

Overseas Student Health Cover

Policy Member Guide



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Welcome to **CBHS International Health**

We understand that maintaining your health is an important part of making your stay in Australia as safe and enjoyable as possible. That's why CBHS International Health is here to help you by providing services and information that make it easy to understand and use the health cover available to you, while you're studying in Australia.

What is OSHC?

Overseas Student Health Cover (OSHC) is health insurance for international students which provides cover towards the costs of:

- ✓ Out-of-hospital medical treatment
- ✓ In-hospital medical treatment
- ✓ Prescription medicines
- ✓ Surgically implanted prostheses
- ✓ Emergency ambulance transport

For more information, including eligibility criteria, hospital and medical services covered under a policy, benefit limits, waiting periods and exclusions, please refer to the CBHS International Health Student Health Cover Fund Rules

The Department of Health regulates OSHC and OSHC providers.

Why is OSHC important?

Student visa requirement

The Australian Government through the Department of Home Affairs (DoHA) requires all holders of a student visa to maintain OSHC during their entire stay in Australia.

Maintaining OSHC is a mandatory condition

OSHC is a mandatory student visa requirement under visa condition 8501. You must maintain OSHC cover for as long as you hold a student visa - which includes the date your visa began right through to its expiration date.

Medical treatment can be expensive

Overseas students aren't eligible for Medicare (the public health system for most Australian residents). Without access to Medicare, overseas students may have large out-of-pocket expenses. In most cases, hospital treatment will cost more than \$1,000 per day.

Why choose CBHS International for OSHC?

- ✓ 24/7 medical and personal assistance helpline
- ✓ National Choice Network (this is our Health Providers network who may offer preferred rates.) You can check the [website](#) or call us on **1300 174 538**
- ✓ Interpreter service
- ✓ Affordable, compliant cover

Who is eligible for OSHC?

Only overseas students are eligible for OSHC.

An overseas student is:

- a. a person who is the holder of a student visa; or
- b. a person who
 - i. is an applicant for a student visa; and
 - ii. is the holder of a bridging visa; and
 - iii. was, immediately before being granted the bridging visa, the holder of a student visa.

If you're granted permanent residency, or any other visa that is not a student visa (visa subclass 500), you're then no longer eligible for CBHS International OSHC.

Reciprocal Health Care Agreements

If you are a citizen of a country which has a Reciprocal Health Care Agreement with Australia, you may be eligible for subsidised health care for some medical services.

To find out more please visit the Department of Home Affairs at servicesaustralia.gov.au/reciprocal-health-care-agreements

Who can be covered under OSHC?

Singles

Cover for you only. You must be a Primary visa holder. Secondary visa holders are not eligible for a Single policy.

Couples

Covers both you and your partner in Australia who is listed on your student visa.

Family

Covers you, your partner and any dependant children aged under 18 living with you in Australia and listed on your student visa.

Sole Parent

Covers you and any dependant children aged under 18 living with you in Australia and listed on your student visa.

We don't cover members of your family such as parents, grandparents, brothers, sisters, uncles or aunts.





When does your cover start?

Your policy starts on the date your visa was granted, or the date you arrive in Australia - whichever comes later.

You must activate your policy as soon as you arrive in Australia with an approved student visa status to ensure you can claim for any medical expenses.

You can **activate your policy online**. You'll need to click on the 'Activate your OSHC here' tab

You can also activate by emailing oshc@cbhscorp.com.au or call **1300 174 538**.

Please note: your policy must be activated before you can claim medical expenses.

What happens if you don't renew your OSHC?

It's a condition of your student visa that OSHC must be held for the duration of your visa while you're studying in Australia.

If your cover has expired but your eligible visa hasn't, you'll need to renew your policy.

From 28 February 2026 CBHS International Health no longer accepts renewals or extensions to policies. You will need to take out a policy with another insurer to continue to meet the requirements of your visa condition.

What's covered under your OSHC policy?

Your OSHC entitles you to the benefits outlined below in the event that you - or any dependants under your policy - need them during the period of cover.

