

Standard Overseas Visitors Cover Summary

This cover does **not** meet the minimum requirements for health cover under visa condition 8501.

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.

Features



Shared room hospital accommodation, operating theatre and surgically implanted medical device fees for covered services in any hospital in Australia



Doctors fees in hospital for included services

Doctors fees for outpatient services¹



Unlimited urgent ambulance transport by road²



Public hospital emergency department fees

As an HBF member you'll:

- ✓ Be part of a not-for-profit health fund that's able to focus on giving more back to members.
- ✓ Be able to check your limits, view usage, update your details and get a benefit quote with myHBF, our member service portal.

How to contact us:



Call 133 423

For call centre opening hours, please visit hbf.com.au/contact-us



Go to hbf.com.au



Find a location near you

Please visit hbf.com.au/find-a-branch

¹ For treatment that is covered by Medicare for Australian residents. Members receive a minimum benefit of 85% of the MBS fee.

² HBF will cover the cost for urgent ambulance transport by road only for circumstances classified as emergency or urgent. Excludes cover for air ambulance.

What am I covered for?

This is an overview of Standard Overseas Visitors. For additional information relating to this cover, please call us on 133 423.

Hospital treatment categories	Covered/Not covered
Rehabilitation ³	
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)	
Hospital psychiatric services	
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	
Bone marrow transfusion or transplant	
Organ transplant	

-  Restricted hospital benefits only. Significant out-of-pocket costs may occur.
-  Included treatment.
-  Excluded treatment.

³ Rehabilitation is included when related to covered services. For services that are not covered, restricted benefits for Rehabilitation treatment apply therefore significant out-of-pockets may be incurred.

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's Standard Overseas Visitors cover provides health insurance for anyone 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 the full cost 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 in Australia 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 Standard Overseas Visitors are listed below:

Service	Waiting periods
Pre-existing ailments or conditions [^]	12 months
Rehabilitation and Palliative care	2 months
Other hospital treatments including surgery	1 day*
Other medical treatment not provided at a hospital	
Urgent ambulance transport (road) [#]	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 rehabilitation or palliative care.

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

[#] Refer to page 4 for more details about ambulance benefits.

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 the day you join. This also applies if you transferred to a level of cover with higher benefits or reduced 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. Standard Overseas has a \$500 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 covered for 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 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 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.

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 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

Pharmacy benefits while in hospital

When you're admitted to hospital for a procedure, 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 the cost of 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 that would be covered by Medicare for Australian residents, 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 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 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, including air ambulance services.
- Situations where the benefit or cost is subsidised by a state scheme or is payable by a third party, including inter-hospital transfers.

Medical Devices and Human Tissue Products

Medical devices and human tissue products, such as pacemakers and artificial joints, are items that may be provided during hospital treatment. HBF will only pay a benefit towards items that are listed on the federal government-prescribed list. If your doctor uses an item that isn't listed on the prescribed list, HBF will not pay a benefit and you'll have an out-of-pocket expense.

How to manage out of pocket costs: We suggest you discuss the choice of medical device or product and the associated costs with your doctor prior to receiving any treatment.

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.

Cancer treatment

If you need to go to hospital for cancer treatment, you may need chemotherapy, radiotherapy or immunotherapy and surgical removal of the cancer with an operation. Surgical procedures related to cancer will be covered if the relevant body system is an included service on your cover. You'll also be covered for Chemotherapy, radiotherapy and immunotherapy for cancer if this is an included service on your cover.

You may have an out-of-pocket cost if either the affected body system or Chemotherapy, radiotherapy and immunotherapy for cancer isn't included on your cover. For example, if you're covered for Chemotherapy, radiotherapy and immunotherapy for cancer but aren't covered for Heart and vascular system, you'll be covered for chemotherapy treatment for a heart tumour however you'll have an out-of-pocket cost for the surgical removal of the tumour.

Skin treatment

The Skin Hospital treatment category provides cover for the investigation and treatment of skin, skin-related conditions and nails, including the removal of foreign bodies, minor wound repair and surgical treatment for melanoma. The Skin category also includes plastic surgery that is medically necessary relating to the treatment of a skin-related condition. However, the removal of excess skin due to any form of weight loss is not included under this treatment category, this treatment falls under Weight loss surgery which is excluded on this level of cover.

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.