



Member Guide
Overseas Visitors Cover

Effective from 1 December 2017

Do well, be well

Enjoy all of the moments that life has to offer and live happily ever after, now.

For more than 175 years, we've had the wellbeing of Australians at the heart of everything we do. You could go as far as calling it our bread and butter – and it's experience we're prepared to share.

And please remember that if you have any questions, our team is here to help.

Welcome to Australian Unity.

Contents

Welcome to Australian Unity	05
<hr/>	
Understanding your Cover	
<hr/>	
What is Overseas Visitors Cover?	08
Useful things you'll need to know	09
Health care in Australia	11
Services and Support	
<hr/>	
Hospital and medical cover	16
How to claim	18
Delegated Authority	18
How to pay for your cover	19
Want a little bit extra?	20
Online Member Services	21
Keeping you Informed	
<hr/>	
Frequently asked questions	24
Commonly used terms	25
Important things to know – Terms and conditions	26



Welcome to Australian Unity

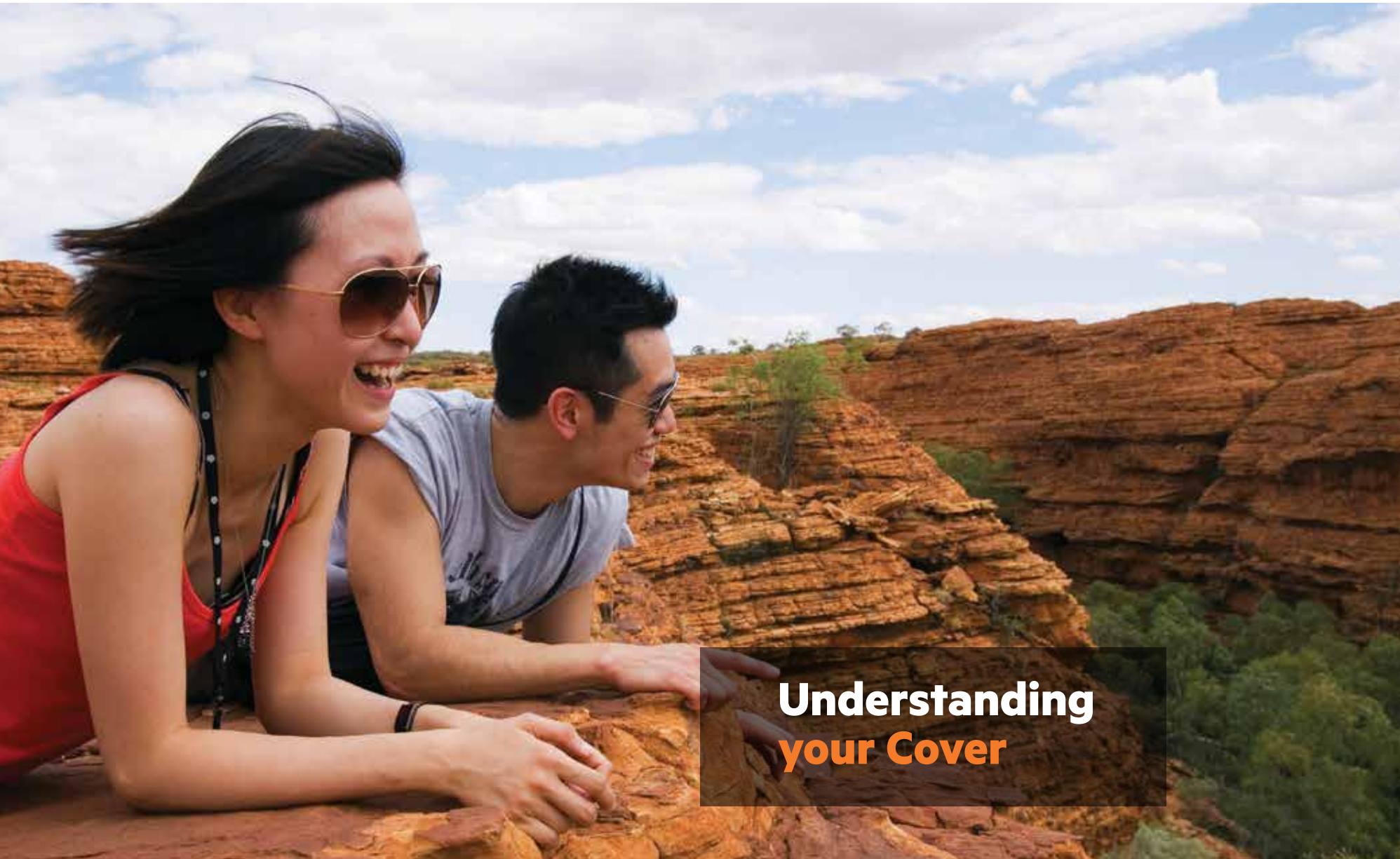
Thank you for choosing Australian Unity. We understand that health insurance can be quite complex at times and choosing the right cover for your needs can be confusing. That's why it's our goal to ensure you get the most out of your cover while you're in Australia.

Visiting or working in a foreign country can be an exciting experience, and we give you the assurance you're covered by a company that has been around since 1870 and will provide practical advice to help you understand and manage your health.

This Member Guide has been designed to help you make the best use of your health insurance. Inside you'll find information on how to get started, how to get treated, how to make a claim and should you wish to, how to manage your cover online. You should also ensure you read and understand the enclosed Overseas Visitors Cover factsheet, which can be found in your Welcome Pack or downloaded from our website at australianunity.com.au/health-insurance/existing-members/forms/overseas-visitors-cover and provides specific information about the cover you have purchased.

If you have any questions, please ask our customer service team who are happy to provide you with the answers online or over the phone.

Talk to us on **13 29 39** or online at australianunity.com.au/email



**Understanding
your Cover**

What is Overseas Visitors Cover?

Overseas Visitors Cover is health insurance for non-Australian residents, who are visiting or working in Australia.

Should the unexpected happen and you find yourself in need of medical treatment while you are here, our cover will give you greater control over your treatment. Health care in Australia can be very expensive, and your Australian Unity health cover will assist you with these costs and give you greater control over your treatment options. This cover is not registered for Overseas Student Health Cover (OSHC) and therefore not suitable for those traveling on a student visa.

Your Overseas Visitors Cover fact sheet sets out the services, benefits, limits, waiting periods and conditions that are part of your cover. It can be found in your Welcome Pack or you can download a copy from our website. Refer to it for any questions about your cover and if you are unsure about anything, call us and we'll talk you through it.

