

Allianz  **Care**

Overseas Student Health Cover



Standard

Policy document and members guide

Effective 1 July 2026

OSHC gives you peace
of mind knowing your
health will be looked after
so you can easily access
medical services while
you are in Australia

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Allianz Care Australia welcomes you to Australia

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

Allianz Care Australia is here to assist by providing services and information to help you understand and use your health cover while studying in Australia.

What is OSHC?

Overseas Student Health Cover (OSHC) is health insurance for international students which provides cover for the costs of:

- Out of hospital medical treatment
- In hospital medical treatment
- Prescription medicines
- Medical devices and human tissue products
- Emergency ambulance transport

Department of Health, Disability and Ageing regulates OSHC and OSHC providers.

Why is OSHC important?

Student visa requirement

The Australian Government through the Department of Home Affairs requires all holders of a student visa to maintain adequate health insurance whilst they are in Australia unless an exemption applies.

Notification to the Department of Home Affairs

As it is a condition of the student visa that OSHC must be maintained while studying in Australia, Allianz Care Australia may provide the Department of Home Affairs with the name and contact details of the member who has cancelled his or her OSHC policy or whose premium has been refunded.

Medical treatment can be expensive

Most overseas students are not eligible for Medicare (the public health insurance system for Australian citizens and permanent residents). Without access to Medicare, overseas students may have difficulty paying for medical treatment.

Section one

OSHC Standard policy



Who is eligible for OSHC?

Overseas students are eligible for OSHC. You are an overseas student if you are:

- (a) a person who is the holder of a student visa; or
- (b) a person who
 - i is an applicant for a student visa; and
 - ii is the holder of a bridging visa; and
 - iii was, immediately before being granted the bridging visa, the holder of a student visa.

Single or Family Cover

Your Certificate of Insurance will show which type of OSHC policy you have selected. Your policy may be:

Single

Covering only the overseas student who is the primary student visa holder/applicant;

Dual family

Covering the overseas student and their partner, or the overseas student and their dependant children; or

Multi family

Covering the overseas student, their partner, and their dependant children.

Adding a newborn child

To add a newborn child to your existing policy, you must provide us with their details within 60 days of their birth.

This might require your policy to be upgraded to a dual or multi family cover with additional premium payable. We will advise you of the additional premium when you provide your child's details.

If we are advised of your child's details within 60 days of their birth, cover for your child will commence from the child's date of birth and once you have paid the additional premium. Waiting periods are considered to be served for the same period that currently applies to the policyholder.

If we are advised of your child's details after 60 days from their birth, cover for the child will commence from the date we are advised of your child's birth and you have paid the additional premium (date of addition). We will not be obliged to pay benefits for any services provided to your child prior to the date of addition. Waiting periods will need to be served from the date of addition.

For further information, please refer to our Pregnancy Fact Sheet: www.allianzcare.com.au/content/dam/onemarketing/azpau/allianzcare/docs/IH0075-OSHC_Pregnancy_factsheet.pdf

What if I have the wrong OSHC policy type?

If you hold a secondary student visa, you must be insured under the same policy as the primary student visa holder. You are not eligible to hold an OSHC policy in your own right if you are a secondary student visa holder or a dependant.

If we become aware that you and any dependants have not purchased the correct OSHC policy type, we may notify you that you must transfer your policy to the correct OSHC policy type. We will give you and your dependants 60 days to undertake corrective action on your OSHC policy.

If you fail to take corrective action by the date specified, we may withhold benefits payable for services under your policy until you have paid any outstanding premium.

Upon payment of the required premiums, we will re-issue policy documentation and credit any waiting periods already served under your previous OSHC policy.

