drug not on the Therapeutic Goods Administration list or a drug that is on the Therapeutic Goods Administration list but not for the purposes of its permitted ARTG indications). This means you may have large out-of-pocket expenses. Please contact us to understand what benefits may be payable towards these medications under your policy.

AIA Health may pay a benefit for some non-PBS pharmaceuticals in hospital under special circumstances as part of an ex-gratia request made by the treating clinician. The drug however, needs to be registered with the Therapeutic Goods Australia. In addition, the medical service provided in relation to the drug should not be excluded from your policy and treatment has been undertaken whilst admitted in a participating hospital. Please contact us to understand what benefits may be payable towards these pharmaceuticals under your policy.

Medical Devices and Human Tissue products

Some procedures may require the implantation of Medical Devices and Human Tissue products (such as a pacemaker or cardiac stent). AIA Health will pay benefits towards approved Medical Devices and Human Tissue products implanted as part of your treatment for a medical service included under your policy, equivalent to the minimum benefit set out in the Prescribed List of Medical Devices and Human Tissue Products.

Please note that:

- no benefits will be paid for medical devices and human tissue products that are not on the Prescribed List;
- you may need to pay a gap if the cost of the medical device / human tissue product on the Prescribed List is more than the minimum benefit; and
- your doctor should discuss the medical device options with you and seek informed financial consent regarding additional costs you may have to pay.

Public hospital accident and emergency departments

If you need to attend a public hospital accident and emergency department, we'll pay 100% of any facility fee charged by the hospital for attending their accident and emergency department.

The fee may not include all medical services provided and out-of-pocket expenses may apply such as for x-rays, blood tests and any charges raised by the doctor above the benefit we pay.

No benefits are payable for emergency department 'facility fees' charged by private hospitals.

Dental Surgery

AIA Health will pay benefits towards in-patient hospital services for dental surgery for which a Medicare benefit is payable, as listed in the Medicare Benefits Schedule (MBS) including theatre, accommodation and anaesthetist costs. Note that the MBS does not cover ordinary dental services (for example, a general anaesthetic for a filling). Out-of-pocket hospital costs may apply (for example, if your hospital or anaesthetist charges above the MBS scheduled fee).

Also note that AIA Health will not pay benefits towards dental surgery performed by a dentist rather than a medical practitioner. If the surgery is performed by a medical practitioner and an MBS item is billed, we will pay benefits towards those medical charges. Please contact us prior to having dental surgery to understand what your out-of-pocket costs may be as they may be significant (for example, if a dentist performs the surgery).

Podiatric Surgery

For Podiatric surgery we only pay benefits towards hospital charges (including accomodation and approved prostheses items), however, we do not pay benefits towards theatre fees for podiatric surgery. As there are no MBS items for podiatric surgery, we also don't pay any benefits towards the podiatric surgeon's fees under Hospital cover and you will incur significant out-of-pocket expenses.

Having a baby

If you're planning for a baby, you should contact us to ensure the policy will pay benefits towards Pregnancy and Birth services under your policy. Obstetrics services have a 12 month waiting period for the mother, meaning you'll need to give birth after holding obstetrics cover for at least 12 months. Newborns are not typically admitted into hospital following childbirth as they fall under the mother's admission. In circumstances where special care is required for a newborn, they may need to be admitted as a patient. Newborns are covered from birth for all services on their policy where the policy has been active for at least two months, provided the baby is added to the membership within six months of birth. If the policy has not been active for at least two months, newborns will be subject to normal waiting periods.

If you're on a Single or Couple membership, you'll need to change your membership to a Family or Single Parent Family membership to cover the baby under your policy.

Any scans or consultations with your obstetrician prior to the birthing admission are considered an outpatient service and are unable to be covered by the hospital component of your cover.

