

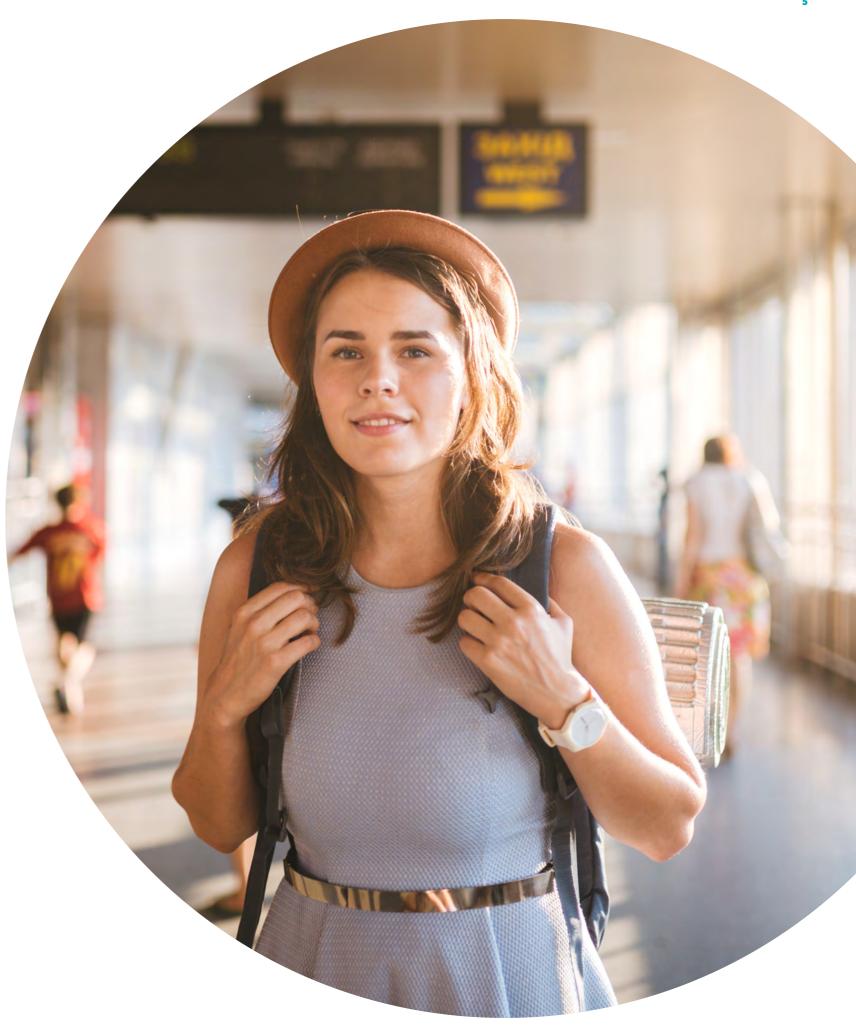
Overseas Visitors Health Cover

Policy Member Guide



Welcome to CBHS International Health

We want your time in Australia to be memorable for the right reasons. People get sick, accidents happen. Being prepared is your best course of action. CBHS International Health offers affordable health cover for overseas workers on a working visa, with a 24/7 phone helpline (including interpreters) to help you understand and navigate the Australian health system.



What is OVHC?

CBHS International Health offers Overseas Visitors Health Cover (OVHC) for overseas residents working in Australia. OVHC is health insurance that complies with the standard set by the Department of Home Affairs (DoHA) and it's part of the requirements for a range of visas when coming to Australia. OVHC is only available to holders of specific visa subclasses.

Depending on the level of cover you choose, OVHC provides cover for:

- Out-of-hospital medical treatment
- In-hospital medical treatment
- Hospital accommodation
- Accident and emergency services
- Prescription medicine

The Department of Health regulates OVHC and OVHC providers.

For more information, refer to your level of cover product sheet and the Health Benefit Fund Rules located at cbhsinternationalhealth.com.au.

Who is OVHC for?

Your working holiday or holiday visa in Australia may come with a requirement to hold adequate OVHC.

