

Working Visa Hospital Cover Summary

For visitors to Australia who hold working visas and are required to have private health insurance. This cover complies with the Department of Home Affairs's minimum requirements for health cover under condition 8501, including visa subclass 482.

Features



Shared room hospital accommodation, operating theatre and prosthesis fees for covered services in any hospital in Australia



Doctors fees in hospital for included services



Unlimited urgent ambulance transport by road or air¹



Public hospital emergency department fees that lead to a hospital admission

As an HBF member 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.

How to contact us:



Call 133 423

For call centre opening hours, please visit [hbf.com.au/contact-us](https://www.hbf.com.au/contact-us)



Go to [hbf.com.au](https://www.hbf.com.au)



Find a location near you

Please visit [hbf.com.au/find-a-branch](https://www.hbf.com.au/find-a-branch)

¹ HBF will cover the cost for urgent ambulance transport by road or air only for circumstances classified as emergency or urgent.

What am I covered for?

This is an overview of Working Visa Hospital. For additional information relating to this product, please call us on 133 423.

Hospital treatment categories	Covered/Not covered
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Tonsils, adenoids and grommets	✓
Joint reconstructions	✓
Hernia and appendix	✓
Gynaecology	✓
Dental surgery	✓
Ear, nose and throat	✓
Bone, joint and muscle	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Gastrointestinal endoscopy	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Blood	✓
Skin	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Pain management	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Lung and chest	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Pain management with device	✓
Sleep studies	✓
Heart and vascular system	✓
Podiatric surgery (provided by a registered podiatric surgeon)	✓
Implantation of hearing devices	✓
Insulin pumps	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✓
Assisted reproductive services	✓
Weight loss surgery	✓

✓ Included service.

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's Working Visa Hospital cover provides health insurance for anyone 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.

When can I claim?

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 Australian registered health fund, we may honour the waiting periods that you've served so you won't need to re-serve them.

Waiting periods for Working Visa Hospital are listed below:

Service	Waiting periods
Pre-existing ailments or conditions [^]	12 months
Pregnancy and birth	
Rehabilitation, Hospital psychiatric services and Palliative care	2 months
Other hospital treatments including surgery	1 day*
Ambulance cover for urgent ambulance transport	No waiting period

Excess waiting periods

Waiting periods apply when your level of excess is reduced. The waiting period for a lower excess, depends on the service being claimed and aligns to the waiting periods set out above e.g. 12 months for pre-existing conditions.

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

* You cannot claim for any treatment received on the day you join.

Where you have continuous hospital cover, we'll honour any waiting periods you served on your previous health cover, so you won't have to re-serve them. If you are part-way through a waiting period, you will just have to serve the remainder before you can claim.

If there are new services on this cover, that were not on your previous cover, you will have to serve the relevant waiting periods for those services before you can claim any benefits.

If there are higher benefits on this cover compared to your previous cover, you will have to serve the relevant waiting periods before you can claim the increased benefits.

What is a pre-existing condition and how does it work?

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 join. This also applies if you transferred to a level of cover with higher benefits or reduce your excess level. 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.

Excess

An excess is a sum of money you pay upfront before you receive hospital treatment. Working Visa Hospital has a \$300 excess.

Generally, the higher your excess, the lower your premium. The excess is paid once per member per calendar year (to a maximum of twice per couple or family policy) no matter how many times you may be hospitalised. The excess applies for day and overnight admissions. You won't be required to pay an excess for any dependant children on your single parent or family policy.

Are there any exclusions on benefits?

There are some common situations where HBF won't pay a benefit for any hospital treatment fees including accommodation, medical or theatre fees:

- If you receive treatment that is excluded on your cover or is not eligible for a Medicare benefit.
- If you receive treatment which is deemed to be cosmetic and not medically necessary.
- If your premium payments are not up-to-date at the time of treatment.
- If your claim is 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.
- If you have not yet received your treatment at the time you claim.
- If a claim is not lodged within two years of the date of service.
- For treatment arranged in advance of your arrival in Australia.

What is an included service?