Benefits covered under your policy

Medical and hospital benefits

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

**You may incur out of pocket costs for hospital expenses.
For more information about out of pocket costs, see page 24.**

Service	Benefit per service
Out of hospital medical services	
Medical services provided by most general practitioner services	We will cover 100% of the Medicare Benefits Schedule Fee.
All other medical services such as pathology and radiology (including specialists)	We will cover 85% of the Medicare Benefits Schedule Fee.
In hospital medical services	
Medical services provided in hospital to an admitted patient	We will cover 100% of the Medicare Benefits Schedule Fee.
Public hospital – admitted patient in shared ward, hospital same day services, accommodation, accident and emergency, intensive care, and out patient medical, and post-operative services	We will cover the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.
Private hospital/registered day hospital facility	<p>We will cover 100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation.</p> <p>If there is no agreement between us and the private hospital/registered day hospital facility, we will pay the applicable minimum benefit as set out in the Benefit Requirement Rules.</p>

For more information on agreement hospitals please see 'Private admission' section on page 24.

For benefits provided under this policy, the benefit varies based on the service provided and in-line with the benefits ordinarily payable through Medicare for Australian residents.

For non-admitted services, the benefit varies based on the service provided and in-line with the benefits ordinarily payable through Medicare for Australian residents.

Service	Benefit per service
Prescription medicines and approved vaccinations	
<p>For prescription medicines prescribed by your doctor or for approved vaccinations.</p> <p>Excludes: medications, drugs or other treatments not prescribed by a doctor and not listed on the Pharmaceutical Benefits Scheme</p>	<p>We will reimburse you the amount paid for items on:</p> <ul style="list-style-type: none"> • the Pharmaceutical Benefits Scheme; and • approved vaccinations, that exceed the Pharmaceutical Benefits Scheme (PBS) patient contribution for general beneficiaries* up to a maximum benefit of \$50 per prescribed item. <p>This benefit is subject to the following annual limits:</p> <p>Single cover: up to \$500 per calendar year</p> <p>Dual & Multi-Family cover: up to \$1000 per calendar year</p> <p>Each individual in a Dual and Multi Family policy has a limit equivalent to a single person as long as the family maximum benefit has not been used.</p> <p>*The PBS patient contribution for general beneficiaries is listed at: www.pbs.gov.au/pbs/home</p>
Medical devices and human tissue products	
<p>Medical devices and human tissue products included on the Federal Government's Prescribed List</p>	<p>We will cover 100% of the cost as listed in the Medical Devices and Human Tissue Products Rules.</p>
Ambulance services	
<p>When medically necessary for admission to hospital or for emergency treatment</p>	<p>We will cover 100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service when medically necessary for admission to hospital or for emergency treatment.</p>

How long do I have to be covered?

The Australian Government requires that you maintain adequate health insurance for the entire length of your student visa.

You must purchase OSHC for the proposed length of your student visa. If you have applied for a new student visa, you can contact us to extend your OSHC policy for the duration of the new student visa by paying us the additional premium for the extended period.

Periods of cover:

1. Your OSHC policy is only valid whilst you hold a current student visa and have paid the full premium required.
2. You are insured for the period of cover shown on your Certificate of Insurance, starting on the commencement date shown and ending on the expiry date shown.
3. Your cover ceases on the date of your departure from Australia, the date you cease to hold a student visa, or on the expiry date shown on your Certificate of Insurance, whichever occurs first.
4. Your OSHC policy end date must correspond to the end dates of your student visa, and we may amend or adjust a policy where the period of cover selected does not align with your visa length requirements.
5. It is a student visa requirement that OSHC must be continuous for the term of your student visa. If you allow your OSHC to lapse whilst on a student visa, and you wish to renew your OSHC, you must pay us the premiums for the lapsed period.
6. You are not insured for any treatment you receive during the lapsed period of your OSHC unless you have paid us the premium for the lapsed period.
7. You will not need to re-serve waiting periods if you have renewed your OSHC policy after allowing your policy to lapse and you have paid premiums for the lapsed period, you still hold a current student visa.
8. You may ask us to make other changes to your OSHC policy, including extensions, suspensions or changes to the policy start date, if you provide us with evidence of the following:
 - (a) you or your dependant is not residing in Australia at the expected policy start date; or
 - (b) you or your dependant is not residing in Australia during a period of OSHC purchased from us.

