

YOUR HEALTH POLICY



Valid from 1 January 2010

Congratulations on choosing to study in Australia. We hope that while you're here you enjoy good health.

But if you get ill while studying, your Overseas Student Health Cover with ahm will help you with your medical bills.

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IMPORTANT

Goods and Services Tax (GST)

It is your responsibility to advise ahm if you have any entitlement to claim GST as an input tax credit.
(See page 17 for more information)

For further information please contact ahm on 134 246.

About your Overseas Student Health Cover (OSHC)

Your Overseas Student Health Cover provides you with benefits for services in hospital and out of hospital. It also covers you for emergency ambulance transport, prescription medicines and hospital accommodation at most private and all public hospitals across Australia.

This policy document has been designed to help you understand your ahm OSHC benefit entitlements and ahm OSHC terms and conditions. It also provides you with a step-by-step guide that explains what you need to do if you have to go to hospital.

Important

The terms and conditions in this policy document may vary from time to time. It is your responsibility to keep up-to-date with the terms and conditions of your cover.

To download the latest version of this policy booklet go to www.ahm.com.au/oshc

So please read this document carefully and keep an up-to-date copy in a safe place for future reference.

Remember, if you need to go to hospital, call us first if you can.

Here's a snapshot of the great benefits you get with ahm OSHC.

- ✓ Help with the costs of medical treatment
- ✓ 24 hour emergency service helpline **1800 006 745** for:
 - Emergency medical assistance
 - Stress and trauma counselling
 - Interpreter service
- ✓ Online claiming services, any time of the day or night
- ✓ Informative web site www.ahm.com.au/oshc
- ✓ Your choice to extend your cover to include popular services like dental, optical and physiotherapy (see page 16 for more information)
- ✓ 6% discount, if you pay for 13 months or more in advance
- ✓ Translated information on the web site
- ✓ Health information sheets.

Why you need health cover in Australia

- The Department of Immigration and Citizenship (DIAC) requires visitors with a student visa to have Overseas Student Health Cover while in Australia.
- Australia's national health care program, Medicare, doesn't cover you.
- ahm OSHC pays towards the cost of medical bills. For example, the cost of treatment in a public hospital could be as high as \$1,200 a day but ahm OSHC pays it for you.

How long you need to be covered

You need health cover as a condition of your student visa, so it's important to be covered for the length of time shown on your visa. For example, you would need to purchase a twelve month policy if you have a twelve month visa, or a nine month policy for a nine month visa.

What happens if you don't renew your OSHC?

- Holding OSHC for the whole time you are in Australia is a condition of your visa.
- If you don't have OSHC and you have an accident or need medical attention, **you** will have to pay for the treatment.
- If you allow your cover to lapse, when you renew your OSHC you will have to back-pay for any period that you were not covered by OSHC. In addition, you are not entitled to receive benefits for periods where you were not covered by OSHC, even if you re-activate your policy and backdate your payments for that period. This may result in you having to pay significant hospital, medical or other costs yourself.

What you need to know

Paying for your cover

Your OSHC start date must be the same date as when your visa starts and is stamped by DIAC.

Visa length health cover

If your visa length is less than 12 months, you must pay all your premiums up front. If it's longer than 12 months you can choose to make one payment up front that covers you for the whole time you're here or you can renew your policy each year.

If you pay for 13 months or more in advance, you'll save money with our 6% discount.

Invalid student visa

Should your student visa become invalid for any reason, your cover will stop from that date. Let us know and we'll give you a refund in Australian dollars.

Lapsed cover (late payments)

If your ahm OSHC lapses for any period of time and you renew your policy at a later date, you'll be required to pay your premiums to fully cover the lapsed period. You must backpay for any lapsed period plus an amount in advance which will be payment for a 12 month period or the length of your visa. Any claims for services or treatment during the time your policy was unfinancial will not be paid.

Remember to keep your cover up to date. It is your responsibility under your visa conditions to maintain OSHC for the whole time you are in Australia.