<p>Outpatient services</p>	<ul style="list-style-type: none"> • OSHC Standard - 100% of the benefit amount listed in the Medicare Benefits Schedule (MBS). • OSHC Essentials - At least 85% of the benefit amount listed in the Medicare Benefits Schedule (MBS). <p>✓ Public hospital – accident and emergency and outpatient medical.</p>
<p>In-hospital medical services</p> <p><i>(Hospital admission services provided by doctors, surgeons and anaesthetists as a private patient)</i></p>	<p>✓ 100% of the Medicare Benefits Scheme (MBS) fee. In-hospital medical treatment as a private patient. Such as medical test/examinations by doctors and specialists, x-rays, pathology and diagnostic tests, fees from surgeons and anaesthetist for surgical procedures.</p> <p>✓ Public hospital – admitted patient in shared ward hospital accommodation, same day services, and post-operative services. The rate is determined by State and Territory health authorities for services charged to a patient who isn't an Australian resident.</p> <p>✓ Private hospital/registered day hospital facility – 100% of the charges for all insurable costs raised by a private hospital/registered day hospital facility that we have an agreement with, for a minimum shared ward accommodation.</p>
<p>Surgically implanted prosthesis</p>	<p>✓ 100% no gap prostheses and gap permitted prostheses as listed in the Australian Government Prescribed List of Medical Devices and Human Tissue Products.</p>
<p>Prescription medication</p> <p><i>You will need to pay the co-payment PBS fee</i></p>	<p>✓ Benefits for expenses exceeding the equivalent of the current Pharmaceutical Benefits Scheme (PBS) patient contribution for general beneficiaries, up to \$50 per pharmaceutical item, prescribed and dispensed by a registered practitioner recognised by CBHS International Health with a maximum benefit of:</p> <ul style="list-style-type: none"> • OSHC Standard - \$300 per calendar year perw Single membership and \$600 per Family membership. • OSHC Essentials - \$500 per calendar year per Single membership and \$1,000 per Family membership.
<p>Ambulance services</p>	<p>✓ 100% of the charge for ambulance transport provided by or under arrangement with an approved ambulance service when medically necessary for admission to hospital or for emergency treatment.</p>

Out-of-hospital services

Doctors' visits

CBHS International Health provides two ways to access a doctor or general practitioner (GP).

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

You'll receive 100% of the service cost up to the amount agreed with the CBHS International Health recognised online health consultation service provider, except for services where an Exclusion applies.

Visit cbhsinternationalhealth.com.au/online-doctors to find out more.

Refer to the [OSHC Fund Rules](#) for more information about Exclusions.

- ✓ **National Choice Network:** You can also visit any doctor within our network which may reduce your out-of-pocket costs. Using our network is easy because you don't need to submit a claim form or save receipts. You'll only need to show your CBHS International Health membership card and photo ID before treatment and pay any out-of-pocket costs that may be applied. Call **1300 174 538** for your closest GP or go online cbhsinternationalhealth.com.au/choice-network

- ✓ **Outside of National Choice Network:** 100% of the Medicare Benefits Schedule (MBS) fee if you attend a medical centre or other medical service provider who isn't part of the CBHS International Health network. Benefits aren't payable where an exclusion applies.

Please note: if the doctor charges more than the MBS fee you'll be required to pay the difference.

Pathology, radiology and diagnostic imaging

Services include blood tests, x-rays and ultrasounds when referred by a medical practitioner.

- ✓ 85% of MBS fee, except for services where exclusions apply.

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



Pharmaceuticals

For medicines prescribed by your doctor either in or out of hospital, you pay a set amount (the current Pharmaceutical Benefits Scheme (PBS) amount) towards the cost and we will pay the remainder up to a maximum of \$50 per item up to the yearly benefits shown below.

OSHC Standard maximum benefit:

- ✓ \$300 per calendar year for Single cover.
- ✓ \$600 per calendar year for Couple or Family/Sole Parent cover.

OSHC Essentials maximum benefit:

- ✓ \$500 per calendar year for Single cover.
- ✓ \$1,000 per calendar year for Couple or Family/Sole Parent cover.

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 student, you may face significant out-of-pocket costs if you need treatment with high cost pharmaceuticals, particularly oncology (cancer) treatment.



Ambulance cover

Cover for all road and air ambulance transport recognised by, or provided by, State or Commonwealth Governments, that are medically necessary for admission to hospital or emergency treatment at the scene because of an accident or medical emergency.

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 for services other than emergency hospital transportation, you'll have to pay the full cost.

In-hospital services

Hospital costs

Agreement private hospital

For treatment at an agreement private hospital we'll pay 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*

**OSHC Standard - If you go to a public hospital for non-emergency treatment you may be charged a facility fee by the hospital. This could incur an out-of-pocket expense and can't be claimed. Maximum benefit \$160.*



Hospital costs

Non-agreement private hospital

Please note: 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 incur significant out-of-pocket expenses. 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
- ✓ Emergency department facility fees*

**OSHC Standard - If you go to a public hospital for non-emergency treatment you may be charged a facility fee by the hospital. This could incur an out-of-pocket expense and can't be claimed. Maximum benefit \$160.*

- ✓ Accident and post-operative services.