Services that are not covered under your policy:

You are not covered for:

- (a) any costs or services associated with outpatient dental treatment, physiotherapists, osteopaths, chiropractors, naturopaths, optical charges, or any other ancillary services, unless the services provided meet the requirements of the Medicare Benefits Schedule;
- (b) medications, drugs or other treatments not prescribed by a doctor and not included in the PBS or on our list of approved vaccinations;
- (c) the co-payment payable by you under Australian law, or as a result of the provider charging more than the Medicare Benefits Schedule Fee or contracted rate for hospital services; or
- (d) service fees charged by a doctor or hospital which are not included in the benefits covered under your OSHC policy.

General exclusions

Benefits are not payable for:

- (a) services and treatment rendered outside of Australia, including treatment rendered whilst travelling to or from Australia;
- (b) services and treatment where the medical expenses for the service are for a compensable injury or illness that is covered by another insurer for which the other insurer or compensation agency has accepted liability;
- (c) services and treatment that are not medically necessary as certified by our medical practitioner, including elective cosmetic surgery;
- (d) assisted reproductive services, including in-vitro fertilisation;
- (e) transportation of you or your dependant into or out of Australia in any circumstance;
- (f) treatment arranged in advance of you or your dependant's arrival in Australia;
- (g) treatment rendered to you or your dependant in the first twelve months of the OSHC policy where that treatment is for a pre-existing condition. This includes secondary conditions or disabilities directly arising from a pre-existing condition. This exclusion does not apply where our medical practitioner certifies that you or your dependant required emergency treatment in Australia;
- (h) treatment rendered to you or your dependant during the first twelve months of the OSHC policy for a pregnancy related condition, where the policy duration is less than two years. This exclusion does not apply if our medical practitioner certifies that the dependant or overseas student required emergency treatment in Australia.

Whether or not a condition is a pre-existing condition will be determined in accordance with the section 'Waiting period for pre-existing conditions'.

Waiting period for pre-existing conditions

Waiting periods apply for pre-existing conditions

You cannot claim for any treatment you receive while a waiting period applies to your policy if the treatment arises from a pre-existing condition.

The waiting period is calculated as 12 months commencing from the later of:

- the date you or your dependant (as the case may be) arrived in Australia; or
- the date your student visa was granted.

A person insured under an OSHC policy has a pre-existing condition if:

- (a) the person has an ailment, illness or condition; and
- (b) 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.

In forming an opinion for the purposes of paragraph (b), the medical practitioner must have regard to any information in relation to the ailment, illness or condition that the medical practitioner who treated the ailment, illness or condition gives him or her.

No waiting period will apply if you receive any of the following types of treatment:

- general practitioner services;
- care or treatment for a psychiatric condition; or
- where our medical practitioner certifies that you or your dependant require emergency treatment in Australia.

Waiting periods for pregnancy related conditions

If you purchase a policy with a duration of less than two years, a twelve month waiting period applies to pregnancy related condition hospital treatment and pregnancy related condition out of hospital services.

If you purchase a policy with a duration of two years or more no waiting period applies to pregnancy related conditions.

Changes to policy duration

If you increase your policy duration to two years or more and have paid the applicable premium for the revised duration, the waiting period for pregnancy related conditions will be waived from the date on which the extension occurred, providing there is continuation of coverage.

If you reduce your policy duration to less than two years, a twelve month waiting period for pregnancy related conditions will apply from the effective date of the change.

Where your policy duration does not align with your student visa, we may adjust your policy start and end dates, and any applicable waiting periods will be assessed based on your adjusted period of cover.

Section two

Privacy Notice



Your privacy:

Your privacy is important to us. To arrange, offer, and provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) and for the purposes set out below, we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Care Australia', collect, store, use, process, and disclose your personal information including sensitive information such as medical information in accordance with the requirements of privacy laws.

For full details of our privacy policy, please visit our website at www.allianzpartners.com.au and click on the Privacy & Security link.

