

Overseas Visitors Cover

Member guide



Effective from 28 February 2025

Do well, be well



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

For more than 180 years, we've had the wellbeing of Australians in 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.

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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.

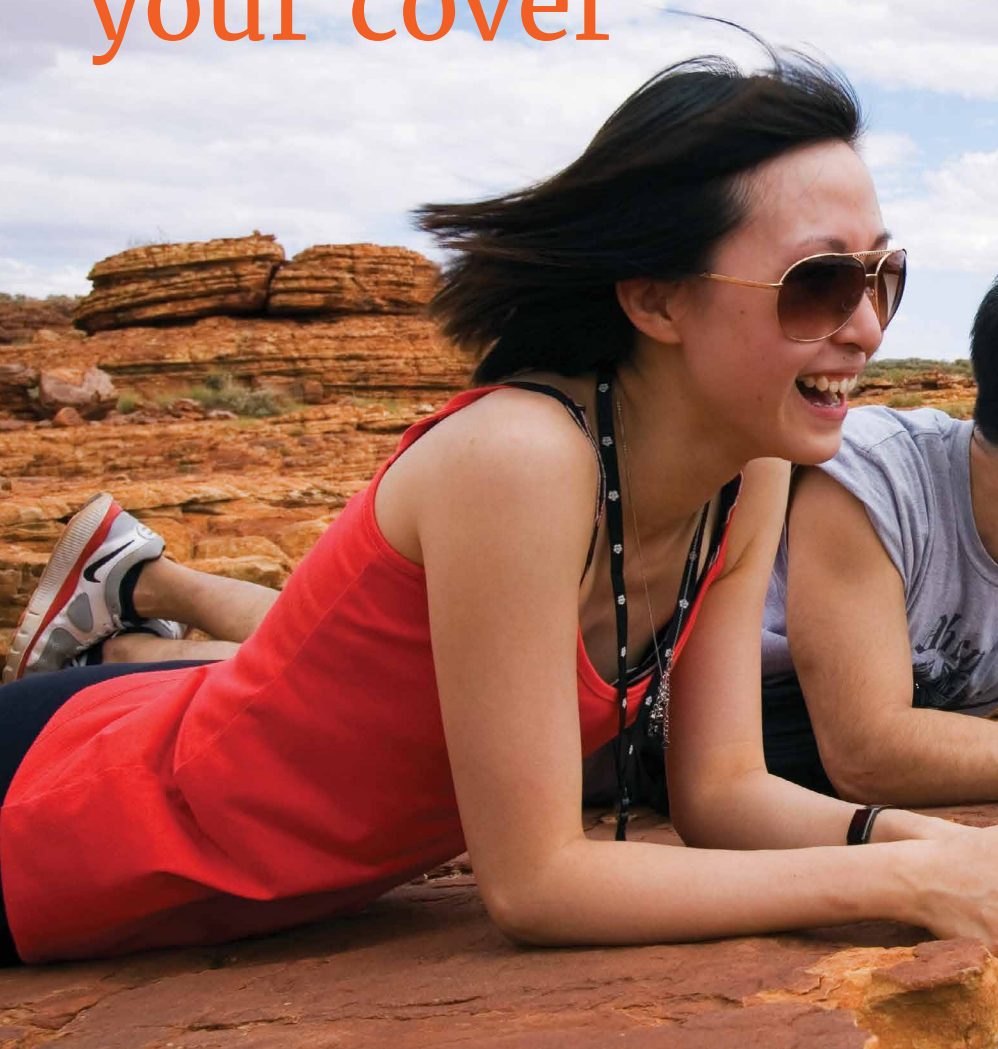
Visiting or working in a foreign country can be an exciting experience, and we give you the assurance you're covered by a company that has been around since 1840 and will provide practical advice to help you understand and manage your health.

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 how to manage your cover online. Make sure you also read and understand the Overseas Visitors Cover Fact Sheet, which provides specific information about the cover you have purchased. You can find this in your Welcome Pack. For lots of helpful information and access to brochures and forms go to **australianunity.com.au/ovcforms**

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 **1300 683 782** or online at **australianunity.com.au/email**

Understanding your cover





What is Overseas Visitors Cover?

Overseas Visitors Cover is health insurance for visitors who are traveling 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 options. Health care in Australia can be very expensive, and your Australian Unity health cover will assist you with these costs. This cover is not Overseas Student Health Cover (OSHC) and therefore not suitable for those traveling on a student visa.

Your Overseas Visitors Cover Fact Sheet summarises 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 or Online Member Services (OMS) portal. 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.

Important.

It's important that you let us know whether you are subject to the 8501 Visa Condition to maintain adequate health insurance while in Australia. Non-Working visitors covers are not suitable for Visa Condition 8501 requirements. If you're unsure, please contact the Department of Home Affairs.

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 may be able to offer you 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. 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.

Shortly after your arrival in Australia, and before the first time you claim, please read the seven steps below to ensure you understand what you can claim and when.

1. What you need to send us when you arrive in Australia

- A copy of the page in your passport which shows your full name and date of birth
- A copy of an arrival document stating your date of arrival to Australia e.g. Passport stamp, boarding pass, flight itinerary or flight tickets.

This is required for each member on your cover.

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

Please send this information via email to **customerservice@australianunity.com.au** or by post:

Australian Unity Health,
Reply Paid 91943,
Melbourne VIC 3000

2. Changing the date your cover starts

If your arrival date in Australia has changed from your intended date of arrival when you purchased your cover, you can change the date your cover starts by simply contacting us, preferably prior to your arrival.

3. Check for any waiting periods

Waiting periods may apply to certain benefits, depending on the cover you've chosen.