Our cover is compliant for the following visas:

- 482 (temporary skill shortage)
- 485 (temporary graduate)
- 457 (temporary work skilled)
- 403 (temporary work international relations)
- 408 (temporary activity)
- 407 (training visa)
- 476 (skilled recognised graduate)

- 590 (student guardian)
- 489 (skilled regional)
- 400 (temporary work short stay specialist)
- 010 (bridging Visa A)
- 020 (bridging Visa B)
- 030 (bridging Visa C)

If you are granted permanent residency, you are then no longer eligible for CBHS International Health OVHC.

OVHC exceptions

Workers (excluding students) from the United Kingdom, the Republic of Ireland, New Zealand, Sweden, the Netherlands, Finland, Belgium, Norway, Slovenia, Malta and Italy may apply for Medicare benefits under Reciprocal Health Care Agreements with Australia. They may be able to receive necessary medical treatment immediately in the public health system, but may not otherwise be entitled to benefits and should still consider taking out OVHC. If you are from a country where a Reciprocal Health Care Agreement is in place, you can read more here.

Why is OVHC important?

Overseas Working Visa Requirement

As most overseas visitors or workers are not eligible for Medicare (our publicly funded healthcare for residents and citizens), maintaining adequate health insurance is a requirement for a range of working visas. Overseas workers with visa condition 8501 must purchase and provide proof of adequate OVHC when applying for their visa.

Maintaining adequate OVHC is a mandatory condition

The Australian Government through the Department of Home Affairs (DoHA) requires all holders of an overseas working visa to maintain adequate OVHC for the entire time they are in Australia until their visa expires.

Medical treatment can be expensive

Most overseas workers who come to Australia to work cannot access Medicare, our publicly funded healthcare system, which may lead to large out-of-pocket costs to pay if they require medical treatment. Depending on the type of cover you choose, your OVHC will keep you covered for some of the costs of medical treatment if you get sick or have an accident. In most cases, hospital treatment will cost more than AU\$1,000 per day.





When does your OVHC policy start?

Your policy starts when you arrive in Australia or the day that your visa is granted – whichever is later – and ends when your visa expires, provided you maintain your premium payments. It's important that you contact us when you arrive in Australia or when your visa starts so that we can activate your OVHC policy. Note that you're not covered for treatment outside of Australia.

You must activate your policy as soon as you arrive. Click <u>here</u> to activate your policy or alternatively contact CBHS International Health. Please note your policy must be active in order to claim medical expenses.

What happens if you don't maintain your OVHC?

It is a condition of your visa that you maintain your OVHC for the entire time you are living in Australia. If you do not maintain premium payments or show proof that you have moved to another OVHC provider, CBHS International Health may advise the Department of Home Affairs (DoHA).

If you have a gap in cover, for any reason, you will have to pay premiums for the entire period that was not covered to bring your policy up to date. If your OVHC policy is not paid for 60 days, CBHS International Health will cancel your cover and may advise the Department of Home Affairs (DoHA).

Please note: no benefits for claims will be paid for health services received during any gap in cover.



What is covered under your OVHC policy?

You can purchase one of three levels of OVHC through CBHS International Health.

Overseas Worker Base Hospital

Basic level of visa compliant cover that covers in-hospital services and treatments, and emergency ambulance. Does not cover outpatient services.

Overseas Worker Mid Hospital and Medical
Intermediate visa compliant cover which covers in-hospital services
and treatments benefits, emergency ambulance, outpatient services,
and out-of-hospital pharmacy benefits.

Overseas Worker Top Hospital and Medical
Comprehensive visa compliant cover which provides more cover for in-hospital services and treatments, emergency ambulance, outpatient services, and a higher level of out-of-hospital pharmacy benefits.

BENEFITS	BASE HOSPITAL	MID HOSPITAL & MEDICAL	TOP HOSPITAL & MEDICAL
Meets your visa requirements	~	~	~
Instant confirmation of your cover	~	~	~
Accident and emergency services	~	~	~
Virtual doctor services	×	~	~
Face-to-face doctor services (out-of-hospital)	×	~	~
Prescription medicines (out-of-hospital)	×	~	~
Specialist doctor (out-of-hospital)	×	~	~
Pathology and radiology (out-of-hospital)	×	~	~
Pregnancy program	×	~	~
Hospital Substitute program	×	~	~
Mental health program	×	~	~
Chronic disease management program	×	~	~
Public hospital Emergency Department facility fee for non emergency treatment	×	~	✓
Excess (a fee payable by your if you're admitted to hospital)	\$500	\$500	\$0 or \$500
Hospital accommodation	~	✓	~
Hospital treatment - doctor, specialists, pathology & radiology	✓	✓	~
Pregnancy and birth	R	R	~
Prescription medicines (in-hospital)	~	~	~
Assisted reproductive services	×	×	×
Cosmetic surgery	×	×	×
Medicines not on the Pharmaceutical Benefits Scheme (PBS) Schedule and experimental or high cost drugs	×	×	×
Hospital services where no Medicare Benefit Schedule Fee payable	×	×	×
✓ Covered (Included service) X Not Cove	ered (Excluded service)	R Restricted benefits	