Your membership card

You must keep your ahm OSHC membership card safe and tell us immediately if your card is lost or stolen.

You must not allow any person who is not covered by your ahm OSHC policy to use your card.

ahm will not be responsible for any loss to you or use of your policy limits as a result of misuse of your card.

Policy renewal

Because you are required to have OSHC for the duration of your visa, it's important that you don't let your policy lapse.

Renewing your policy is easy, just log onto www.ahm.com.au/oshc and click on 'renew'.

When you renew your policy you must renew it for a minimum of 12 months or for the period until your visa expires if the remainder of your visa length is less than 12 months.

If you extend your visa, you need to contact us and pay for the additional time you'll be studying. If you pay for 13 months or more in advance, we'll give you a 6% discount on your premiums.

Visa and passports

ahm may ask you to provide a copy of the passport and/or visa for any person covered by ahm OSHC to assess eligibility to make an OSHC claim before paying claims. You consent to ahm verifying your visa details with DIAC.

Suspending your health insurance policy

If you'll be travelling to another country for four weeks or more while you're covered by ahm OSHC, you can ask us to suspend your policy. Contact us a couple of weeks before you leave. You'll have to show us your boarding pass to and from your destination within 30 days of your return so we can re-activate your policy. **You won't be able to claim for any services while your policy is suspended.** Your 'valid to' date will be advanced (moved forward) for the period your policy was suspended.

Date paid to or current financial date

This is the date that your ahm OSHC policy is paid to. After this date, you won't be insured and we won't pay benefits.

Single policy

This policy covers the student only.

Family policy

Your partner and your dependant children under 18 years of age can be covered under an ahm OSHC family policy if they:

- ✓ are authorised to enter Australia and hold a student visa or a student dependant visa and;
- ✓ live with you while you're studying.

We don't cover members of your family such as parents, grandparents, brothers, sisters, uncles or aunts.

If you are already on an ahm single policy and you become pregnant, you will need to change your cover to a family policy to cover your baby. You will need to do this at least 2 months before the baby is born so that your newborn has immediate cover.

How we communicate with you

While you are with ahm OSHC, we may need to send you information about your policy. This can include an important update to policy information, a reminder that your policy needs renewing or you may have lost your card and need a new one. That means it's very important that your contact details are up to date.

If we post or fax the correspondence to you or your institution (which is then responsible for passing that correspondence on to you), any correspondence we send is deemed to have been received by you:

- a) within 2 business days after it is posted by us or;
- b) if faxed, the day after it is sent, provided that successful transmission is confirmed.

Updating your contact details

- Call us on **134 246** and we'll update your details for you or;
- Go online at www.ahm.com.au/oshc and use your password to log in to the members' section.

What you're covered for

Please read the following information carefully and contact us if you have any questions.

If you need treatment in a hospital, please call us on 134 246 to confirm your benefits and entitlements.

Doctors' bills

For treatment in a Doctor's surgery or at home by a General Practitioner (GP) or anywhere outside a hospital

We pay

- 100% of the published MBS fee or the amount as determined by the Federal Government for standard GP consultations (**please see page 12 for more information**)
- 85% of the published MBS fee or the amount as determined by the Federal Government for other out of hospital services and you pay the difference.

For treatment in a hospital

We pay

- 100% of the MBS fee.

Important

- If you need to see a doctor, you can choose any doctor you wish
- You should always ask your doctor how much they're going to charge you
- If the doctor charges more than the MBS fee, you pay the difference.

Pathology & X-rays

For services such as blood tests and x-rays

We pay

- 100% of the published MBS fee or the amount as determined by the Federal Government for in hospital services
- 85% of the published MBS fee or the amount as determined by the Federal Government for out of hospital services and you pay the difference.

