overseas student health cover (oshc)

member guide

effective May 2023

Before you get started...

Here is an explanation of some of the terms commonly used in this Guide:

'**we**', '**us**' and '**our**' is ahm OSHC, which is a business of Medibank Private.

'**you**', '**your**' is any member on ahm OSHC to whom this Guide applies.

'**OSHC**' is Overseas Student Health Cover which is only available to Overseas Students.

'**Overseas Student**' is a person who is: (i) the holder of a student visa, or (ii) an applicant for a student visa.

'**Policy holder**' is the person who is responsible for the membership. This person must be the Overseas Student. Unless approved by us, the Policy holder must be aged 16 years of age or older. This is generally the person we contact when we need to communicate about the membership.

'**membership**' is made up of one or more members.

'**member**' is any person included under an ahm OSHC membership.

'**Agent**' is any Educational institution, Education agent, registered migration agent or broker authorised to represent the Policy holder in certain dealings in relation to ahm OSHC.

To help you make the most of this Guide and understand what's included under ahm OSHC, we've also prepared a glossary of definitions set out on page 36.

Our Member Guide

Congratulations on choosing to study in Australia and welcome to your membership with ahm Overseas Student Health Cover (OSHC).

This Guide forms part of the terms and conditions of your membership when you join ahm OSHC. It is designed to help you understand how your ahm OSHC works, and should be read together with the Cover Summary you receive when joining your cover. Your Cover Summary sets out what is Included under your ahm OSHC. You can download a copy of your Cover Summary from **ahmoshc.com.au**

• Please read this Guide and your Cover Summary carefully and keep them for your reference

• If there is anything you do not understand or if you want more information about your cover, please contact us on **134 148**.

ahm OSHC provides Benefits towards hospital accommodation for Included services and most Included medical services both in and out of hospital. It also helps pay towards emergency Ambulance transport and eligible Prescription medicines.

Important information

It's important to note ahm OSHC generally doesn't pay towards general health services (known as 'extras') like dental, optical and physiotherapy. You can purchase additional ahm Extras cover to help pay towards services like these. Call **134 148** to find out more.

- We'll send correspondence to your email address, or your postal address if you opt out of email communication. It's important you let us know if your contact details change.
- It's also important to contact us if you, or anyone else on the membership, are going to need treatment, to check that it's an Included service. Our contact details are on page 34 of this Guide.
- If you are in Australia on a visa that is **not** a Student visa, contact us to find out if you are eligible for ahm OSHC.
- It is your responsibility to inform us immediately if you cease to comply with the OSHC eligibility requirements as set out on page 5. Please note that we may request proof of your eligibility for ahm OSHC at any time.
- If you are found to be ineligible for ahm OSHC, we may take steps to terminate your membership or transfer you to an alternative cover. We may backdate this change and require you to pay any additional premiums and/or repay any higher Benefits you received through your ahm OSHC.
- If you become a permanent Australian resident, or otherwise become entitled to full Medicare benefits, ahm OSHC may no longer be appropriate and you should contact us to discuss alternative health cover.

This Guide applies to ahm OSHC memberships only. If you hold a cover other than ahm OSHC please contact us for details of the services included and membership conditions.

ahm OSHC Joining Statement

By joining ahm OSHC, you (as the Policy holder) have agreed that you:

- Will ensure that all information supplied to us is true and correct
- Will keep your membership information up to date and notify us of any changes as soon as possible
- Will ensure that all members on the membership are aware of and abide by the information in this Guide and our policies including our Privacy Policy
- Will inform us immediately if your visa status changes or you cease to comply with the eligibility requirements for ahm OSHC as set out on page 5
- Will advise us if you become eligible for full Medicare benefits, so we can confirm the most suitable health cover for your circumstances
- Have authority to provide the personal information of other members on the membership
- Have authorised your Agent to represent you in certain dealings with ahm OSHC, unless you have notified us to the contrary
- Acknowledge we may disclose your personal information to third parties such as your Agent, Department of Home Affairs (Home Affairs) or Department of Health
- Will make, or authorise the making of, all claims under the membership and ensure that any claim that includes sensitive information of a member aged 16 years and over is made having first obtained the consent of that member
- Authorise any health service provider to supply to us any information we consider necessary for the assessment of any claim on the membership, and will ensure that members aged 16 years and over have provided the relevant consent
- Authorise us to supply to any health service provider any information we consider necessary for the assessment of any claim on the membership, and will ensure that members aged 16 years and over have provided the relevant consent, and
- Will make the advance premium payments required to meet your visa requirements.

Suitability for Overseas Student Health Cover

Overseas Student Health Cover eligibility requirements

ahm OSHC is intended for people who:

- Do not hold permanent resident status in Australia
- Are not eligible for full Medicare benefits, and
- Are/will be in Australia as:
  - an Overseas Student, or
  - an eligible Dependant of an Overseas Student.

In addition, ahm OSHC may be suitable for Overseas Students who are exempt from needing to purchase OSHC, but wish to supplement coverage provided to:

- Belgian students under a Reciprocal Health Care Agreement (RHCA) between Australia and Belgium
- Norwegian students under the Norwegian National Health Insurance Scheme, or
- Swedish students through Kammarkollegiet (the Swedish Legal, Financial and Administrative Services Agency).

See **homeaffairs.gov.au** for details of the exemptions to maintaining OSHC.

ahm OSHC meets the Home Affairs health insurance requirements, as set out in the Deed for The Provision of Overseas Student Health Cover (as amended from time to time) under which we are a registered provider.

Student Visa Subclasses

ahm OSHC may only be purchased by people who are or will be in Australia on the following student visa subclasses:

Visa Subclass	Student visa type
500	Student
570	Independent ELICOS Sector
571	Schools Sector
572	Vocational Education and Training Sector
573	Higher Education Sector
574	Postgraduate Research Sector
575	Non Award Sector
576	Foreign Affairs or Defence Sector

Visa Subclasses are subject to change by the government from time to time.

What's Inside

What's Inside

Welcome to ahm OSHC

Your welcome pack

If you've just joined ahm OSHC, you will receive a welcome pack which includes:

- This Guide, and
- A Cover Summary, which sets out what's Included under your cover.

Your membership card

You will also receive a membership card, either with your welcome pack or shortly after. 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 may be requested to provide photo ID when you use your membership card.

Make sure you keep your card safe and advise us immediately if it's lost or stolen. We won't accept liability for any loss resulting from the misuse of a lost or stolen membership card.

Transferring from another Australian health insurer

You can transfer to ahm OSHC from any other Australian health insurer.

Provided you join ahm OSHC within two months of leaving your previous health insurer, you generally won't need to re-serve any Waiting periods you have already served. This means you'll generally only need to serve Waiting periods for any services:

- That were not Included under your previous cover, or
- For which you have not fully served the Waiting period.

When you transfer to ahm OSHC, we'll use our nearest equivalent cover (to the cover you held with your previous insurer) to determine Benefit entitlements.

