





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. Unfortunately, there may be times when you require medical attention, so being prepared is your best course of action. CBHS International Health offers affordable health cover for overseas workers on a working or working holiday visa. Giving you access to a 24/7 phone helpline (including interpreters), we're here to help you understand and navigate the Australian healthcare system.



What is CBHS International 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, our OVHC provides cover for:

- Hospital outpatient medical treatment
- In-hospital medical treatment
- Hospital accommodation
- Accident and emergency ambulance services
- Prescription medicine

For more information, please refer to the product sheet for your level of cover as well as the Overseas Visitor Health Cover Rules at cbhsinternationalhealth.com.au

Who is CBHS International Health OVHC for?

Your working or working holiday visa in Australia may come with a requirement to hold adequate OVHC, which is known as visa condition 8501.

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)
- 590 (student guardian)
- 010 (bridging Visa A)¹
- 020 (bridging Visa B)¹
- 030 (bridging Visa C)¹
- 417 (working holiday)
- 462 (work and holiday)

¹Bridging visas are only eligible for OVHC where their previous substantive visa and the new visa being applied are on the approved list of eligible visa subclasses. The approved list of visas is subject to change.

If you're granted permanent residency, you're no longer eligible for CBHS International Health OVHC.

OVHC exceptions

Overseas workers 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 (RHCA) with Australia. They may be able to receive necessary medical treatment immediately in the public health system. However, they may not be entitled to benefits and should still consider taking out OVHC.

Where a member is a RHCA recipient, they must submit their claim with Medicare to receive benefits before they can submit a claim for benefits with CBHS International Health.

If you're from a country where a Reciprocal Health Care Agreement is in place, you can read more on the [Australian Government website](#).

Why is OVHC important?

Overseas working visa requirement

Since most overseas visitors or workers aren't eligible for Medicare (the Australian publicly funded healthcare system 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 as per the rules set by the Department of Home Affairs.

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 with visa condition 8501 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, which may lead to large out-of-pocket costs if they require medical treatment. Depending on the type of cover you choose, your OVHC can help pay towards your medical costs if you get sick or have an accident. In most cases, hospital treatment can be very expensive with substantial out-of-pocket costs.





PEACE

Why choose CBHS International Health for OVHC?

- ✓ 24/7 medical and personal assistance helpline[^]
- ✓ Online telehealth consults with doctors
- ✓ Access to our Choice Network of doctors throughout Australia
- ✓ Interpreter service[^]
- ✓ Affordable, visa-compliant health cover

[^]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.

OF MIND





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. You must always contact us immediately if your details, visa, or eligibility to hold this cover changes.

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. Please note that you're not covered for treatment outside of Australia.

You must activate your policy as soon as you arrive. [Visit our website](#) to activate your policy or call CBHS International Health on 1300 174 537. You'll need your membership number to activate your policy which can be found on your Certificate of Insurance. Remember, your policy must be active in order to claim medical expenses.

What happens if you don't maintain your OVHC?

It's a condition of your visa that you maintain your OVHC for the entire time you're living in Australia. If you don't 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 purchased cover with CBHS International and there's a period of time you're without cover, for any reason, you'll have to pay premiums for the entire time you were without cover 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 DoHA. This may result in your visa being cancelled.

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



What benefit could I receive when I'm admitted into hospital?

The benefit you could receive and whether you'll have any out-of-pocket costs (and how much they'll be), in addition to any hospital excess payments, depends on which type of hospital you've been admitted to:

Accommodation	
HOSPITAL TYPE	BENEFIT
Public	Gazetted Rate (if the hospital charges more, there will be out-of-pocket costs)
Private (agreement)	100% of the agreed rate except for restricted benefits, which are reduced to Minimum Benefits
Private (non-agreement)	Minimum Benefits (out-of-pocket costs could be substantial)

Theatre fees, intensive care and labour ward	
HOSPITAL TYPE	BENEFIT
Public	Gazetted Rate (if the hospital charges more, there will be out-of-pocket costs)
Private (agreement)	100% of the agreed rate except for restricted benefits which are not payable
Private (non-agreement)	No benefit is payable (out-of-pocket costs could be substantial)

What is covered under your OVHC policy?

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

1

Overseas Worker Base Hospital

Basic level of visa-compliant health cover that helps you with the cost of:

- in-hospital medical treatment
- hospital accommodation, theatre, intensive care, labour ward and ward medicine
- accident and emergency ambulance services

Does not cover outpatient medical treatment, nor out-of-hospital pharmacy benefits.