Fees for services provided by doctors, surgeons and anaesthetists as part of a hospital admission

If you're treated at an agreement private hospital, non-agreement private hospital or a public hospital, we pay the following benefits:

- ✓ 100% of the MBS fee for services provided by doctors, surgeons and anaesthetists as part of a hospital admission, except for services where exclusions apply.

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

Prostheses

Cover for surgically implanted prostheses which are listed on the Federal Government Prescribed List of Medical Devices and Human Tissue Products and included under your cover. Such as replacement heart valves, bones or joints, and cochlear implants. We pay the following benefit:

- ✓ 100% of the benefits as determined by the Federal Government.

Please note: if you choose a prosthesis 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 minimum benefit and the prosthesis charge. We won't pay a benefit for any surgically implanted prosthesis associated with an excluded service under your cover.

Excess

There is no excess payable for hospital admissions on OSHC.



What isn't covered by OSHC?

These are the situations where you won't be covered - and may incur significant out-of-pocket expenses:

- ✗ Services or treatment you receive while your premiums are in arrears
- ✗ Treatment for services within the waiting period if applicable
- ✗ Treatment or services which are excluded from your level of cover
- ✗ Services that Medicare won't pay a benefit for such as elective cosmetic surgery or laser eye treatment
- ✗ Any pregnancy-related services in the first 12 months of joining excluding emergencies, as determined by the treating physician
- ✗ Assisted reproductive services such as in-vitro fertilisation (IVF)
- ✗ Non PBS, experimental and high cost drugs
- ✗ Ambulance transfers between hospitals
- ✗ Services/treatment covered under compensation and damages provisions of any kind, for example, motor vehicle accidents covered by third party insurance
- ✗ Fees charged by your doctor above the amount you're eligible to claim
- ✗ If you're in hospital for 35 days and you've been classified as a 'nursing home type patient'. In this situation you may receive limited benefits or be required to make an out-of-pocket payment towards the cost of your care.
- ✗ Personal expenses in hospital including telephone calls, television hire, internet and newspapers
- ✗ Treatment by dentists or other Extras services such as glasses and physiotherapy unless this treatment is related to a hospital stay and is included in private hospitals where CBHS International Health have a current contract in place
- ✗ Any services or items in an agreement private hospital that aren't covered by CBHS International's agreement with the hospital
- ✗ The difference between the fees charged by a non-agreement hospital and the benefit payable by CBHS International OSHC
- ✗ Surgically implanted prostheses and other medical devices not included in the Australian Government's Australian Government Prescribed List of Medical Devices and Human Tissue Products
- ✗ The cost of prescription medicines which exceed the benefit limits shown under the Pharmaceuticals Benefit Scheme (PBS)
- ✗ Transportation of you or your dependants into or out of Australia in any circumstance
- ✗ Treatment received outside of Australia
- ✗ Treatment organised before you or your dependants arrived in Australia
- ✗ Treatment for any of your children who are over 18 years of age
- ✗ Cost of medical examinations, x-rays, inoculation or vaccinations and other treatments required relating to acquiring a visa for entry into Australia or permanent residency visa
- ✗ Services or treatment for which a claim has been submitted more than 12 months after the date of service or treatment.
- ✗ Single cover is for primary visa holders only. You will not be covered if you are a dependent (secondary visa holder) on a Student Visa with a Single OSHC policy.

Understanding OSHC cover

Waiting periods

When you take out OSHC you'll have to wait a set length of time before you can claim for some services and benefits.

Waiting periods start from the day of your arrival in Australia on a student visa or the policy commencement date if you're already in Australia.

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

The following waiting periods apply for CBHS International OSHC:

Service	Waiting period
Pre-existing condition of a psychiatric nature	2 months
Treatment for other pre-existing conditions	12 months
Pregnancy-related service including child birth, miscarriages and terminations	12 months
All other services	No waiting periods

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

A pre-existing condition is an ailment or illness for which the signs or symptoms were evident up to six months before the start date of your policy or when upgrading your policy. It's the opinion of a CBHS International Health appointed doctor who determines whether the signs or symptoms were in existence. However, this doctor will also review any information provided by your own doctor.

If a student has a pre-existing condition, a waiting period will apply before we'll pay hospital or medical benefits towards any treatment for that condition.