Useful tip.

If your visa status changes, it is important that you advise Australian Unity as your chosen cover may no longer suit your needs. We can transfer you to an alternative cover within the Overseas Visitors Cover range or if your status has changed to a permanent resident, we have a range of hospital and extras covers to meet your needs. Refunds or fees may be applicable. Please contact us to discuss further.

Useful things you'll need to know

It's most likely that you joined Australian Unity Overseas Visitors Cover prior to leaving for Australia. You should have completed all your membership forms when you joined.

Before having treatment, we suggest you read the seven steps below to ensure you understand what you can claim and when.

1. Confirming your Overseas Visitors Cover

To make sure your cover has been set up correctly, you need to provide us with a photocopy of the pages of your passport containing the following information:

- Your full name and date of birth as shown in your passport.
- 'Date of arrival' stamp (if the 'date of arrival' stamp is not clear, please also attach a copy of your airline ticket).

Make sure you provide this information as soon as possible, as we cannot assess your claims until it has been received.

You can provide this information via email to healthcover@australianunity.com.au or by post:

Australian Unity
Member Services
Reply Paid 64466
South Melbourne VIC 8060

2. Changing the date your cover starts

Your arrival date in Australia may have changed from when you purchased your cover. If the date of your arrival in Australia is delayed, you can also change the date your cover starts. To change the date your cover starts, you will need to contact Australian Unity, preferably prior to your arrival. You may be asked to supply confirmation of the date your visa was issued from the Department of Immigration and Border Protection.

3. Check for any waiting periods

Waiting periods may apply to certain benefits, depending on the cover you've chosen, and in the case of Working Visitors Cover, whether you were insured previously. Please review your Overseas Visitors Cover factsheet, located in your Welcome Pack, to find out if any waiting periods apply.

You must provide the date of arrival information within 14 days of your date of entry into Australia; otherwise a 2 month waiting period may apply to your Overseas Visitors Cover.

4. Know your benefits

A benefit is the term we use to describe how much we will pay towards the cost of your treatment. You should make sure you understand any restrictions and exclusions that may apply under your level of cover. Refer to your Overseas Visitors Cover factsheet available online at australianunity.com.au/factsheets or Online Member Services at australianunity.com.au/memberservices to understand the benefits you will receive. See page 11 for more information.

5. Get help when you need it

If at any time you need help with your membership, please contact us on **13 29 39**, online at australianunity.com.au/email or visit our website australianunity.com.au/health for more information.

6. Read about the health care system in Australia

Both public and private hospitals in Australia provide hospital services. However, you will receive different benefits depending on your level of cover and where you are treated. You should read and understand pages 11 – 13 about how the health care system in Australia works.

7. “Like” us on the Australian Unity Health Facebook page

“Like” us to receive useful ideas for getting more from your health insurance, access to exclusive information on staying healthy, and special member offers and discounts.

Useful tip.

If you are coming to Australia on a visa, we recommend that you contact the Australian Department of Immigration and Border Protection to ensure you obtain cover that meets the requirements of your visa.

Healthcare in Australia

Private and public hospitals

In Australia, both public and private hospitals provide hospital services.

Australian Unity has agreements with over 500 private hospitals and day surgeries across Australia, which means if you are admitted to one of these facilities, your accommodation and theatre fees will be fully covered (up to yearly limits), depending on your level of cover and the treatment you require. You may also be covered for your accommodation and theatre fees in a public hospital, however there may be large out-of-pocket expenses so you should contact us before any planned treatments. Public hospital stays can cost in excess of \$2,000 per night so you should be aware of what your selected policy covers. For the limits and available benefits under your policy refer to the enclosed factsheet which can also be found online at australianunity.com.au/factsheets.

You can find a list of our agreement private hospitals online at australianunity.com.au/agreementhospitals or call us on **13 29 39**.

Inpatient and outpatient hospital services

It's important to understand the difference between inpatient and outpatient hospital services as your level of cover may differ for each service type.

- You are an inpatient when you are formally admitted to a hospital with a doctor's order.
- Prior to being admitted as an inpatient, you are considered an outpatient while you receive emergency department services, such as being under general observation or receiving outpatient surgery, lab tests, X-rays, or any other hospital services and the doctor hasn't written an order to admit you to a hospital. In these cases, you're an outpatient even if you spend the night at the hospital.

Medicare and Reciprocal Health Care Agreements

Medicare is the name of Australia's publicly funded health care system that provides no out-of-pocket or low-cost health care to Australian residents. Visitors from countries that have Reciprocal Health Care Agreements with Australia are eligible to receive some subsidised health services for essential medical treatment while visiting Australia. Visitors from countries without a reciprocal agreement must pay for their treatment with their own money. The Australian Government has signed Reciprocal Health Care Agreements with a number of countries however these agreements can vary. To find out more, please visit humanservices.gov.au/customer/services/medicare/reciprocal-health-care-agreements

To find out about Medicare or what medical benefits you may be eligible for through Medicare call **13 20 11** or visit www.medicare.com.au

The Medicare Benefit Schedule (MBS)

The Medicare Benefits Schedule (MBS) is a list of all the medical services subsidised by the Australian Government. We use this schedule to calculate benefits for Overseas Visitors Cover. It's important to note that your health professional may charge above the MBS fee for their services, and depending on your level of cover, you'll need to pay the difference.

For more information about the MBS, visit the Department of Human Services website at humanservices.gov.au/medicare

The Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) is a Government run scheme which provides access to a wide range of medicine within Australia. Under the PBS, all Australian residents and overseas visitors from countries that have a Reciprocal Health Care Agreements with Australia have access to a range of prescription medicines at a more affordable cost. More information about the PBS can be found at pbs.gov.au

Taxation and the Medicare Levy

To help fund Medicare, Australian resident taxpayers and residents of a country with a Reciprocal Health Care Agreement earning an income while in Australia are subject to a tax known as the Medicare Levy. In most cases, the Medicare Levy is calculated at 2.0% of your taxable income. If you are on a higher income and you do not hold private hospital insurance, you may be required to pay the additional Medicare Levy Surcharge (MLS) as part of your annual tax bill.

Please note that none of the Overseas Visitor cover options will exempt you from the Medicare Levy Surcharge. If you are a high income earner please contact us on **13 29 39** for other health cover options.