If you were previously covered at another Australian health fund under an equivalent cover, the waiting periods already served and benefits paid may be taken into account when calculating Australian Unity waiting periods and benefits payable. See **Transferring from another Australian health fund** in the Terms and Conditions for more details

Please review your Overseas Visitors Cover Fact Sheet, located in your Welcome Pack, to find out if any waiting periods apply.

In the case of Non-Working Visitors cover, 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 cover.

4. Know your benefits

“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 Fact Sheet available online at **australianunity.com.au/ovcforms** or log in to Online Member Services for detailed information about the benefits of your selected cover. Please see the ‘Healthcare in Australia’ section of this Member Guide for more information.

5. Nominate a Delegated Authority

You can nominate someone 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 overseas and have family or friends in Australia. Please see the ‘Delegated authority and Partner authority’ section of this Member Guide for more details.

6. Get help when you need it

If you need help with your membership, please contact us on **1300 683 782**, online at **australianunity.com.au/email** or visit our website **australianunity.com.au/ovc** for more information.

7. Health care 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 the ‘Healthcare in Australia’ section of this Member Guide.

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 (we call them “agreement private hospitals”), depending on your level of cover and the treatment you require, you may be fully covered (up to the yearly limits) for your accommodation and theatre fees. You may also be covered for your accommodation and theatre fees in a public hospital. However, depending on your cover, there may be large out-of-pocket expenses so you should contact us before any planned treatments. Public hospital stays can cost more than \$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 your Fact Sheet which can also be found online at **australianunity.com.au/health-insurance/visitors/using-your-cover/forms**

You can find a list of our agreement private hospitals online at **australianunity.com.au/agreementhospitals** or call us on **1300 683 782**.

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.

Australian Unity's covers will pay hospital benefits towards inpatient services only. These include accommodation, theatre fees, pharmacy and medical charges. Depending on the level of cover, you may also receive benefits for some outpatient services.

Medicare and Reciprocal Health Care Agreements

Medicare is the name of Australia's publicly funded health care system that provides free or low-cost health care to eligible Australian residents, including citizens and permanent 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.

The Australian Government has signed Reciprocal Health Care Agreements with a number of countries however these agreements can vary.

The agreement allows access to Medicare providing accommodation and treatment in public hospital only, as a public patient, but does not cover treatment as a private patient in private or public hospitals. People who choose to be treated as a private patient, either in a private or public hospital, will be responsible for all of their health costs, including doctors' fees.

To find out more, please visit **servicesaustralia.gov.au/reciprocal-health-care-agreements**.

Visitors from countries without a Reciprocal Health Care Agreement must pay for their treatment with their own money or reduce these costs with health insurance.

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 any medical costs including doctors' fees, pathology accounts and more.

For more information about the MBS, visit **mbsonline.gov.au**

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**. Australian Unity will pay pharmaceutical benefits for inpatient services, as well as outpatient services depending on the level of cover. See **Out-of-Hospital Pharmaceutical benefits**, **Pharmaceuticals**, and **What we don't cover** in this Member Guide.

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 your tax agent or ATO on **13 28 61**, or visit **ato.gov.au**, to confirm if you are affected and whether you may need to purchase additional health cover with Australian Unity.

The Australian Government Rebate on Private Health Insurance

Overseas Visitors Cover products are not eligible for the Australian Government Rebate on Private Health Insurance. If you are eligible for Medicare and you choose an extras cover, you may be entitled to a rebate on your private health insurance depending on your income. Please contact us on **1300 683 782** prior to applying for the Government rebate.

To apply for the Government rebate upfront, eligible overseas visitors with extras cover 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**

Your responsibilities as a Member

The person first named under the health cover (the Member) is the owner of the health membership. As the Member, it's your responsibility to let us know of any changes to your circumstances that may affect your membership. These circumstances include, but aren't limited to, the following:

Adding or removing members from your policy

If you wish to add or remove a spouse/partner or a child to/from your membership, it's important to contact us in a timely manner as you may not be able to backdate this request. Please refer to the Terms and Conditions for details.

When you add a spouse/partner onto your membership, they will have the same delegated authorisation as you, the Member (including access to personal information about all members on the policy). However, they won't be able to nominate further or remove current delegated authorities. If you have a partner or spouse on your policy and don't want them to have delegated authority just let us know by contacting us on **1300 683 782**.

Keep in mind that the cost of your cover may be affected if your membership changes from single to couple, single parent, family or vice versa. You should consider any changes to household income, as this may affect the level of Australian Government Rebate (where eligible) that you're entitled to.

Children

A child in respect of a membership means a natural child, legally adopted child, stepchild, a foster child of the Member or their partner/spouse. A child can be added into a membership if they are not married or living in a de facto relationship as:

- Child Dependant up to the age of 22 years (inclusive), or
- Student Dependant between the age of 23 (inclusive) and 30 (inclusive), if they are studying fulltime, or
- Non-Student Dependant between the age of 23 (inclusive) and 30 (inclusive), if they are not studying fulltime.

Termination of cover for children

A child turning 23 will be removed from your membership unless:

- You register them as Student Dependant before they turn 23 or,
- They are registered as a Non-Student Dependant.

Any Student Dependant or Non-Student Dependant will be removed from your membership when we are advised by you that they have married, entered a de facto relationship or turned 31, whichever happens first.

To register a Student Dependant

If you have a child on your membership aged 23 and over studying fulltime, you need to contact us and register them as a Student Dependant. You may need to occasionally renew their student registration details, we will communicate with you beforehand if this needs to be done. For more information about registering a child as a Student Dependant, you can download the Student Dependant form from australianunity.com.au/forms or you can call us on **1300 683 782**.

To register a Non-Student Dependant

If you have a child on your membership aged 23 and over not studying fulltime, you need to register them as a Non-Student Dependant, that means your membership will need to be on a 'plus scale'. If you are already on a plus scale when your child turns 23 or reaches their course end date this registration will happen automatically. For more information about this we're here to help on **1300 683 782**.

