

For visitors to Australia who hold working visas and are required to have private health insurance.

Provides hospital cover for thousands of medical procedures, including removing tonsils and wisdom teeth, cancer treatment, maternity and birth-related services, cardiac treatment, joint replacement surgery and psychiatric care.

Working Visa Hospital is for visitors to Australia who are not eligible for Medicare benefits or who are only covered for some treatment in a public hospital under a reciprocal agreement.

You'll benefit from:

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

For holders of working visas only, this cover complies with the Department of Immigration and Border Protection's minimum requirements for health cover under condition 8501, including visa subclass 457. Refer to page 2 for a full list of visa types which are eligible for this cover.

This is an overview of Working Visa Hospital. Additional information you should know relating to this cover can be found in the Membership guide available at hbf.com.au/membership-guide, 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, including ear, nose and throat procedures, knee and shoulder reconstructions, and chemotherapy
✓	Theatre fees (on covered services)
✓	Joint replacement surgery (partial or total)
✓	Cardiac and cardiac related services (heart)
✓	Cataract and eye lens procedures
✓	Maternity and birth-related services
✓	Rehabilitation
✓	Psychiatric
✓	Surgical weight loss procedures
✓	Dialysis
✓	Insulin pumps
✓	Cochlear implants
✓	Sterility reversal
Limited [#]	Podiatric surgery

[#]Limited hospital benefits apply therefore significant out-of-pocket costs may be incurred.

Services not covered

✗	Repatriation (Transport back to your home country in event of a substantial life altering injury or illness or terminal illness)
✗	Out-of-hospital pharmacy
✗	Out-of-hospital medical (such as a doctor visit, pathology and radiology)

Waiting periods

Waiting periods will apply if you're new to private health insurance 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
Maternity and birth-related services	
Rehabilitation, psychiatric care, podiatric surgery and palliative care	2 months
Other hospital treatments including surgery	No waiting period
Ambulance cover for urgent ambulance transport	No waiting period

[^]Pre-existing waiting periods do not apply for psychiatric care, rehabilitation or palliative care.

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 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.

Excess

Working Visa Hospital members will be required to pay a \$300 excess for day and overnight admissions. The excess is paid once per member per calendar year (to a maximum of twice per family policy) no matter how many times you may be hospitalised.

More information about your health cover

Who is Working Visa Hospital cover for?

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

If you're a visitor from a country Australia doesn't have a reciprocal healthcare agreement with, 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.

Visa requirements

To be covered on Working Visa Hospital you must hold one of the following visa types:

- 163 State/Territory Sponsored Business Owner
- 401 Temporary Work International Relations
- 402 Training and Research
- 403 Temporary Work Long Stay Activity
- 406 Government Agreement
- 411 Skilled Exchange
- 415 Foreign Government Agency
- 416 Special Program
- 420 Entertainment
- 421 Sport
- 423 Media and Film Staff
- 426 Domestic Worker (Diplomatic/Consular)
- 427 Domestic Worker (Executive)
- 428 Religious Worker
- 442 Occupational Trainee
- 457 Temporary Business Long Stay
- 461 New Zealand Citizen Family Partnership
- 475 Regional Sponsored
- 485 Temporary Graduate
- 489 Skilled Regional (Provisional)

If you don't hold one of these visas, you should contact us to talk about other overseas visitors cover options suitable for you.

HBF Member Plus hospitals

HBF Member Plus hospitals provide great value for our members. With HBF Working Visa Hospital, 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 or after you're admitted into hospital for any treatment or surgery.

Members on Working Visa Hospital do not receive a benefit for out-of-hospital medical fees. If you would like to receive a benefit, please refer to HBF Hospital & Medical Visitors cover.

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

Members receive unlimited cover for urgent ambulance transport by road or air with a government approved ambulance service. 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 some may have an out-of-pocket expense. We suggest you discuss the choice of prosthesis with your doctor.

Maternity

Cover for your baby

You'll receive benefits for maternity services at any hospital across Australia.

If you're already on family cover, you won't need to pay anything additional to add your newborn to your policy. However, if you're currently on a single or couple policy and want your newborn to be covered for benefits from birth, you'll need to add your baby to your policy within two months of your baby's birth date. Parent plus or family premiums will apply from your baby's date of birth.

Breastfeeding support

HBF Member Plus hospitals provide free of charge lactation consultations during your hospital stay.

Pharmacy benefits while in hospital

When you're in hospital, it's likely you'll receive medication. We'll pay a benefit for medication administered in hospital for treatment covered on your policy.

- For Pharmaceutical Benefit Scheme (PBS) medications a co-payment applies for each dispensed medication. There is no annual limit for PBS medications.
- 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 as part of a trial.

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 outpatient services
- For treatment arranged in advance of your arrival in Australia

The Medicare Levy Surcharge

It is important to note that Working Visa Hospital 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.