For more information on the Medicare Levy Surcharge contact the Australian Taxation Office on **13 28 61**, or visit ato.gov.au

The Australian Government Rebate on Private Health Insurance

The Australian Government Rebate on Private Health Insurance reduces your premium and makes health insurance more affordable. If you earn less than \$140,001 for singles or \$280,001 for families you may be eligible to claim a rebate from the Government. Anyone who is eligible for Medicare and who takes out an eligible private health insurance product with a registered Australian health fund can claim the rebate.

Whilst Overseas Visitors Cover products are not eligible for a rebate, as an overseas visitor, if you choose an extras cover, you may be able to claim the Government rebate on your extras premiums.

To apply for the Government rebate upfront, eligible overseas visitors must be able to provide details of their reciprocal Medicare card upon joining. All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

For further information about the Australian Government rebate visit privatehealth.gov.au/healthinsurance/incentivessurcharges/insurancerebate.htm



**Services
and Support**

Hospital and medical cover

You'll find having choices very useful

Our hospital and medical cover provides great comfort when you need it most. You'll be covered for many of the more expensive costs associated with a hospital visit such as accommodation and theatre fees. You can choose which agreement private hospital you are treated in and who treats you. That means that should you need surgery, you can be treated when you really need to be treated and choose the doctor of your choice.

Hospital charges. We clear up the confusion

Treatment in hospital can produce a confusing array of costs and charges. There are two main kinds of charges you can expect:

- 'Hospital charges' – usually billed directly to your health fund, and can include charges for your hospital accommodation and theatre fees. In our agreement private hospitals or day surgeries, these costs are fully covered (up to yearly limits). However, depending on your level of cover and the treatment you require, there may be out-of-pocket expenses in a public hospital and some restrictions and exclusions may also apply. Refer to your Overseas Visitors Cover fact sheet for further information.
- 'Medical services' – usually billed directly to you and include charges for such things as doctors, specialists, surgeons and anaesthetists. You will receive cover for these costs, however there may be out-of-pocket expenses, depending on your level of cover and whether any restrictions or exclusions apply. If you have any out-of-pocket expenses, your doctor should have informed you of these costs before your admission however you should contact us before undergoing any treatments. Refer to your Overseas Visitors Cover fact sheet for further information.

Medical claims

Some of our Overseas Visitors Covers provide benefits for other medical claims, such as visits to your General Practitioner. For information on the benefits available under your cover, refer to your enclosed fact sheet or call **13 29 39** for more information.

A simple way to save: choose one of our agreement private hospitals

Australian Unity has negotiated a set of agreed fees for services with over 500 private hospitals and day surgeries across Australia. This means that depending on your level of cover you will generally be covered for accommodation and theatre fees. To make sure you get the best value from your Australian Unity membership, you should ask your health professional to refer you to one of our agreement private hospitals. This way we can help reduce the cost of your hospital stay and make things easier for you. You can find a list of these hospitals online at australianunity.com.au/agreementhospitals or call us on **13 29 39**.

Medical Repatriation

The provision of this benefit is at the discretion of Australian Unity. We may pay up to \$20,000 for medically necessary services and transportation back to your home country, such as where you have suffered a life-altering injury or become terminally ill. This payment is included in the overall yearly claim limit of your membership. For more information, refer page 33 in this Member Guide or call us on **13 29 39**.

How to claim

Hospital claims

Australian Unity has arrangements with most hospitals for benefits to be paid direct to the hospital on your behalf. However, your doctor or medical practitioner may bill you directly and you will need to submit a claim to Australian Unity for payment of these benefits.

Extras claims

Claiming extras benefits at your healthcare provider is easy. Simply swipe your membership card through the HICAPS or CSC terminal at participating providers, and claim your benefits on-the-spot. Once your claim is authorised, you simply pay any difference between the Australian Unity benefit and your provider's fee.

Alternatively, you can also claim your extras benefits online or via email, through our smartphone and tablet app, by giving us a call or by mailing it to us. For most extras treatments and services, claims with a benefit of up to \$300 are processed instantly, so you'll get your money back fast, then all you'll need to do is send your receipts to us in the mail.

Set up your Claims Credit

Before you can claim your benefits, make sure you've set up your Claims Credit arrangement. This arrangement provides us with the authority to pay your claims benefits directly into your Australian bank account. You may have already done this when you joined, or completed the Claims Credit Application Form that is included in this Welcome Pack. If not, simply register for Online Member Services by visiting australianunity.com.au/memberservices and click on payment or call **13 29 39** to setup your Claims Credit arrangement.

Delegated authority

We recommend that you complete the Delegated Authority Form enclosed in your Welcome Pack. This form allows someone you nominate to access your health insurance membership on your behalf and help manage your claims with our customer service team, in the event that you are unable to do so for yourself. This is useful if you are returning overseas and have family or friends in Australia.

How to pay for your cover

Payments for your Overseas Visitors Cover must always be paid in advance. Once you've paid your first contribution, you have a number of options to pay for your future payments:

Direct debit – the simple way to pay

Payment by direct debit is the most convenient way to keep your membership up to date.

Our direct debit service means the payment for your Australian Unity health cover is deducted directly from your credit card or nominated Australian bank account.

Please refer to the Direct Debit Request Service Agreement on page 37 for information on how the direct debits will be managed.

You'll also have the flexibility of choosing the date your payments are deducted and the frequency of your payments – monthly, quarterly, half-yearly or yearly. Just fill in the form enclosed in your Welcome Pack.

Credit card

Phone

Pay your premiums manually by credit card over the phone.

Call **1800 008 622**, 24 hours, 7 days a week. Simply quote your reference number from your Account Notice. Payment can only be made quarterly, half-yearly or yearly.

Internet

Simply login to Online Member Services

australianunity.com.au/memberservices and then click 'payments'.

Account Notice

We can send you an account notice every quarter or on a half-yearly or yearly basis. You can choose to pay in person at any Australia Post outlet or by using BPAY via your bank or building society. To pay by cheque, just detach the payment slip and mail your cheque into us – we can only accept cheques issued by an Australian bank.

Want a little bit extra?

If you are planning on staying in Australia for a while, you may want to use more health related general treatment services which are often called extras. Extras cover is not included on most Overseas Visitors Covers however you can purchase this separately from us.

With extras cover, you can receive benefits towards expenses for non-hospital related treatments and services such as:

- physiotherapy and chiropractic
- optical (prescription glasses and contact lenses)
- dentistry
- alternative therapies

Call us on **13 29 39** to find out more or to add extras to your cover.