Changing your address and contact details

It is your responsibility to ensure we have your most current address and contact details so you continue to receive important notices or communication from us. If you move to a different state, the cost of your cover may also change so it's best you contact us as soon as possible to update your address details.

Services and support





Hospital, medical and other 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 we will pay up to the full cost (subject to yearly limits, and depending on your coverage for the particular service). For some public hospitals admissions you may have large out of pocket expenses. Also, depending on your level of cover and the treatment you require, restrictions and exclusions may apply, and you may need to pay an excess. 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. These services come under the MBS which is detailed in the 'Medicare Benefits Schedule (MBS)' section of this Member Guide. 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 outpatient medical claims, such as visits to your General Practitioner. For information on the benefits available under your cover, refer to your Fact Sheet or call **1300 683 782** for more information. For details on how to claim see the 'How to claim' section of this Member Guide.

Out-of-Hospital Pharmaceutical benefits

Depending on your level cover:

- the pharmacy item and script must be on the Australian Register of Therapeutic Goods (ARTG) for the indication for which they have been prescribed to the patient, and listed as a Schedule S4 or S8 pharmaceutical
- not on the Pharmaceutical Benefits Scheme (PBS) list i.e. non-PBS. Some covers may also pay for PBS – please check the fact sheet
- the cost must be more than the current maximum patient contribution amount that applies to medications listed on the PBS. After you've paid a sum equal to the Australian Government's current Pharmaceutical Benefits Scheme (PBS) maximum patient contribution amount, we'll pay the remaining cost above that amount, up to your per item limit. Some exceptions may apply. Check the product's fact sheet

To claim the benefit you must provide an official pharmacy receipt/script from your provider. This must include:

- drug name, strength and quantity
- supply/dispensed date
- patient's and prescribing doctor's name and
- pharmacist's name, address and prescription number

There are some items that are not covered, such as over-the-counter and non-prescription pharmaceuticals, contraceptives, items not related to a medical condition and hormones for fertility treatment. Weight loss medication and body enhancing medications aren't covered unless they're prescribed by your treating specialist and meet the above criteria.

Public hospitals and 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. Some of our visitor covers provide reduced coverage in a Public Hospital. If you are on one of these covers, you should ask your health professional to refer you to one of our agreement private hospitals. This way we can help you reduce the cost of your hospital stay and make things easier for you. Please refer to your product Fact Sheet for details of your coverage in agreement Private Hospitals and Public Hospitals. You can find a list of these hospitals online at australianunity.com.au/agreementhospitals or call us on **1300 683 782**.

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 does provide benefits for pre-existing conditions and the pre-existing waiting period has not yet been served; or
- treatment, which, in the opinion of our practitioner, could be delayed until your scheduled original date of return to your country of origin; or
- repatriation costs for anyone other than the sick/injured Member; or
- upgrading an airline ticket for a traveling companion where not required for medical reasons; or
- any migration agent or other professional fees associated with the extension of visas; or
- services received outside of Australia; or
- services provided more than 2 years prior to receiving the request for funding.

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

Getting back what you're owed shouldn't be tricky. That's why we've created these simple ways for you to submit extras claims.

All you need to do is make an extras claim using one of the options below and, if required, we'll get in touch later to ask you to send us any other additional documents we require. Or go to our website to find out more information about other claiming options.

Claim on-the-spot

If your healthcare provider has HICAPS or other electronic claiming, simply swipe your Australian Unity member card. Once your claim is authorised, you can pay any difference there and then.

Online Member Services

Go to **australianunity.com.au/memberservices** to submit extras claims online and upload scanned or photographed receipts. Please refer the subsequent 'Online Member Services' section of this Member Guide for more details.

Apps

Download the Australian Unity Health app from the App Store (iPhone and iPad) or the Google Play Store (Android) and you can submit extras claims by either photographing and uploading your receipts or by filling out your claims details using the drop-down menus.

If you've given us your mobile number, we'll send you an SMS once we've successfully processed your claim.

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 your Welcome Pack. If not, simply register for Online Member Services by visiting **australianunity.com.au/memberservices**, log in and select 'Payments' and then 'Set up and manage claims credit' or call **1300 683 782** to setup your Claims Credit arrangement.

Delegated authority and Partner authority

We recommend that you complete the Delegated Authority form enclosed in your Welcome Pack, or call us to add a Delegated Authority over the phone. This authority allows you to nominate someone to access your health insurance membership on your behalf. They can 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 overseas and have family or friends in Australia. This delegated authority will allow them to do exactly what you can do, including access to personal information about all members on the policy, change, suspend or cancel the membership, but they won't be able to nominate further delegated authorities or remove delegated authorities.

If you also have a partner or spouse covered on your policy, they will have an automated delegated authority, you are not required to fill out this form or contact us to give them authority.

If you have a partner or spouse on your policy and don't want them to have delegated authority you can opt out by contacting us on **1300 683 782**.

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' section of this Member Guide for information on how the direct debits will be managed.

You have the flexibility to choose the date your payments are deducted and also the frequency of your payments – fortnightly, monthly, quarterly, half-yearly or yearly. Simply log in to Online Member Services and select 'Payments'. Or call us on **1300 683 782** and we can help you with this.

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 log in 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.

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

Call us on **1300 683 782** 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.

Accessing Online Member Services

- Step 1** Visit australianunity.com.au/memberservices.
- Step 2** Follow the prompts to log on.
- Step 3** Check your personal details to ensure they are complete and up-to-date.
- Step 4** Begin to navigate through the useful tabs and explore all the information available to you.

Some of the services available to you via Online Member Services

1. Check your available benefits

View your cover and view your product Fact Sheet 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.

3. Setting up your Claims Credit arrangements

Set up or change your Claims Credit arrangement so we can pay your benefits into your chosen Australian bank account.