2

Overseas Worker Mid Hospital and Medical

Intermediate visa-compliant health cover which helps you with the cost of:

- in-hospital medical treatment
- hospital accommodation, theatre, intensive care, labour ward and ward medicine
- accident and emergency ambulance services
- outpatient medical treatment and services such as consults with doctors and medical tests
- out-of-hospital pharmacy benefits.

3

Overseas Worker Top Hospital and Medical

Comprehensive visa-compliant health cover which provides more help with the cost of:

- in-hospital medical treatment
- hospital accommodation, theatre, intensive care, labour ward and ward medicine
- accident and emergency ambulance services
- treatment and services such as consults with doctors and medical tests
- **a higher level of** out-of-hospital pharmacy 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. These are benefits for any medical treatments that you - or your dependants - require, 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.

Summary

Listed below is a summary of what's covered. For full details and to understand your cover, it's important you read the [Fund Rules](#).

BENEFITS	BASE HOSPITAL	MID HOSPITAL & MEDICAL	TOP HOSPITAL & MEDICAL
Meets your visa requirements	✓	✓	✓
Instant confirmation of your cover	✓	✓	✓
Accident and emergency ambulance services	✓	✓	✓
Face-to-face doctor services (out-of-hospital)	✗	✓	✓
Prescription medicines (out-of-hospital)	✗	✓	✓
Specialist doctor consults (out-of-hospital)	✗	✓	✓
Pathology (blood tests) and radiology (X-ray and ultrasound) (out-of-hospital)	✗	✓	✓
Hospital substitute program	✗	✓	✓
Hospital emergency department fee for non-emergency treatment that does not lead to an admission	✗	✓ (maximum \$160)	✓ (maximum \$160)
Hospital emergency facility fee for emergency treatment that leads to admission	✓ (maximum benefit \$160 if private hospital)	✓	✓
Excess (a fee payable by you if you're admitted to hospital up to a maximum amount per calendar year)	\$500 per person		\$0 or \$500 per person
Hospital accommodation	✓	✓	✓
Hospital treatment - doctors, specialists, pathology & radiology	✓	✓	✓
Surgically implanted medical devices and human tissue products	✓	✓	✓
Pregnancy and birth	R	R	✓
Rehabilitation	R	R	✓
Hospital psychiatric services	R	R	✓
Palliative care	R	R	✓
Weight loss surgery	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 is payable	✗	✗	✗
Non-admitted patient psychiatric and psychology services	✗	✗	✗
Transplants: stem cell/bone marrow/organ	✗	✗	✓

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

Restricted benefits - means hospital accommodation benefits are reduced to the Minimum Benefit rate (set by the Federal Government) and no benefit is payable for theatre, intensive care or labour ward fees, when you attend a private (agreement) hospital. This could result in high out-of-pocket costs.



Understanding OVHC

Waiting periods

When you take out OVHC, you'll 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.

However, if you've transferred your current OVHC from a previous OVHC policy (whether through CBHS International Health or another health fund), we'll honour the waiting periods that you've already served, provided the cover has the same or lower benefits and there was no gap in cover.

If you upgrade your level of cover, waiting periods will apply to benefits not included on your previous cover or where benefits are higher on the new CBHS International OVHC policy.

Where benefits are higher on your new CBHS International OVHC policy, we'll pay the benefits payable on your previous OVHC policy for services provided during the waiting period.

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 adviser, 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 adviser 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 (unless the waiting period has already been served under your previous OVHC policy).

What is an accident or emergency?

An accident or emergency is an unexpected or unforeseen event that's caused by an external force or object which results in an injury to the body that requires treatment by a medical practitioner, hospital or dentist. Excludes pregnancy.

Waiting periods for treatments and services

Type of treatment or service	Waiting period
Pre-existing conditions (except for hospital psychiatric services, rehabilitation and palliative care)	12 months
Pregnancy and birth services	12 months
Hospital psychiatric services, rehabilitation and palliative care	2 months
Accidents and emergency ambulance services	1 day
All other treatments	2 months

Please check the Policy Document for when waiting periods apply.

Outpatient medical treatment

Outpatient medical treatment (except Accident and emergency ambulance services) are not covered under Overseas Worker Base Hospital policies.

Doctor visits: CBHS International Health provides three ways to access a doctor or General Practitioner (GP):

1. Online telehealth doctor services,
2. Choice Network, and
3. Outside our Choice Network.

Online telehealth 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 video call. Whether you need a health consultation, medical certificate, referral letter or prescription, these services are available on demand (during extended hours) or through appointments.

We'll pay up to 100% of the cost of the agreed rate for a CBHS International Health preferred provider, except for services where an exclusion applies.