Online member services

Useful control of your membership

Accessing and managing your health cover online is simple. Our Online Member Services gives you control of your membership and allows you to update your information whenever you want.

Register for Online Member Services

To register, simply go to our website at australianunity.com.au/memberservices, and then register your details to set up your membership account. Once registered you will be sent a password to your nominated email address (which you can change) allowing you to access your personal information. If you have any questions, just call us on **13 29 39**.

Some of the services available to you via Online Member Services

1. Check your available benefits

View your cover and check to see what benefits, waiting periods and exclusions apply. Check what you've claimed and how much you have left to claim.

2. Claiming

Claim your extras benefits online, quickly and easily, and have most claims with a benefit of up to \$300 processed immediately.

3. Setting up your Claims Credit arrangements

Set up or change your Claims Credit arrangement so we can pay your benefits into your chosen bank account. Click on 'Payments' and scroll down to 'set up and manage claims credit'.

4. Making Payments

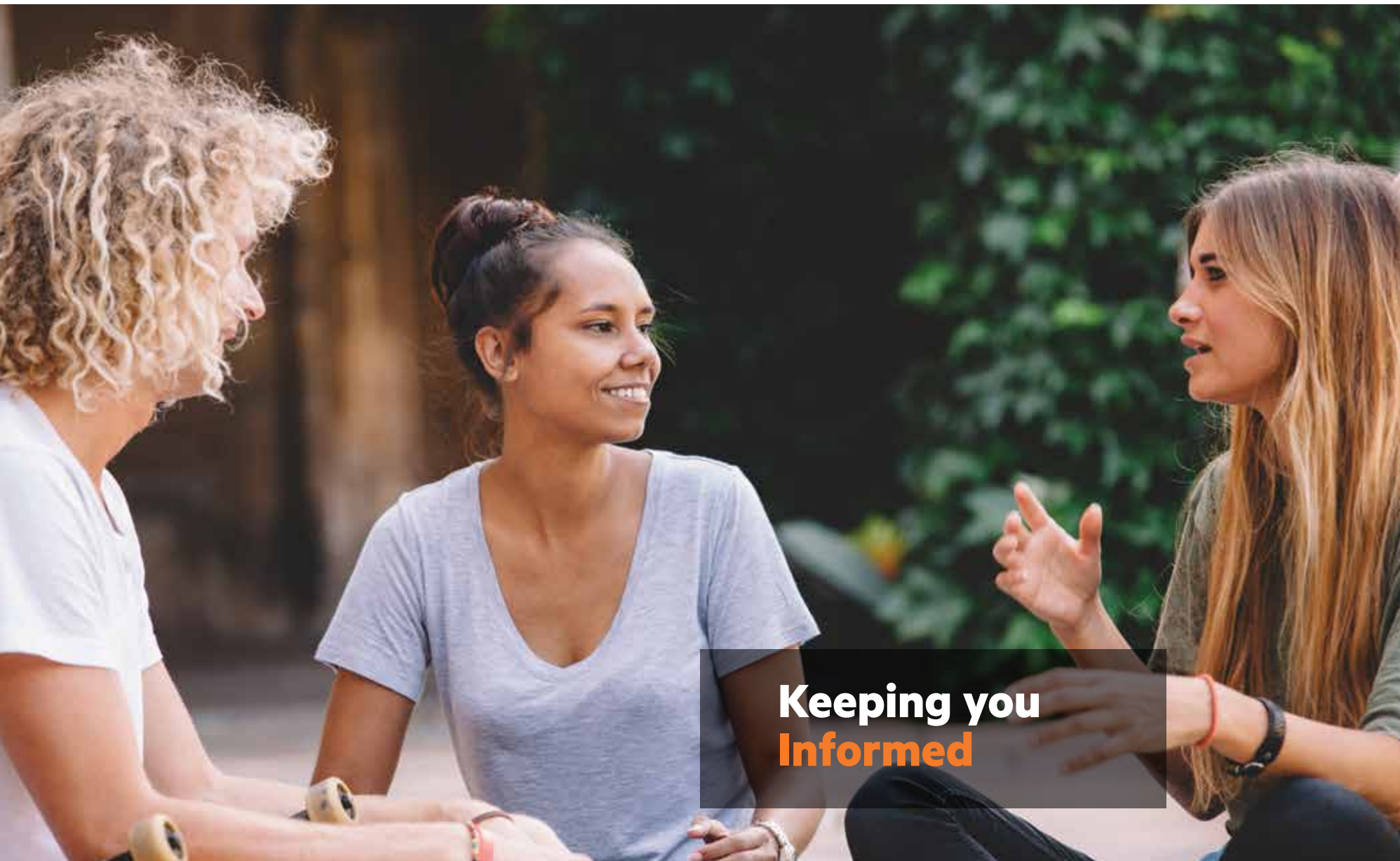
Make a payment for your health cover premium and also keep track of your payments by viewing your payment history.

Accessing Online Member Services

- Step 1** Visit australianunity.com.au/memberservices.
- Step 2** Enter your username (usually your membership number) and password.
- Step 3** Check your personal details to ensure they are complete and up-to-date, and view your cover to understand your benefits, and any waiting periods and exclusions that may apply.
- Step 4** Begin to navigate through the useful tabs and explore all the information available to you.

If you joined online you will have been automatically registered for Online Member Services and issued a username (usually your membership number) and temporary password via email.

Simply login by entering your username and the temporary password provided, and then proceed to change the temporary password to your own personal password.



**Keeping you
Informed**

Frequently asked questions

Making sure you are clear on what you are covered for, your rights, obligations and how to use your cover can help you make more informed decisions about your health and wellbeing. On the following pages you'll find some answers to the common questions we receive from members, like how we keep your personal information secure and also what to do if you have some feedback for us.

How do I suspend my membership?

If you need to take an extended overseas trip or return to your home country for a period of time, you may be able to apply to suspend your membership prior to your departure, depending on your level of cover.

If eligible, the criteria for temporary suspension are:

- You must have held your cover for at least three months
- The suspension time available is a minimum of 1 month up to a maximum of 12 months
- Payments must have been made for at least 1 month in advance of departure date
- There must be a 12 month break between suspensions.

Benefits will not be payable for any treatment or illness condition that occurs during the suspension period. Waiting periods cannot be served while a membership is suspended.

Contact us to check if your membership is eligible for a temporary suspension under your level of cover.

What if I want to cancel my membership?

If your reason for cancellation is due to a visa not being granted, we will refund your policy payment less an administration fee of no more than \$50. A copy of the letter of visa denial must also be forwarded with the cancellation request.