Hospitals

For treatment in partner private hospitals or day surgeries

We pay

- the full cost of private or shared room accommodation, theatre fees and same day services
- up to the MBS fee for treatment by your doctor
- for accident and emergency services where applicable
- for outpatient medical and post operative services. (See page 6 for what we pay on doctors' bills)

For treatment in all public hospitals

We pay

- the full cost for shared accommodation, theatre fees and same day services
- up to the MBS fee for treatment by your doctor
- for accident and emergency services
- for outpatient medical and post operative services (See page 6 for what we pay on doctors' bills).

Important

Private or public? It's your choice.

- If you need to go to hospital, you can choose to have your treatment at either a private or public hospital.
- Hospital bills are normally sent straight to us for payment. If there's a difference between the ahm OSHC benefit and the hospital charge, you'll need to pay this on admission.
- If the private hospital you're treated in is not a partner hospital, you'll have to pay the difference between the ahm OSHC default benefit and the hospital's charge on admission (this could be quite a large amount).
- **Call us beforehand to make sure you're being treated in a partner private hospital.**

Going to hospital? Call 134 246

Ambulance services

For emergency transport in an ambulance

We pay

- 100% of the cost.

Important

Emergency transportation means a sudden or unexpected need for hospitalisation where the only practical way of getting to a hospital is by ambulance. If you call an ambulance for services other than emergency hospital transportation, you'll have to pay the full cost.

Prescription medicines

For medicines and other prescription items prescribed by your doctor

- You pay a set amount towards the cost and we pay the rest up to a maximum of \$50 per item. (See page 13 for more information)

We pay

- The difference between the current PBS amount and the cost of the item up to \$50 per item.

Maximum benefit:

- \$300 per calendar year for single policy holders
- \$300 per person up to a maximum of \$600 for a family policy.

Important

- Benefits are only payable on pharmacy items that are prescription only and prescribed by a medical practitioner and are essential to treat a particular illness, injury, or condition
- No benefits are payable on over the counter medicines, vitamins or herbal medicines
- You'll need to pay the Pharmacist first and then claim it back from us
- As an overseas student, you may face significant out-of-pocket costs if you need treatment with high cost pharmaceuticals, particularly oncology (cancer) treatment.

Prostheses

- We cover you for the agreed charge
- We'll cover the full cost of any No Gap prostheses and the minimum benefit for Gap Permitted prostheses.

Important

If you choose a Gap Permitted prosthesis that costs more than the minimum benefit, you'll have to pay the difference between the minimum benefit and the prosthesis charge.

There is at least one clinically appropriate No Gap prosthesis available for any procedure you may require so you should discuss the choices with your doctor.

What you're not covered for

- ✗ Services not covered by Medicare such as cosmetic surgery or laser eye treatment.
- ✗ Treatment for pre-existing medical conditions. (See "Waiting periods for pre-existing conditions" on page 10.)
- ✗ Pregnancy related services if your visa is for 3 months or less. However, if you arrived on a previous visa or you extended your current visa, and have been in Australia for over 3 months continuously, then we'll cover you.
- ✗ Assisted reproductive services such as in-vitro fertilisation (IVF).
- ✗ Services/treatment covered under compensation and damages provisions of any kind, for example, motor vehicle accidents covered by third party insurance.
- ✗ Fees charged by your doctor above the Medicare Benefits Schedule (MBS).
- ✗ Transportation of you or your dependants into or out of Australia in any circumstance.
- ✗ Treatment received outside of Australia.
- ✗ Treatment for any of your children who are over 18 years of age.
- ✗ Treatment by dentists or other extras services such as glasses and physiotherapy unless this treatment is related to a hospital stay and is included in the hospital's contract. You can be covered for this if you buy extras cover. (See page 16 for more information)
- ✗ Items provided to you on discharge from a hospital including medication and crutches.
- ✗ Personal expenses in hospital including telephone calls, television hire and newspapers.
- ✗ Services or treatment for which a claim has been submitted more than two years after the date of service or treatment.
- ✗ Treatment organised before you or your dependants arrived in Australia.

Will I have to wait before I can claim?