When we collect your personal information, we are responsible for ensuring it is processed and protected in accordance with applicable privacy laws such as the Privacy Act 1988 (C'th), and sometimes European Law such as the GDPR where our activities fall within its scope. Personal information we collect includes, for example, your name, address, date of birth, email address, your medical information, passport details, and bank account details. We also collect information through devices such as 'cookies' when you visit our website or use our mobile apps, in order to improve our website functionality and user experience.

Data collection:

We usually collect your personal information directly from you but sometimes from others depending upon the circumstances and the product involved. For example, to quote, arrange, or provide our health insurance products and services, we may collect your personal information from you, your agents, our agents, your broker, other insurers, universities and learning institutions, government departments managing immigration, health, and foreign affairs including for visa purposes, family members including your partner or spouse, travelling companions, as well as from doctors, hospitals, and other health service providers if you require medical assistance.

We may collect your personal information from our business partners and agents whom you may have approached or who distribute or help provide or arrange our products and services.

Purposes & uses:

We use your personal information to arrange, offer, and provide our products and services (or those we may offer or provide to you on behalf of our business partners) and to manage your and our rights and obligations in connection with any products and services you have inquired about or acquired. For instance, we use it to assess, process, and investigate health insurance claims, and to liaise with government departments such as immigration, health, and foreign affairs where it relates to your cover or your application for private health insurance cover.

We may also use it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT and related systems maintenance and development, recovery against third parties, fraud investigations, to comply with requests from regulatory bodies and government departments, and for other purposes with your consent or where permitted by law. We do not sell your personal information to any other person or entity for marketing purposes.

Disclosures & overseas transfers:

Your personal information may be disclosed to your family members, co-insured on the same policy, your spouse or partner, as well as to third parties who assist us to carry out the activities set out in the 'Purposes & uses' paragraph above, such as claims management providers, our agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, universities and other education institutions, overseas data processing and 'cloud' storage providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer or sponsor, insurance reference bodies, and our related entities in the Allianz group of companies including Allianz Partners. Some of these third parties to whom your personal information may be disclosed and transferred, will be located in other countries including in Europe, the UK and Ireland, Asia, Canada, or the USA. We also, where necessary, disclose your personal information to government departments that manage immigration, health, and foreign affairs, as well as to regulatory bodies including those involved in the health insurance industry. We also disclose and transfer your personal information to our private health insurer that underwrites your policy, namely Peoplecare Health Limited, which is a registered private health insurer, ABN 95 087 648 753. When we disclose or transfer your personal information to third parties, we take steps binding those entities to comply with privacy law.

Marketing:

We may, where permitted by law or with your consent, contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, and business partners that we or they consider may be relevant and of interest to you. Where we contact you as a result of obtaining your consent, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

Other individuals/dependants:

Except where you have legal authority to provide personal information on behalf of another, such as in your capacity as a parent or legal guardian, when you provide personal information to us about another individual on your policy such as your spouse, partner, family member, dependant, or adult children, we rely on you and you warrant to us that you have first obtained that individual's consent, and have made them aware of the matters set out in this Privacy Notice.

Access to and correction of personal information:

You may also seek access to your personal information (or that of another on your policy where you are authorised to do so) and ask us to correct or update it, and to obtain details about our data processing activities in respect of your personal information. You may have further rights in respect of your personal information where the GDPR law applies, and depending upon the circumstances, you may request a restriction on processing, request it be deleted, and to receive it in a portable form, amongst other things.

Withdrawal of consent:

Where your personal information is used or processed with your specific consent as the sole basis for such use and processing (rather than on a contractual basis or legitimate interests of the company), you may withdraw your consent at any time. Just contact us as set out below.

Contact us:

If you wish to make a complaint about your data privacy, or have a request for access or correction, or any query about your personal information, please contact:

The Privacy Officer, Allianz Care Australia,
PO Box 162, Toowong, QLD 4066, or
email dataprivacyau@allianz-assistance.com.au or
phone us on +61 7 3305 7000.

You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5218, Sydney, NSW, 2001 if you have a complaint.