If you're transferring to ahm OSHC, you will need to:

- Ask your current health insurer to provide us with a transfer certificate
- On request, provide documentary evidence, e.g. electronic Confirmation of Enrolment (CoE), or a letter from your Educational institution, to support that you are still studying in Australia, and
- On request, present your passport and visa to us.

To arrange your transfer to ahm OSHC, or for more information, visit our website at **ahmoshc.com.au**, or call **134 148**.

We need a transfer certificate from your previous insurer to confirm your level of cover, Waiting periods served and Benefits paid. You may not be able to claim Benefits for certain services until we have received your transfer certificate

Where you join us from a cover other than OSHC with a break in cover of more than two months, you'll be treated as a new member and all Waiting periods relevant to your cover will apply.

If your previous cover has lapsed, see 'Lapsed cover' on page 13 for further details.

Please note that membership with non-Australian health insurers or travel insurance is not accepted for the purpose of recognising Waiting periods.

Changes to the terms and conditions of your membership

The terms and conditions in this policy document may vary from time to time. It's your responsibility to keep up to date with the terms and conditions of your cover.

Download the latest version of this Guide at **ahmoshc.com.au**

Please read this Guide carefully and keep an up to date copy in a safe place for future reference.

Occasionally, we may need to make changes to ahm OSHC. These changes will apply regardless of whether premiums have been paid in advance and may include:

- Closing a cover. If we close a cover that you are on:
  - we may permit you to stay on the cover, but you may not make any changes to your membership (e.g. adding or removing a member). If you want to make a change to your membership, you'll need to select a new cover, or
  - we may not permit you to stay on the cover and will move you to a cover as similar as possible to your previous cover.
- Removing a service from a cover,
- Reducing or removing a Benefit or Benefits under a cover.

If we make a change to your cover and you choose to continue your membership (under the new or changed cover) you will be bound by its terms and conditions. If you do not wish to continue under the new or changed cover you have the option of transferring to a different cover or cancelling the membership.

Termination of membership

Where, in our opinion, a member has obtained, or attempted to obtain, an improper advantage for themselves or for any other person, we may terminate the relevant ahm OSHC membership immediately by notice in writing to the Policy holder.

An improper advantage is any advantage, financial or otherwise, to which a member is not entitled. This includes any situation where a member has been insured under ahm OSHC where the member was not eligible to be insured.

Medicare eligibility

Medicare eligibility means the level of coverage a person is entitled to receive under Medicare. Along with a person's visa and residency status, it determines the type of health insurance cover most appropriate to supplement any existing entitlements. Levels of Medicare eligibility are:

- Full Medicare (Green card)
- Interim Medicare (Blue card)
- Reciprocal (RHCA) Medicare (Yellow card), or
- No Medicare.

If you, or any member on the membership, have interim or full access to Medicare, you should call us to discuss whether OSHC is still the most suitable cover for your circumstances. We offer a range of covers that may be better suited to your needs.

Goods and Services Tax (GST)

Where OSHC is subject to a Goods and Services Tax (GST), this is included in the premium you pay. For ahm OSHC it's assumed you have no entitlement to claim any part of the GST as an input tax credit. If you're eligible and intend to claim back part or all of the GST you must notify us in writing.

Managing your membership

Online Member Services (OMS)

ahm OSHC Online Member Services (OMS) is a convenient way of managing your membership online. You can sign up at **ahmoshc.com.au**

Once you have signed up you'll be able to:

- View membership details
- Watch videos to help you use your cover
- Download brochures and forms
- Submit claims for most medical services
- View your claims history
- Update contact details
- Renew your cover (when you have less than six months left on your OSHC)
- Register bank account details to receive Benefits for claims by Electronic Funds Transfer (EFT)
- View your digital membership card
- Order a replacement membership card
- Find a Partner Private hospital,
- Find a Direct Billing medical provider.

Please note only the Policy holder on a membership can register to use our OMS. The Policy holder should ensure they have the consent of other members on the membership before submitting claims on their behalf. Only the Policy holder's own claims history and that of any Dependants under 16 will be viewable.

When you arrive in Australia, it's important you register for OMS, or call us to let us know your arrival date in order to activate your cover and ensure you can use it when you need it (see page 12 for further information).

ahm OSHC App

The ahm OSHC app gives you access to all the features of your OMS in the convenient package of your smartphone. In addition to the services offered through OMS, you can:

- Access the 24/7 Student Health and Support Line and other health information
- Make claims anywhere, anytime
- Turn your phone into your membership card
- Manage your health cover, in your hands
- Let your phone's GPS guide you to our nearest health provider, and
- Translate some features of the app into simplified Chinese.

Third-party authority

You can nominate a third-party to deal with us on your behalf.

There are two types of authority:

- **Authorised Person:**
  If you are the Policy holder, you can nominate a third party to manage the membership on your behalf. Once appointed, an Authorised Person can do everything the Policy holder can do, including closing the membership.
- **Claims Consent:**
  Any member can appoint a third party with 'Claims Consent'. Once appointed, someone with Claims Consent can view and request details of your claims – including services claimed, the date, the provider and cost of each service, as well as enquire about upcoming claims.

There are two ways to appoint an Authorised Person or a person with Claims Consent:

- Verbally over the phone, or
- By giving us a valid Power of Attorney.

A third-party can be nominated for a specific timeframe or for the duration of the membership.

If you purchase your ahm OSHC through an Agent, unless you notify us to the contrary, the Agent is deemed to have authority to deal with us on your behalf to manage some aspects of your membership, such as cancelling, renewing or adding members.

How we communicate with you

While you are with ahm OSHC, we may need to send you or your Agent information about your cover. This can include important updates about your cover and reminders that your cover needs renewing. Where you or your Agent provide us with an email address, we'll use that email address to send you communications. It's important your contact details are up to date.

If we post or email the correspondence to you or your Agent (which is then responsible for passing that correspondence on to you), any correspondence we send is deemed to have been received by you:

- Within two business days after it is posted by us, or
- If emailed, the day after it is sent, unless we receive an automatic message that the email has not been received

You can choose how we communicate with you and manage your consent to receiving promotions and offers by calling us on **134 148**.

Changing your personal details

You must advise us when any of your personal details change, e.g.:

- You change your residential or postal address
- You change your email address
- You change your phone number
- A Dependant is coming to join you in Australia
- A Dependant is no longer listed under your student visa
- You change your Education institution, or
- Your visa status changes or you are applying for another visa.

If you do not tell us when you change your email or postal address, you may not receive important correspondence.

To update your details, call us on **134 148**. Alternatively, you can update your details at **ahmoshc.com.au**

We manage your personal details, including any contact details, in line with our ahm OSHC Privacy Policy. Please refer to page 33 for details on how to obtain a copy of this Privacy Policy.

Managing your premiums

When does your cover start?

Unless you're switching your cover from another Australian health insurer, your ahm OSHC should start from the date you expect to arrive in Australia, which should be the start date of your student visa. If you arrive on a date other than your expected date of arrival, please call us on **134 148** so our records can be changed to reflect the appropriate commencement date.

Please note that Benefits cannot be paid until we have received your premium and you have arrived in Australia and activated your cover. If you pay your premium through your Agent, there may be a short delay before we receive it.