4. Making Payments

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

Important things to know





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'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 paid up to or in advance of the proposed suspension date. For further details please refer to the 'Suspension of membership' section in the Terms and Conditions. To apply to suspend your membership please contact us on **1300 683 782**.

What if I want to cancel my membership?

You have the right to cancel your membership at any time. For further details please refer to the 'Cancellation of a membership' section in the Terms and Conditions. If you are considering cancelling your membership please contact us on **1300 683 782**.

How do I get a refund on payments made?

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. For further details please refer to the 'Refund Policy' section in the Terms and Conditions. If you would like to request this please contact us on **1300 683 782**.

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

If you are planning on making Australia your home, if you are already eligible for or become eligible for full Medicare benefit entitlements, you will need to select from one of our other health insurance covers. So make sure you call us on **1300 683 782** to discuss your options as we can offer a range of other covers to suit your needs.

Commonly used terms

Accident

Accident means an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner (defined here as a medical doctor who is not the member or a relative of the Member) within 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. If a child is on your policy and needs to go to hospital, you won't have to pay the excess. 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 **1300 683 782**.

Informed Financial Consent

Informed Financial Consent is like a fee quote for hospital, medical and related services. 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 treatment.

Restricted benefits

Where a benefit is identified as 'restricted' it means we only pay limited (reduced) 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 any ailment, illness, or condition where, in the opinion of a medical practitioner appointed by Australian Unity (not your doctor), 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.

Agreement private hospitals

Agreement private hospital means a private hospital or day hospital facility that has a negotiated contract with Australian Unity to minimise your out-of-pocket costs when you are admitted to hospital. Refer to australianunity.com.au/agreementhospitals for a list of our agreement private hospitals. Please refer to your Fact Sheet for more detail about benefits you can expect to receive.

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 and territory Governments, and there are different charges in every state and territory. 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.

Terms and conditions

Health cover with us

The Member

You become a health insurance fund Member once your application form is accepted by the fund. You must complete a true and proper disclosure on your application form about yourself and other people covered under your membership, which is held in your name.

We may ask you to supply evidence to support any information provided on your application form, such as identity or age. Except in circumstances of separation or divorce involving a dependant, you cannot purchase a membership with Australian Unity if you are insured under a hospital cover with another private health insurer.

Unless otherwise agreed by Australian Unity, you must be 16 years or older to hold a membership in your own right.

Membership for a person under the age of 16 requires a legal guardian to agree to the terms and conditions of the membership on behalf of the dependant.

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 permanently resides 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, meaning you hold a blue or green Medicare card, you are no longer entitled to hold an Overseas Visitors Cover. Please contact us immediately on **1300 683 782** to arrange a more suitable cover.

Membership types

- A single membership covers one person (the member) only.
- A couple's membership covers the member and their spouse, de facto spouse or partner.
- A single parent family membership covers the member and one or more eligible children.
- A family membership covers the member and their spouse, de facto spouse or partner and eligible children.

Children

A child in respect of a membership means a natural child, legally adopted child, stepchild, a foster child of the Member or their partner/spouse. A child can be added into a membership if they are not married or living in a de facto relationship as:

- Child Dependant up to the age of 22 years (inclusive), or
- Student Dependant between the age of 23 (inclusive) and 30 (inclusive), if they are studying fulltime, or
- Non-Student Dependant between the age of 23 (inclusive) and 30 (inclusive), if they are not studying fulltime.

Note, Australian Unity doesn't have any covers suitable for visitors on Student Visas.

Visa requirements

As an overseas visitor, it's your responsibility to understand the type of visa requirements you need to meet, as set out by the Department of Home Affairs (DHA) and to ensure that the health cover purchased meets these

requirements.

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 any applicable waiting periods will apply.

If you are transferring from another registered Australian private health insurance fund and purchase health cover with us within 30 days of cancelling your old hospital or extras cover, we will recognise some waiting periods when you purchase one of these products with Australian Unity:

- **Non-working Visitors Cover:** the initial two-month waiting period will be waived. All other waiting periods will apply from the day of the commencement of the cover with Australian Unity
- **Working Visitors Cover:** If you held an eligible workers visitors cover with the previous Australian insurer, any applicable waiting periods already served will be recognised. If you held a non-working visitors cover, all waiting periods on the working visitors cover will apply from the day of the commencement of the cover with Australian Unity.
- **Extras Cover:** years of membership and extras benefits paid with another Australian registered private health insurance fund will be taken into account when calculating waiting periods and extras benefits payable by us.

You will need to provide a Transfer Certificate from your previous Australian insurer to show the details and claims history.

Transferring from another Australian Unity Membership

If you are transferring from another Australian Unity Membership you need to start your new health cover with us within 30 days of cancelling your old membership to ensure continuity of cover. A gap in cover greater than 30 days means that you will have to re-serve all waiting periods.

To do that you must contact us within:

- 30 days (if you were a partner/spouse or Policy holder on the previous membership) or
- 3 months (if you were a Dependant on the previous membership)

from the day you ceased to be covered. Your new membership must commence within 30 days from the day after you ceased to be covered under your previous membership and you will be required to backpay any premiums owed. You won't have coverage for services received on the days when you had no coverage between the two memberships

When you join a new membership, regardless of the gap between your old and new membership, we will calculate what yearly limits you have used on your hospital cover as well as extras claims you have already made in the relevant calendar year as these will be deducted against the yearly benefit limits for equivalent services, until they reset on 1 January. Where relevant, lifetime limits will also be deducted.

Waiting periods

Generally, you may claim on services received from the commencement of your cover, except where waiting periods apply 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.

When you upgrade your cover, you won't be able to claim the higher benefit amount for services received until your waiting period has been served. While you serve your waiting period, we will only pay equivalent to your previous level of cover.