Without your agreement to the matters set out above, we may not be able to provide you with our products or services including the assessment and payment of any claims.

Section three

Other important matters



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

1 Hospitalisation

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

2 Transferring from another OSHC provider

If you transfer to Allianz Care Australia OSHC from another OSHC provider and you can provide us with a clearance certificate for the period you had OSHC with another OSHC provider, we will take that period into account when assessing the waiting period for any pre-existing or pregnancy related conditions.

For clarity, a waiting period served under a previous OSHC product will be off set against, or credited towards, the waiting period of a new OSHC product, provided there is continuous cover.

To arrange your transfer visit us at:

www.allianzcare.com.au/oshc

or call 13 OSHC (13 6742)

or email us at oshc@allianzcare.com.au.

3 Resolving your concerns

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

- by email: oshc@allianzcare.com.au
- by post: Allianz Care Australia
Overseas Student Health Cover
Locked Bag 3001
TOOWONG QLD 4066
- or by telephone on 13 OSHC (13 6742)

Commonwealth Ombudsman

The Commonwealth Ombudsman has responsibility to assist with enquiries and complaints about any aspect of private health insurance. The Ombudsman is independent of private health funds, private and public hospitals and the government. Information may be obtained or complaints lodged about health insurance by telephoning the Ombudsman's office toll free on 1300 362 072 or at www.ombudsman.gov.au.

Email phio.info@ombudsman.gov.au

4 Premium refunds

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

- (a) you have failed to arrive in Australia to take up studies and will not come to Australia at all;
- (b) you have failed to arrive in Australia due to a delay, but you eventually arrive in Australia;
- (c) you have paid the premium on the basis a student visa will be granted by Home Affairs but you are refused entry;

- (d) you have paid the premium of an extended stay on the basis the student visa will be extended by Home Affairs but you are refused an extension;
- (e) for reasons beyond your control, you are required to cease studies and leave Australia before the expiry of your student visa;
- (f) you have been granted permanent residence in Australia, or an Australian visa (other than a student visa);
- (g) you can prove to us that you were not residing in Australia for a continuous period of 3 months or more whilst holding a valid student visa;
- (h) you can provide proof of OSHC taken out and paid for with another insurer which overlaps with the same period covered by us; or
- (i) due to administrative changes that adjust the period of OSHC beyond the dates required for your student visa.

For clarity, where the overseas student has dependants, the refundable amount will also include paid premium amounts for the dependants.

Please note:

- Refunds are calculated on a monthly pro-rata basis.
- We will not pay you a refund if the unexpired portion of your policy is less than 30 days.
- As it is a condition of the student visa that adequate health insurance must be maintained while studying in Australia, Allianz Care Australia may provide the Department of Home Affairs with the name and contact details of the member who has cancelled his or her policy.

5 You must help us recover any money we have paid

If we pay a claim that you make under this policy and we commence recovery action against a third person in respect of your claim, you must:

- assign your rights in relation to the recovery of any amount we have paid under your policy;
- assist us in recovering any payments we have made under your policy, including providing us with contact details for the third person; and
- reimburse us for any amounts we have paid you as part of a settlement for claims paid by us.

6 You must provide additional information upon request

You must provide all information and details that we may require in order to process any medical and hospital claims, including medical reports, GP notes, surgical notes and hospital discharge summaries. Any costs charged by a provider for supplying this information are at your own expense and are not covered under this policy.

7 Compensation fund

Benefits are not payable if your claim is for a loss which is recoverable by compensation under any workers compensation transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type scheme required to be effected under law.

8 Reciprocal Health Care Agreements

Reciprocal Health Care Agreements (RHCA) are agreements between countries that allow visitors to access medical services under Australia's Medicare scheme while staying in Australia. To be eligible individuals must meet specific criteria, such as being a resident of a participating country and having adequate health insurance in your home country.

Benefits are not coverable under your OSHC policy that have been covered under Medicare via a Reciprocal Health Care Agreement.