When you arrive in Australia, it's important you register for OMS, or call us to let us know your arrival date in order to activate your cover and ensure you can use it when you need it.

If you're already in Australia and switching to ahm OSHC from another health insurer you should ensure there's no gap in cover.

If you're applying for a student visa, it's generally recommended that your cover starts at least one week and up to one month before the start date of your course, as stated on your Confirmation of Enrolment (CoE).

Keeping your premiums up to date

It is generally a condition of your student visa that you have OSHC for the full length of your visa. If you have not paid premiums for the full length of your visa, are applying for a new visa, or extending your visa, you will have to renew your cover.

Many Agents will collect and send renewal premiums to us on behalf of students. If your Agent does this for you, we'll renew your cover and issue a new membership card to you automatically once payment has been received.

It's your responsibility to ensure that your premium payments remain up to date.

Premium payment options

We offer a range of options for premium payments, including:

- Over the phone
- Through OMS (where you have less than six months remaining on your cover), and
- Through an Agent who collects and sends premiums on your behalf.

Payments made directly to us over the phone, or online can only be made by Visa or MasterCard.

You may be required to provide documentary evidence of your course enrolment or visa grant period before we accept any payments.

Lapsed cover (arrears)

A membership is in arrears whenever the premiums are not paid up to the current date. You won't receive any Benefits for services received during a period in which your membership is in arrears.

If your membership is in arrears during a period in which you're required to hold OSHC, then to continue your membership, you will be required to pay the premiums in arrears as well as premiums for the remaining length of your visa.

If your cover lapsed while you were a member of another health insurer's OSHC and you have now taken out ahm OSHC, we may backdate the start date of your OSHC to the day after your previous cover lapsed, and request payment of additional premiums to ensure continuous cover.

Premium refunds

Where a request to close or refund part of your OSHC is accepted by us, we'll refund the unused portion of your premiums where:

- You paid for ahm OSHC but did not come to Australia to take up studies
- You have paid your premiums for an extended stay, but your student visa wasn't extended
- You have to cease studies and leave Australia before your visa end date, for reasons beyond your control
- You have been granted permanent resident status in Australia or have been granted an Australian visa, other than a student or bridging visa
- You can prove you had OSHC from another health insurer during a period you held ahm OSHC, or
- In any other circumstances approved by us and the Department of Health.

You must apply for a refund in writing to us and provide us with documentary proof of the reasons for the refund. Your refund will be calculated on a pro-rata basis from the effective date. A refund administration fee may be charged and deducted from your refund.

If you request the closure of your ahm OSHC before the end of your visa and the above circumstances do not apply to you, you may be in breach of your visa conditions. We're required to advise Home Affairs should you cancel your ahm OSHC.

Important information:

- If you're intending to leave Australia and request a refund, we may pay the refund into your Australian bank account so it's important you don't close your Australian bank account until after your refund has been paid.
- If you request to pay the refund amount into a foreign bank account, an additional administration fee may be charged and deducted from your refund.
- Where you purchased ahm OSHC through your Agent and that Agent requests a refund on your behalf, we may pay the refund to your Agent (who is then responsible for passing any payment on to you).
- If you request a refund in respect of a payment made in the previous seven months, the refund will generally be paid back to the account from which the payment was paid.

For more information call us on **134 148**.

Changes to your membership

As your circumstances change you may need to add or remove members on your cover. The following people can be on ahm OSHC:

Policy holder: this is the Overseas Student - the person who is responsible for the membership. Unless approved by us, the Policy holder must be 16 years of age or older.

Partner: a spouse or de-facto partner of the Policy holder and listed under the Policy holder's visa.

Child: a child or step-child of the Policy holder who is not married and is listed under the Policy holder's visa.

If the status of anyone on the membership changes (e.g. the Policy holder ceases to be an Overseas Student, or a Partner or Child becomes listed as the primary applicant on their own visa), you must notify us immediately as it may mean they're no longer eligible to remain on the membership.

Categories of membership

Adding or removing a member may mean the category of your membership needs to change. This type of change can also affect the premiums you'll need to pay.

ahm OSHC has the following membership categories:

Single membership: includes the Policy holder only.

Couple membership: includes the Policy holder and their Partner.

Family membership: includes the Policy holder, their Partner and any of their Children.

Adding your Partner and/or Child

If your Partner and/or Children are coming to join you in Australia, they can be added to your cover provided they have been authorised to enter Australia under your visa. You will need to pay an additional premium to change your membership from a Single membership to a Couple membership or Family membership.

When your Partner and/or Child arrives in Australia, we or your Agent may need to see their passports and visas so that the period of cover can be confirmed. A new membership card listing all the members included under your cover will be sent to you.

Adding a newborn to your cover

A newborn Child may be added to an existing Single membership or Couple membership with effect from his or her date of birth and without having to serve any Waiting periods already served by the Policy holder provided that:

- The application is received by us within two months of their date of birth, and
- The membership is changed to a Family membership, and the Family membership premium is paid, from the date of birth.

If you are adding a newborn to an existing Family membership, just notify us within two months of the newborn's date of birth and they won't need to serve any Waiting periods already served by the Policy holder.

Any Waiting periods not served in full by the Policy holder will continue to apply to your newborn.

Where a newborn is added more than two months after their date of birth, their cover will commence from the date of application or any future date you nominate. If they have been included under your student visa, this gap in cover may place them in breach of any health insurance requirements under their visa.

Going to hospital

It's important to be aware that ahm OSHC may not pay all of the costs associated with Hospital treatment.

To help understand your potential out-of-pocket expenses, you should contact us prior to any hospital admission. You should also speak to your doctor(s) and hospital to confirm any out-of-pocket expenses you may incur.

Inpatient vs Outpatient

An Inpatient is someone who is formally admitted to a registered hospital (including day surgery) to receive medical care or treatment, or for the purpose of obtaining professional attention. This includes Same-day admissions.

ahm OSHC pays Benefits when a member is treated in a hospital privately as an Inpatient and the treatment is Included under the cover (refer to your Cover Summary).

Services that are provided where a member is not admitted to hospital are called Outpatient services. These include:

- Non-admitted hospital services such as visits to hospital accident and emergency departments or visits to a hospital Outpatient clinic, and
- Out-of-hospital medical services such as those provided in a doctor's surgery, specialist's clinic or by a general practitioner (GP).

Informed financial consent

Before going to hospital it's important to ask your doctor(s) and the hospital about any potential out-of-pocket expenses you might incur.

This information should be provided in writing before your treatment or hospital admission and is known as 'informed financial consent'.

If you're admitted in an emergency, there may not be time for the hospital or doctor(s) to seek your informed financial consent. Information about your out-of-pocket expenses should be provided as soon as possible after you receive treatment.

Hospital accommodation Benefits

The Benefits we pay for hospital accommodation will depend on whether the hospital admission is for an Included or Excluded service (refer to your Cover Summary), and the type of hospital you're admitted to as explained below.

- **Included services** – we pay Benefits towards same-day and overnight hospital accommodation and intensive care.
- **Excluded services** – no Benefits are payable.