Your OVHC entitles you to benefits as outlined in your Overseas Worker Base Hospital, Overseas Worker Mid Hospital and Medical, Overseas Worker Top Hospital and Medical product sheet for any medical treatment being required by you or any dependants covered under your policy and occurring during the period of cover. If you need help to understand what your benefits are, please call us on 1300 174 537.





Understanding OVHC

Waiting periods

When you take out OVHC you will have to wait a set time before you can claim benefits for services - this is called a waiting period. Waiting periods commence from the start date of your OVHC.

If you've transferred from another Overseas Visitors Health Cover provider to CBHS International Health OVHC, we will recognise the waiting periods you have already served with the other provider. If you upgrade your level of cover, waiting periods will apply to benefits not previously included under your previous cover.

The following waiting periods apply to CBHS International Health OVHC policies:

Service	Waiting Period	
Pregnancy and birth	12 months	
Hospital psychiatric services	2 months	
Palliative care	2 months	
Rehabilitation	2 months	
Pre-existing medical conditions	12 months	
All other treatments	2 months	

What are pre-existing conditions and why are they important?

A pre-existing condition is an illness or medical condition where, in the opinion of our appointed medical advisor, the signs or symptoms were evident at any time in the period of six months before the start date of your policy or when upgrading your policy. The medical advisor will take into consideration any information provided by your doctor.

If you have a pre-existing condition, a waiting period will apply before you can receive hospital or medical benefits towards any treatment for that condition.

Out-of-hospital services

Doctors' visits: CBHS International Health provides two ways to access a doctor or General Practitioner (GP).

Virtual Doctor services: You can speak to a fully qualified doctor based in Australia from the comfort of your own home or office via your phone or desktop. Whether you need a health consultation, medical certificate, referral letter or prescription, these services* are available on demand (during extended hours) or through appointments.

*100% of the cost up to \$35.00 per claim, except for services where an exclusion applies, if you use a CBHS International Health Recognised Online Health Consultation Service Provider.

National GP Network: You can also visit any doctors within our network and we'll cover the full cost of your visit* up to the relevant service limit. Using our network is easy as you don't need to submit a claim form or save receipts. You will only need to show your CBHS International Health membership card and photo ID before treatment. You can visit a clinic that is not part of the network but there may be an out-of-pocket cost. To find your closest GP, call us on 1300 174 537.

*100% of the cost up to the service limit if you attend a medical centre or other medical service provider that is part of the CBHS International Health network, except for services where an exclusion applies. Annual limits apply.

Annual limits for Overseas Worker Mid Hospital and Medical

- Single Membership 2 free visits per calendar year
- Couple Membership 4 free visits per calendar year
- Family and Sole Parent Memberships 6 free visits per calendar year.

Annual limits for Overseas Worker Top Hospital and Medical:

- Single Membership 5 free visits per calendar year
- Couple Membership 8 free visits per calendar year
- Family and Sole Parent Memberships 12 free visits per calendar year.

For any additional visits, you will receive Benefits up to 100% of the Medicare Benefits Schedule (MBS) fee, except for services where an exclusion applies.

Doctor services outside of National GP

Network: If you visit any doctor that is not in our network, you will need to save the receipt and submit a claim. The following benefit will be paid to you for Overseas Worker Mid Hospital and Medical and Overseas Worker Top Hospital and Medical:

• 100% of the Benefits fee if you attend a medical centre or other medical service provider who is not part of the CBHS International Health network. Benefits are not payable where an exclusion applies to a service.

Please note: if the doctor charges more than the MBS fee, you will be required to pay the difference. Annual limits apply.

