HEALTHIER, LONGER, BETTER LIVES

AIA Health Insurance

Overseas Workers Standard Cover

Effective 15 October 2025.

This information is important, please read thoroughly. For more information please refer to your Member Guide and Fund Rules or call us on 1800 161 170.

This is a summary of your cover. It includes important information about what hospital and medical services we pay benefits towards and what you are not covered for.

What hospital treatment and medical services are included in your cover

This cover includes private hospital cover for all hospital admissions and procedures recognised by Medicare for services included on your cover. AIA Health will also pay benefits towards certain ambulance services (see page 3) and some out-of-hospital medical services (see page 2).

You may still incur out-of-pocket expenses above the amount we pay. Before booking your treatment, call us to find out the benefits you can expect to receive, and any out-of-pocket expenses you might incur.

Included service

An Included service is a service where we pay benefits towards overnight and same-day hospital accommodation, intensive care, and medical services, when a valid Medicare Benefits Schedule (MBS) item is billed. You'll need to pay any hospital excess applicable to your cover before we'll pay a benefit.

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 which may be significant. For more information about included service, please refer to our Overseas Visitors Health Cover Member Guide.

Restricted service

For a Restricted service, if you receive treatment as a private patient in a public hospital, we will pay the State-based gazetted rate for non-Medicare eligible patients. If you receive treatment for a Restricted service as a private patient in a private hospital that we have an agreement with, we will pay the lower of the amount charged by the hospital or the State-based gazetted rate for non-Medicare eligible patients. This may result in you having significant out-of-pocket expenses for these treatments.

In Victoria, the State-based gazetted rate will be based on the guidelines issued by the Victorian Department of Health for fees for patients not covered by Medicare.

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).

Excluded service

If a service is excluded, this means that AIA Health does not pay any benefits towards the hospital, medical or other costs relating to that service.

AIA Health does not pay any benefits towards any hospital treatments for which Medicare pays no benefit – such as cosmetic surgery.

AIA Health does not pay any benefit towards the costs for obtaining a visa to enter Australia, change in visa or application for permanent residency, such as medical examinations, x-rays, vaccinations or any treatment required for this purpose.

Hospital cover

Hospital cover can pay towards services you receive when you're admitted to hospital and treated as a private patient for hospital admissions and procedures recognised by Medicare.

Here are the hospital services that are Included or Excluded under your cover.

Emergency ambulance transport by air, land and sea is also included.

Hospital treatments	Included (✓), Restricted (R) or Excluded (✕)
Rehabilitation	✓
Hospital psychiatric services	R
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓

Hospital treatments	Included (✓), Restricted (R) or Excluded (✕)
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery[1]	✓
Podiatric surgery (provided by an registered podiatric surgeon)[2]	✓
Implantation of hearing devices	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	R
Weight loss surgery	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓
Travel and accommodation	✓
Accidental injury	✓
Ambulance services	✓
In-hospital medical services provided as part of an included service (e.g. surgeon and anaesthetist fees)	✓
Surgically implanted Medical Devices and Human Tissue products[3]	✓
Assisted reproductive services	✕
Bone marrow transfusion or transplant	✕
Organ transplant	✕
Cosmetic surgery	✕

[1] For Dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and an MBS item is billed, we will pay benefits towards the hospital and medical charges.

[2] For Podiatric surgery we only pay benefits towards hospital charges. This includes benefits for hospital accommodation and approved prothesis items. There are no MBS items for podiatric surgery. This means we also don't pay any benefits towards the podiatric surgeon's fees and theatre fees under Hospital cover and you could incur significant out-of-pocket expenses.

[3] For an Included service, we'll pay the minimum benefit as listed in the Australian Government's Medical Devices and Human Tissue Products list.

Medical cover

Your cover includes benefits towards medical services provided by a doctor, that are listed in the government's Medicare Benefits Schedule (MBS). The MBS is a list of medical services and corresponding fees. We pay 100% of the MBS fee for:

- general practitioner (GP) consultations
- other medical services provided out-of-hospital (for example specialists, pathology and x-rays), except where that service is excluded under your Hospital cover
- in-hospital medical services provided as part of an Included service (for example surgeon and anaesthetist fees)
- allied health services billed with an MBS item number (for example eye checks and services related to chronic disease management plans), except psychology services.

You must pay any difference between the benefit we pay and the actual fee charged by the doctor.