How do I get a refund on payments made?

If you wish to claim a refund of premiums paid in advance, you must apply to Australian Unity in writing. A refund will be calculated minus an administration fee of no more than \$50.

What happens to my cover if I become a permanent Australian resident?

If you are planning on making Australia your home, once you become an Australian resident and have full Medicare benefit entitlements, you will need to select from one of our other health insurance covers. So make sure you call us on **13 29 39** to discuss your options as we can offer a range of other covers to suit your needs. Please refer to citizenship.gov.au for details on how to become a permanent resident.

Commonly used terms

Accident: Accident means any injury sustained as a result of unintentional, unexpected actions or events, which requires medical attention from a registered medical practitioner within seven (7) days of the event, but excludes injuries arising out of: surgical procedures; unforeseen illness; pregnancy; drug use; and aggravation of an underlying condition or injury.

Exclusions: If you select an Overseas Visitors Cover that has exclusions, you will not be covered for those conditions that are specified. Benefits will not be payable by Australian Unity towards any treatment or service fees for those conditions, such as doctors' or hospital bills.

Excess: An excess is the amount you agree to pay towards accommodation costs if you are admitted to hospital. The more excess you agree to pay, the lower your Overseas Visitors Cover premiums are. Refer to your Overseas Visitors Cover fact sheet for waiting periods, restrictions, exclusions and any excess that applies to your cover, or contact us on **13 29 39**.

Informed Financial Consent: Informed Financial Consent is like a quote. This is where the hospital or your doctor will itemise the costs for your treatment and what your likely out-of-pocket expense will be.

Knowing how much you have to pay for treatment and agreeing to the cost is called Informed Financial Consent.

Out-of-pocket expenses: This is the difference between the benefit we will pay and the total cost of your hospital treatment.

Restricted benefits: Limited hospital benefits for your hospital accommodation and theatre fees. Large out-of-pocket expenses may apply. Refer to your Overseas Visitors Cover fact sheet to confirm which services may be restricted. Contact Australian Unity before undergoing any treatment.

Pre-existing conditions: A pre-existing condition is defined as any ailment, illness, or condition where, in the opinion of a medical practitioner appointed by Australian Unity, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months, ending on the day on which you became insured under the policy.

Waiting periods: A waiting period is simply the time you must wait before you can claim a benefit. It's the time between when you joined us and when you're covered for a service or treatment. There are different waiting periods for different services – a complete list of waiting periods is detailed in your Overseas Visitors Cover fact sheet.

Important things to know – terms and conditions

HEALTH COVER WITH US

Member eligibility

You may purchase our Overseas Visitors Cover if you are;

- a resident of an overseas country and visiting Australia on a temporary basis,
- a citizen of an overseas country intending to reside permanently in Australia,
- a citizen of Australia who is residing overseas for greater than 5 years,

provided that in all cases you are ineligible for full Medicare benefits.

Evidence to support any information contained in your application, such as identity, nationality or age may be required at our discretion.

If you are already eligible for or become eligible for full Medicare benefits, you are no longer entitled to hold an Overseas Visitors Cover. Please contact us immediately on **13 29 39** to arrange a more suitable cover.

Reciprocal Health Care

The Reciprocal Health Care Agreement (RHCA) provides visitors from selected countries limited access to Medicare and the Pharmaceutical Benefits Scheme (PBS) for treatment that is 'medically necessary'. Medicare defines 'medically necessary treatment' as any ill-health or injury that occurs during the overseas visitor's stay and requires treatment before returning home. To find out more, please visit humanservices.gov.au/customer/services/medicare/reciprocal-health-care-agreements.

Taking out private health cover not only satisfies your visa requirements, but also enables you to be treated for non-medically necessary conditions as a private patient in hospital. You can also have your choice of hospital and medical practitioner.

Membership types

- A single membership covers one person (the member) only.
- A couple's membership covers the member and their spouse/partner.
- A family membership covers the member and their spouse, de facto or partner and dependent children as well as sole parents with one or more eligible dependent children.

Dependants/Students

A dependant is a child aged up to 23 years old who is unmarried and not living in a de facto relationship. On application, dependants can continue to be covered under the family membership as a Student Dependant up until the age of 25 years, while they remain unmarried or not in a de facto relationship and continue to attend an Australian Unity approved full-time course of study at a school, college or university.

You can download the 'Student Dependant' guide for more details from australianunity.com.au/downloads

Visa requirements

For Working Visa Covers, it is your responsibility to understand the type of visa requirements you need, as set out by the Department of Immigration and Border Protection (DIBP) and to ensure that the health cover purchased meets these requirements.

Australian Unity may be required to notify DIBP of members who have cancelled their cover.

Transferring from another Australian health fund

If your previous cover was provided by an insurer outside of Australia, you will be considered as a new member and all applicable waiting periods will apply.

If you are transferring from another registered Australian private health insurance fund, you need to purchase health cover with us within 30 days of cancelling your old cover and provide a Transfer Certificate from your previous insurer.

Depending on the cover you purchase with us, we will recognise the following;

- Non-working Visitors Cover; the initial two-month waiting period will be waived.
- Working Visa Cover; a policy that is compliant with DIBPs visa health cover requirements the waiting periods already served under an equivalent cover and benefits paid by the previous health fund will be taken into account when calculating Australian Unity waiting periods and benefits payable.
- Extras Cover; years of membership and extras benefits paid with another Australian registered private health fund will be taken into account when calculating waiting periods and extras benefits payable by us. If you don't want to re-serve waiting periods you must join Australian Unity extras cover within 30 days of ceasing your extras policy with your previous private health fund.

Waiting periods

Generally, you may claim on services received from the commencement of your cover, except where waiting periods apply to selected benefits as outlined in your Overseas Visitors Cover fact sheet.

Waiting periods apply when you join, upgrade your cover, reduce your excess or re-join after a break in cover.

If you upgrade your cover, you can claim the higher benefits for services received, except where a waiting period applies. In this case, the benefit we will pay is equivalent to your previous cover until the waiting period on your new level of cover has been served.

Pre-existing conditions

The waiting period on pre-existing conditions is applied to protect our existing membership against claims made by new members, or those who have upgraded their cover, because they have a condition that may require treatment.

Refer to your Overseas Visitors Cover fact sheet for more information as selected covers do not pay any benefits for treatment of pre-existing conditions.