Access to a doctor

CBHS International Choice Network: You can also visit any doctor within our network which may reduce your out-of-pocket costs. Using our network is easy because you don't need to submit a claim form or save receipts. You'll only need to show your CBHS International Health membership card and photo ID before treatment and pay any out-of-pocket costs that may be applied. You can choose to attend other doctors who may not be within our Choice Network and will still be eligible of a benefit of 100% of the MBS. To find your closest GP contact us or visit cbhsinternationalhealth.com.au/choice-network



Specialist doctor

If you need to see a specialist you'll need a referral from a GP.

Mental health

At CBHS International Health we care about your physical and mental health.

There are several reputable [Australian mental health and wellbeing support organisations](#) available to the public. These organisations work in partnership with Government and communities to raise the awareness about mental health.

Before going into 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.
- ✓ Ask your treating doctor or surgeon for a quote.

Having a baby

Having a baby is one of life's greatest journeys and at CBHS International Health we're here to help you with your health and wellbeing during pregnancy and birth. There is a 12 month waiting period for pregnancy and birth related services. Any waiting periods not served in full by you will continue to apply to your newborn.

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 OSHC Policy, provided you have served your waiting periods, **your newborn baby will only be added to your policy with no waiting periods if you update to a Family or Sole Parent policy one month before your baby is born.**

- ✓ We recommend that you update your policy at least three (3) months before your due date in case your baby arrives early.
- ✓ If you don't update your policy to include your child prior to birth, they'll need to serve a two-month waiting period before they're eligible for benefits. It's important that you update your policy prior to your baby's birth so that your cover includes them.

Your baby will not be included on your visa until after they're born and you've provided proof of your baby's health insurance cover to the Department of Home Affairs.

Updating your policy means that your baby is fully covered by your policy at birth if they're born prematurely or need medical attention during or after birth

If you're adding a newborn to an existing Family/Sole Parent membership, you still need to add your baby to your policy one (1) month prior to their birth to ensure that your baby is covered if they arrive prematurely.

Hospital Substitute Treatment

If you need to go to hospital you may be eligible for Hospital Substitute Treatment which will allow you to leave hospital earlier provided 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. Please contact us for more information.

Access to private hospital

CBHS International Health holds 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 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. However, if you choose a hospital that has an agreement with CBHS International Health, you reduce, if not eliminate, out-of-pocket expenses for hospital fees.

To check if your hospital has an agreement with us visit our website cbhscorporatehealth.com.au/for-members/find-a-provider and click on the 'Hospital search' tab or contact an International Specialist on **1300 174 538**.



Things you need to know

Paying for your cover

You must provide proof of purchase of your Overseas Student Health Cover when applying for your student visa, extension or renewal applications.

Refunds

CBHS International OSHC will refund the unused portion of your premium if one of the following circumstances occur:

Events	Refundable amount
You have failed to arrive in Australia to take up studies and will not come at all.	✓ Paid premium amount to be refunded in full, less a reasonable processing fee (if any).
You have failed to arrive in Australia due to a delay, but eventually arrive in Australia	✓ Paid premium amount to be refunded on a pro rata basis for the period of delay calculated from the date of the student visa until the actual date of arrival in Australia, less a reasonable processing fee (if any).
You have paid the premium on the basis a student visa will be granted by Home Affairs but are refused entry.	✓ Paid premium amount to be refunded in full, less a reasonable processing fee (if any).
You have paid the premium of an extended stay on the basis the student visa will be extended by Home Affairs but are refused an extension.	✓ Paid premium amount in relation to the extension to be refunded in full, less a reasonable processing fee (if any).
For reasons beyond your control, you are required to cease studies and leave Australia before the expiry of the student visa.	✓ Paid premium amount to be refunded on a pro rata basis for the period of absence from Australia calculated from the departure date until the expiry date of the student visa, less a reasonable processing fee (if any).
You have been granted permanent residence in Australia, or an Australian visa (other than a student visa).	✓ Paid premium amount to be refunded on a pro rata basis for the period left on the student visa calculated from the date of permanent residency or the date of the Australian visa (other than a student visa) until the expiry date of the student visa, less a reasonable processing fee (if any).
You can prove to us that you were not residing in Australia for a continuous period of 3 months or more whilst holding a valid student visa.	✓ Paid premium amount to be refunded on a pro rata basis for the period of absence whilst not residing in Australia, less a reasonable processing fee (if any).
You can provide proof of OSHC taken out and paid for with another insurer which overlaps with the same period covered by us.	✓ Paid premium amount to be refunded on a pro rata basis for the overlapped period during which a new OSHC cover with another insurer was in place, less a reasonable processing fee (if any).