For more information of Reciprocal Health Care Agreements please visit www.servicesaustralia.gov.au/reciprocal-health-care-agreements

9 Fraud

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

We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential. Report insurance fraud by calling 1800 453 937.

Words with special meanings

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

agreement hospital means a hospital that we have an agreement with as specified in www.allianzcare.com.au/en/Find-a-Hospital.html

approved vaccinations are vaccinations provided by a registered practitioner that have been approved by us and are listed at www.allianzcare.com.au/en/vaccinations.

arrive means the point in time that an overseas student or a dependant is first in Australia, with the overseas student holding a valid student visa.

assisted reproductive services has the same meaning and scope of cover as Schedule 5 of the Complying Product Rules.

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

Benefit Requirement Rules means the Private Health Insurance (Benefit Requirements) Rules 2011 (Cth) made in accordance with section 333-20 of the Private Health Insurance Act 2007 (Cth).

bridging visa has the meaning given by subsection 5(1) of the Migration Act 1958.

co-payment means the amount you must contribute towards a claim. It is the difference between the amount payable under the Medicare Benefits Schedule and the amount actually charged for the medical service.

Complying Product Rules means the Private Health Insurance (Complying Product) Rules 2015 made in accordance with section 333-20 of the Private Health Insurance Act 2007 (Cth).

dependant means a:

- (a) a partner;
- (b) any dependant children.

dependant child means a child, adopted child or step-child of an Overseas Student or their partner, where such child, adopted child or step-child is an eligible family member for the purposes of a student visa.

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

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

in Australia which is confirmed by a Medical Practitioner appointed by us to be the case, having due regard to, and considering, any information that is provided by the treating Medical Practitioner of the relevant person at the time.

General Practitioner services means out-of-hospital services claimed for items on the Medicare Benefits Schedule under:

- i. Group A1;
- ii. Group A2;
- iii. Sub-groups 2 and 10 of Group A7;
- iv. Group A22;
- v. Group A23;
- vi. Sub-groups 1 and 2 of Group A40; and
- vii. Group A46.

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

hospital same day services means minor medical, surgical or diagnostic treatment provided in a registered hospital or medical centre, which does not require you to be confined in a hospital overnight but must be admitted as a day patient.

injury means bodily injury.

limit means the maximum amount of payment by us. A limit applies per person as long as the maximum benefit has not been used if you have a Family Policy (this includes both dual family and multi-family policies). Unless otherwise stated your limit relates to the maximum amount payable under a full calendar year and is pro rata according to the duration of your policy.

Medical Devices and Human Tissue Products Rules means the Private Health Insurance (Medical Devices and Human Tissue Products) Rules (No. 1) 2023 made in accordance with section 333-20 of the Private Health Insurance Act 2007 (Cth).

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

Medicare Benefits Schedule Fee means the amount as determined from time to time by the Australian Government and listed in the Medicare Benefits Schedule as the standard fee for a certain treatment or service.

overseas student has the same meaning as in Rule 18 of the Health Insurance Business Rules, that is:

- (a) a person who is the holder of a student visa; or
- (b) a person who:
 - i is an applicant for a student visa; and
 - ii is the holder of a bridging visa; and
 - iii was, immediately before being granted the bridging visa, the holder of a student visa.

partner means a spouse or de facto partner of an overseas student, where such spouse or de facto partner is an eligible family member for the purposes of a student visa.

PBS patient contribution means the co-payment you are required to pay, by law, towards the cost of a prescription before we start to calculate your benefit. The co-payment you have to pay is the same as an Australian who does not receive any concessional payments.

Peoplecare means Peoplecare Health Limited, a private health insurer under the Private Health Insurance (Prudential Supervision) Act 2015 (Cth) and the underwriter of this Overseas Student Health Cover product.