Hospital accommodation Benefits do not include things such as TV hire, newspapers, parking and take-home items, e.g. crutches. We will not pay Benefits for these (or similar) items and services. The hospital should discuss any charges with you.

Choice of hospital

ahm OSHC allows you to choose whether you're treated as a private patient at either a private or public hospital. While we pay Benefits regardless of where you're treated (as long as the treatment is Included under your cover), the Benefits we pay and the out-of-pocket expenses you may incur for your hospital stay can vary depending on the hospital you choose (refer to the Hospital Benefits table on page 21).

When deciding which hospital to be treated at, you should be aware that not all doctors have admitting rights to all hospitals, and this may affect where your doctor can treat you. Your doctor will be able to tell you at which hospitals they have admitting rights.

Regardless of whether you're treated at a Partner Private hospital, Non-Partner Private hospital or a public hospital, the hospital should seek your informed financial consent about any out-of-pocket expenses you'll need to pay.

Partner Private hospitals

We have agreements with most private hospitals and day surgeries in Australia. We refer to these hospitals as 'Partner Private hospitals'. For an Included service in a Partner Private hospital, we will pay an agreed rate for your treatment, which includes the cost of a shared or private room (where available) and any intensive care, theatre fees, procedure or labour room costs.

By visiting a Partner Private hospital, you'll generally get better value compared to a Non-Partner Private hospital as long as the service you receive is Included under our agreement with the hospital and is not Excluded under your cover.

It's important to be aware that our agreements with Partner Private hospitals are subject to change You should confirm prior to receiving treatment whether your hospital provider is part of our network of Partner Private hospitals as this may affect your out-of-pocket expenses. Partner Private hospitals are not available in all areas. To find a Partner Private hospital visit **ahmoshc.com.au**

Non-Partner Private hospitals

Non-Partner Private hospitals are private hospitals and day surgeries we **don't** have agreements with. The Benefits we pay for accommodation in these hospitals are generally lower than those in a Partner Private hospital and could result in significant out-of-pocket expenses.

Public hospitals

If you are treated as a private patient in a public hospital we'll pay Benefits for accommodation in a shared or private room (where available) and any intensive care, theatre fees, procedure or labour room costs.

Medicare Benefits Schedule (MBS)

The MBS is a schedule published by the Commonwealth Department of Health that lists all the services for which Medicare pays benefits, and the rules that apply to the payment of those benefits. Each service has a fee (the MBS fee) that has been set by the government for the purpose of calculating the Medicare benefit payable for that service. These include:

- Doctors' services, e.g. GPs and specialists, and
- Diagnostic services, e.g. blood tests, x-rays and ultrasounds provided by pathologists and radiologists.

In-hospital medical services

If a service you receive as an Inpatient is listed in the MBS and Included under your cover, we will pay an amount equal to the MBS fee (i.e. 100% of the MBS fee). This means where your provider charges no more than the MBS fee, you will not have an out-of-pocket expense for your Inpatient medical services.

Doctors and providers aren't restricted to charging the MBS fee and may choose to charge more for a particular service. **Where this occurs you will have an out-of-pocket expense and you will need to pay the difference between the Benefit we pay and the provider's charge.**

Out-of-hospital medical services

If a service you receive as an Outpatient is listed in the MBS and Included under your cover, we will pay:

- 100% of the MBS fee for general practitioner (GP) consultations, and
- 85% of the MBS fee for:
  - Other medical services provided out of hospital (for example specialists, pathology and x-rays), and
  - Allied Health services billed with an MBS item number (e.g. eye checks and services related to chronic disease and mental health management plans).

Where your doctor or provider charges above the Benefit we pay, you will have an out-of-pocket expense and you will need to pay the difference between the Benefit we pay and the provider's charge.

Benefits are generally not payable

Benefits are generally not payable for the following:

- Where you are eligible to claim a benefit for a service or treatment from Medicare, or
- For a service or treatment not listed in the MBS.

Items on the MBS are subject to change from time to time in accordance with changes made by the Department of Health. The MBS is available at **mbsonline.gov.au**

Accident and emergency departments

If you need to attend a hospital accident and emergency department, we'll pay 100% of any 'facility fee' charged by the hospital for attending their accident and emergency department.

This fee may not include all medical services provided and out-of-pocket expenses may apply such as for x-rays, blood tests and any charges raised by the doctor above the Benefit we pay.

Outpatient departments

If you attend a public hospital as an Outpatient, we will pay 100% of the cost of Outpatient medical and post-operative services provided by a medical practitioner billed without an MBS item number.

Surgically implanted prostheses

If you need to be hospitalised for a procedure requiring a surgically implanted prosthesis (e.g. a pacemaker or cardiac stent), we'll pay the Minimum Benefit set out in the government's Prostheses List. The Prostheses List includes thousands of items together with a Minimum Benefit and, in some cases, a maximum amount that can be charged for each item.

You will have an out-of-pocket expense where (in consultation with your doctor) you choose a prosthesis that:

- Is included on the government's Prostheses List but costs more than the Minimum Benefit. In that case you will have to pay the difference between the Minimum Benefit we'll pay and the cost of the item, or
- Isn't included on the government's Prostheses List at all. In that case, we won't pay any Benefits and you will be responsible for the entire cost of the item.

Your doctor should discuss your prosthesis options with you and seek your informed financial consent regarding additional costs you may have to pay.

Benefits are not payable for any prosthesis associated with an Excluded service under your cover.

The Prostheses List is available at **health.gov.au**

Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) is funded by the government and makes subsidised Prescription medicines available to Australian residents. Overseas Students are generally not eligible for subsidised Prescription medicines under the PBS.

ahm OSHC pays limited Benefits for Prescription medicines (see page 26) and you will be responsible for paying costs above the limited Benefits we pay.

Prescription medicines used in oncology (cancer treatment) and other treatments can be very expensive for people who aren't eligible to access subsidised Prescription medicines under the PBS. **This means that if high cost Prescription medicines are required for your treatment, you may incur significant out-of-pocket expenses.**

The PBS is available at **pbs.gov.au**

Hospital Benefits table

We've prepared this table to help you understand what Benefits ahm OSHC pays (for Included services) and where potential out-of-pocket expenses may arise. ahm OSHC doesn't pay any Benefits for Excluded services (refer to your Cover Summary).