When you have been admitted to hospital for treatment that is an included service on your cover, you'll be fully covered for a shared room accommodation and theatre fees for all agreed services in any hospital in Australia. We may also pay a benefit towards your specialist fees and other in-hospital services, such as medically necessary investigative tests and/or examinations, if your treatment would be covered by Medicare for Australian residents. These services must be required to support your treatment after you've been admitted to hospital. You may have private room accommodation, however these fees are not fully covered, so you are likely to incur out-of-pocket costs.

What is a restricted service?

When you have been admitted to hospital for treatment that is a restricted service on your cover, we'll pay a benefit which is limited to the minimum default benefit. This means we'll cover the same amount as the cost of receiving treatment at a public hospital, staying in a shared room. If you choose to receive treatment for a restricted service at a private hospital, you'll have to pay any differences, which means paying a large portion of your treatment costs out of your own pocket.

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 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.

To find a Member Plus hospital visit
hbf.com.au/health-insurance/find-a-provider

Hospital boarders

If you need someone to stay with you while you're in hospital, we will 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.

There may also be an out-of-pocket expense for your hospital admission related to your hospital excess, or if you stay in a private room.

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

Pharmacy benefits while in hospital

When you're admitted to hospital, it's likely you'll be given medication. We'll pay a benefit for medication you receive for treatment covered on your policy. HBF will fully cover the cost of an Pharmaceutical Benefit Scheme (PBS) medications you receive while admitted to hospital less the cost of a co-payment per script. There is no limit on the number of times or the amount you can claim per year.

HBF will fully cover any non-PBS pharmaceuticals you receive while admitted to 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. No benefits are payable towards pharmaceuticals received when you are not admitted to hospital for an included service.

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 consider HBF's 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 the doctor has chosen to participate in. Doctors outside of WA can choose to participate in agreements with HBF on a case by case basis. No benefit will be payable for doctors fees if the treatment category is excluded on your level of cover.

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.

Urgent Ambulance

With Urgent Ambulance, you'll be fully covered for ambulance transport by road or air and on-site treatment, for circumstances classified as emergency or urgent provided by an approved HBF provider.

The most common urgent ambulance service is a call-out that requires a trip to a hospital emergency department. Emergency or urgent treatment by paramedics at the scene, such as resuscitation, are also considered an urgent ambulance service and will therefore be eligible for benefit under your cover.

HBF won't pay a benefit for:

- Situations where the service is not classified as emergency or urgent and you are not transported to, and received by, an emergency department, including transport to medical appointments.
- Any transport not by road or air.
- Situations where the benefit or cost is subsidised by a state scheme or is payable by a third party, including inter-hospital transfers.

Prostheses

Prostheses are medical devices, such as pacemakers and artificial joints, that can be provided during hospital treatment. HBF will cover prostheses that are listed on the government prosthesis list. 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.

Dental surgery

Where your Dental surgery treatment would not be covered by Medicare for an Australian resident, HBF won't pay a benefit for the oral surgeon's fees under your hospital cover, however you'll still be covered for the accommodation and theatre fees.

You may be able to receive a benefit for these treatments if you hold an eligible Extras cover and waiting periods have been served. Contact us before your treatment to understand what out-of-pocket costs will apply and any benefits you may be able to receive with one of our Extras covers.

Podiatric surgery

Where Podiatric surgery is an included service on your hospital cover, limited benefits will apply. This means that HBF will pay a benefit towards accommodation and theatre fees associated with Podiatric surgery. HBF may pay a benefit towards the anaesthetist and/or a podiatric surgeon, however you will incur out-of-pocket costs. To receive a benefit, your treatment must be provided by a HBF approved podiatric surgeon at a hospital where Podiatric surgery is an agreed service.

Call us before treatment to understand your level of cover and the out-of-pocket expenses that may be incurred.

If podiatric services are provided in a clinic, they are considered outpatient services. As these services are not typically covered by Medicare for an Australian resident, you will have to pay the bill yourself unless you have Extras cover which includes those services.

Weight loss surgery

The Weight loss surgery Hospital treatment category provides cover for surgery designed to reduce a person's weight, reversal of a weight loss procedure and removal of excess skin due to any form of weight loss, including gastric banding, gastric bypass and sleeve gastrectomy. Treatments which fall under this category are often required due to a pre-existing condition, in which case the pre-existing waiting period may apply.

Before receiving any treatment, you should contact us or go to [hbf.com.au/myhbf](https://www.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.

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.