Specialist doctor: A specialist is a doctor who has extra training in a particular aspect of healthcare, such as a dermatologist or cardiac surgeon. In Australia, you need a referral from your doctor or GP if you need to see a specialist. By choosing a specialist that participates in the CBHS International Health Access Gap Cover scheme, you may reduce your out-of-pocket costs.* To find a specialist, contact us or go to healthshare.com.au.

*Up to 100% of MBS fee, except for services where an exclusion applies. Please note if the specialist charges more than the MBS fee, you will need to pay the difference.

Pathology, radiology and diagnostic imaging: Services* include blood tests, x-rays and ultrasounds when referred by a doctor.

*Up to 100% of MBS fee, except for services where an exclusion applies. Please note if the service provider charges more than the MBS fee, you will need to pay the difference.

Pharmaceuticals: For medicines* prescribed by your doctor out-of-hospital.

*You will receive a benefit of up to \$75, calculated as follows: the receipted cost of the prescription for selected pharmaceutical items (including discharge medication) less a co-payment equivalent to the current prescribed Pharmaceutical Benefits Scheme (PBS) co-payment for general patients.

- Overseas Worker Mid Hospital: \$300 per person per calendar year
- Overseas Worker Top Hospital: \$600 per person per calendar year

Please note: benefits are not paid for oral contraceptives, medicines prescribed for cosmetic purposes, over the counter medicines, vitamins or herbal medicines. As an overseas worker, you may face significant out-of-pocket costs if your treatment involves high cost pharmaceuticals, particularly oncology (cancer) treatment.

Emergency ambulance services: Cover for all emergency road and air ambulance transport direct to hospital in order to receive urgently needed treatment, or emergency treatment at the scene of an accident or medical emergency. Ambulance transport must be provided by State or Commonwealth governments or a private ambulance service recognised by CBHS International Health (for example, the Royal Flying Doctor Service).

We pay the following benefit: 100% of the charge for emergency ambulance services.

Please note: you are not covered for non-emergency transportation from a hospital to your home, a nursing home or another hospital. Whether the transportation is deemed an emergency is determined by the paramedic and usually recorded on the invoice. If you call an ambulance where emergency ambulance services are not needed, you'll have to pay the full cost.



In-hospital services

Hospital costs

Agreement Private Hospital: For treatment at an agreement private hospital, we will cover 100% of the cost as set out in our agreement with the hospital:

- Private or shared accommodation for overnight or same day stays up to the relevant service limit
- Operating theatre, intensive care and labour ward fees
- Reimbursement of emergency department facility fees where attendance leads to an admission into hospital. Maximum Benefit of \$160 for Overseas Worker Base Hospital.

Hospital costs

Non-Agreement Private Hospital: Please note that if you have treatment at a non-agreement private hospital, we will only pay the minimum default rate as determined by the State and Territory health authorities. You may have to pay high out-of-pocket costs. Benefits are paid towards:

- Shared ward accommodation for overnight or same day stays
- Operating theatre, intensive care and labour ward fees

Hospital costs

Public Hospital: For treatment at a public hospital we will pay the rate determined by State and Territory health authorities for:

- Shared ward accommodation for overnight or same day stays
- Operating theatre, intensive care and labour ward fees where attendance leads to an admission into hospital
- Reimbursement of emergency department facility fees where attendance leads to an admission into hospital. Maximum benefit of \$160 for Overseas Worker Base Hospital.
- Accident and post-operative services

Fees for services provided by doctors, surgeons or anaesthetists

If you are admitted to an **agreement private hospital**, you will receive the benefits specified in the agreement between the hospital and CBHS International Health, which can reduce or eliminate your out-of-pocket costs.

If you are admitted to a **non-agreement private hospital or a public hospital**, we pay the following benefits:

• 100% of the MBS fee, except for services where an exclusion applies.

Please note: if the provider charges more than the MBS fee you will be required to pay the difference.

Prostheses: Cover for surgically implanted prostheses which are listed on the Australian Government Prostheses List. We pay the following benefit:

• 100% of the benefits specified in the Prosthesis List.

Please note: if you choose a prostheses that costs more than the benefit listed in the Prostheses List, you'll have to pay the difference between the listed benefit and the prostheses charge. We will not pay a benefit for any surgically implanted prostheses associated with an excluded service under your cover.

Access Gap Cover: 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 the agreed amount in excess of the MBS fee which reduces or eliminates your out-of-pocket expenses (for example, for surgeon, anaesthetist, pathology, imaging fees etc). Benefits are limited to those where a Medicare benefit would apply to the service if the service had been provided to the holder of a valid Medicare card.