		Partner Private hospital	Non-Partner Private hospital	Public hospital
Accommodation and (where applicable) Intensive Care Unit (ICU) charges	Included service	**ahm will pay:** the amount agreed with the hospital for accommodation in a shared or private room and ICU charges **Your potential out-of-pocket expenses are limited to:** Nil	**ahm will pay:** at least the Minimum (Default) Benefit set by the government for hospital accommodation in a shared room **Your potential out-of-pocket expenses are limited to:** any charges raised by the hospital above the Benefit we pay (e.g. for a private room)	**ahm will pay:** the hospital cost for accommodation in a shared or private room and ICU charges **Your potential out-of-pocket expenses are limited to:** Nil
Theatre fees and Labour wards (where applicable)	Included service	**ahm will pay:** the amount agreed with the hospital for theatre fees and labour wards **Your potential out-of-pocket expenses are limited to:** Nil	**ahm will pay:** limited or no Benefits, depending on the hospital you attend **Your potential out-of-pocket expenses are limited to:** any charges raised by the hospital above the Benefit we pay	**ahm will pay:** the hospital cost for theatre fees and labour wards **Your potential out-of-pocket expenses are limited to:** Nil
Surgically implanted prostheses (where applicable)	Included service	**ahm will pay:** the Minimum Benefit set out in the government's Prostheses List **Your potential out-of-pocket expense is limited to:** If the prosthesis is: • Listed in the Prostheses List and costs up to the Minimum Benefit – nil • Listed in the Prostheses List and costs more than the Minimum Benefit – any charge above the Minimum Benefit • If the prosthesis isn't listed in the Prostheses List – the full cost of the prosthesis		
In-hospital doctors' medical services	Included service	**ahm will pay:** 100% of the MBS fee **Your potential out-of-pocket expense is limited to:** any difference between the MBS fee and the amount you're charged		
In-hospital diagnostics (e.g. blood tests, scans etc.)	Included service	**ahm will pay:** 100% of the MBS fee **Your potential out-of-pocket expense is limited to:** any difference between the MBS fee and the amount you're charged		

Hospital cover

ahm OSHC provides Benefits towards hospital accommodation, intensive care and medical services that you receive for Included services when you're treated in hospital as an admitted private patient.

How hospital Benefits are assessed

In assessing Benefits for hospital charges, we take the following into account:

- The cover you held at the date the service was provided. This includes whether the service was Included (refer to your Cover Summary)
- The type of hospital which the service was received in, i.e. a Partner Private, Non-Partner Private or public hospital
- Whether all relevant Waiting periods had been served by the member requiring treatment
- Whether the treatment is listed on the Medicare Benefits Schedule
- Whether the premiums were paid up to date
- Any legislative requirements governing Hospital treatment or the Benefits we pay,
- Whether any other exclusions or assessing rules apply.

Same-day hospital Benefits

Same-day admission refers to treatment where the patient is admitted and discharged on the same day. Benefits for certain procedures as specified by the Department of Health may not be payable unless your doctor certifies your need to be admitted to hospital.

Long stay hospital patients (nursing home type patients)

If you're admitted to hospital as an Inpatient for a period of continuous hospitalisation exceeding 35 days, you'll be regarded as a long stay or 'nursing home type patient'. If your doctor doesn't certify your need for ongoing acute care after 35 days, we may pay a lower Benefit towards the daily accommodation hospital charge and you will need to pay the difference as an out-of-pocket expense. These charges could be significant depending on your length of stay.

Treatments with no MBS item number

Benefits are generally payable only for treatments listed in the MBS. However, ahm OSHC may pay towards the following treatments when provided as an Inpatient (refer to your Cover Summary):

- Surgical removal of wisdom teeth, and
- Podiatric surgery (carried out by a registered podiatric surgeon).

There are no MBS items payable for Podiatric surgery (when performed by a podiatric surgeon), or for Dental surgery in a hospital where the surgery is performed by a dentist rather than a medical practitioner.

While we'll still pay Benefits towards hospital accommodation charges as well as other medical charges like anaesthetist fees, we don't pay any Benefits towards any dentist or podiatrist fees under ahm OSHC. **This means you could incur significant out-of-pocket expenses for these charges.**

Waiting periods

A Waiting period is a set amount of time each member must wait before they can receive Benefits under their cover. **No Benefits are payable for items and services obtained while serving a Waiting period.**

If you've transferred from another Australian health insurer to ahm OSHC, we'll generally recognise the Waiting periods you have already served with the other insurer.

Waiting periods are outlined below:

Waiting period	Service
2 months	Pre-existing Hospital psychiatric services
12 months	Pregnancy and birth
	Pre-existing Conditions (excluding Hospital psychiatric services)

Benefits are generally not payable for any services or items obtained while you are serving a Waiting period. The Waiting period doesn't apply when your treating medical practitioner certifies, and we agree, that you required Emergency Treatment (refer to page 25).

Pre-existing Conditions (PEC)

Treatment of a Pre-existing Condition (PEC) has a 12 month Waiting period, with the exception of Hospital psychiatric treatment which has a two month Waiting period. Pregnancy and birth is not subject to the PEC Waiting period, but has a separate 12 month Waiting period (refer to page 25).

The PEC Waiting period is not applied to any services provided while not admitted to hospital (e.g. Ambulance services and GP consultations).

What is a PEC?

An ailment, illness or Condition that, in the opinion of a medical practitioner appointed by us, the signs or symptoms of which existed at any time in the six month period before the day you became insured under the membership or changed cover.

The PEC Waiting period will apply even if an ailment, illness or Condition wasn't diagnosed before the date of commencing membership or changing cover.

Where a member requires Hospital treatment, their Condition will be assessed for a PEC if:

- They have held their cover for less than 12 months, or
- They have changed their cover to include a new or upgraded service.

Our appointed medical practitioner is the only person authorised to determine if an ailment, illness or Condition is pre-existing. To have a determination made, the member will be required to provide a PEC certificate completed by their treating practitioners (e.g. their GP and their admitting specialist).

We'll apply the 12 month PEC Waiting period if:

- The member does not authorise the release of medical or paramedical evidence relating to their claim, or
- Despite the member's authorisation, their provider doesn't release that evidence.

We will not pay for the member or a provider to supply this information.

We need up to 10 working days after receiving all required information to make a PEC assessment. Members should allow time for a determination to be made before agreeing to a hospital admission date. However, it's important to be aware that a Condition requiring hospitalisation will still be assessed for a PEC (and the relevant two month or 12 month Waiting period may still apply), even where a member is admitted to hospital in an emergency.

We **will not** pay any Benefits if a member:

- Is admitted to hospital and chooses to be treated as a private patient, and
- Has had the required service or treatment Included under their cover for less than 12 months, and
- Our approved medical practitioner determines (either prior or subsequent to the admission) the member's Condition to be pre-existing.

This means the member will be required to pay all hospital and medical charges.

We reserve the right to apply, or not to apply, the PEC Waiting period to individual claims. This means we can refuse or reduce Benefits on later claims even if the PEC Waiting period hasn't been applied to any earlier claims for that ailment, illness or Condition.

If you are coming to Australia specifically for medical treatment, the PEC Waiting period will apply to treatment you receive in the first 12 months of your membership and we won't pay any Benefits during this period.

We don't pay for any medical treatment you have arranged before arriving in Australia.

You can download the PEC certificate at **ahmoshc.com.au**

Having a baby?

If you are considering having a baby we recommend you contact us first. This is because there is a 12 month Waiting period for Pregnancy and birth services.

This Waiting period applies regardless of the baby's due date or whether the member was pregnant at the time of taking out or upgrading their cover to include Pregnancy and birth.

What is Pregnancy and birth?

Treatment for investigation and treatment of conditions associated with pregnancy and child birth.