Accident benefit

An accident is an unforeseen event, occurring by chance and caused by an external force or object, which results in involuntary injury to the body requiring immediate treatment. An accident does not include any unforeseen conditions the onset of which is due to medical causes nor does it include pre-existing conditions, falling pregnant or accidents arising from surgical procedures.

Where covered under your policy, and subject to serving the waiting period, in order for any accident benefit to be paid, the accident must have occurred at least 24 hours after the time at which the Membership was taken out with AIA Health Pty Ltd or the Member was added to the Membership, and treatment must be sought through a doctor or an emergency department within 48 hours of sustaining the injury.

Ambulance services

All AIA Health hospital products pay benefits towards included ambulance transportation when medically necessary where you're transported by land, air or sea directly to a hospital within Australia. AIA Health products also pay benefits towards ambulance services where you only require emergency treatment onsite and for inter-hospital transfer for emergency treatment. This includes inter-hospital transfers that are necessary because the original admitting hospital does not have the required clinical facilities.

AIA Health also pays benefits towards circumstances when immediate hospital or on-site treatment is required for a serious and acute injury or condition where the viability or function of an organ or body part is threatened. AIA Health covers you for all medically necessary ambulance services for emergencies in Australia. AIA Health pays ambulance benefits when the service is not publicly funded.

Check with your state ambulance authority to ensure you have the right level of cover for non-emergency ambulance transport within Australia. Without the right level of cover, you may face significant out-of-pocket costs for non-emergency ambulance transport.

Note: AIA Health does not provide ambulance cover where it is provided by the state. Transfers between hospitals due to patient preferences are not covered.

Travel and accommodation benefits

Where your policy includes a travel and accommodation benefit this can be used to claim towards the travel and accommodation costs of either yourself or a carer (if applicable) while you're in hospital. Benefits are only eligible where the round trip is at least 200km within Australia. Benefits are capped at $50 per day for accommodation and 15 cents/km for travel for you and your carer. To claim, please complete a Travel and Accommodation claim form and submit it together with your receipts. You can access the form via your Online Member Services portal, members.healthinternational.aia.com.au or by calling our Member Services team.

Out of Hospital cover

This section outlines important information about your Out of Hospital cover to help you understand how this part of your policy works. This section should be read in conjunction with your Product Fact Sheet (which was provided to you when you joined AIA Health) and the Fund Rules.

General Practitioner Consultations

Where included in your policy, we will pay 100% of the MBS fee for any GP consultations.

Other Medical Services

Where included in your policy, we will pay 100% of the MBS fee for other medical services provided out-of-hospital (for example, specialist consultations, pathology, imaging and x-rays), except where that medical service is provided in connection with a service that is excluded under your Hospital cover.

Allied Health Services

Where included in your policy, we will pay 100% of the MBS fee for allied health services provided. Please check with your allied health service provider if your service has an MBS item number.

Medical Checks Required for the Visa Application

No benefits are payable for any medical checks required as part of the Visa application for you or any other members covered under membership of the policy.

Out-of-Hospital Pharmaceutical Benefit

Where included under your policy, AIA Health will pay benefits of up to $40 per item, after the PBS threshold, towards all non-PBS Pharmaceuticals and travel vaccines , up to your annual limits. These must be provided in Australia through a medical practitioner via private prescription.

Pharmaceutical benefits are only payable on drugs that are registered and labelled with an AUSTR number on the Australian Register of Therapeutic Goods and are a Schedule 4 or Schedule 8 class drug, as outlined in the Poisons Standard that has been prescribed in accordance with relevant State or Territory legislation.

CPAP-Type Device

Benefits for a CPAP-type device are only payable when:

- You have served the 12-month waiting period
- You have undergone an overnight investigation for sleep apnoea (a sleep study) for which a Medicare benefit would normally be payable for Australian residents
- The device is purchased or hired within the 12 months following the sleep study.
- The device is purchased in Australia.

If the CPAP-type device costs more than the benefit we pay, you will be responsible for paying the remaining amount. A benefit of $500 per member is payable within a rolling 5-year period.