Excess: Refer to your health cover for the excess payable upon hospital admissions.



Having a baby

Having a baby is one of life's biggest journeys. At CBHS International Health, we're here to help you with your health and wellbeing during pregnancy and birth.

It's important that you contact us as soon as you become pregnant so that we can give you information about the programs and services that are available to you as an OVHC member. The pregnancy program provides information about being pregnant, giving birth, mother and baby health.



If you are on a single or couples CBHS
International Health OVHC policy, your
newborn baby will be able to be added to
your policy from their date of birth without
your baby having to serve any waiting periods
already served by you, provided that:

- You inform us during your first trimester so we can give you access to our online childbirth education course and information about pregnancy programs.
- The membership is changed to a family or sole parent membership.
- The family or sole parent premium is paid from the date of your baby's birth.

To avoid unexpected costs, CBHS International Health can help you find a doctor or obstetrician participating in our Access Gap Cover (AGC) scheme.

If you are adding a newborn baby to an existing family/sole parent membership, you simply need to notify us within one month of the newborn's date of birth. Any waiting periods not served in full by you will continue to apply to your newborn.

Mental health

At CBHS International Health, we care about your physical and mental health. Some illnesses like depression and anxiety are common and it's important to be correctly diagnosed and get the right treatment.

Mental Health Navigator is a mental health assessment program you can access as an OVHC member. To find out more about this service call us on 1300 174 537.

Before going into hospital:

- Contact us to confirm what you are covered for and to check if any waiting periods apply.
- Check if your hospital has an agreement with CBHS International Health.
- Arrange a quote from your treating doctor/surgeon to visit you in your home to support your recovery at no extra cost to you.

Contact us for more information.

Hospital Substitute Treatment

If you need to go into hospital, you may be eligible for our Hospital Substitute Treatment which will allow you to leave hospital earlier as long as your doctor agrees. As part of this program, we arrange for health professionals to visit you in your home to support your recovery at no extra cost to you. **Contact us for more information.**

Access to private hospitals

CBHS International Health has agreements with an extensive range of Australian private hospitals and day surgeries (agreement hospitals). These agreements ensure hospital fees including bed, theatre, labour ward and intensive care fees are covered when you're admitted as a patient to that hospital up to any relevant service limit.

For charges incurred in a non-agreement hospital, you may only receive benefits similar to a public hospital shared room rate which can result in substantial out-of-pocket expenses. Should you choose a hospital that has an agreement with CBHS International Health, you can reduce or in some cases eliminate out-of-pocket expenses.

To check if your hospital has an agreement with us, visit our website at cbhsinternationalhealth.com.au or call us on 1300 174 537

Things you need to know



Certificate of Insurance for your visa

You must provide proof of purchase of your Overseas Visitors Health Cover when applying for your overseas working visa, extension or renewal application. Once you've bought your cover, an email with your Certificate of Insurance will be immediately sent to you. Please make sure you provide a valid email address to avoid delays.



Activating your cover upon arriving in Australia

Click <u>here</u> or contact us at ovhc@cbhscorp.com.au or call us on 1300 174 357 to activate your Overseas Visitors Health Cover (OVHC) membership. You'll need to let us know what your address and other contact details are here in Australia.





Your membership card

When you arrive in Australia and activate your OVHC membership, we'll send your CBHS International Health membership card to your Australian address within three (3) business days. If you do not receive it, please contact us at ovhc@cbhscorp.com.au or phone 1300 174 357.

Use your membership card when you need to visit a doctor, arrange admission to hospital, make a claim or make any other type of enquiry.

You are responsible for any claims made using your card. Keep your card safe and advise us immediately if it is lost, stolen or if someone not covered on your OVHC has used your card. For your security, photo ID must accompany your membership card.

If you lose your card, please contact us at ovhc@cbhscorp.com.au or phone 1300 174 357.



Visa and passports

CBHS International Health may ask you to provide a copy of the passport and/or visa for any person covered by the CBHS International Health OVHC policy to assess their eligibility to make a claim before paying benefits. By submitting an application for OVHC, you consent to CBHS International Health verifying your visa details with DoHA.