In addition, once the baby is born, it's important to ensure they're added to your cover from their date of birth (refer to page 15), in case they require Hospital treatment immediately.

Ensuring your newborn is added to your membership

Generally, a healthy newborn is not separately admitted to hospital as an Inpatient (this is because the baby comes under the mother's admission). Because the baby isn't admitted, it's important to be aware that any treatment, tests or doctor's visits (e.g. a pre-release check-up by a paediatrician) are Outpatient services.

In some cases a newborn may need to be admitted to hospital in their own right, e.g. where they require treatment in a special care nursery or an intensive care unit. This type of admission can be very expensive. To ensure your newborn will be entitled to receive Benefits in the event they need these services, we strongly advise you add them to your membership from their date of birth. If a newborn isn't added within two months (refer page 15), you will be responsible for any costs associated with their admission.

You should also be aware that if you're expecting a multiple birth (e.g. twins) your second or subsequent babies will always be separately admitted to hospital. This means that an accommodation charge will be raised by the hospital, so it's important to make sure they're added to your cover.

Emergency Treatment Waiting period waiver

Where a 12 month Waiting period applies to a Hospital treatment, it may be waived where a medical practitioner certifies, and we agree, that Emergency Treatment was required.

What is Emergency Treatment?

Emergency Treatment means the treatment of any of the following Conditions:

- A risk of serious morbidity or mortality and requiring urgent assessment and resuscitation
- Suspected acute organ or system failure
- An illness or injury where the viability of function of a body part or organ is acutely threatened
- A drug overdose, toxic substance or toxin effect
- Psychiatric disturbance whereby the health of the patient or other people is at immediate risk
- Severe pain where the viability or function of a body part or organ is suspected to be acutely threatened
- Acute haemorrhaging requiring urgent assessment and treatment, or
- A Condition that requires immediate admission to avoid imminent morbidity or mortality.

Prescription medicines

Prescription medicines

ahm OSHC can help pay towards eligible Prescription medicines prescribed by a doctor (GP or specialist).

What Benefits are payable?

You will need to pay a set contribution amount (also known as a co-payment) towards the cost of eligible Prescription medicines, before we pay any Benefits. This contribution is equal to the general (non-concessional) PBS co-payment amount which is indexed on 1 January each year. The latest PBS co-payment amount can be found at **pbs.gov.au**

If the charge is higher than the Benefit we pay, the difference will be an out-of-pocket expense. Refer to your Cover Summary for information on the member contribution, maximum benefits per item and annual limits that apply to your membership.

When are Benefits not payable?

Benefits are not payable for the following:

- Medicines not prescribed by a doctor (GP or specialist) to treat an illness, injury or Condition
- For medicine available without a prescription
- For contraceptives prescribed for contraceptive use only
- For medicines prescribed for Cosmetic purposes
- For any over-the-counter medicines, vitamins or herbal medicines
- For any medicine not approved by the TGA (Therapeutic Goods Administration) or listed on the ARTG (Australian Register of Therapeutic Goods) for the purpose for which it has been prescribed, and
- For any Prescription medicines which fall within a Benefit exclusion (see page 28).

It's important to note that you might have to pay a significant amount if you need treatment that uses high-cost Prescription medicines, such as those used in oncology (cancer treatment).

Ambulance transportation

When are Benefits payable?

Where you need an Ambulance and your medical Condition is such that you can't be transported any other way, we'll pay towards transportation provided by an Ambulance provider approved by us:

- When Ambulance transportation to a hospital or other approved facility is required to receive immediate professional attention
- When, as an Inpatient, the hospital requires you to be transferred from one hospital to another (excluding non-medically necessary Ambulance transfers between hospitals), and
- For transport by air Ambulance, where pre-approval has been obtained from us by the air Ambulance provider.

When are Benefits not payable?

We do not pay Benefits for any Ambulance service not described under "**When are Benefits payable?**". This includes:

- Ambulance services where immediate professional attention isn't required (e.g. general patient transportation)
- When an Ambulance is called to provide immediate professional attention but transport by Ambulance isn't needed
- Any Ambulance transport required after discharge from hospital (e.g. transport from hospital to home)
- Inter-hospital transfers when, as an Inpatient, you're transferred from one hospital to another hospital for non-medically necessary reasons
- Any Ambulance costs that are fully covered by a third-party arrangement, such as an Ambulance subscription or federal/state/territory Ambulance transportation scheme, WorkCover or motor vehicle accident authority, and
- Any air Ambulance services that are fully subsidised.

Benefit exclusions

Benefits are not payable

- For any treatments or services that are:
  - Excluded under your cover (refer to your Cover Summary)
  - Arranged prior to coming to Australia
  - Subject to a PEC or other Waiting period
  - Provided while premiums are in arrears
  - Rendered, or purchased, outside Australia (including medical appliances, pharmaceuticals and other items purchased by mail order or over the Internet direct from a supplier outside Australia) or prior to joining, or
  - Not covered by our agreement (if any) with the provider.
- For any claims:
  - Submitted more than two years after the date of service
  - For services in respect of which you have received, or are entitled to receive, compensation (see page 32)
  - That are fully covered by another party,
  - Containing false or misleading information or where the service or treatment has been incompletely or incorrectly itemised.
- For charges by your doctor above the Benefit payable under ahm OSHC
- Where the treatment or service is rendered by providers who aren't recognised by us for the purpose of paying Benefits (see page 32)
- For services that aren't listed in the Medicare Benefits Schedule (although hospital Benefits may be payable for certain dental procedures carried out in hospital and Podiatric surgery carried out in hospital by a registered podiatric surgeon)
- For Cosmetic treatment
- For Podiatric surgery performed by a non-registered podiatric surgeon
- For treatment not considered medically necessary (e.g. health screening services as required for employment or visa renewal purposes) where GST applies
- For surgically implanted prostheses and other items not included on the government's Prostheses List or for any charge that exceeds the Minimum Benefit set out in the government's Prostheses List

- For any services or items not included under our agreement (if any) with the hospital such as newspapers, TV hire, crutches, wheelchairs etc.
- For same-day procedures determined by the Australian government as not requiring hospitalisation where the doctor hasn't provided suitable certification that treatment is required as an Inpatient in hospital
- Where we consider that one service forms part of another service
- Where the number of services performed or items provided exceeds a pre-determined number of services or items over a certain period or course of treatment
- Where a provider has charged for two or more consultations on the same day, except where it can be shown that two separate attendances took place, and that these attendances are clearly identifiable on the member's account as separate consultations
- Where the service is performed in stages and a separate Benefit cannot be claimed for each stage
- Where the member has reached an applicable limit for the particular item or service, or a group of items or services
- Where the treatment is provided by a provider to their partner, dependant, business partner or business partner's partner or child
- For pharmaceuticals as described on page 26 "**When are Benefits not payable?**"
- For ambulance services provided in circumstances set out in page 27 "**When are Benefits not payable?**"
- Any part of the accommodation charge raised by a hospital that exceeds the Benefit we pay,
- Optical items and ancillary services, such as dental or physiotherapy, whether provided in private practice or in a hospital (unless these are covered by our agreement with a Partner Private hospital). If you wish to be have cover for these expenses, you should consider buying an additional 'Extras' cover from us, and
- Transportation into or out of Australia in any circumstance.