In addition to the above medical cover, you also have access to a 24/7 Doctors on Demand service. See page 6 for more details.

Out of hospital medical services	Included (✓) or Excluded (✕)
GP consultations	✓
Doctors on Demand consultations	✓
Specialist consultations	✓
Pathology (e.g. blood tests)	✓
Radiology (e.g. x-ray scans)	✓
Allied health services billed with an MBS item number, except psychology services	✓
Out-of-hospital pharmaceutical benefit	✓
Outpatient pregnancy services	✕
Outpatient psychiatric services	✕
CPAP-type devices[4]	✓

[4] Up to $500 benefit per member every 5 years towards the hire or purchase of an approved Continuous Positive Airway Pressure (CPAP)-type device. Conditions apply, refer to your Member Guide.

Your hospital and medical cover explained

Excess

Your excess is the amount that you must contribute towards the cost of any hospital treatment during any calendar year. This product has excess options of $500 and $750. The excess applies per member, per calendar year and it doesn't apply to child or student dependants covered under a family or single parent policy.

Waiting periods

Waiting periods are the period of time during which a member is not entitled to the benefits of the policy. Waiting periods can apply when changing your cover to include new or upgraded services. If you're switching to AIA Health from another equivalent policy, you won't need to re-serve waiting periods already served with your previous Australian health insurer.

A newborn can be added to a family/single parent membership without waiting periods provided that the policyholder has held the policy for more than two months, and that the baby is added within six months of birth. The join date will be effective as at the newborn's date of birth.

An adopted, step or fostered child can be added to a family/single parent membership without waiting periods provided that the policyholder has held the policy for more than two months, and that the child is added within six months of adoption or fostering, or within six months of the step child's biological parent being added as a partner under the main policyholder's policy. The join date for adopted, fostered or step children will be the date they are added to the membership.

Single and Couple memberships will need to be updated to a Single Parent Family or Family membership.

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, or step children added more than six months after the step child's biological parent is added as a Partner under the main policyholder's policy. Normal portability rules will apply in the case where a child is transferring from another Australian health insurer.

We may recognise waiting periods already served for equivalent services with your previous registered international insurer recognised by us when you switch to AIA Health. 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. Please refer to the Member Guide for more details.

The following waiting periods apply for all treatments that are not excluded. The waiting periods commence from the day that your cover starts, unless otherwise noted.

Waiting period	
12 months	• Pre-existing conditions, ailments or illnesses • Pregnancy and birth (obstetrics) • CPAP-type devices
2 months	• Rehabilitation • Hospital psychiatric services • Palliative care • Out-of-hospital pharmaceutical benefit
1 day	• Ambulance services
24 hours	• Accidents (NB. The waiting period commences from the time cover is purchased rather than from the date that the cover commences.)
None	• All other hospital admissions and medical cover items included on your cover

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.

For a treatment that is classified as Restricted (R) in your level of cover, a lower benefit will apply. In this case, if you receive treatment as a private patient in a public hospital, we will pay the State-based gazetted rate for non-Medicare eligible patients. If you receive treatment as a private patient in a private hospital that we have an agreement with, we will pay the lower of the amount charged by the hospital or the State-based gazetted rate for non-Medicare eligible patients. This may result in you having significant out-of-pocket expenses for these treatments.

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).

Always remember to call us before you receive treatment to understand what your out-of-pocket costs may be (whether as a private patient as either a private patient in a public hospital, in a private hospital that AIA Health has an Agreement with, or in a private hospital that AIA does not have an agreement with).

Travel and accommodation

Your Travel and Accommodation benefit can be used to claim towards the travel and accommodation costs of either yourself or a carer (if applicable) if you are admitted to a hospital far away from your home. 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 when traveling together.

Going to hospital, out-of-pocket expenses

Being admitted to hospital can be a stressful experience.

You should contact us as soon as you know you need to go to hospital. We can help make the experience easier and help to ensure any out-of-pocket expenses you incur are minimised and to avoid any unexpected surprises. Detailed information regarding going to hospital is included in the Overseas Visitors Health Cover Member Guide.

The Federal Government sets a schedule of fees for eligible services provided by doctors to inpatients in hospital, and for in-hospital diagnostics, like pathology and imaging. AIA Health pays 100% of that scheduled fee. Doctors and providers are not restricted to charging the scheduled fee and are able to set their own fees, which can be higher than the scheduled fee. If your doctor chooses to charge a higher fee there will be a gap between what AIA Health will pay, and the total amount owed to the doctor. This is the 'Gap' that can leave you with significant out-of-pocket expenses.