NO

- If you've paid for your ahm OSHC cover and have no lapsed periods of cover, then you don't have to wait to make a claim for services outlined on pages 6-9 or for treatment for an accident.
- If you've transferred from another OSHC provider to ahm OSHC, we'll recognise the waiting periods you have already served with the other OSHC provider provided you don't have any periods of lapsed cover.

YES

- If you have a pre-existing medical condition then you'll have to wait 12 months before you can claim (see below) for services outlined on pages 6-9.

Waiting periods for pre-existing conditions

If you applied for your student visa before coming to Australia:

You will have to wait 12 months for payment of services related to medical conditions that you or your dependant/s had prior to arriving in Australia.

If you applied for your student visa while already living in Australia:

You will have to wait 12 months for payment of services related to medical conditions that you or your dependant/s had within the 12 months prior to purchasing ahm OSHC.

Refunds

You should call us if you:

- stop studying in Australia
- have paid your premium in advance but your visa is not extended
- need to cancel your study
- are granted permanent residency in Australia (ahm offers cover in this case, so call us)
- transfer to another OSHC provider.

In these cases, you may be eligible for a refund* on your premiums.

* Your first refund each calendar year is processed free of charge. Additional refunds will incur a service charge of \$20 each time.

Important terms you need to know

Accidents

If you require treatment for an accident, you'll be covered from the day you joined and made your first payment.

Benefit

This is the amount that we'll pay for services or treatments you receive that are covered by this policy.

Compensable claims

Services and/or treatment covered under compensation and damages provisions of any kind, for example, motor vehicle accidents covered by third party insurance.

Day only surgery

This is when you're admitted to a hospital and discharged on the same day.

Default benefit

We'll pay the default benefit for accommodation as set by the Commonwealth Government.

Emergency

An occurrence that caused a sudden and urgent need for immediate medical treatment in order to relieve symptoms temporarily, or to stabilise the condition of the patient until additional medical or other treatment to treat the cause or effect of the emergency can take place.

General Practitioner (GP)

A General Practitioner is a doctor who is not a specialist or consultant.

In hospital treatment

Where you or a person on your policy is admitted to a hospital or treated in a hospital as a result of an accident or an emergency.

Institution

This refers to a school, high school, TAFE College, English Language Centre, University or any other education provider.

Life threatening

A medical condition that occurs suddenly and without warning that, if not treated immediately, poses significant, reasonably foreseeable risk that the person will die from the medical condition or its immediate effects.

Limits

This is the maximum amount you can claim each calendar year (January to December) for certain treatments. Unless specified, limits apply to each person covered by your policy.

Medicare

Medicare is Australia's national health care program for all permanent residents of Australia. It provides treatment as a public patient in a public hospital, and free or subsidised medical treatment by practitioners such as doctors, specialists and participating optometrists. Medicare is not available to overseas students.

Reciprocal Medicare card

OSHC is compulsory under the terms of your visa but if you come from UK, Malta, Italy, Republic of Ireland, Finland, The Netherlands, Norway or Sweden you are eligible for a Yellow Reciprocal Medicare Card. You should apply for one at your local Medicare office.

The Yellow Reciprocal Medicare Card provides you with access to Medicare for 'medically necessary' treatment in a public hospital. Medically necessary means any ill health or injury which occurs while you are in Australia and requires treatment before you return home. This card also gives you access to the Pharmaceutical Benefits Scheme (PBS) and out of hospital treatment provided by doctors. If you hold a Reciprocal Medicare Card, you can choose to be treated either under Medicare (where appropriate) or your OSHC depending on the circumstances and the costs involved.

Medicare Benefits Schedule

The Medicare Benefits Schedule (MBS) is a list of fees for medical procedures and treatments provided by doctors including specialists and General Practitioners. **A doctor can choose to charge more than these fees.**

Before being treated, make sure you ask your doctor how much your treatment will cost so you know what you might have to pay. If your doctor charges more than the MBS fee you'll have to pay the amount above the MBS fee.

