CBHS INTERNATIONAL HEALTH

OVERSEAS WORKER

MID HOSPITAL AND MEDICAL

Overseas Worker Mid Hospital and Medical is a mid level visa compliant cover, covering in-hospital services and treatments, emergency ambulance, outpatient services, and out-of-hospital pharmacy benefits.

FEATURES

24/7 HELPLINE

1300 174 537 for medical, interpreter and personal assistance*

VIRTUAL DOCTOR

Consult a doctor without leaving your home or office

NATIONAL GP NETWORK

Visit a doctor within our network

PROGRAMS FOR YOUR WELLBEING

Keeping you healthy while you are living in Australia

WHAT IS COVERED?

OUT-OF-HOSPITAL SERVICES

EMERGENCY AMBULANCE services when transported directly to a hospital or treated at the scene due to an accident or medical emergency.

DOCTORS SERVICES

• For virtual doctor consults with CBHS International Health Recognised Online Health Consultation Service Providers, you will receive 100% of the service cost up to $35 per claim, except for services where an exclusion applies.
• For face to face doctor consults within the CBHS International Health network, you are entitled to a limited number of free visits per calendar year for eligible services: 2 visits for Single Membership, 4 visits for Couple Membership and 6 visits for Family and Sole Parent Memberships. For any additional visits, you will receive benefits of up to 100% of Medicare Benefits Schedule (MBS) fee for eligible services.
• For face-to-face doctor consults outside our network, you will receive up to 100% of MBS fee.
• For specialist doctors, you will receive up to 100% of MBS fee.

EMERGENCY DEPARTMENT AT A PUBLIC HOSPITAL

• For non-emergency treatment at a public hospital, you may be charged a facility fee by the hospital, with a maximum benefit of $160 from CBHS International Health. Typical costs for attending a hospital emergency department are significantly higher than $160, which means you may be required to make additional payments to cover all costs. Please seek assistance from our virtual doctors and our National GP Network for non-emergency treatment to avoid unnecessary costs.

MEDICINE

• For selected pharmacy items, including discharge medicine, you will receive a benefit up to $75 per script, calculated as follows: the receipted cost of the prescription less a co-payment equal to the current Pharmaceutical Benefits Scheme (PBS) co-payment for general patients. Annual limit of $300 per person per calendar year.

	OUT-OF-HOSPITAL SERVICES	WAITING PERIODS	IMPORTANT INFORMATION
✔	Emergency ambulance	1 day	
✔	Virtual doctor services (CBHS International Health Recognised Online Health Consultation Service)	2 months^	Up to $35 benefit per claim.
✔	Doctors services (within our GP network)	2 months^	Limited number of free visits per calendar year: 2 for Single, 4 for Couple, 6 for Family/Sole Parent Membership. Up to 100% of Medicare Benefits Schedule (MBS) fee for additional visits.
✔	Doctors services (outside our GP network)	2 months^	Up to 100% of MBS fee.
✔	Specialists	2 months^	Up to 100% of MBS fee.
✔	Pathology & radiology	2 months^	Up to 100% of MBS fee.
✔	Prescription medicine (including discharge medicine)	2 months^	Up to $75 benefit. Limit of $300 per person per calendar year.

WHAT IS COVERED?

IN-HOSPITAL SERVICES

When you're admitted to hospital, the types of benefits we may pay include:

• **ACCOMMODATION** for overnight, same day and intensive care for private or shared room in agreement private hospitals (see page 5) and public hospitals. An excess of $500 will apply (see page 4).
• **BOARDER ACCOMMODATION** covers 100%, up to $160 per admission, if not included in hospital agreement.
• **THEATRE FEES** covered in agreement private hospitals except for restricted services or exclusions.
• **SUPPLIED PHARMACEUTICALS** listed on the Pharmaceutical Benefits Scheme (PBS) Schedule and provided as part of your in-hospital.

• **MEDICAL EXPENSES** for services provided by doctors, surgeons and anesthetists while admitted in hospital. Covered for all services eligible for benefits from Medicare up to 100% of the Medicare Benefits Schedule (MBS) fee. Check with your doctor or specialist what they will charge, and contact us to confirm what you are covered for, before your procedure or hospital admission.

• **ACCESS GAP COVER** is where a provider chooses to participate in an arrangement with CBHS International Health. CBHS International Health covers up to 100% of an agreed amount in excess of the MBS fee which reduces or eliminates your out-of-pocket expenses (i.e. surgeons, anaesthetists, pathology, imaging fees etc).

	IN-HOSPITAL SERVICES	WAITING PERIODS	IMPORTANT INFORMATION
✓	Hospital treatment - doctor, surgeon & anesthetist	2 months^	Up to 100% of the Medicare Benefits Schedule (MBS) fee. See CBHS Corporate Health Fund Rules for complete information.
✓	Medicines (for your in-hospital treatment)	2 months^	Excludes discharge medicine.
✓	Specialist doctor	2 months^	Up to 100% of the Medicare Benefits Schedule (MBS) fee.
✓	Pathology and radiology	2 months^	
R	Weight loss surgery	2 months^	
R	Rehabilitation	2 months	
R	Hospital psychiatric services	2 months	
R	Palliative care	2 months	
R	Pregnancy and birth	12 months	Contact us as soon as you know you are pregnant. If you have served your waiting period, you may be eligible for programs to help you during your pregnancy.

