

Ideal cover if you're a single, couple or family visiting Australia and would like to keep your premiums low by only paying for services you're most likely to need.

Standard Overseas Visitors gives you cover for a shared hospital room and hospital cover for thousands of medical procedures, plus out-of-hospital medical treatment, such as a visit to a doctor.

To save you money, you won't be covered for maternity, joint replacement surgery, cataract and eye lens procedures, assisted reproductive services, podiatric surgery and cardiac (heart) treatment and have limited cover for psychiatric care.

Standard Overseas Visitors cover is for visitors to Australia who are not eligible for Medicare benefits or who are only covered for emergency treatment in a public hospital under a reciprocal healthcare agreement.

You'll benefit from:

- The option to choose your own doctor when being treated in a private hospital or as a private patient in a public hospital
- Unlimited urgent ambulance transport by road

Standard Overseas Visitors cover is suitable for visa holders who don't need to meet the Department of Immigration and Border Protection's minimum requirements for health cover under condition 8501, including visitors from countries with reciprocal healthcare agreements.

This is an overview of Standard Overseas Visitors. Additional information you should know relating to this cover can be found in the Overseas Important Information guide available at hbf.com.au/overseasimportantinfo, in a branch or via 133 423.

Services covered

✓	Full cover for shared room accommodation in a private hospital (on covered services)
✓	Cover for thousands of medical procedures
✓	Theatre fees (on covered services)
R✓	Rehabilitation ¹
R✓	Psychiatric
✓	In-hospital pharmacy ²
✓	Out-of-hospital medical (such as a doctor visit, pathology and radiology)
✓	Surgical weight loss procedures
✓	Dialysis
✓	Insulin pumps
✓	Cochlear implants
✓	Sterility reversal
R✓	Restricted hospital benefits only. Significant out-of-pocket costs may occur.
✓	Included service.
×	Excluded service.

¹Rehabilitation is included when related to covered services. For services that are not covered, restricted benefits for Rehabilitation treatment apply therefore significant out-of-pocket expenses may be incurred.

²Refer to page 2 for more details about pharmacy benefits.

Services not covered

×	Assisted Reproductive Services (including IVF)
×	Joint replacement surgery (partial or total)
×	Cardiac and cardiac related services (heart)
×	Cataract and eye lens procedures
×	Maternity and birth-related services
×	Podiatric surgery
×	Out-of-hospital pharmacy

Waiting periods

Waiting periods will apply if you're new to private health insurance in Australia or if you've upgraded to a higher level of cover. If you have transferred from another fund, we'll honour the waiting periods that you've served so you won't need to re-serve them. Standard waiting periods are highlighted in the table below.

Pre-existing ailments or conditions [^]	12 months
Rehabilitation, psychiatric care and palliative care	2 months
Other hospital treatments including surgery	No waiting period
Other medical treatment not provided at a hospital	
Urgent Ambulance transport (road) [#]	No waiting period

[^]Pre-existing waiting periods do not apply for psychiatric care, rehabilitation or palliative care. [#]Refer to page 2 for more details about ambulance benefits.

Before receiving any treatment, you should contact us or go to hbf.com.au/myhbf for a health benefit quote so you know how much you're covered for, the benefits you'll receive and any out-of-pocket expenses.

Pre-existing ailments or conditions

This is an illness or condition which, in the opinion of an independent medical practitioner (appointed by HBF), was known to exist, or where signs or symptoms were evident during the six month period before you became an HBF member, including on the day you joined. This also applies if you transferred to a level of cover with higher benefits. If you proceed with a hospital admission in your first twelve months of cover, without confirming what benefits you're eligible for and your condition is determined to be pre-existing, you will be required to pay all outstanding hospital and medical charges not covered by Medicare.

More information about your health cover

Who is Standard Overseas Visitors cover for?

Most overseas visitors are not covered under the Australian Government's Medicare program. HBF Standard Overseas Visitors cover provides health insurance for anyone living or staying in Australia for an extended period.

If you're a visitor from a country that doesn't have a reciprocal healthcare agreement with Australia, you won't be eligible for health cover under Medicare Australia. This means you'll have to pay for any medical treatment you may need while in Australia – from a simple doctor's visit to major surgery.

It is very important to contact Medicare Australia to clarify what Medicare benefits you are covered for, so you can choose an appropriate private health cover policy.

Please contact Medicare Australia via medicareaustralia.gov.au or call 132 011.