Policy cancellations: CBHS International Health will cancel your policy if one of the following circumstances occur:

- Your visa has been cancelled or your visa status otherwise changes
- You have been granted permanent residency or an Australian visa (other than an overseas working visitor visa)
- You have been granted full Medicare entitlements
- You did not come to Australia
- You provide proof of OVHC provided by another insurer which includes the period covered by CBHS International Health
- You do not pay your policy premiums by the due date and your policy is behind in payments by 60 days.

If you cancel your application before arriving in Australia or cancel your membership within 30 days of the start date, CBHS International Health may apply an administration fee equal to one month's Premium.

CBHS International Health may advise DoHA should you cancel your CBHS International Health OVHC policy. Remember to keep your cover up to date. It is your responsibility under your visa conditions to maintain your OVHC for the whole time you are in Australia on a work visa and to advise CBHS International Health OVHC if your circumstances change.

Refund payments: If you are entitled to a refund of any unused portion of your premium, CBHS International Health will pay this amount to you. Conditions for refunds are:

- All refunds are made in Australian dollars and deposited into an Australian bank account.
- CBHS International Health will not pay refunds of premiums or claims to foreign bank accounts or via cheques.
- If you are leaving Australia, you must keep your Australian bank account open until all refunds and claims have been finalised and paid.

How we communicate with you: While you're with CBHS International Health, we may need to send you information about your policy. This can include an important update to policy information, a reminder that your policy needs renewing, or you may have lost your membership card and need a new one. That means it's very important that your contact details are up to date.

Updating your personal details: You must let us know if your personal details change. Please contact us as soon as possible if:

- you change your contact details such as your address, telephone number or email address
- your partner and/or dependent children are coming to Australia to live with you
- your partner and/or dependent children are no longer living with you
- · you or your partner is pregnant
- · you are applying to change your visa type.

To update your details, you can send an email to ovhc@cbhscorp.com.au. Alternatively, you can update your details by calling us on 1300 174 537 and we'll update your details for you.

How to Claim: Claiming is easy with CBHS International Health. If you go to a doctor who is in our GP network, you might not have to pay for the service so you won't need to submit a claim.

Click <u>here</u> or call 1300 174 537 to find your closest network medical centre. If you go to a doctor or other medical service provider who is not in our network, you can make a claim by taking a photo of your official provider receipt and your membership card and then send to internationalclaims@cbhscorp.com.au. Your benefit will be paid into your nominated Australian bank account.

If you need any help with claiming, please contact us.

Fund Rules: The rules that apply to your health cover policy are detailed in the Health Benefit Fund Rules. Make sure you read and follow these rules. You can download the rules at cbhsinternationalhealth.com.au.

Privacy Policy: CBHS Corporate Health trading as CBHS International Health respects your privacy. Protecting personal information is important to CBHS International Health and is required by law. CBHS International Health handles personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles under that Act.

To obtain a copy of the CBHS International Health Privacy Policy visit our website cbhsinternationalhealth.com.au/policies/privacy-policy or contact the International Health Specialist team on 1300 174 537.

Disputes and complaints: CBHS Corporate
Health trading as CBHS International Health
has a comprehensive disputes and complaints
policy that governs how we handle a dispute or
complaint. If you have a dispute or complaint,
you can submit it to us in the following ways:

Phone

Call International Specialists on 1300 174 537

Email

Send your email to complaints@cbhscorp.com.au

Fax

Fax your complaint to **02 8604 3576**

Post

Send your complaint letter to: CBHS Corporate Health Pty Ltd, Locked Bag 5098, Parramatta NSW 2124

You can access more information via cbhscorporatehealth.com.au/about-us/contact/disputes-complaints



Definitions

Ambulance and emergency services means emergency treatment on-the-spot as well as transportation via an ambulance to the hospital if you need more emergency treatment, including the following:

- a risk of serious morbidity or mortality and requiring urgent assessment or resuscitation; or
- suspected acute organ or system failure; or
- an illness or injury where the viability of function of a body part or organ is acutely threatened; or
- a drug overdose or toxic substance or toxin effect; or
- psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- acute haemorrhaging and requiring urgent assessment and treatment; or
- a condition that requires immediate admission to avoid imminent morbidity or mortality.

Benefit means the amount of money we will pay to you, or a recognised medical practitioner or doctor on your behalf, for services covered under your Overseas Visitors Health Cover (OVHC) policy.

