

Overseas Visitor Health Cover (OVHC)

Everyday Care Workers



OVHC helps pay for medical costs for international workers and visitors.

Why choose Allianz Care Australia?



Meets Australian Government visa requirements

Our OVHC policies meet the Australian Government requirements for adequate health insurance (visa condition 8501). Excludes Value Care.



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 Hospital Care Workers and Hospital Care Visitors policies.



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.

Everyday Care Workers

Includes cover for admitted hospital treatment and out-of-hospital general practitioner (GP) visits. If you're looking for broader coverage—such as access to specialists, pathology, or radiology services—you may want to consider a higher level of cover that includes a wider range of out-of-hospital benefits.

Note: If you hold an Everyday Care Workers policy and your attendance at an accident and emergency department does not lead to you being admitted as an inpatient, no cover is provided under your policy.

Product inclusions

SERVICE	WHAT IS COVERED [^]
Admitted hospital treatment and accommodation	100% of insurable costs
Emergency ambulance	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service.
General practitioner (GP) visits out of hospital	100% of the MBS fee
Medical repatriation (Cover for repatriation to your home country in the event of serious illness, injury or death)	Up to a maximum benefit of \$20,000 per policy

[^] Waiting periods, exclusions, limitations and terms and conditions apply. See the policy document for details online at allianzcare.com.au

Hospital services covered under the policy

TREATMENT TYPE [^]
✓ Rehabilitation
✓ Hospital psychiatric services
✓ Palliative care
✓ Brain and nervous system
✓ Eye (not 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
✓ 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
✓ Podiatric surgery (provided by a registered podiatric surgeon)
✓ Implantation of hearing devices
✓ Cataracts
✓ Joint replacements
✓ Dialysis for chronic kidney failure
✓ Pregnancy and birth
✓ Weight loss surgery
✓ Insulin pumps
✓ Pain management with device
✓ Sleep studies

Excluded hospital services

TREATMENT TYPE [^]
✗ Plastic and reconstructive surgery (cosmetic)
✗ Assisted reproductive services
✗ Organ transplant

Out of hospital benefits

TREATMENT TYPE [^]
✓ General practitioner visits (out of hospital)

[^] Waiting periods, exclusions, limitations and terms and conditions apply. See the policy document for details online at allianzcare.com.au.

Excluded out of hospital benefits

OUTPATIENT SERVICES [^]
✗ Pathology and radiology
✗ Allied health services
✗ Out of hospital specialist visits
✗ Prescription medicine (out of hospital)
✗ Pregnancy and birth (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 for more information.

Out of pocket expenses

You must pay the difference between the benefit we pay under our policy and the actual fee charged by a medical provider, known as an out of pocket expense. For example, if you are charged \$60 and your OVHC policy benefit is \$42.85, your out of pocket cost would be \$17.15. Please note you cannot claim any out of pocket expenses 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.

Waiting periods

The following waiting periods apply before these services are covered under your policy:

SERVICES	WAITING PERIOD
Psychiatric, rehabilitative or palliative care	2 months
Pregnancy or pregnancy related conditions	12 months
Pre-existing conditions	12 months

For more information refer to the applicable policy wording document at 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).

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.