Making a claim

There are a number of ways you can make a claim with your ahm OSHC.

Hospital claims

We have arrangements with most hospitals for Benefits to be paid direct to the hospital on a member's behalf. This generally means you won't need to submit a separate claim for hospital Benefits. If needed, hospital claims can be submitted via post with a completed claim form. If a claim form is sent by post, the claim form (including receipts) can be sent to:
ahm OSHC GPO 2984 Melbourne VIC 3001.

Medical claims

Direct Billing providers

An ahm OSHC Direct Billing provider is a doctor, specialist or other medical provider that we have an agreement with to send the bill directly to us.

This helps reduce or eliminate the upfront payment you would normally be required to make at the time of your appointment. Depending on the doctor you see, you may on occasion experience an out-of-pocket expense above the Benefit we pay. Before booking your consultation, check with the Direct Billing provider whether any out-of-pocket expenses may apply. Remember to take your membership card and photo identification.

To find a Direct Billing provider visit **ahmoshc.com.au/find-provider**

It's important to be aware that our agreements with Direct Billing providers are subject to change without notice. You should confirm prior to receiving treatment whether your provider is part of our Direct Billing network.

Other claiming

HICAPS

Some providers offer the convenience of electronic claiming using your membership card. Where available, the claim will be processed automatically and you will just need to pay the remaining balance to the provider.

OMS and ahm OSHC app

A claim can be submitted online for most medical services using an OMS account or through the ahm OSHC app.

These include:

- Visits to your doctor (GP)
- Pharmacy items
- Specialists
- X-rays, and
- Blood tests.

You'll need to attach copies of any relevant invoices and receipts so we can assess the claim.

We'll deposit your Benefit into your nominated Australian bank account (normally within two working days), and if your claim relates to an unpaid invoice, you'll need to pay the service provider.

Post

Fill in and submit a claim form – the form can be downloaded at **ahmoshc.com.au**

Make sure you attach the original invoices and receipts. As these won't be returned, we recommend you keep a copy for your records.

We can either deposit the Benefit amount in your nominated Australian bank account or send you a cheque. All claims will be paid in Australian dollars and can only be paid into an Australian bank account.

It's important to be aware, if you haven't paid the invoice, we'll send the money directly to your service provider. If there's an out-of-pocket expense payable, ensure you have paid this outstanding amount to the service provider.

Claims documentation

We retain all account and receipt documentation for the period required by law.

We will, on request, provide a Statement of Benefits which may assist you for taxation purposes.

For online claims, members are required to retain receipts, for the period specified in the OMS terms and conditions, for verification purposes.

Time limit for submitting a claim

Claims for Benefits must be submitted within two years of the date of service or the date the item was purchased. No Benefits will be paid for any claims submitted outside that timeframe.

Added support with ahm OSHC

In addition to helping towards the cost of health services received while in Australia, ahm OSHC also provides a range of additional services to support you during your studies in Australia.

24/7 Student Health and Support Line in 160 languages

ahm OSHC members can call **1800 006 745** any time of day or night to access a range of support services on offer:

- **Medical assistance from a registered nurse**
  A registered nurse will direct you to the most appropriate level of care needed for your Condition and if required, direct you to a specialist or practicing physician.
- **Stress and trauma counselling services**
  You will be connected to a qualified counsellor for an initial discussion over the phone. The counsellor will help you develop strategies to move forward and may suggest an appointment with a qualified professional in person for further assistance.
- **Emergency legal advice**
  Where you require emergency legal assistance, we can connect you to a lawyer or expert in the relevant area of law, e.g. help on landlord issues, infringements, rental agreements.
- **Travel document assistance**
  You can get support with travel document issues, such as guidance on lost passports and cancelled visas.
- **Health system navigation**
  Get help locating service providers within our Partner Private hospital and Direct Billing networks, as well as health providers and hospitals outside of our networks.
- **Interpreter service**
  If you need interpreter assistance, call **1800 006 745** and tell them your name and preferred language. 160 languages are available. This service is available 24 hours, 7 days a week and does not have to be for a medical service.
- **Family and friends message service**
  In the event of an accident or incident, have important messages relayed to your family or other nominated party.
- **Living in Australia support**
  Be supported as you adjust to life in Australia by accessing information on living here, e.g. help on banking, transport, cultural and safety information.

Other important information

Recognised providers

To be eligible for Benefits, a service or treatment must have been rendered by a provider recognised by us. Our recognised providers include hospitals, medical and extras providers and are not limited to providers in our Partner Private hospital or Direct Billing networks. Recognition of providers is at our discretion. Recognised providers must meet criteria set by us, and we may at our discretion cease to recognise a provider we have previously paid Benefits for. You should check whether your provider is recognised by us prior to treatment. To do this, please contact us on **134 148**.

Referral fees

Where you purchase ahm OSHC through your Agent, you acknowledge that fees or commissions may be paid by us to the Agent in respect of your cover.

Disclaimer

We encourage providers to offer high quality products and services at competitive prices to members.

However, where we recognise a provider, enter into an arrangement with a provider (e.g. Partner Private hospital or Direct Billing doctor), advertise on behalf of a provider, or appear (by reference to its logo or otherwise) in an advertisement of any provider, to the fullest extent allowed by law, such advertising or reference should not be construed as:

- An endorsement by us
- An acknowledgment or representation by us as to fitness for purpose, or
- A recommendation or warranty by us of, for or in relation to the provider's products and/or services. Accordingly, we neither take nor assume any responsibility for the product and/or service provided. Members should rely on their own enquiries and seek any assurance or warranties directly from the provider in relation to the service or product, or from the relevant registration body (e.g. AHPRA) regarding any conditions or restrictions associated with the provider's registration.

Compensation and damages

Benefits are not payable for expenses relating to treatment of a condition for which you have received, or are entitled to receive, compensation from a third-party (e.g. your state's Workers' Compensation authority, motor vehicle accident authority). This includes treatment of a Condition caused by an accident.

In some circumstances, we may agree to make provisional payment of Benefits to you, subject to the terms of your cover, and other conditions. Where you appear to have a right to make a claim for third-party compensation in relation to a Condition (including where it's caused by an accident), we expect you to make reasonable enquiries to pursue the compensation claim. We may elect not to assess your claim for Benefits until you have done so. You must provide us with timely information and copies of documents relating to any claim you make for compensation from a third-party. If you are paid any Benefits through ahm OSHC, for a medical Condition in respect of which you subsequently receive compensation, you must reimburse us for the Benefits paid in relation to that Condition.

Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is applied to Australian taxpayers who do not hold a required level of resident private hospital cover and who earn above a certain income (individual and couple/family income tiers apply).

Important: Overseas Students are generally not subject to the MLS. However, you may be liable to pay the MLS if you are considered an Australian resident for taxation purposes. Where this is the case, OSHC **will not** exempt you from the MLS.

If you are subject to the MLS, we offer resident hospital covers that can provide an MLS exemption. Call us on **134 148** to find out more.