A pre-existing condition is defined as any ailment, illness, or condition where, in the opinion of a medical practitioner appointed by Australian Unity, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months, ending on the day on which you became insured under the policy.

Contact us to discuss if the pre-existing condition waiting period applies to you prior to booking any hospital procedures. We need up to five working days to carry out the initial pre-existing condition assessment, after receiving information about your condition from your first consulting medical practitioner.

MANAGING YOUR MEMBERSHIP

Changing your cover

You can change your level of cover at any time over the phone by calling us on **13 29 39**.

Upgrading your cover means increasing your level of hospital or extras benefits or reducing your excess. You may have to serve new waiting periods for services you weren't previously covered for.

If you become eligible for full Medicare benefits, contact us immediately to arrange alternative cover as you will no longer be entitled to hold Overseas Visitors Cover.

Planning a family

Contact us if you are planning for a baby. We can check your level of hospital cover to see if it includes benefits for pregnancy and related services. This is important because there is a 12 month waiting period on selected covers to be covered for this service. Please refer to your Overseas Visitors Cover fact sheet.

Already have a family membership? Let us know about your newborn within 30 days of the birth and we'll add your child to your membership and no waiting periods will apply to the newborn.

Still on a single membership? For your newborn to be covered, you will need to change to an appropriate family membership at least two months prior to your baby's actual birth. This ensures your baby can be covered immediately.

Otherwise, if your baby needs to be admitted to hospital, a 12 month waiting period for pre-existing conditions will apply from the date you changed to a family membership.

Premiums

Unless otherwise offered or agreed by Australian Unity, your premiums are payable monthly, or in monthly multiples, in advance. You can pay your premiums for up to 12 months in advance, however if you exceed this period from the current financial date of your membership, we may not accept the payment. Advance payments do not fix the terms and benefits of your product, which we can change at any time with appropriate notice and in accordance with Australian Consumer Law.

For some of our Overseas Visitors Covers, the premiums for the membership are set based on your age at the time of joining. It is the oldest person under that membership that will be used to determine the premium tier payable.

Making claims

The benefits, yearly limits and excesses on your cover are calculated from 1 January each calendar year. The conditions and benefits payable for your claims are based on the date the service was received. When faxing, emailing or submitting a claim online, you should retain your original receipts for at least two years.

We will only pay on claims you have made for products and services purchased within Australia and are limited to the insured rate or the actual amount charged, whichever is less. If your membership becomes in arrears or is suspended, we will not pay your claims during that period.

Remember to send your claims to us promptly as we will not pay on any claims submitted more than two years after the date of service.

Cover outside of Australia

We will only pay on claims you have made for products and services purchased within Australia and are limited to the insured rate or the actual amount charged, whichever is less.

Compensation

Australian Unity benefits are not payable for claims where you have the right to claim compensation, damages or benefits from another source, now or at a later date, so it is in your interest to pursue that entitlement. If we have paid on these types of claims and you have received compensation from another source, you will be required to reimburse us. Please contact our Customer Service team for advice concerning compensation claims.

Claim quality reviews

Australian Unity is committed to keeping fund premiums to a minimum, and one way of doing this is to ensure that claims for treatment or services raised by healthcare providers are charged and the benefits paid are accurate and correct. Australian Unity may undertake audits of hospital or extras claims, and may contact you to assist or seek written consent. Your details will be kept confidential at all times.

Suspension of membership

If you're travelling overseas for an extended period or returning back to your home country temporarily, you may be able to apply to suspend your membership, depending on your level of cover. Your application must be received in advance of your departure from Australia, and your membership must be financial by at least one month in advance of the requested suspension date.

If eligible, the criteria for temporary suspension are:

- Minimum period of membership – 3 months
- Minimum suspension time – 1 month
- Maximum suspension time – 12 months
- There must be a 12 month break between suspensions.

We will not pay for any hospital or extras services that occur during the suspension period. Waiting periods cannot be served while a membership is suspended.

Contact us to check if your membership is eligible for a temporary suspension under your level of cover.

Minimum Duration of Cover

The minimum duration of your cover is one month. Where a request to cancel your membership is received within one month of commencing cover, there shall be no refund payable for the first month's premium. Any monies you have paid beyond the first month will be refunded in accordance with Australian Unity's Refund Policy.

Cancellation of a membership

You have the right to cancel your membership at any time. If you are considering cancelling your membership, please contact our Customer Service team as we may be able to offer you other options.

Where, in the opinion of the fund there are sufficient grounds to do so, Australian Unity may terminate or suspend your membership at any time by giving you written notice, and may refund any premiums you have paid beyond the cancellation date.

Refund policy

If you cancel your membership after the Minimum Duration of Cover period has passed (one month), we will refund monies you have paid beyond the cancellation date.

If you decide to cancel, we may charge you an administration fee of up to \$50 per membership.

In the case of visa denials, a refund of monies paid will be provided where you have been unsuccessful in obtaining an entry visa to Australia. A copy of the letter of visa denial must also be forwarded with the cancellation request.

Membership arrears

Keeping your health membership active is important, therefore your premium payments should always be paid in advance. If you don't make a payment and your membership falls into arrears for a period of more than 60 days, your cover will be cancelled and all entitlement to claim benefits will cease.

Australian Unity may be required to notify the Department of Immigration and Border Protection of members who have cancelled their cover.

YOUR HOSPITAL COVER

Agreement private hospitals

Agreement private hospital means a private hospital or day hospital facility that has a negotiated contract with Australian Unity.

Non-agreement private hospitals

Non-agreement private hospitals are private facilities or a day centres that Australian Unity does not have a contract arrangement with. You may incur large out-of-pocket costs if admitted to one of these facilities.

Public Hospital

All public hospitals in Australia are controlled and run by the respective State Governments, and there are different charges in every state. These admission costs, as a medical patient, can range from \$650 to \$2,000 per day. Refer to your Overseas Visitors Cover fact sheet as selected covers do not pay 100% towards your admission at these hospitals, and you may incur large out-of-pocket costs.

Hospital accommodation

Cover for hospital accommodation under your policy includes costs for the hospital bed, theatre fee and, if applicable, 100% of the minimum cost for Government approved surgical prosthesis and patient meals while you're an admitted patient at either a private or public hospital. We will cover you at the insured rate for 365 days of the year, where your medical provider certifies that you still need ongoing acute care, or until your overall yearly maximum policy limit has been reached. Additional services such as telephone calls and internet usage charges are not covered under these policies.