Even if you are eligible for Medicare, if you don't have private health cover you'll still need to pay for:

- Treatment in a private hospital
- Treatment as a private patient in a public hospital

If your circumstances change or you become eligible for Medicare benefits please notify us immediately.

HBF Member Plus hospitals

HBF Member Plus hospitals provide great value for our members. With HBF Standard Overseas Visitors, you'll be fully covered for shared room accommodation and theatre fees for covered services in any hospital in Australia. However if you visit a Member Plus hospital you will also have access to our hospital boarders service.

Hospital boarders

If you need someone to stay with you while you're in hospital, we'll fully cover the charge for a hospital boarder where it is an agreed service, and their presence is integral for the management of your condition. Costs covered include accommodation and meals in your room.

Private cover in a public hospital

When you are admitted as a private patient in a public hospital, HBF will pay a benefit towards your treatment.

If your doctor/s charges more than the Medicare Benefits Schedule (MBS), HBF may cover all, some or none of this gap, and you may have an out-of-pocket expense. There may also be an out-of-pocket expense for your hospital admission if you have an excess, or if you stay in a private room.

Contact us before your treatment for more information about any out-of-pocket costs.

Medical

HBF pays benefits towards two types of medical fees:

- Out-of-hospital medical fees (such as a visit to a general practitioner)
- In-hospital medical fees (such as surgeon's fees)

Out-of-hospital medical fees

Includes treatment from a medical practitioner when you're not admitted into a hospital or day-hospital facility. This also includes visits to your specialist before you're admitted to hospital for any treatment or surgery.

Standard Overseas Visitors cover provides a benefit of 85% of the Medicare Benefits Schedule (MBS) fee.

In-hospital medical fees

Includes treatment by doctors, specialists, surgeons, anaesthetists, radiographers and pathologists when you are admitted to a hospital or day-hospital facility.

If your doctor/s (e.g. your surgeon, specialist or anaesthetist) charges more than the Medicare Benefits Schedule (MBS) fee, there'll be a 'gap' that needs to be paid. HBF may cover all, some or none of this gap, depending on the agreement we have with the doctor for in-hospital medical services.

You should always speak to your doctor/s prior to your procedure to check what arrangement they have with HBF and what, if any, gap you'll have to pay. Contact us for more information and for a list of fully covered doctors.

Ambulance

HBF will cover the cost for urgent ambulance transport by road only for circumstances classified by the state ambulance provider as requiring urgent attention. HBF will not pay a benefit for air ambulance services. This includes emergency transport for medically necessary admission to hospital, emergency treatment on-site or inter-hospital transfer for emergency treatment.

Prostheses

Prostheses are medical devices that are listed on the government prosthesis list and may be required during your hospital stay. Most prostheses are fully covered, however your doctor may use a prosthesis that is not listed on the government prostheses list which will have an out-of-pocket expense. We suggest you discuss the choice of prostheses with your doctor.

Pharmacy benefits

Pharmacy benefits while in hospital

When you're in hospital, it's likely you'll receive medication. We'll pay a benefit for medication you receive for treatment covered on your policy. For Pharmaceutical Benefit Scheme (PBS) medications you receive while admitted to hospital, you may need to pay a co-payment but have no annual limit.

We fully cover any non-PBS pharmaceuticals you receive while a patient in hospital, up to \$2000 per person, per year. Please note that these pharmaceuticals must be approved by the Therapeutic Goods Administration and not used on an experimental basis.

Are there any exclusions on benefits?

There are a few circumstances under which HBF will not pay a benefit:

- If your membership is unfinancial at the time of treatment or service
- On claims covered by worker's compensation, third party or other legal right
- For treatment or services required by your employer or potential employer to be provided to you as a condition of your employment or by your insurer as a condition of your policy
- For treatment or services provided outside of Australia
- For care and accommodation in nursing homes
- Before a treatment or service has been received
- If a claim is not lodged within two years of the date of service
- For hospital treatment that is not eligible for a Medicare benefit, such as cosmetic surgery
- For treatment arranged in advance of your arrival in Australia

The Medicare Levy Surcharge

It is important to note that Standard Overseas Visitors cover will not make the policy holders exempt from the Medicare Levy Surcharge (MLS). The MLS is a Government surcharge charged through the tax returns of people without eligible private hospital cover earning above a certain income.

HBF reserves the right to make changes to its products, benefits and terms and conditions from time to time. HBF will notify the policyholder a reasonable time in advance of any changes that might be detrimental to the member's interests.