Pharmaceutical Benefits Scheme or **PBS** means the pharmaceutical items prescribed in the National Health Act 1953 (Cth) and the National Health (Listing of Pharmaceutical Benefits) Instrument 2012 (Cth).

premium means the premium payable for your OSHC policy, including all taxes and charges.

pregnancy related condition hospital treatment means the 'Pregnancy and birth' clinical category and 'Miscarriage and termination of pregnancy' clinical category, as defined in the Complying Product Rules.

pregnancy related condition out of hospital services means Medicare Benefits Schedule services and Pharmaceutical Benefits Schedule items for the investigation and treatment of conditions associated with pregnancy and childbirth, and the investigation and treatment of a miscarriage or for termination of pregnancy.

prescription medicines

means those medicines that require a prescription completed by a doctor or other authorised health practitioner in order to be dispensed by a registered pharmacist.

student visa has the meaning given by subsection 5(1) of the Migration Act 1958 and includes a bridging visa. For the purposes of this policy document, a reference to student visa will include, where the context required, a reference to a person who is an applicant for a student visa, is the holder of a bridging visa, and was, immediately before being granted the bridging visa, the holder of a student visa.

we, us and **our** means AWP Australia Pty Ltd (trading as Allianz Care Australia) as the issuer and manager of this Overseas Student Health Cover product.

you or **your** means the person or persons named in the Certificate of Insurance under the heading 'Insured Persons'.

Section four

Member's guide



OSHC 24 hour helpline - 1800 814 781

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

- (a) 24 hour medical advice and assistance
- (b) 24 hour telephone access to a solicitor for legal advice
- (c) 24 hour access to an interpreting service
- (d) assistance to replace travel documents or passports
- (e) any messages which need to be passed to your family or friends in the event of an emergency.

In a medical emergency call triple zero (000).

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

The Australian healthcare system

It is very important that you have a good understanding of the Australian healthcare system. If you understand the healthcare system in Australia, you will be able to access the best and most effective treatment for you. Learn more by visiting the [Student Hub](#).

General practitioners

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

- general medicine and simple diagnostic screenings;
- assessment and treatment of health problems and injuries;
- first aid services as needed;
- women's and men's health;
- referrals to specialist services.

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

Accident and emergency treatment

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

Hospital treatment

If you have been admitted for emergency treatment, contact Allianz Care Australia immediately on 1800 814 781. If you have been referred to hospital for a non-emergency admission, contact the claims eligibility team on 1800 651 349 prior to admission. You will need to provide Allianz Care Australia with the details of your treatment and hospital stay. We will then be able to confirm your cover and assist you with making arrangements for payment to the hospital.

For any planned or non-emergency hospital admission, your hospital or treating doctor should provide you with Informed Financial Consent. This allows you to understand any potential out-of-pocket costs before your admission.

Public admission

Generally, OSHC pays for the total cost of your stay and treatment as an in-patient in a shared ward of a public hospital. As a patient in a public hospital, your doctors will be nominated by the hospital. Please be aware that some public hospitals and their nominated doctors may charge fees for pathology, radiology or other services at rates higher than the Medicare Benefits Schedule (MBS), and you may incur out-of-pocket costs for any amount that exceeds the benefits payable under your policy. After your hospital discharges you, your care will be carried out in either the outpatient clinic by one of the hospital's specialists in his/her private rooms or you will be referred to your local general practitioner.

Private admission

You can choose to be treated in a private hospital. Through our relationship with Peoplecare we have agreements in place with most private hospitals in Australia. These agreement hospitals ensure that an agreed schedule of fees (including in-patient accommodation, theatre and special unit accommodation fees as appropriate) is charged by the hospital and paid by Allianz Care Australia on a member's behalf. You may incur out of pocket costs for private hospital expenses.

There are some private hospitals that are not part of these agreement hospitals. If you are admitted to one of these hospitals, we will not cover the full cost of your hospitalisation.

For more information on hospital admissions and for details on hospitals that we have agreements with, please visit <https://www.allianzcare.com.au/en/getting-medical-help/find-a-hospital.html>

Find a doctor

Direct billing services

You can attend a health service or doctor that direct bills Allianz Care Australia. You can find your closest direct billing service on our website at www.allianzcare.com.au/oshc. You simply have to show your valid Allianz Care Australia OSHC e-membership card, and the bill for the covered portion of your service will be sent directly to Allianz Care Australia. You will need to pay the amount that exceeds the covered portion of your service.

