

Important things to know – terms and conditions

Overseas Visitors Cover

Effective from 12 December 2016

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 <http://www.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 an 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.

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.

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

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.

Where a cover offers this benefit, to be eligible, the accident must have occurred after you joined the level of cover. The provision of accident benefits 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 is inclusive 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.

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

Notice of change to cost and details of your membership

Australian Unity has the right to change the premium and benefits of Overseas Visitors Cover at any time.

Notice of any changes will be provided in writing to either the postal or email address notified to Australian Unity. Please ensure that your address and other contact details are kept up to date.

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.

Changes to your cover

We may at any time make changes to your benefits and will provide you with reasonable notice prior to these changes taking effect.

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 brochure 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

Email: customerservice@australianunity.com.au

Mail: Australian Unity

114 Albert Road, South Melbourne VIC 3205

Complaint resolution

What should I do if I have a complaint?

If you are dissatisfied with any aspect of Australian Unity's service, our health cover 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.

To ensure you have the best possible customer experience, please make sure that you: Gather all supporting documents and information relating to your complaint, think about any questions you need answered that will help us resolve the issue more efficiently, and contact us as soon as possible.

How do I lodge my complaint?

You can lodge your complaint or obtain an update by:

Phone: 13 29 39, Monday - Friday 8.30am - 8.00pm EST

Email: customerservice@australianunity.com.au

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

Australian Unity will endeavour to acknowledge your complaint within 48 hours of receipt of your complaint.

How will Australian Unity handle my complaint?

Australian Unity is committed to resolving your complaint the first time you contact us. We understand that it is important to listen to you and address each of your concerns.

We encourage you to discuss your complaint with the first Customer Service Representative you speak with, however if you are not satisfied with their response, your complaint will be escalated to their manager to review and resolve. We are confident that in most cases, our Customer Service staff will address your concerns to your satisfaction.

If you are not satisfied that your complaint has been fully resolved, you have the option of escalating service and product related matters to a case manager within Australian Unity's Customer Relations department.

The case manager will investigate your complaint and attempt to resolve your complaint within five business days upon receipt of your complaint.

What if I am not satisfied with the handling or resolution of my complaint?

Where possible we like to resolve the issue directly with you. If you believe that Australian Unity has not made reasonable attempts to address your complaint or you are not satisfied with our resolution and your complaint relates to a private health insurance policy, you can contact the Private Health Insurance Ombudsman.

This organisation is an independent office, appointed by the Federal Government, whose services are free to all health fund members. The Private Health Insurance Ombudsman handles enquires, suggestions and complaints and will assist you in resolving a dispute. For more information on this service visit phio.org.au

If you wish to contact this service you may do so via any of the following channels:

Phone: 1300 362 072

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.

Your information 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 stop receiving any direct marketing material at any time. To opt out, call 13 29 39 or send an email to customerservice@australianunity.com.au

Please note 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 at australianunity.com.au/privacy

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

You acknowledge and understand that Australian Unity utilises call recording for audit, quality and training purposes.