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, for ailments, illnesses or conditions that they had before joining or upgrading their cover which may require immediate treatment. Applying the waiting period assists insurers manage the risk of members joining the fund only to make such a claim and then leave after claiming.

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 an ailment, illness or condition that in the opinion of a medical practitioner appointed by Australian Unity (not your own doctor), the signs or symptoms of that ailment, illness or condition existed at any time in the period of six months ending on the day on which you joined Australian Unity or upgraded your cover, irrespective of whether you were aware of it.

Contact us to discuss if the pre-existing condition waiting period applies to you prior to booking any hospital procedures or outpatient services. We need up to five working days to carry out the initial pre-existing condition assessment, after receiving information about any signs and symptoms related to 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 **1300 683 782**.

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, meaning you hold a blue or green Medicare card, 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. Checking your cover is also important because a 12 month waiting period applies for pregnancy and related services. Please refer to your Overseas Visitors Cover Fact Sheet.

Adding a child to your cover

Family, Single Parent Family or Couple membership as at the birth or adoption/fostering date: It is important that you notify us within 12 months of your child's birth or adoption/fostering date and add them to your policy effective from their date of birth or adoption/fostering date, for waiting periods to be waived. Please note that Couple memberships will also need to change to a Family membership and back pay any difference in premium (if applicable).

Single membership as at the birth or adoption/fostering date: To avoid your child serving waiting periods, it is important that within 30 days of the birth or adoption/fostering you:

- Upgrade to a Family or Single Parent Family cover; and
- Add your child to the policy. You may also be able to add your Partner to your membership effective your child's date of birth, or adoption/fostering date

These changes will be made effective from the child's date of birth or adoption/fostering and you will be required to back pay any difference in premium.

Delegated Authority

If you have a partner or spouse covered by your policy they have automatic delegated authority.

This means they have the same authorisation as the Member (including access to personal information about all members on the policy, and the authority to change, suspend or cancel the membership), except they won't be able to nominate further delegated authorities or remove delegated authorities.

If you have a partner or spouse on your policy and don't want them to have delegated authority you can opt out by contacting us on **1300 683 782**.

You also have the option to authorise any other person to have delegated authority on your policy by completing a Delegated Authority form or calling us.

Adding members to your cover

If you wish to add or remove a spouse or a dependant from your membership, it's important to advise us as soon as possible as we may not be able to backdate the request.

If your spouse or dependant was removed from your membership and you later wish to add them back on, to ensure they will not have to re-serve waiting periods, you must contact us within 30 days (for your Partner/Spouse) or 3 months (for your Dependant) from the day they ceased to be covered. They will need to be added from the day following the day they ceased to be covered and if this changes the scale of your membership, you will be required to backpay any premiums owed. Alternatively, they can be added from the day you contact us to request reinstatement or a future date, and waiting periods may need to be served.

Separation/divorce

It's possible to remain on the same membership following a separation or divorce. Please keep in mind that any claim payments will be paid into the account listed under the membership, regardless of who paid for the treatment. If any disputes arise we will keep the agreement with the named Member (the 'policyholder') who holds authority over the membership.

Unless advised otherwise, the spouse named on the membership will have automatic delegated authority. You can opt out by contacting us on **1300 683 782** (see Delegated Authority above).

Premiums

Unless otherwise offered or agreed by Australian Unity, your premiums are payable monthly, or in monthly multiples, in advance. If you pay for a period in excess of 12 months, we may only accept payment for a period of 12 months and refund you the remainder. Advance payments do not fix the terms and benefits of your product, which we can change at any time in accordance with the Fund Rules and the Changes to your cover section of these terms and conditions.

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.

Notice of premium and benefit changes

Australian Unity's rate guarantee policy ensures that your premiums paid in advance are protected against a premium change, which usually occurs on 1 April, until the next payment due date, unless you make changes to your cover in the interim. Australian Unity can change your benefits (i.e. adding or reducing benefits) at any time in accordance with the Changes to your cover section of these terms and conditions. Please refer to the 'Changes to your cover' section of the member guide for more information. If you receive rebate on your extras cover, the level of rebate applied to your premium changes annually in line with the Australian Government's adjustments to the rebate tier percentages, which occur on 1 April each year.

Notice will be provided in writing to you of any premium or benefit change by either the post, or email address as notified to Australian Unity. Please ensure that your address and other contact details are kept up to date.

Making claims

The benefits, yearly limits and excesses on your cover are calculated from 1 January each calendar year, except when a Benefit Replacement Period or Lifetime Limit applies. 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 falls into arrears or is suspended, we will not pay your claims for services received 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.

Compensation

Australian Unity benefits are not payable for claims where you have received compensation, damages or benefits from another source or we reasonably believe you have an entitlement under a statutory compensation scheme, now or at a later date, so it is in your interest to pursue that entitlement. Where it becomes known that you have, or may have a right to compensation, you are obliged to:

- inform us as soon as you know or suspect that such a right exists; and
- inform us of your decision to claim (or not to claim) compensation; and
- keep us updated as to the progress of your claim; and
- let us know as soon as practicable the determination of settlement of the claim or the establishment of a right to receive compensation.

Where we have paid on related claims and you have received compensation from another source, you will be required to reimburse us to the extent that the compensation received includes amounts reasonably attributable to the related claim. If you notify us that you will not be making a claim for compensation, then we may assume your legal rights in respect of all or any parts of the claim. 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 either you or your provider to assist. By submitting a claim, you provide consent for Australian Unity to obtain your personal information (including sensitive information), as it relates to the claim, directly from your provider.

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 paid up to or in advance of the proposed suspension date. Members with a separate hospital and extras memberships will need to suspend both simultaneously.

Please note, a standalone extras product (where hospital cover is not also held under the same or other Membership) is not eligible for suspension.