Claim means a request to be paid a benefit for a medical treatment or service that is payable under your OVHC.

Certificate of Insurance means the document we give you which confirms that we have issued an OVHC policy to you which sets out details of your cover.

Dependant means a person who is:

- a spouse or de facto partner of an Overseas Visitor, as listed on the visa; or
- a child or stepchild of an Overseas Visitor who is listed on the visa, does not have a spouse or de facto partner, is under 18 years of age, and lives with the Overseas Visitor in Australia.

Exclusion means CBHS International Health will not pay benefits towards Hospital and medical costs for services listed as an exclusion. If an OVHC Member needs treatment for any excluded services, it may result in high out-of-pocket costs.

Excess means the amount you have to pay upfront towards the hospital fees when you go to hospital for a same day admission or an overnight stay.

A GP or General Practitioner is what we call our local medical practitioners/doctors in Australia.

Hospital means a hospital recognised under Australian law that provides medical care. Hospitals can be public (run by the government) or private (run by a nongovernment organisation). You can go to hospital as an inpatient or an outpatient. An inpatient is a patient who stays in hospital overnight while receiving treatment. An outpatient is a person who receives a health treatment, service or procedure without being formally admitted as an inpatient. Outpatient services can be provided in a hospital or in other medical facilities.

Hospital Substitute Treatment means a program that supports eligible Overseas Visitors to leave hospital with their doctor's approval to recover in their home with the support of health professionals who visit the Overseas Workers to continue treatment.

Medical Practitioner means a person is registered with the Australian Health Practitioner Regulation Agency (AHPRA). A Medical Practitioner can also be called a doctor.

Medicare is Australia's publicly funded healthcare system. It gives residents free or subsidised access to healthcare facilities like hospitals and to health professionals like General Practitioners (GPs) and specialist doctors.

Medicare Benefits Schedule (MBS) means the schedule of services for which Medicare benefits are payable.

Medicare Benefits Schedule (MBS) Fee means the fee specified for a given service in the MBS. Doctors can choose to charge above this fee.

Member is another word for any of our customers. If you hold OVHC with us, then you are a member of CBHS International Health.

Membership Card means a plastic or digital card delivered to an Overseas Visitor once they have contacted CBHS International Health to activate their membership and provided their Australian address. The Membership Card displays the OVHC Policy number, the name of the Overseas Visitor, and any dependants who are covered under the Policy.

Out-of-pocket costs, also known as a 'gap payment', is the difference between what the doctor charges and the benefit you receive under your OVHC, which you have to pay when you receive a medical or hospital service.

A pre-existing condition means an ailment or illness, the signs or symptoms of which, in the opinion of our appointed medical advisor, existed at any time in the period of six months before the person became insured under an OVHC policy. The medical advisor will consider any information provided by the member's doctor.

Pharmaceutical Benefits Scheme (PBS) means the list of medicines for which a benefit is payable, depending on your chosen level of cover.

Prescription medicine means medicine that can only be prescribed by a doctor or medical practitioner, and can only be dispensed (distributed) by a registered pharmacist or chemist.

Premium means the money you pay for your OVHC policy.

Policy means an Overseas Visitors Health Cover policy.

Specialist is a medical practitioner or doctor who has extra training in a particular aspect of healthcare, such as a dermatologist or cardiac surgeon. In Australia, you need a referral from your GP or doctor to see a specialist.



What to do when you need us.

Call us. Anytime. Any day. Any language.

Do you need medical assistance? Maybe you have a question about making a health insurance claim or just want to know more about your cover. As a CBHS International Health member, you have access to our 24/7 helpline,* 365 days of the year. Our helpline includes an interpreter and translation services to ensure we will always be able to help you.

Are you being bullied at work, feeling unwell, or experiencing a difficult life event? Call us to receive free advice, counselling, and grief support.

Hopefully you will never need to use your CBHS International Health cover. If you do, we want to help you have low or even no out-of-pocket costs. That's why it's important for you to call us first, so that we can let you know about your options and any costs involved.

We can relay messages to your family and friends at your request. We can even refer you to someone if you have any questions about settling into life in Australia, such as setting up a bank account or entering into a lease.

Whatever you need, we are here for you.



+61 2 8604 3537

OUTSIDE AUSTRALIA





*CBHS International Health may refer you to third party providers when you use the medical 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.