Choice Network: You can also visit any doctors within our network and we'll cover up to 100% of the Medicare Benefits Schedule (MBS) Fee, which usually results in no out-of-pocket costs. However, there may be some circumstances where there may be a small gap fee you need to pay such as GP's charging more than the MBS Fee, new patient registrations and consults during after-hours, weekends and public holidays.

Providers in our Choice Network may also bill CBHS International Health directly, which could mean there's no need for you to submit a claim. You'll need to show your CBHS International Health membership card and photo ID before treatment.

Things you should know:

- You must take your CBHS International Health membership card with you to the appointment, along with photo identification. Not doing this may result in a higher-than-expected cost that is not claimable or refundable.
- According to our fund rules, you're not allowed to let anyone else use your membership card. If we discover your membership has been used by someone not on your policy, we may cancel your policy.
- Please be aware that electronic claiming, such as HICAPS, is not available to CBHS International Health members.

Doctor services outside of the Choice 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:

- Up to 100% of the Medicare Benefits Schedule (MBS) Fee if you attend a medical centre or other medical service provider that 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.

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 GP to see a specialist.

We'll pay 100% of the MBS Fee, except for services where an exclusion applies. Please note if the specialist charges more than the MBS Fee, you'll need to pay the difference.

Pathology, radiology and diagnostic imaging: Services covered but not limited to include blood tests, X-rays and ultrasounds when referred by a doctor.

The benefit paid to you for these types of services is 100% of the MBS Fee, except for services where an exclusion applies. Please note if the service provider charges more than the MBS Fee, you'll need to pay the difference.

Prescription medicine: For medicines prescribed by your doctor out of hospital (such as those listed on the PBS above the co-payment amount), you'll receive a benefit of up to \$75 calculated as A minus B where:

A - is the received cost of the prescription for selected pharmaceutical items (including discharge medication)

B - is the co-payment equivalent to the current prescribed Pharmaceutical Benefits Scheme (PBS) co-payment for general patients.

The following annual limits apply.

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

Please note: benefits aren't 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.

Accident and 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 aren't 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 aren't needed, you'll have to pay the full cost.



In-hospital medical treatment

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, except for restricted benefits or where an exclusion applies:

- Private or shared accommodation for overnight or same-day stays.
- Operating theatre, intensive care, labour ward fees and in-patient supplied medicine.
- Reimbursement of emergency department facility fees where attendance leads to an admission into hospital. Maximum Benefit of \$160 for Overseas Worker Base Hospital.
- Reimbursement of emergency department facility fees where attendance does not lead to an admission into hospital. Maximum Benefit is \$160 for Overseas Worker Mid and Top Hospital and Medical cover. For Overseas Worker Base Hospital cover, no benefit is payable.

Benefits for restricted services

Services for restricted benefits: Hospital accommodation benefits are reduced to Minimum Benefits and no benefits are payable for theatre fees, intensive care and labour ward. No benefit is payable where an exclusion applies.

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 Benefit rate as prescribed by the Private Health Insurance (Benefit Requirement) Rules and no benefit is payable for theatre, intensive care and labour ward fees. You may have to pay high out-of-pocket costs.

Benefits are paid towards:

- Shared ward accommodation for overnight or same-day stays.
- In-patient supplied medicine.
- Reimbursement of emergency department facility fees where attendance leads to an admission into hospital. Maximum Benefit of \$160 for Overseas Worker Base Hospital cover.
- Reimbursement of emergency department facility fees where attendance does not lead to an admission into hospital. Maximum Benefit is \$160 for Overseas Worker Mid and Top Hospital and Medical cover. For Overseas Worker Base Hospital cover, no benefit is payable.

No benefit is payable where an exclusion applies. Theatre, intensive care and labour ward fees are not covered.

Hospital costs

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

- Shared ward accommodation for overnight or same-day stays.
- Operating theatre, intensive care, labour ward fees and in-patient supplied medicine.
- Reimbursement of emergency department facility fees where attendance leads to an admission into hospital. For OVHC Worker Base Hospital cover, no benefit is payable where attendance does not lead to an admission into hospital.
- Accident and post-operative services.

No benefit is payable where an exclusion applies.

Fees for services provided by doctors, surgeons or anaesthetists: If you're admitted to hospital and receive services from doctors, surgeons or anaesthetists, we'll pay 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.

Make sure the hospital provides you with all the details of the services you received so that CBHS International Health can pay you benefits when you submit your claim. If this information isn't provided, you may have substantial out-of-pocket costs.