Out of hospital treatment

Means where you or a person on your policy receives medical services without being admitted to a hospital. Out of hospital can refer to GP and specialist consultations, some X-rays and pathology.

Partner private hospitals

ahm has agreements with many private hospitals and day surgeries throughout Australia. We'll cover you at these hospitals for the full cost of theatre and accommodation charges.

Pharmaceutical Benefits Scheme (PBS)

The PBS is the national pharmaceutical benefits scheme funded by the Commonwealth Government where patients pay only part of the cost of a subsidised drug. The rest of the cost is paid by the PBS.

Pre-existing medical conditions

A pre-existing medical condition is an ailment, illness, condition or disability (including secondary conditions or disabilities arising from them) that in the opinion of a Medical Practitioner appointed by ahm, the signs or symptoms of that ailment, illness, condition or disability existed at any time prior to arrival in Australia or purchase of ahm OSHC (refer page 10). To determine a pre-existing medical condition, ahm's Medical Practitioner examines information from the patient's doctor/specialist who treated the ailment, illness or condition as well as the other data relevant to the claim from DIAC or the patient's Institution. You need to give us consent to do this or we will not be able to assess your claim.

Prescription medicines

ahm OSHC provides benefits for most medicines prescribed by a doctor. For each prescription item you buy, you have to pay part of the cost. (See Pharmaceutical Benefits Scheme above). We'll pay the rest up to a maximum of \$50 each prescription item. If your doctor has prescribed several medicines on the same prescription, each item will count as a separate claim.

If the medication is being prescribed to treat a pre-existing medical condition we will not pay the claim.

Prostheses

This term refers to surgically implanted items such as stents (for coronary arteries), grommets, artificial hips and knees, or titanium plates and screws (used in reconstructions or bone breaks).

Commonwealth legislation allows for a Prostheses Gap payment for a small number of prostheses. These prostheses are referred to as Gap Permitted prostheses and aren't fully covered. This means if there is a gap, you'll have to pay it.

A large number of prostheses listed on the Government's Prostheses list are No Gap prostheses. These are fully covered by ahm and there's at least one clinically appropriate No Gap prosthesis for any procedure you may require.

If you need a prosthesis, please discuss the choices with your doctor prior to giving your doctor consent. This will allow you to make a fully informed decision about the cost of your treatment. If you choose a Gap Permitted prosthesis that costs more than the minimum benefit, you'll have to pay the difference between the minimum benefit and the prosthesis charge.

Services for overseas students

Using the web

- Make a claim
- Update your contact details
- Renew your cover
- Request a new membership card
- Access general health information
- Find information about OSHC in other languages.

Making a claim

You can claim for:

- hospital treatment
- visits to your doctor (out of hospital)
- pharmacy items
- specialists
- X-rays
- pathology.

Online and telephone claims

You can only claim online or over the phone for services you have already paid.

1. Log onto www.ahm.com.au/oshc or call 134 246
2. We'll deposit your benefit into your preferred Australian bank account (normally within 24 hours).
3. We'll send you a letter to confirm your claim, so make sure your contact details are up to date. You need to attach your receipt/s to this letter and send it back to us.

NOTE: If you reach the \$200 combined limit for online and telephone claiming, you can't make any more claims over the phone or online until we have received your receipts. Once we have your receipts, you can claim up to \$200 again.

Postal claims

- Fill in a claim form, include receipts and mail it to:
ahm OSHC, Locked Bag 1006, Matraville NSW 2036.

We can either deposit the benefit in your bank account or send you a cheque.

NOTE: If you haven't paid the bill – fill in a claim form and mail us the bill. We'll send you a cheque that's payable to your service provider. This might be your doctor, hospital or ambulance service. When you receive the cheque, you must send it to the provider and include any additional amount that you may be required to pay.

All claims will be paid in Australian dollars.