If eligible, the criteria for temporary suspension are:

- Minimum period of membership – 3 months
- Minimum suspension time – 1 month
- Maximum suspension time – 12 months

You will not be able to suspend it again for a further 12 months from the date of resumption from the previous suspension. We will not pay for any hospital, medical or extras services that occur during the suspension period. Waiting periods cannot be served while a membership is suspended.

Suspension will apply from the day after the departure date you nominated on the form or from the date of the receipt of the application form, whichever is later.

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 of 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 on **1300 683 782** as we may be able to offer you other options.

If your reason for cancellation is due to a visa not being granted, we will refund your policy payment. A copy of the letter of visa denial must also be forwarded with the cancellation request.

Where in the opinion of the fund a member may have engaged in fraudulent activity, misleads or deceives the fund, materially or repeatedly breaches any of these Terms and Conditions or any other term or condition of membership with the fund, the fund may terminate or suspend a membership at any time by giving reasonable notice, describing the reason for the cancellation to the member concerned and providing a refund of any premiums paid in advance. Neither the fund or you shall be liable to the other party for any loss or damage arising from the termination or suspension of membership (except for the refund of any premiums paid in advance).

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.

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. All entitlement to claim benefits during the period of arrears and after the cancellation date will cease.

Hospital cover

Hospital accommodation

Cover for hospital accommodation under your policy includes costs for the hospital bed, theatre fee, patient meals and, if applicable, 100% of the minimum cost for Government approved surgical prosthesis while you're an admitted patient at either a private or public hospital. We will cover you at the insured rate 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' or 'Not Covered', 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 reduced 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. If a child is on your policy and needs to go to hospital, you won't have to pay the excess. Please check your Overseas Visitors Cover Fact Sheet to confirm how much excess you'll have to pay.

Accident

Accident means an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner (defined here as a medical doctor who is not the member or a relative of the Member) within 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.

If you have a hospital admission that is a result of an Accident that occurred after joining your hospital cover, the follow waiting periods will apply for that procedure:

- Basic/Mid/Top Non Workers Cover – 24 hr,
- All other hospital covers – No Waiting Period

If the Accident happened prior to joining the cover, your Accident waiting period will not be applicable but all other waiting periods listed on your product fact sheet are.

Before we determine your claim for benefits for an Accident, we will ask you to complete an accident declaration and your doctor to complete a medical report and any other supporting documentation required by Australian Unity to assess the claim.

Pharmaceuticals

Pharmaceutical drugs are covered up to a dollar value limit as specified on your Overseas Visitors Cover Fact Sheet. We'll 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. Under selected covers we will also pay medications not-listed on the PBS. See your Fact Sheet for benefits payable.

We won't 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'll also pay some costs on pharmaceutical scripts provided out of hospital. You may be required to contribute an amount equivalent to the maximum general patient charge as noted on the PBS website prior to us paying your claim.

Emergency Department

Services provided in 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 while receiving treatment.

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

Ambulance benefits are payable in accordance with your level of cover. Refer to your Overseas Visitors Cover Fact Sheet to confirm when benefits are payable. Some Overseas Visitors Covers only include benefits for emergency ambulance transportation. To be eligible for this benefit, the account must be coded and billed as an emergency by the state or territory's relevant ambulance authority.

Some covers also offer Ambulance Attendance which means we will pay for the cost of the arrival of an ambulance and attendance and treatment of a patient by a paramedic, where the condition is stable enough that transportation to hospital is not required. These accounts do not need to be coded as an 'emergency'.

For some Overseas Visitors Covers, we will pay for ambulance transportation that is medically necessary for admission to hospital, emergency treatment onsite, or inter-hospital transfer for emergency treatment. This includes inter-hospital transfers that are necessary because the original admitting hospital does not have the required clinical facilities. It does not extend to transfers due to patient preferences.

Where an Extras cover with benefits for Ambulance is taken with your Overseas Visitors Cover, benefits are payable under the Overseas Visitors Cover only, except where the Extras cover offers additional benefits not included on the Overseas Visitors Cover.

We won't pay ambulance transportation charges where you are covered under an ambulance subscription scheme or the transportation is claimable from another source. We will not cover Ambulance service charges that are provided by a non-recognised service provider, including private providers.

Where your cover provides you with Emergency Ambulance and/or Attendances coverage, you may still want to purchase a stand-alone Ambulance cover or an Ambulance Subscription with your applicable State Ambulance provider to provide you with broader cover, including non-emergency transport, where available (VIC, SA, NT and rural WA). Please be sure to check your eligibility with the provider prior to purchasing as there may be restrictions for non-residents.

Medical cover

As a private patient, you can have the choice of your own doctor at a private hospital or public hospital, if available. 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.

What we don't cover

There are hospital costs that we don't pay, in addition to any specific exclusions listed under your hospital cover. These include:

- medical fees for treatment not listed under the Medicare Benefits Schedule (MBS)
- special nursing (e.g. your own private nurse not employed by the hospital)
- respite care or where you are deemed a nursing home patient
- pharmaceuticals and other supplies not directly associated or essential to the reason for your admission
- pharmacy items dispensed upon leaving hospital
- if a treatment is excluded under your cover, any associated services are also not covered (e.g. medical gap, prosthesis, pharmacy)
- the gap on Australian Government approved prostheses
- for personal in-hospital expenses such as pay TV, non-local phone calls, newspapers, boarder fees, meals ordered for your visitors, and any other personal expenses charged to you
- where treatment is not included under your hospital cover or is specifically excluded
- where treatment is subject to a waiting period
- for services or items rendered/or purchased outside of Australia
- for any claims submitted more than two years after the date of service
- for any claims containing false or misleading information

- for any claims where you have received compensation, damages or benefits from another source (e.g. TAS or WorkCover) or where we reasonably believe that you are likely to have an entitlement to compensation under a statutory compensation scheme
- robotic surgery consumables unless otherwise covered for your treatment by the agreement between Australian Unity and the hospital. Please contact your hospital about any out-of-pocket costs.