Prostheses: For surgically implanted medical devices and human tissue products which are listed on the Australian Government Prescribed List. We pay the following benefit:

- 100% of the benefits specified in the Federal Government Prescribed List of Medical Devices and Human Tissue Products.

Please note: if you choose a medical device and human tissue product that costs more than the benefit listed in the Federal Government Prescribed List of Medical Devices and Human Tissue Products, you'll have to pay the difference between the listed benefit and the medical devices and human tissue products charge. We will not pay a benefit for any surgically implanted medical devices and human tissue products associated with an excluded service under your cover.

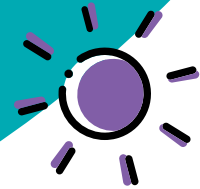
Excess: Refer to your health cover for the excess payable upon hospital admissions.



Having a baby

Having a baby is one of life's biggest journeys and joys. 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 we can ensure you understand what you are covered for.



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

- The membership is changed to a family or sole parent membership
- Your baby is added within 2 months of your baby's date of birth.



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 getting the right mental health treatment early, to help you get back to enjoying life.

There are free community resources in Australia where you can seek help for your mental health.

If you need to go to hospital, call us first

Before going to hospital:

- contact us to confirm what you're covered for and to check if any waiting periods apply
- check if your hospital has an agreement with CBHS International Health
- we recommend you obtain Informed Financial Consent. **Before you receive your treatment**, you're entitled to ask your doctor, health care provider and hospital about any extra money you may have to pay out of your own pocket, commonly known as a 'gap' payment. Knowing how much your treatment will cost is called Informed Financial Consent.

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.

For charges incurred at 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. However, if 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, call 1300 174 537.

Things you need to know

1

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 we've accepted your application for cover, an email with your Certificate of Insurance will be sent to you. Please make sure you provide your valid email address to avoid delays.

2

Activating your cover upon arriving in Australia

Visit our [website](#) or contact us at ovhc@cbhscorp.com.au or [1300 174 537](tel:1300174537) to activate your Overseas Visitors Health Cover (OVHC) membership. You'll need to provide us with your contact details in Australia.




3

Your membership card

When you arrive in Australia and activate your OVHC membership, we'll send your CBHS International Health membership card to you within 10 business days. If you don't receive it, please contact us at ovhc@cbhscorp.com.au or phone 1300 174 537.

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

You're responsible for any claims made using your card. Keep your card safe and advise us immediately if it's lost, stolen or if someone not covered on your OVHC has used your card. For your security, you must always carry photo ID together with your membership card.

If you lose your card, please contact us at ovhc@cbhscorp.com.au or phone 1300 174 537.

4

Visa and passports

Before paying any benefits, 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 in order to assess their eligibility to make a claim.

By submitting an application for OVHC, you consent to CBHS International Health verifying your visa details with the Department of Home Affairs.

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 changes.
- you've been granted permanent residency or an Australian visa (other than an overseas working visitor visa).
- you've been granted full Medicare entitlements.
- you never arrived in Australia.
- you provide proof of OVHC provided by another insurer which includes the period covered by CBHS International Health.
- you don't pay your policy premiums by the due date and your policy is behind in payments by 60 days.
- if the membership card is used fraudulently by allowing people not insured under the Policy to use it.
- if an OVHC member has obtained or attempted to obtain advantage that they are not entitled to under these Rules.

For more information, please refer to the [OVHC Rules](#).

If you cancel your policy, CBHS International Health may apply a \$50 administration fee.

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

Important: It is the responsibility of the member to notify CBHS International Health immediately of any change to their visa conditions.

Refund payments: If you're entitled to a refund of any unused portion of your premium, CBHS International Health will pay this amount to you. In some circumstances, CBHS International Health may deduct a \$50 administration fee from the refund. Conditions for refunds are:

- All refunds are made in Australian dollars and deposited into your open Australian bank account.
- CBHS International Health will not pay refunds of premiums or claims to foreign bank accounts or via cheques.
- If you're leaving Australia, you must keep your Australian bank account open until all refunds and claims have been finalised and paid.
- Where payment for the policy was received by credit card, we are required to return any refund to the credit card.

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 to pay premiums, or you may have lost your membership card and need a new one. That's why it's important that your contact details are always 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 residential address, telephone number or email address
- your partner and/or dependant children are coming to Australia to live with you
- your partner and/or dependant children are no longer living with you
- you, your partner or dependant become pregnant
- you're applying to change your visa type
- you're applying for permanent residency

To update your details, email us at ovhc@cbhscorp.com.au or call 1300 174 537.