For more information about the MLS visit the Australian Taxation Office at **ato.gov.au**

ahm OSHC Privacy Statement

We collect and use your personal and sensitive information to enable us, other Medibank Group Companies and our third-party suppliers and partners to provide you with products and services, including insurance, health-related services and partner offerings, and to give you information on other products and services.

If we do not collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third-party.

Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement.

We may disclose your personal information to persons or organisations in Australia or overseas, including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your Educational institution, migration agent or broker. We may also disclose your information to other persons included under your membership or your Agents and advisers.

We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand.

Our Privacy Policy contains more information about our privacy practices, including how we use your information and how you may opt out of receiving promotional material from us.

The Policy also details how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain the latest version of our Privacy Policy by contacting us or by visiting **ahmoshc.com.au**

You can also write to our Privacy Officer at: Privacy Officer, ahm OSHC, GPO Box 9999 (your capital city) or email **privacy@ahm.com.au**

Private Patients' Hospital Charter

The Private Patients' Hospital Charter is a guide to what it means to be treated as a private patient in hospital. It sets out what you can expect from your doctors, the hospital and your private health insurer.

To download a factsheet about the charter please visit **health.gov.au**

Contact us

We value your comments on our products and services. If you have any feedback for us or require further information on your membership, you can contact us by:

Phone **134 148** (if calling in Australia)
+61 3 9862 1095 (if calling from outside Australia)

Email **oshc@ahm.com.au**

Mail ahm OSHC,
GPO Box 2984, Melbourne, VIC 3001.

Complaints

We aim to resolve all enquiries and concerns the first time you talk to us. If your concern is still unresolved, our Customer Support team is here to help. You will need to provide us with sufficient information to enable us to investigate your concern.

You can contact our Customer Support team by:

Phone **132 331** (if calling in Australia)
+61 3 8622 5780 (if calling from outside Australia)

Mail ahm OSHC Customer Support,
GPO Box 9999, Melbourne, VIC 3000.

If you are still dissatisfied with the outcome of your complaint, or if you have a general question about private health insurance, you can receive free, independent advice from the Private Health Insurance Ombudsman:

Phone Health Insurance complaints: 1300 362 072

Health Insurance advice: 1300 737 299

Online: ombudsman.gov.au

For general information about private health insurance, see **privatehealth.gov.au**

Notes

Glossary of definitions

The following definitions explain the meaning of some of the words and phrases used throughout this Guide.

Agent
Any Educational institution, Education agent, registered migration agent or broker authorised to represent the Policy holder in certain dealings with us.

Ambulance
A road vehicle, boat or aircraft operated by a service approved by us and equipped for the transport and/or paramedical treatment of a person requiring medical attention.

Annual limit
The maximum amount of Benefits payable per person, within a Calendar year.

They can apply per member, or per membership. Once the membership limit has been reached, no other member can claim a Benefit, even where they otherwise have a remaining Annual limit.

Benefit
The amount of money we pay towards the cost of an item or service Included under your cover. The Benefit we pay for services or items is likely to be less than your provider's charge, which means you may have out-of-pocket expenses to pay.

Calendar year
A 12 month period commencing on 1 January and ending on 31 December.

Child
As defined on page [14].

Condition
An actual or perceived state of health for which treatment is sought. It includes but is not limited to states variously described as; abnormality, ailment, disability, disease, disorder, health problem, illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.

Cosmetic treatment
Any treatment which is not medically necessary and aims to revise or change the appearance, colour, texture, structure or position of normal bodily features.

No Benefits are payable under ahm OSHC toward procedures, hospital, medical or pharmacy costs associated with Cosmetic treatment or procedures not recognised by Medicare.

Couple membership
As defined on page [14].

Department of Home Affairs (Home Affairs)
Home Affairs is the Australian government department responsible for, among other things, immigration and entry and stay and departure arrangements for non-citizens.

Dependant
A person who is:

- A Partner of an Overseas Student, or
- A Child of an Overseas Student.

Direct Billing provider
As defined on page [30].

Emergency Treatment
As defined on page [25].

Education agent
A person or an entity contracted to an Education institution and authorised to assist Overseas Students in the admission application process, or the Australia visa application process. This can include purchasing and paying for OSHC.

Education institution
A school, high school, TAFE College, English Language Centre, University or any other education provider which is listed on the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS).

Excluded service
A service that we don't pay Benefits towards, including hospital accommodation or medical costs like specialists' fees.

Family membership
As defined on page [14].

Hospital treatment
Hospital accommodation services provided in, or in conjunction with, a registered hospital as an Inpatient.

Included services
A service that we pay Benefits towards, including hospital accommodation and medical costs.

Inpatient
A person who has been formally admitted to a registered hospital to receive medical care or treatment, or the purpose of obtaining professional attention. This includes Same-day admissions.

Medicare
Australia's national health care system which provides permanent Australian residents, and some international visitors, with access to treatment as public patients in public hospitals and subsidised treatment by doctors and other health care professionals.

Medicare Benefits Schedule (MBS)
As defined on page [18].

Minimum (Default) Benefit
An amount set by the government as the minimum amount that a health insurer must contribute towards hospital accommodation charges for an Included service or treatment. Also known as a default benefit. Where a Minimum Benefit applies a member may have significant out-of-pocket expenses.

Non-Partner hospital
A public or private hospital that isn't part of our Partner hospital network.

Outpatient
A patient who receives medical attention when not admitted to hospital. It includes:

- Non-admitted hospital services, such as visits to a hospital accident and emergency hospital department or outpatient clinics,
- Out-of-hospital medical services, such as those provided in a doctors' surgery, specialist's clinic or by a general practitioner (GP).

OMS
Online Member Services as defined on page [10].

Overseas Student

Is a person who is:

(a) the holder of a student visa, or

(b) an applicant for a student visa.

Pharmaceutical Benefits Scheme (PBS)

As defined on page [20].

Partner

As defined on page [14].

Partner Private hospital

A private hospital that we have an arrangement with. We have arrangements with most private hospitals and day surgeries in Australia and you'll generally get better value for Included services if you go to one of these providers, than to a Non-Partner Private hospital. To find a Partner Private hospital go to **ahmoshc.com.au** and click on 'Find a Provider'.

Policy holder

As defined on page [14].

Pre-existing Condition

As defined on page [24].

Prescription medicine

A medicine that may be legally obtained only where prescribed by a medical or dental practitioner to treat a particular medical Condition.

Same-day admission

An admission to, and discharge from, a hospital or day hospital facility on the same day (i.e where the stay does not extend beyond midnight).

Single membership

As defined on page [14].

Surgically implanted prostheses

Surgically implanted items such as stents (for coronary arteries), grommets, artificial hips and knees, or titanium plates and screws (used in reconstructions or bone breaks).

Theatre fees

Hospital charges raised for procedures performed in an operating room of a hospital or day surgery facility.

Third party authority

As defined on page [10].

Waiting period

A Waiting period applies when you join ahm OSHC. We won't pay Benefits for any items purchased or services received while you're serving a Waiting period.

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