Extras cover

What's covered

Extras cover allows you to claim on services such as dental, physiotherapy, optical, remedial massage and acupuncture. You can claim for these types of services where it is offered under the level of cover you have chosen and the treatment was given by a recognised provider in private practice. The benefits you can claim are outlined in your Extras product Fact Sheet and the terms of the Member Guide.

When making a claim and submitting documents please keep copies if required, as Australian Unity will not return originals. Invoices must detail the date of service, the item number, the description of service and the cost.

Claims for some artificial aids/appliances such as a TENS require a health practitioner's referral stating the condition being treated, to accompany the claim.

What's not covered

Extras benefits will not be payable:

- where treatment is provided by a practitioner not in private practice
- where a provider is not recognised by us
- for any claims, where the treatment is rendered by a provider to themselves,

their partner, dependant, business partner or business partner's partner or dependant. Where the service includes a cost for materials, we may consider payment towards the purchase and supply of those materials.

- when provided in a public hospital
- where Medicare, an Australian Government body or third party provide a benefit
- where services are delivered online or over the telephone, unless part of a recognised Telehealth consultation as listed on your product Fact Sheet
- 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
- where treatment is not included under your cover
- where treatment is subject to a waiting period
- for services or items rendered/or purchased outside of Australia
- for any claims submitted more than two years after the date of service
- for any claims containing false or misleading information or where the service or treatment has been incompletely or incorrectly itemised
- for any claims where you have received compensation, damages or benefits from another source (e.g. TAS or WorkCover) or where we reasonably believe that you are likely to have an entitlement to compensation under a statutory compensation scheme.

Ambulance

- See "Ambulance" at the "Hospital cover" section.

Benefit replacement periods for aids and devices

On certain types of artificial aids or devices (including sets of dentures), we apply a set period of time you have to wait until you can claim further benefits towards the purchase of a replacement of that particular aid or device. These are called “benefit replacement periods”, and vary depending on your level of cover.

There are two types of Benefit Replacement Periods:

- **For Dentures:** A full denture replacement is limited to one purchase for a set period of time as listed on your product, regardless of the benefit you received on that first purchase. If for example the fact sheet says that “a full denture replacement is limited to once every three years”, you will only be able to claim benefits again for the same type of denture 3 years after your initial purchase was made, and up to the available dental limits you have at the time of claim.
- **For artificial aids or devices:** such as Hearing Aids or Blood Pressure Monitor, your cover may specify a longer period of time over which the yearly dollar limit applies for that particular aid or device (noting the yearly limit still applies for groups of aids/ devices). For example on some covers, the maximum dollar limit only resets every two calendar years for devices like blood pressure monitors. During this time you can still claim benefits towards another blood pressure monitor up to the remaining set limit, which resets every two calendar years. Where there is a combined limit for a group of devices or aids, benefits are subject to the remaining limits of the combined group. Where this applies, your product Fact Sheet says, for example, “Benefit for each item is payable every 2 calendar years”.

Recognised providers

Recognition of providers for payment of your claims is based on our criteria. This includes providers being a member of an appropriate board in their field of practice and operating in private practice. If a provider is not recognised 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 **1300 683 782**.

Consultations and Telehealth Appointments

Some treatments are also eligible for benefits where the consultation can be appropriately delivered as a telehealth appointment.

Telehealth means delivery of healthcare that involves the treatment or management of clinical conditions via phone or video link (or similar), delivered in real-time and proven to be effective in the treatment or management of a diagnosed clinical condition.

Please check your product Fact Sheet for eligible Telehealth consultations.

Additional information

Changes to your cover or these Terms and Conditions

We may make changes to our Fund Rules and these Terms and Conditions at any time by publishing the new or amended version on our website. We may make changes to your cover at any time by publishing a new or amended fact sheet on our website or Online Member Services.

If the new or amended Fund Rules, Terms and Conditions or Fact Sheet are or might be detrimental to the interests of Members, we will provide the Policy Holder (and other Members if required under the Fund Rules) on the affected Policies with reasonable prior written notice. For the avoidance of doubt, any such notice must comply with any relevant requirements of the Private Health Insurance Legislation, the Australian Consumer Law and the Private Health Insurance Code of Conduct. The Policyholder must inform each adult on the membership of the change to the Terms and Conditions within a reasonable period.

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. Please see the 'Refund Policy' section in the Terms and Conditions for more details.

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, including extras covers. GST is included in your Overseas Visitors Cover premium.

Becoming a health fund member

OVC membership alone will not entitle you to AUL membership but holding an Extras product may. Subject to you meeting the membership eligibility criteria determined by the Board of Australian Unity Limited ('AUL') the Board of AUL may determine that you will become a member of AUL. By becoming a private health insurance policyholder, you consent on behalf of yourself and the other members on your policy, to become a member of AUL and agree to be bound by the constitution of AUL, in particular, you agree to contribute an amount not exceeding \$1 to the property of AUL in the event of AUL being wound up while you are a member of AUL or within 1 year afterwards as set out on the constitution of AUL. The member rules and the constitution of AUL are available at australianunity.com.au/investor-centre/who-we-are/corporate-governance.

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 online at australianunity.com.au/forms or at Australian Unity, 271 Spring Street, Melbourne.

Direct Debit Request Service Agreement

Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us, together with who you should contact 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 authorised by you, all payments are taken in advance so we undertake to periodically debit the nominated account in accordance with your authority to direct debit. You also authorise us to alter the amount to be debited in the event of any changes to your Membership, subject to us providing notice to you as described below.

Drawing arrangements

If any drawing falls due on a non-business day, it will be debited to the 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 unless the debit was dishonoured. In that case, then the following month we will attempt to draw both the previous debit and the current amount due.