Direct billing - no need to pay and claim

When you visit a medical centre or GP that has a direct billing arrangement with ahm OSHC, we'll pay them the amount equal to the MBS fee for the service provided to you. This means you don't have to pay for the standard GP consultation and claim later.

To find the nearest direct billing medical centre or GP near you, use ahm OSHC's online search function and select the state in which you live. You must show your ahm OSHC membership card at reception to use this service.

NOTE: ahm OSHC only pays the amount equal to the MBS fee for standard GP consultations (see page 12 for more information – Medical Benefits Schedule). If your doctor charges above the MBS fee you will have to pay the difference. Any amount above the MBS fee cannot be claimed.

Go to www.ahm.com.au/oshc and search for a participating medical centre near you.

Emergency service helpline

1800 006 745

24 hours, 7 days a week

Emergency medical assistance

- A registered nurse will direct you to the most appropriate level of care needed for your condition and if required, to a specialist practicing physician.

Stress and trauma counselling

- You will be connected to a qualified counsellor for an initial discussion over the phone. The counsellor will help you develop strategies to move forward and may suggest an appointment in person for further assistance.

Interpreter service

- If you need interpreter assistance, call **1800 006 745** and tell them your name and preferred language. This service is available 24 hours, 7 days a week and does not have to be for a medical service.

How to renew your cover

Online

- Log onto www.ahm.com.au/oshc and fill in the online application form OR
- Download the form and send it to us.

Phone

- Call **134 ahm (134 246)**.

For more information, see policy renewal on page 4.

Adding extras cover

Your ahm OSHC only provides cover for hospital and medical treatment. It doesn't include things like visits to the dentist, eye checks, glasses or chiropractic. If you want cover for these services, you can buy one of our OSHC extras covers. This cover is not a substitute for your visa requirement and can only be purchased in addition to your ahm OSHC policy. Waiting periods apply.

Call us to discuss which level of extras cover suits you.

For more information or a brochure on extras, call **134 ahm (134 246)**.

How to join ahm OSHC

- Log onto www.ahm.com.au/oshc and fill in the online application form OR
- Download the form and send it to us.

Phone

- Call **134 ahm (134 246)**.

Transferring your OSHC policy

If you're with another health insurer, you can transfer to us at any time. Just call us to find out how.

Complaints

If you have a complaint related to your policy please let us know straight away so that we can work to resolve matters as soon as possible.

You can contact us in one of the following ways:

- Call us direct on **134 ahm (134 246)**
- Write to ahm member feedback, Locked Bag 1006, Matraville 2036
- Send an email to feedback@ahm.com.au
- Fax details to **1300 fax ahm (1300 329 246)**.

If we are unable to resolve your complaint immediately, we will investigate the matter and advise you of the outcome within 21 days.

Your privacy

Australian Health Management Group Pty Limited (ahm) is subject to the *Privacy Act 1988* and complies with the principles for handling your personal information. ahm's privacy policy can be viewed on the ahm web site www.ahm.com.au or you can call us on 134 246 to have a copy of the policy posted or emailed to you.

Goods and Services Tax (GST)

OSHC is subject to GST which is included in the premium you pay. If you are on ahm OSHC it is assumed you have no entitlement to claim any part of the GST as an input tax credit. If at any time you are eligible and intend to claim back part or all of the GST, you must notify us in writing.

All Enquiries: 134 ahm (134 246)

Claims: 134 246

Call Centre Hours: Monday to Friday, 8:30am - 5pm (Australian Eastern Standard Time)

ahm OSHC, Locked Bag 1006, Matraville NSW 2036

Email: oshc@ahm.com.au

Web: www.ahm.com.au/oshc

Fax: 1300 fax ahm (1300 329 246)

Emergency service helpline: 1800 006 745

- Emergency medical assistance
- Stress and trauma counselling
- Interpreter service

Updated January 2010



Overseas Student Health Cover

Australian Health Management Group Pty Limited ABN 96 003 683 298.
A private health insurer.