Accidental injury

All AIA Health products include cover to be treated in an agreement private hospital for injuries sustained through an accident. 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 are due to medical causes nor does it include pre-existing conditions, falling pregnant or accidents arising from surgical procedures. For an accident to be covered, treatment must be sought through a doctor or an Emergency Department within 48 hours of sustaining the injury. Accidents will only be covered where the accident has occurred at least 24 hours after purchasing cover.

Ambulance services

AIA Health will pay benefits towards ambulance transportation when medically necessary for admission to hospital, emergency treatment onsite, or 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. It does not extend to transfers due to patient preferences.

AIA Health will also pay benefits towards ambulance services in 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. For more information about ambulance services, refer to the Overseas Visitors Health Cover Member Guide.

In-hospital pharmaceuticals

AIA Health will pay benefits towards the cost of eligible pharmaceuticals provided as part of your treatment in hospital for an included service, after a contribution amount has been deducted. A contribution amount is an amount you are required to pay towards the cost of an eligible pharmaceutical item, which is aligned to the Pharmaceutical Benefits Scheme (PBS) co-payment and indexed annually.

However, no benefit is paid 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). 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 towards some non-PBS pharmaceuticals in hospital under special circumstances as part of an ex-gratia request made by the treating clinician. Please see the Member Guide for more details or contact us to understand what benefits may be payable towards these pharmaceuticals under your policy.

For more information about in-hospital pharmaceuticals, refer to our Overseas Visitors Health Cover Fund Rules and the Overseas Visitors Health Cover Member Guide.

Common and Support Services in relation to your hospital admission

There are a number of Medicare Benefits Schedule (MBS) items that will also be included to support the services under this cover where a benefit is payable. These may include items like in-hospital consultations and some scans, tests and anaesthetics that are associated with your hospital admission.

Public and private hospital accident and emergency departments

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

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 public or private hospitals if you are not admitted.

Choice of treating doctor or specialist

You can choose your doctor or specialist when you're treated in hospital as a private patient.

Out-Of-Hospital Pharmaceutical Benefit

AIA Health will pay benefits towards all non-PBS Pharmaceuticals and travel vaccines provided in Australia through a medical practitioner via private prescription of up to $40 per item, after the PBS threshold, up to an annual limit of $300 per person per calendar year.

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.

Other benefits of your cover

Repatriation or Funeral Expenses

If you or any person on your membership sustains a substantial life-altering disability or a serious medical condition, as determined by us or by a Medical Practitioner appointed by AIA Health, and that person needs to return to their home country, we may pay up to $100,000 towards the reasonable cost of travel with appropriate medical supervision.

In the unfortunate event of death, we'll pay up to $10,000 towards the reasonable cost for the repatriation of mortal remains (excluding ashes following a cremation) of you or anyone else on your membership to that person's home country if legally permissible. Alternatively, if the deceased is being buried or cremated in Australia, we'll pay up to $10,000 towards the reasonable costs of their funeral in Australia.

A 2-month waiting period applies for the repatriation or funeral expenses benefit. This waiting period is extended to 12 months if related to pre-existing conditions, ailments or illnesses.

Conditions apply, call us on 1800 161 170 to understand the requirements of this benefit.

Please also refer to our Overseas Visitors Health Cover Member Guide and our Overseas Visitors Health Cover Fund Rules for more information on the various requirements of this benefit (including details on maximum benefit payable, waiting periods, exclusions and other relevant factors).

Other services for OVHC members

Doctors on Demand

You can speak with an online doctor 24/7 for a general health concern or query, medical certificates and more, all from the comfort of your home.

To book, simply visit here, select a time and book.

AIA Health pays 100% of appointment fees up to annual limits.

The following annual limits apply at an overall policy level based on your policy type:

- Single: 12 appointments per calendar year
- Couple / Single Parent: 24 appointments per calendar year
- Family: 30 appointments per calendar year

Where you exceed the annual appointment cap, you can still access the service but you will need to pay the full cost of any subsequent appointment.

24/7 Health Line

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

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 cost you may incur.

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

Other important information

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.

AIA Health may make changes to this cover from time to time, including to add, remove or reduce the benefits or services available to members. Changes will be made in accordance with the Fund Rules and Member Guide. Please call us on 1800 161 170 for further details.