Medical Services Provided Overseas

No benefits are payable for medical services provided overseas.

Other important information

Repatriation

For Overseas Visitors Health Cover products that include repatriation benefits (refer to your Product Fact Sheet), where you or any other member on your membership sustains a substantial life-altering disability or a serious medical condition (as determined by AIA Health or by a Medical Practitioner appointed by AIA Health), we pay benefits (up to the maximum amount stated in your Product Fact Sheet) towards the repatriation of that member to their home country where medical supervision and/or treatment is medically necessary or required during the journey to that member's home country; or

In the unfortunate event of death, we pay benefits (up to the maximum amount stated in your Product Fact Sheet) towards the repatriation of the member's body (excluding ashes following a cremation) to their home country (if legally permissible).

Only one of these benefits can be paid per member per lifetime. AIA Health will not pay both a Repatriation Benefit and a Funeral Expenses Benefit in respect of the same member.

For more information on the various requirements of this benefit, including information on the maximum benefits payable, waiting periods, exclusions or other relevant factors, please refer to:

- your Product Fact Sheet; and
- the Overseas Visitors Health Cover Fund Rules.

A Repatriation Benefit must be approved by us prior to repatriation. Please contact AIA Health (or have your representative contact us) prior to organising any repatriation to understand our requirements.

Funeral Expenses

In the unfortunate event of your death or any other member on your membership, we will pay a benefit, up to the maximum stated in your Product Fact Sheet, for burial or cremation within Australia.

Funeral Expenses Benefits are payable only once per Member and can't be paid if a Repatriation Benefit is paid or will be paid. AIA Health will not pay both a Repatriation Benefit and a Funeral Expenses Benefit in respect of the same Member.

For more information on the various requirements of this benefit, including information on the maximum benefits payable, waiting periods, exclusions or other relevant factors, please refer to:

- your Product Fact Sheet; and
- the Overseas Visitors Health Cover Fund Rules

Please contact AIA Health prior to organising any funeral or cremation to understand our requirements.

24/7 Health Line

AIA Health Overseas Visitors Health Cover members can receive phone-based information and assistance at any time of the day with our trusted partner Nationwide Helpline Services (NHS). Calls to the NHS Health Line are free, providing members access to information and assistance about non-emergency medical problems and translation services when they need it.

Services include:

- **Assistance about medical problems –** advice provided by a trained medical professional (registered nurse)
- **Translation services –** available in over 150 languages to help you with your problem or enquiry.
- **Medical facility referral –** members are provided information on the nearest medical facility to their location to seek treatment
- **Communication assistance –** at your request NHS can help in keeping family members and friends up to date on the situation or advising your employer of your absence.
- **Grief and trauma counselling –** if you're involved in an accident, you can access professional counselling services to help you mentally recover (up to 3 sessions per member).

Depending on the situation, NHS may refer members to seek medical treatment or offer additional services. Before entering a contract or paying a fee, members are advised to check with NHS to understand if there are any costs you may incur.

To access the NHS Health Line, call 1800 566 091.
For emergencies, call Triple Zero (000).

Recognised providers

To be eligible for benefits, a service or treatment must have been rendered by a provider recognised by AIA Health. Recognition of providers is at AIA Health's discretion. You should check with us whether your provider is recognised by us prior to treatment to avoid significant out-of-pocket costs which will be incurred if the service is rendered by a provider that is not recognised by AIA Health.

Referral fees

Where you purchase Overseas Workers Health Cover through a registered migration agent, broker or your employer, you acknowledge that fees or commission may be paid by AIA Health to your migrant agent, broker or employer in respect of your cover.

Making a claim

Any member on a policy can submit a claim. Your hospital admission will generally consist of two separate claims:

- Hospital claim - for the costs associated with your accommodation, theatre fees, prostheses and pharmaceuticals.
- Medical claim - for the costs associated with your medical providers (such as surgeons, specialists) and for in-hospital pathology and imaging.

