

## Overseas Visitor Health Cover (OVHC)

Overseas Visitor Health Cover (OVHC) helps pay for medical costs for international workers and visitors.



### Why choose Allianz Care Australia?



#### Access our extensive health network

If something happens you can rely on our national network of hundreds of direct billing medical providers.



#### 24/7 telehealth powered by Doctors on Demand

See a doctor without leaving home, or get advice on the go – anytime, anywhere.

Not available for Budget Working Cover or Budget Visitor Cover members.



#### 24/7 Emergency helpline

We are ready to help whenever you need us with our 24/7 emergency assistance service for members.



#### Allianz Care Online Member Services

Manage your policy, submit claims, make payments and update your details at the touch of a button with Online Member Services.

### Value Visitors Cover product eligibility

For customers who want access to quality health insurance but do not require health cover for visa purposes (condition 8501). Avoid exorbitant medical costs by gaining access to our network of hundreds of direct billing providers.

Our Value Visitors Cover is available to overseas visitors who are:

1. under 50; and
2. not required to maintain adequate health insurance for the duration of their visa.

Please note, if your visa is subject to condition 8501, Value Visitors Cover may not be suitable for you.

SERVICE	WHAT IS COVERED <sup>^</sup>
Doctors (GPs) outside of hospital	100% of the MBS fee
Medical specialists outside of hospital For services covered under the policy	85% of the MBS fee
Hospital treatment and accommodation For services covered under the policy	100% of the MBS fee or the rate determined by State and Territory health authorities for services charged to a patient who is not eligible for Medicare
Emergency ambulance	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service
X-rays and blood tests	85% of the MBS fee
Medical Devices and Human Tissue Products	100% of the minimum benefit of the Prescribed List of Medical Devices and Human Tissue Products

<sup>^</sup> Waiting periods, exclusions, limitations and terms and conditions apply. See the policy document for details online at [allianzcare.com.au](http://allianzcare.com.au)

# Value Visitors Cover policy coverage

## Hospital services covered under the policy

TREATMENT TYPE
✓ Brain and nervous system
✓ Eye (excluding cataracts)
✓ Ear, nose and throat
✓ Tonsils, adenoids and grommets
✓ Bone, joint and muscle
✓ Joint reconstructions
✓ Kidney and bladder
✓ Male reproductive system
✓ Digestive system
✓ Hernia and appendix
✓ Gastrointestinal endoscopy
✓ Gynaecology
✓ Chemotherapy, radiotherapy and immunotherapy for cancer
✓ Pain management
✓ Skin
✓ Breast surgery (medically necessary)
✓ Diabetes management (excluding insulin pumps)
✓ Lung and chest
✓ Blood
✓ Back, neck and spine
✓ Podiatric surgery (provided by a registered podiatric surgeon)

## Excluded hospital services

TREATMENT TYPE
✗ Heart and vascular system
✗ Plastic and reconstructive surgery (medically necessary and cosmetic)
✗ Dental surgery
✗ Implantation of hearing devices
✗ Cataracts
✗ Joint replacements
✗ Dialysis for chronic kidney failure
✗ Pregnancy and birth
✗ Assisted reproductive services
✗ Weight loss surgery
✗ Insulin pumps
✗ Pain management with device
✗ Bone marrow transfusion or transplant
✗ Organ transplant
✗ Rehabilitation
✗ Hospital psychiatric services
✗ Palliative care

## Excluded outpatient services

OUTPATIENT SERVICES
✗ Allied health services
✗ Prescription medicine (out of hospital)

## Pre-existing conditions

A pre-existing condition is defined in our policy wording documents as:

- the person has an ailment, illness or condition; and
- in the opinion of a medical practitioner appointed by us, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months ending on the day on which the person became insured under the policy.

## Medicare Benefits Schedule (MBS) fees explained

The Medicare Benefits Schedule (MBS) is a list of medical services (e.g. a standard consultation with a GP or surgery in hospital) subsidised by the Australian Government with a fee (known as a 'schedule fee') payable for each item.

The schedule fee is the amount the government considers appropriate for one of these services and determines the amount that Australians receive when they claim a medical service through Medicare.

Visit [mbsonline.gov.au](http://mbsonline.gov.au) for more information.

## Out of pocket expenses

You must pay any difference between the benefit we pay and the actual fee charged by the doctor, known as an out-of-pocket expense. For example, if you visit a doctor that charges \$60 and your OVHC policy benefit is \$42.85, your out-of-pocket cost would be \$17.15. Please note that you cannot claim your out-of-pocket cost under your Allianz Care Australia OVHC policy. Please refer to the applicable policy wording document for an overview of product benefits at [allianzcare.com.au/en/policy-wording-documents.html](http://allianzcare.com.au/en/policy-wording-documents.html)

## Waiting periods

A waiting period is the time you need to wait before a benefit is available. You can claim for benefits available on your policy for expenses incurred after the waiting period has ended.

Waiting periods may apply to a policy if claiming medical costs related to pre-existing conditions. The waiting periods will differ depending on which OVHC policy you have purchased. Applicable waiting periods can be found in our policy wording documents.

- No waiting period for general practitioner services
- 12 month waiting period for all other pre-existing medical conditions.
- 12 month waiting period for all pregnancy related conditions. Note, only outpatient services are included for pregnancy related conditions.

For more information refer to the applicable policy wording document at [allianzcare.com.au/en/policy-wording-documents](http://allianzcare.com.au/en/policy-wording-documents).

## Hospital excess

The excess is the amount you must pay upfront before a benefit is paid by us for overnight or same day hospital admissions under your policy. The excess is payable once per adult per financial year (1 July – 30 June). No excess applies to any children on your policy under the age of 18.

If your policy has a hospital excess payable, you will need to pay the excess amount towards your hospital treatment costs before we will pay any benefit.

For more information refer to the applicable policy wording document at [allianzcare.com.au/en/policy-wording-documents](http://allianzcare.com.au/en/policy-wording-documents).

[allianzcare.com.au](http://allianzcare.com.au)

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