You'll need to contact us and will be required to provide documented proof of entitlement before your refund will be processed. We may charge an administration fee.

CBHS International OSHC may advise the DoHA if or when you cancel your CBHS International OSHC policy.

Remember to keep your cover up to date. It's your responsibility under your visa conditions to maintain your OSHC for the whole time you're in Australia on a student visa and to advise CBHS International OSHC if your circumstances change (including any changes to your visa).

Refund payments

- a. All refunds are made in Australian dollars and returned to the credit card used to purchase the policy; where the payment is greater than 12 months old or the card is no longer valid, the refund will be deposited in an Australian bank account.
- b. CBHS International OSHC won't pay refunds of premiums or claims to foreign bank accounts or via cheques.
- c. If you're leaving Australia, you must keep your Australian bank account open until all refunds and claims have been finalised and paid.

A large teal speech bubble graphic containing text and icons. At the top, it says 'OSHC 24-hour helpline' in white. Below that is the phone number '1300 174 538' with a small '^' superscript. Underneath are four bullet points, each with a white plus sign: 'National coverage', '24/7 Medical and Personal Assistance Helpline', 'Email and chat (business hours)', and 'Support for 180 languages'. At the bottom of the bubble is an illustration of two people shaking hands, with two person icons on either side, all connected by a line. Below the illustration are several small orange dots.

OSHC
24-hour helpline
1300 174 538[^]

- + National coverage
- + 24/7 Medical and Personal Assistance Helpline
- + Email and chat (business hours)
- + Support for 180 languages

[^]CBHS International Health may refer you to third party providers when you use the medical, interpreter or 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.

Your membership card

You can 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're responsible for any claims made using your card. Keep your card safe and let us know immediately if it's lost, stolen or if someone not covered on your OSHC is using your card. For your security, photo ID must accompany your membership card.

When you arrive in Australia you activate your membership by letting us know you've arrived. You can **activate your cover online**. Click on the 'Activate your OSHC here' tab. We'll then send your membership card to your Australian address within three business days. If you don't receive it, please contact us at oshc@cbhscorp.com.au or phone **1300 174 538**.

Visa and passports

CBHS International OSHC may ask you to provide a copy of the passport and/or visa for any person covered by the CBHS International OSHC policy so that we can assess if you're eligible to claim a benefit. You consent to CBHS International OSHC verifying your visa details with the DoHA.

How we communicate with you

While you're with CBHS International OSHC, we may need to send you information about your policy. This can include an important update to policy information, or you may have lost your card and need a new one. That means

it's very important that your contact details are up to date.

If we post or email any important details to your educational institution, they will be responsible for passing that mail to you. However, if we send you any mail we'll assume you've received it:

- a. by post within three business days
- b. by email the day after we sent it.

Updating your details

You must let us know if your personal details or circumstances 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 dependants are coming to Australia to live with you
- ✓ your partner and/or dependants are no longer living with you
- ✓ you or your partner is pregnant
- ✓ you're applying to change your visa type or there is a change to your visa status
- ✓ your passport details have changed.

To update your details, you can send an email to oshc@cbhscorp.com.au. Alternatively, you can call us on **1300 174 538** and we'll update your details for you.



How to claim

Claiming is easy with CBHS International Health.

If you see a doctor that is in our [online network](#) or [face-to-face network](#), you may not have to pay for the service, so you won't need to pay and claim.

If you go to a doctor or other medical service provider who isn't in our network, you can claim the visit through the CBHS International mobile app.

Simply search "CBHS International" in the app store and look out for the [blue logo](#).

Once you submit a claim you should typically expect to receive the benefit in your Australian bank account within five business days for Medical claims and up to 28 calendar days for Hospital claims.

Alternatively, you can claim by taking a photo of your official provider receipt and your membership card and then send to internationalclaims@cbhscorp.com.au. Submitting by email may take longer to process and receive the benefit.

Disputes and complaints

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 send it to us in the following ways:

Phone Call our International Specialists on [1300 174 538](tel:1300174538)

Email Send your email to: complaints@cbhscorp.com.au

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

You can access more information on our disputes and complaints policy on [our website](#).

Privacy Policy

CBHS 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 provisions of the Commonwealth 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](#) or contact Member Care on [1300 174 538](tel:1300174538).





Contact us

Inside Australia **1300 174 538**
Outside Australia **+61 2 8604 3537**
Email **oshc@cbhscorp.com.au**

cbhsinternationalhealth.com.au