

Overseas Visitor Health Cover (OVHC)

Value Care



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 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.

Value Care 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 Care policy 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 Care may not be suitable for you.

SERVICE	WHAT IS COVERED [^]
General practitioner (GP) visits out of hospital	100% of the MBS fee
Medical specialists outside of hospital <small>For services covered under the policy</small>	85% of the MBS fee
Hospital treatment and accommodation <small>For services covered under the policy</small>	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
Medical repatriation benefit <small>(Cover for repatriation to your home country in the event of serious illness, injury or death)</small>	Up to a maximum benefit of \$10,000 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[^]

✓ 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

Out of hospital benefits

OUTPATIENT SERVICES[^]

✓ General practitioner visits (out of hospital)
✓ Pathology and radiology
✓ Out of hospital specialist visits
✓ Pregnancy and birth (out of hospital)

Excluded out of hospital benefits

OUTPATIENT SERVICES[^]

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

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

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
Pregnancy or pregnancy related conditions Note: only outpatient services are included for 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.