Other medical providers

You can attend any other medical practice or doctor in Australia. In most cases, you will be required to pay the bill, and submit a claim to Allianz Care Australia in order to be reimbursed. Some medical practices or doctors may charge more than the benefit payable, in which case you will be required to pay a co-payment that is not covered by your policy.

Your claiming options

There are a few simple ways to claim including:

Claim via Allianz MyHealth app

Use the **Allianz MyHealth app** to submit a claim, access and update your membership details including your e-membership card, and to access our 24-hour helpline.

1. Download the app or login to the member portal.
2. Register an account using your policy number.
3. Select 'Submit claim'.
4. Upload photos of your invoices, receipts and supporting medical documents.

Manual claim

1. Download the claim form from our website www.allianzcare.com.au/oshc.
2. Send your completed form and any relevant attachments e.g. medical invoices (receipts) to oshcclaims@allianzcare.com.au with your policy number in the email subject line.

Alternatively, you can post your claim and receipts to:

Allianz Care Australia OSHC
Locked Bag 3001
Toowong QLD 4066

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

Claims reimbursement

Paid accounts

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

- **Direct debit** into your nominated Australian bank account or;
- **Telegraphic transfer** into your nominated international bank account if you no longer reside in Australia.

Unpaid accounts

If you have not paid your medical or hospital bill, the benefit will be paid to the nominated health care provider (e.g. doctor or hospital).

You are responsible for any 'co-payment' payable to the provider. In some instances our claims officers will contact you to request more information. If you have further questions about claims, visit the OSHC Simple Guide on our website listed below.

We will endeavour to process your claim within 10 working days of receiving a completed claim form and copies of original documents. If we need additional information, a written request will be sent to you within 10 working days.

Helpful services

The Student Hub

Health cover shouldn't be complicated. Our goal is to make your life easier so you can make the most of your time in Australia. That's why we've created the **Student Hub**. Your one stop shop for everything OSHC.

Learn about:

- What to do when you get sick
- Your policy inclusions and out of pocket expenses
- How to submit a claim
- Mental health support pathways and so much more!

Visit: www.allianzcare.com.au/en/student-hub

Members services

If you need assistance with any matter, contact our friendly and helpful member service officers on **13 OSHC** (13 6742), who will be able to assist you.

Disclosure of commission

If you buy your policy from one of our business partners, they will receive a commission that is a percentage of the premium. Our business partners may receive other fees and benefits from us in relation to your policy.

Allianz Care Australia Overseas Student Health Cover Standard

The Student Hub

www.allianzcare.com.au/en/student-hub

Members services and general enquiries

13 OSHC (13 6742)

Claims

1800 651 349

OSHC 24 hour helpline 1800 814 781

Medical assistance and interpreting services

In a medical emergency call triple zero (000)

This insurance is arranged and managed by

AWP Australia Pty Ltd

ABN 52 097 227 177

Trading as Allianz Care Australia

Level 16, 310 Ann Street Brisbane QLD 4000

Locked Bag 3004, Toowong QLD 4066
Australia

Phone: in Australia 13 OSHC (13 67 42)

From overseas: +61 7 3305 7000

oshc@allianzcare.com.au

www.allianzcare.com.au/oshc

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Allianz Care Australia Overseas Student Health Cover policies are authorised under a Deed entered into between Peoplecare Health Limited and the Australian Government through the Department of Health, Disability and Ageing. Allianz Care Australia Overseas Student Health Cover is managed by AWP Australia Pty Ltd ABN 52 097 227 177 trading as Allianz Care Australia. Peoplecare Health Limited ABN 95 087 648 753, a private health insurer under the Private Health Insurance (Prudential Supervision) Act 2015 (Cth), is the underwriter of Allianz Care Australia Overseas Student Health Cover policies.