Exclusions

If you select a hospital cover that has treatment listed as 'Excluded', this means that we will not pay anything towards the costs you incur for that treatment. This can result in you incurring large out-of-pocket expenses. Always refer to your Overseas Visitors Cover fact sheet for more details about your hospital cover entitlements.

Restricted Cover

To lower your hospital premium, some hospital services on your cover may be listed as 'Restricted'. This means that we will pay limited benefits for your hospital accommodation and theatre fees. Large out-of-pocket expenses may apply.

Refer to your Overseas Visitors Cover fact sheet to confirm which services may be restricted. Contact Australian Unity before undergoing any treatment.

Excess

In exchange for a lower premium, an excess is a set amount of money you agree to pay towards the hospital accommodation costs if you or a family member is admitted to hospital. The excess is applied in accordance with your level of cover. Please check your Overseas Visitors Cover fact sheet to confirm how much excess you'll have to pay.

Accident cover

Where a hospital cover offers this benefit, to be eligible, the accident must have occurred after you joined the level of cover. The provision of this benefit is at our discretion; we will ask you to complete an accident declaration and your doctor to complete a medical report. The decision will be based on supporting documentation as required by Australian Unity.

Pharmaceuticals

Pharmaceutical drugs are covered up to a dollar value limit as specified on your Overseas Visitors Cover fact sheet. We will only pay for drugs provided in hospital that are included under the agreement with the hospital and listed under the Pharmaceutical Benefits Scheme (PBS) for your specific condition.

We will not cover you for high cost or experimental drugs that are not listed under the PBS and are not Therapeutic Goods Administration (TGA) approved for use for the specific condition. We will not pay for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes.

Under selected covers we will also pay for costs on pharmaceuticals provided out of hospital that are listed as non-PBS and provided to you on a private script. You will be required to contribute an amount equivalent to the current PBS price prior to us paying your claim.

Emergency Department

The Emergency Department at a hospital is deemed in Australia to be an out-of-hospital service. This is because you are not an admitted patient during this time.

Subject to your chosen level of cover, we may contribute to the cost of treatment at a hospital Emergency Department when it precedes a hospital admission.

Ambulance

Emergency ambulance transportation is usually defined as when you are at risk of serious morbidity or mortality and require urgent assessment, resuscitation and/or treatment.

We recommend, where available, that you purchase an Ambulance Subscription with your applicable State Ambulance provider. (VIC, SA, NT and rural WA)

Ambulance benefits are only payable in accordance with your level of cover. We will pay for emergency ambulance transportation where you are taken to a hospital for treatment. The account must be coded and billed as an emergency by the state Ambulance Service to be eligible.

For some Overseas Visitors Covers, we will pay for medically necessary ambulance transportation where there is a clinical need for para-medical supervision during transportation to a hospital or other approved medical facility due to the patient's medical condition.

Medically necessary ambulance transportation is when a medical practitioner would recommend an ambulance for the purpose of preventing, diagnosing, or treating a condition that is in accordance with accepted standards of medical practice, clinically appropriate and not primarily for the convenience of the patient.

For some Overseas Visitors Covers, we will also pay for on-the-spot treatment where an ambulance service has attended to you but not transported you to hospital.

We will not pay on ambulance transportation charges where you are covered under an ambulance subscription scheme or the transportation is claimable from another source.

Medical repatriation

The provision of this benefit is at the discretion of Australian Unity. We may pay up to \$20,000 for medically necessary services and transportation back to your home country, such as where you have suffered a life-altering injury or become terminally ill. This payment forms part of the overall yearly claim limit of your membership; refer to your Overseas Visitors Cover fact sheet.

Eligibility for this payment will be based on review of information provided by your treating medical practitioner (and other material relevant to a claim). A medical or paramedical practitioner appointed by Australian Unity will then consider after examining the information whether it is medically necessary to repatriate you to your home country.

Benefits will not be payable for medical repatriation in respect of:

- any pre-existing conditions where your level of cover excludes such services; or
- where your level of cover provides benefits for pre-existing conditions, any pre-existing conditions known to a member or their medical practitioner at the time of joining but not declared on the application; or
- treatment, which, in the opinion of our practitioner, could be delayed until your scheduled original date of return to your country of origin.

Medical cover

As a private patient, you can have the choice of your own doctor at a private hospital. Fees charged by your specialist, surgeon and anaesthetist for treatment received while you're in hospital will be billed to you.

On selected covers, we may also pay benefits for medical claims incurred out of hospital, such as a general practitioner (GP) consultation. The amount of benefits we pay towards your practitioner's fees either in hospital or out of hospital is detailed in your Overseas Visitors Cover fact sheet. The reference document we use to determine the amount we pay for all eligible medical claims is the Medicare Benefits Schedule of Fees and Services.

Australian Unity's Medical Gap Cover Scheme is not available to Overseas Visitors Covers. You may have an out-of-pocket cost if your medical practitioner charges more than what is paid by Australian Unity.

YOUR EXTRAS COVER

What's covered

Extras cover allows you to claim on services such as Dental, Physiotherapy, Optical, Remedial Massage and Acupuncture. We offer a number of extras options that can be purchased at a minimal cost in addition to your Overseas Visitors Cover. The types of services covered and the amounts you can claim are available online or by contacting us for more information.

What's not covered

Extras benefits that will not be payable include:

- where treatment is provided by a practitioner not in private practice
- where a provider is not recognised by us
- when provided in a public hospital
- where Medicare, a Government body or third party provide a benefit
- where services are delivered online or over the telephone, unless part of an approved Australian Unity chronic disease or health management program
- where more than one treatment or consultation has been charged per patient, per practitioner, per day
- where you have reached your yearly maximum limit, including lifetime limits and benefit replacement periods.

Benefit replacement periods

For claims on artificial aids or devices, we apply a set period of time that you have to wait until you can claim further benefits on the purchase of a replacement. We believe these appliances should last for a reasonable period of time with the right amount of care and any faults with the aid or device should be under warranty.

Recognised providers

Providers must be in private practice and recognition is subject to change without notice. If a provider is not recognised by us or has been de-listed, benefits will not be payable for their services. Recognition by Australian Unity is for benefit payment purposes only and should not be taken or construed in any way as sponsorship, approval of, or any recommendation as to the qualifications and skills of, or services provided by, a practitioner or therapist. Before commencing treatment, find out if your provider is recognised by calling us on **13 29 39**.