WHAT IS COVERED?

IN-HOSPITAL SERVICES (CONT.)

	IN-HOSPITAL SERVICES
✗	Assisted reproductive services
✗	Cosmetic services
✗	Medicines not on the Pharmaceutical Benefits Scheme (PBS) Schedule and experimental or high cost drugs
✗	Non-admitted psychiatric and psychology services
✗	Stem cells, bone marrow transplants
✗	Organ transplants
✗	Other services for which a Medicare benefit is not payable, e.g. laser eye surgery

✓ Covered (Included service)
✗ Not Covered (Excluded service)
R Restricted benefits

^12 month waiting period applies for pre-existing conditions (see page 5).

EXCLUDED SERVICE

For a treatment listed as an "excluded service", there is no benefit payable so you may have high out-of-pocket costs to pay. Please review the excluded services on this cover and always check with CBHS International Health to see if you are covered before receiving treatment.

RESTRICTED BENEFITS

The services listed on page 3 receive restricted benefits specified by law. This means if you are admitted to a private hospital that does not have an agreement with CBHS International Health or are admitted to a public hospital, you will likely have high out-of-pocket costs. If you are admitted to a private hospital that does have an agreement with CBHS International Health, you will receive benefits at a shared room rate and you may significantly reduce your out-of-pocket costs.

EXCESS PAYABLE: $500

This health cover has an excess of $500. This means that when you are admitted to hospital, you will need to pay the first $500 in relation to fees charged by the hospital. This excess is per person (including dependants), per admission, up to a maximum of $500 for Single Membership and $1,000 for Couple, Sole Parent and Family Memberships per calendar year. The excess applies to both same day and overnight stays.

WHAT'S NOT COVERED?

- If you are admitted into a non-agreement private hospital, benefits are payable only at the minimum rate specified by law. These benefits may only provide a benefit similar to a public hospital shared room rate. These benefits may not be sufficient to cover admissions in a non-agreement private hospital.
- Services received during waiting periods.
- Services claimed over 24 months after the service date.
- Nursing home type patient contribution, respite care or nursing home fees.
- Aids not covered in a hospital agreement (may be eligible for benefits under separate Extras health cover).
- Prostheses used for cosmetic procedures where no Medicare benefit is payable had the service been provided to the holder of a valid Medicare card.
- Ambulance transfers between hospitals (for residents in Victoria, South Australia and Northern Territory).
- Treatment (or goods) provided in countries outside of Australia
- Treatment arranged in advance to arrival in Australia
- Services and treatments which are covered by compensation and damage provisions of any kind
- Same treatment or service claimed under more than one health insurance policy.
- Services required for the purpose of gaining a visa or residency.

To confirm what you are covered for and what benefits you will receive, ask the doctor what they will charge and contact us before you go to hospital.

UNDERSTANDING YOUR HEALTH COVER

AGREEMENT PRIVATE HOSPITALS

CBHS International Health has agreements with a range of private hospitals and day surgeries, which can reduce or even eliminate your out of pocket costs. If you are admitted to a non-agreement hospital or a public hospital, you may have significantly higher out of pocket costs.

Contact us to check if a hospital has an agreement with CBHS International Health.

WAITING PERIODS

Waiting period is the time when you are not covered for a service or treatment after the start of your health cover. You can receive benefits listed on your level of cover once you have served the appropriate waiting periods. When you upgrade your cover, waiting periods also apply for benefits which you were not previously covered for.

SERVICES	CALENDAR MONTHS
Pre-existing condition, pregnancy	12 months
All other treatments (including pre-existing conditions relating to psychiatric, rehabilitation and palliative care)	2 months
Accidents, emergency ambulance transport	1 day

WHAT ARE PRE-EXISTING CONDITIONS AND WHY ARE THEY IMPORTANT?

If you have a pre-existing condition, a waiting period of 12 months will apply before you can receive benefits towards any treatment for that condition.

A pre-existing condition is an ailment or illness where, in the opinion of our appointed medical adviser, the signs or symptoms were evident up to 6 months before your health cover started. Our medical adviser will consider any information provided by your doctor.

If you upgrade to a higher level of cover, you must also wait for 12 months to be covered for pre-existing conditions for benefits not previously covered.

REPATRIATION

The benefit is for one one-way repatriation, per membership, per calendar year, up to a maximum of $10,000 if you become terminally ill or suffer a life altering injury, including the return of mortal remains.

WHAT TO DO WHEN YOU NEED US

Contact us. Anytime. Any day. Any language.

CALL US

1300 174 537

IN AUSTRALIA

+61 2 8604 3537

OUTSIDE AUSTRALIA

EMAIL US

ovhc@cbhscorp.com.au

VISIT US

cbhsinternationalhealth.com.au

*CBHS International Health may refer you to third party providers when you use the medical, interpreter and personal assistance helpline. If you decide to engage a provider, it will be on the basis that CBHS International Health will not be responsible, and you will not hold CBHS International Health responsible, for any liability that may arise from that engagement.