Hospital claims

When you are admitted to a private hospital that has an agreement with AIA Health or a public hospital for a service included on your cover, the hospital will send the bill directly to us, which we'll pay on your behalf. If you're required to pay an excess, co-payment or any other out-of-pocket costs the hospital will generally contact you directly and may request payment prior to your admission.

Non-Hospital claims

For claims relating to non-Hospital items covered under your policy, you will need to pay the amount in full and then submit your claim to us. Following assessment of your claim, the appropriate benefit (where applicable) will be paid to you.

Benefit payments

You need to provide us with Australian bank account details for the payment of benefits or any other direct credits to you.

General terms and conditions

AIA Health may decline or reduce your claim based on one of the following conditions:

- your premiums are in arrears as at the date the service was provided
- the treatment is not covered under your policy
- the treatment was not provided by a recognised provider
- the service was still subject to waiting periods
- you're already claiming from another source for the same treatment (for example Medicare, workers' compensation or TAC)
- the treatment was provided free of charge
- you've claimed for the treatment with another health fund
- the treatment was not provided within Australia
- you've reached your maximum allowable benefit or are within a benefit replacement period
- it's been more than two years since the service was provided
- the invoice was incorrectly itemised
- the treatment was provided by yourself, or by a family member or business associate
- you're claiming for the same service provided on the same day by different providers
- the services were not rendered in person, unless for a telehealth consultation (if telehealth is included for that service in your Product Fact Sheet).
- your claim contained false or misleading information.

Benefit limits

Annual limit

Annual limits are the maximum amount of benefits AIA Health will pay towards services and/or items included on your cover per calendar year. Annual limits can be subject to per person limits, sub limits, family limits, and lifetime limits.

Per person limit

Each person on your AIA Health cover can claim up to the per person limit within a calendar year. You may not be able to fully receive a per person limit if family limits have already been reached on the cover or you have reached your lifetime limit.

Family limit (if applicable)

A family limit is the total amount that can be claimed by all members on your AIA Health cover within a calendar year. Family limits will also be subject to specified per person limits.

Lifetime limit (if applicable)

A lifetime limit is the total benefit you can receive for an item or service over the lifetime of your policy. When you reach this limit, you can no longer claim that benefit again, even if you change your cover with AIA Health or move to another health insurer on a similar cover type (unless your new cover with AIA Health or another health insurer has a higher lifetime limit for that item or service).

Your privacy

AIA Health is committed to protecting your privacy. To read our Privacy Policy, please visit your Online Member Services portal at members.healthinternational.aia.com.au or contact our Member Services team on 1800 161 170

Our Privacy Policy explains how we collect and handle personal and sensitive information as part of your relationship with AIA Health.

Making a complaint

We're here and we're ready to help. If there's anything you're not happy with, please let us know as soon as possible so we can get started on resolving it for you.

Should you have a complaint, you can call, email or write to us. We aim to resolve problems at their first point of contact.

If our Member Services team is unable to resolve your complaint, we'll refer it to our Head of Member Experience and finally, our Chief Health Insurance Officer.

Unresolved complaints can be referred to the Private Health Insurance Ombudsman:

Website: ombudsman.gov.au
Phone: 1300 362 072
Mail: Commonwealth Ombudsman
GPO Box 442
Canberra ACT 2601

For general information about Private Health Insurance, see www.privatehealth.gov.au

Contact us

We're here and we're ready to help.

Here's how you can reach us.

Opening hours: Monday to Friday 8am-6pm AEDST

Phone: 1800 161 170
Email ovhc.memberservices@aia.com.au
Mail: AIA Health PO Box 7302
Melbourne VIC 3004

AIA Health
PO Box 7302, Melbourne, VIC 3004
w: aia.com.au/ovhc
e: OVHC.MemberServices@aia.com.au
p: 1800 161 170

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