ADDITIONAL INFORMATION

Changes to your cover

We may at any time make changes to your cover. This may include the premium and adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice in accordance with the Australian Consumer Law prior to the changes taking effect. If you do not wish to continue under the changed cover, you have the option of transferring to a different cover or cancelling your membership. If you do cancel, you're entitled to a refund of any premiums paid in advance as long as you have met the Minimum Duration of Cover (see page 30).

GST

A Goods and Services Tax (GST) applies (currently 10%) to Overseas Visitors Cover in accordance with A New Tax System (Goods and Services Tax) Act 1999. GST does not apply to other types of private health insurance cover.

Becoming a health fund member

Australian Unity health benefit fund members may be eligible to become a member of Australian Unity Limited ABN 23 087 648 888 after completing two years of continuous membership. Australian Unity health benefit fund members joining through a corporate group membership or members on an Overseas Visitors Cover product are generally ineligible to become members of Australian Unity Limited.

Summary of terms and conditions

This important information contains only a summary of the Fund Rules. The complete rules of the health fund are set out in full within the terms and conditions of membership and liability under the fund. These rules are available for inspection at Australian Unity, 114 Albert Road, South Melbourne.

WE WELCOME YOUR FEEDBACK

If you are dissatisfied with any aspect of Australian Unity's health insurance services or products, or feel that our service has failed to meet your expectations, we would appreciate hearing from you. We are committed to resolving complaints in a fair and efficient manner and view your feedback as a vital opportunity to improve our services, products and policies. Simply contact us with all relevant information and our Customer Service Team will assist you. We also have escalation procedures in place to address your complaint.

Phone: 13 29 39

Online: australianunity.com.au/email

Mail: Australian Unity
114 Albert Road, South Melbourne VIC 3205

PRIVATE HEALTH INSURANCE OMBUDSMAN

If you believe that Australian Unity has not made reasonable attempts to address your complaint or you are not satisfied with our resolution, you have the option of contacting the Private Health Insurance Ombudsman, an independent office appointed by the Australian Government, whose services are free to all health fund members.

Phone: 1800 640 695

Email: info@phio.org.au

Mail: Private Health Insurance Ombudsman,
Office of the Commonwealth Ombudsman
GPO Box 442 Canberra ACT 2601

HOW WE PROTECT YOUR PRIVACY

The security of your personal information is important to us and we take strict measures to ensure it is handled responsibly. The information we obtain from you is collected for the purpose of processing your application and fulfilling our obligation to develop and inform you of new products, services and special discount offers. However, you have a right to opt out of receiving any direct marketing material at any time, simply by calling us on **13 29 39** or sending an email to customerservice@australianunity.com.au

Please note that information may be disclosed to:

- Intermediaries through which you deal with Australian Unity (e.g. agent, financial adviser, employer or industry association)
- Claims assessment participants (for instance a medical referee used to assess a claim)
- Other reputable service providers (e.g. HICAPS, CSC, hospitals, doctors and Australian Unity selected mailing houses).

You have rights to access your personal information held by Australian Unity in accordance with our privacy policy which can be found on our website at australianunity.com.au/privacy

Our privacy policy also contains information on how to complain about a privacy breach.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Our commitment to you

This section sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance in respect of your direct debit arrangement with Australian Unity.

Initial terms of the arrangement

In terms of the Direct Debit Request (DDR) arrangement made between us and signed by you, we undertake to periodically debit your nominated account in accordance with your signed authority to direct debit.

Drawing arrangements

If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date. We will give you at least 14 days' notice when we intend to make changes to the initial terms of the arrangement.

Your rights. Changes to the arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least four business days prior to your next scheduled drawing date. These changes may include:

- Deferring the drawing; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

Enquiries

If you have any enquiries, they should be directed to Australian Unity rather than to your financial institution. All information relating to the DDR held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account or information disclosed to a third party as required by law. Information may also be provided to Australian Unity Limited or any of its wholly-owned subsidiaries to enable this DDR to be effected.

Disputes

If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with Australian Unity. If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claims in accordance with their dispute resolution procedures.

Your commitment to us

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this); and
- On the drawing date there are sufficient cleared funds in the nominated account; and
- You advise us if the nominated account is transferred or closed; and
- You give us your updated expiry date when you are issued a new credit card if applicable.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you.

Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

This Member Guide should be read carefully and retained. Please refer to the Important things to know – terms and conditions located on page 26 and Overseas Visitors Cover fact sheet for further information on your cover. Information is current as at the effective date, 1 December 2017, and is subject to change.

Australian Unity respects your wishes. If you received this by unsolicited direct mail from Australian Unity, and don't wish to receive similar product offerings in the future (including special offers and discounts), please let us know by calling 13 29 39. View our privacy policy at australianunity.com.au/privacy
612AUH_1017

FREE INTERPRETER SERVICE

If you have difficulty reading or understanding this Member Guide and you wish to discuss it further with us, then our free interpreter service is available to help.

Calling from within Australia 13 29 39

Calling from overseas +61 3 8682 7000

Email healthcover@australianunity.com.au

خدمة مترجم مجانية

نقدم لك خدمة الترجمة الشفهية المجانية لمساعدتك إذا كنت تجد صعوبة في تحدث أو فهم اللغة الإنجليزية وترغب في مناقشة بعض الأمور المتعلقة بالتأمين الصحي الخاص بـ Australian Unity.

للإتصال من داخل أستراليا الهاتف: 13 29 39

للإتصال من خارج أستراليا (عبر البحار) الهاتف: +61 3 8682 7000

免費傳譯服務

如果您說英文或理解英文有困難，而且希望討論Australian Unity健康保險事宜，那麼我們的免費傳譯服務可以提供幫助。

在澳大利亞致電 13 29 39

在海外致電 +61 3 8682 7000

무료 통역 서비스

귀하가 영어로의 의사소통이 어려우며, 오스트레일리아 유니티 의료보험과 관련한 문제에 대하여 문의하고 싶다면 저희가 제공하는 무료 통역 서비스를 이용하실 수 있습니다.

호주 국내에서 전화할 경우 13 29 39

해외에서 전화할 경우 +61 3 8682 7000

Dịch vụ thông dịch miễn phí

Nếu quý vị muốn bàn các vấn đề liên quan đến bảo hiểm y tế với Australian Unity và gặp trở ngại nói hoặc hiểu tiếng Anh, thì chúng tôi có sẵn dịch vụ thông dịch miễn phí để giúp đỡ quý vị.

Gọi từ trong nước Úc 13 29 39

Gọi từ nước ngoài +61 3 8682 7000

Contact us



13 29 39



australianunity.com.au