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
- altering the schedule
- stopping an individual debit
- suspending the DDR
- cancelling the DDR completely

Enquiries

If you have any enquiries, they should be directed to Australian Unity or 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 financial institution account or information disclosed to a third party as allowed 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 there has been an error in debiting your account, you should notify us directly and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.

- If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to your query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted.
- If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your query* by providing you with reasons and any evidence for this finding in writing.

Your commitment to us

It is your responsibility to ensure that:

- the nominated account can accept direct debits (the financial institution can confirm this) and
- You have the necessary permission to authorise a debit from the nominated bank account, 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 the updated expiry date when you are issued a new credit card if applicable

If your drawing is returned or dishonoured by the 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 will result in the direct debit facility being withdrawn and we will send you account notices.

We welcome your feedback

We are committed to resolving complaints in a fair and efficient manner and view feedback as a vital opportunity to improve our services, products and policies. If you are dissatisfied with any aspect of Australian Unity's service, your health cover or feel that our service has failed to meet your expectations, we would appreciate hearing from you.

To commend us on our service or to lodge a complaint, contact our customer service team via one of the options below.

Phone: 1300 683 782

Online: australianunity.com.au/email

Mail: Australian Unity
271 Spring Street
Melbourne, VIC 3000

Webchat: available on australianunity.com.au/health-insurance

We also have escalation procedures in place to address your complaint. If you have a complaint, Australian Unity will endeavour to acknowledge your complaint within two business days of receipt of your complaint.

If I have a complaint, how will it be handled?

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 Experience 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 entirely 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, a division of the Commonwealth Ombudsman.

This organisation is an independent office, appointed by the Australian Government, whose services are free to all health fund members. The Ombudsman handles enquiries, suggestions and complaints and will assist you in resolving a dispute.

For more information on this service visit **ombudsman.gov.au**

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

To ensure you have the best possible customer experience, please make sure that you:

Phone: **1300 362 072**

Email: **ombudsman.gov.au**

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

Gather all supporting documents and information relating to your complaint and think about any questions you need answered that will help resolve the issue more efficiently.

Your Privacy

As a member, your personal information and the personal information of other members under your membership, are managed in line with our Privacy Policy. The security of your personal information is important to us and we take strict measures to ensure it is handled responsibly.

Your personal information (including sensitive information such as health information) is collected for the purpose of processing your application and fulfilling our obligation to manage your health cover and inform you of new products, services and special discount offers. Your health information (e.g. medical/patient records, treatment plans, etc.) may be collected from third parties such as medical practitioners and healthcare providers to assess and review your claims and for purposes such as the investigation of suspected fraudulent activity. We also use your personal information to assess your eligibility for membership of Australian Unity Limited and, if eligible, place your name, address and other required personal information on Australian Unity Limited's member register. We may also collect personal information from you or third parties to manage your accounts and services and to better understand you, your preferences and interests. If for any reason we need to send your information overseas, we will require that the recipient of the information complies with our privacy policy and applicable laws to maintain the security of the data.

As a Member it is your responsibility to ensure that any other individual on your membership is aware of how we handle their personal information. Each person on a membership aged 16 or over may request that we keep that individual's personal information confidential and to specify which person under your membership can receive information about that individual's health=claims.

You or any person under your membership has the ability to restrict the personal information we obtain from that person which may prevent us from providing health cover to you or that person.

You also have a right to stop receiving any direct marketing material at any time. To opt out, contact us on **1300 683 782** or by changing your communications preferences at **australianunity.com.au/memberservices**

Health cover members' personal information may be disclosed to:

- intermediaries through which you deal with Australian Unity (e.g. agent, financial adviser, employer or industry association)
- the Member (including sensitive and health information about benefits claimed under the membership by any person on the membership, unless they have requested that we not disclose this information)
- a partner or spouse included on your policy (unless you have opted them out of automatic delegated authority)

- any other person acting on your behalf to whom you've granted a delegated authority
- claims assessment participants (for instance a medical referee used to assess a claim)
- debt collectors, fraud bureaus or other organisations to identify, investigate or prevent fraud or other misconduct, government departments, regulators or for legal reasons, disclosure may need to be made to law enforcement such as police or the courts
- third parties we deal with (e.g. hospitals, doctors) to assess claims and enable us to supply health programs based on your health needs
- other reputable service providers including HICAPS electronic claiming system, Australian Health Service Alliance (AHSA) and Australian Unity selected mailing houses.
- other health funds when you transfer your health membership to or from Australian Unity
- external dispute resolution schemes
- other organisations, who we partner with to offer or provide products or services to you, or who provide analytical or marketing services to assist us improve the delivery of products and services, and to enhance our customer relationships.
- other entities in the Australian Unity Group, to provide you with information about other products and services within the group, and to offer a streamlined customer-experience between businesses within the group.

Our Privacy Policy contains more information about our privacy practices, including how we use your information. The Policy also details how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain the latest version of our Privacy Policy by contacting us or at **australianunity.com.au/privacy**

This Member Guide should be read carefully and retained. Please refer to the Important things to know – Terms and conditions and Overseas Visitors Cover Fact Sheet for further information on your cover. Information 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 1300 683 782. View our privacy policy at australianunity.com.au/privacy

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: **1300 683 782**

Calling from overseas: **+61 3 8682 7550**

Email: **customerservice@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: 1300 683 782**
للإتصال من خارج أستراليا (عبر البحار) **الهاتف: +61 3 8682 7550**

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 **1300 683 782**
在海外致電 **+61 3 8682 7550**

무료 통역 서비스

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

호주 국내에서 전화할 경우 **1300 683 782**
해외에서 전화할 경우 **+61 3 8682 7550**

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 **1300 683 782**
Gọi từ nước ngoài **+61 3 8682 7550**

For Real Wellbeing Since 1840

13 29 39

australianunity.com.au

271 Spring St

Melbourne VIC 3000