How to claim: Claiming is easy with CBHS International Health. If you go to a doctor who is in our GP Choice Network, you might not have to pay for the service, so you may not need to submit a claim. When you submit a claim, you must attach a copy of the receipt and let us know if you've already paid for the service, otherwise the claim benefit will be paid to the provider.

Visit our [website](#) or call [1300 174 537](tel:1300174537) to find your closest network medical centre. If you visit a doctor or other medical service provider that isn't in our network, you can claim the visit through the CBHS International mobile app. To download our app, simply search "CBHS International" in the app store and look for the [blue CBHS logo](#).

Once you submit a claim we'll assess your claim within three-five business days. Please note, if we are paying claim benefits to you, it may take a few more business days for the claim payment to reach your Australian bank account. For hospital claims, the hospital can expect to receive payment within 28 calendar days after submitting their bill.

Alternatively, you can make a claim by emailing a photo of your official provider receipt and membership card to internationalclaims@cbhscorp.com.au. Submitting by email may take longer to process and receive the benefit. 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 Cover Rules. Make sure you read and follow these [rules](#).

Privacy Policy: CBHS Health Limited 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 cbhsinternationalhealth.com.au/policies/privacy-policy or contact the International Health Specialist team on 1300 174 537.

Disputes and complaints: CBHS Health Limited 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 our International Specialists on: **1300 174 537**

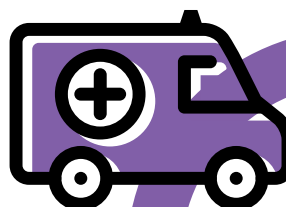
Email

Send your email to complaints@cbhscorp.com.au

Post

Mail your complaint to:
CBHS Health Fund Limited
Attention: OVHC
Locked Bag 5098,
Parramatta NSW 2124

For more information, visit cbhsinternationalhealth.com.au/disputes-and-complaints



Definitions

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

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

Certificate of Insurance: the document we send you, which includes your cover details and confirms that we have issued you with an OVHC policy.

Dependant: 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.

Accident and emergency ambulance services: emergency on-the-spot treatments 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 and resuscitation
- suspected acute organ or system failure;
- an illness or injury where the viability of function of a body part or organ is acutely threatened
- a drug overdose or toxic substance or toxin effect
- psychiatric disturbance whereby the health of the patient or other people is at immediate risk

- severe pain where the viability or function of a body part or organ is suspected to be acutely threatened
- acute haemorrhaging requiring urgent assessment and treatment
- a condition that requires immediate admission to avoid imminent morbidity or mortality.

Exclusion: 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 substantial out-of-pocket costs to the member.

Excess: the amount you have to pay upfront towards hospital fees when you go to hospital for a same-day admission or an overnight stay. Applicable once in a calendar year per person.

GP or general practitioner: this is what we call our local medical practitioners/doctors in Australia.

Hospital: an institution recognised under Australian law that provides medical care. Hospitals can be public (run by the government) or private (run by a non-government organisation). You can go to hospital as an inpatient or an outpatient.

Hospital Substitute Treatment: a program that supports eligible overseas workers to leave hospital with their doctor's approval. They can recover in their home with the support of health professionals who visit them to continue treatment.

In-hospital medical treatment: services received while admitted to hospital.

Inpatient: someone who stays in hospital for medical treatment after being admitted for a pre-planned surgery or after attending a hospital's emergency department.

Medical practitioner: a person who is registered with the Australian Health Practitioner Regulation Agency (AHPRA). A medical practitioner can also be called a doctor or general practitioner (GP).

Medicare: Australia's publicly funded healthcare system. It gives residents free or subsidised access to healthcare such as hospitals, blood tests, X-rays and health professionals like general practitioners (GPs) and specialist doctors.

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

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

Member: people who hold a policy with CBHS International Health.

Membership card: the plastic, electronic or digital card that's provided 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', this 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.

Outpatient: someone 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.

Outpatient medical treatment: services provided to a patient who is not hospitalised overnight nor attends a day surgery, but who visits a hospital for diagnosis or treatment.

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

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

Prescription medicine: the 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: the money you pay for your OVHC policy.

Policy: the health cover you hold with us, ie your OVHC policy.

Specialist: 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 interpreter and translation services to ensure we'll always be able to help you. We can also relay messages to your family and friends at your request.

In an event that you do need to use your CBHS International Health cover, we want to help you have low or even no out-of-pocket costs. That's why it's important to call us first, so that we can help you understand your options and any costs involved.

We're here for you.



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 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'll not hold CBHS International Health responsible for any liability that may arise from that engagement.

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