

Hospital & Medical Cover

Visitor Value

Visitor Value is our intermediate hospital and medical insurance option for international visitors on non-working visas.

It covers you for a shared room in a public or contracted private hospital, plus some out-of-hospital medical expenses such as x-rays and GP visits (up to an annual limit of \$500 per person). With Visitor Value, you can rest easy knowing that you're covered for things like pregnancy, back surgery, heart procedures, colonoscopies and cancer treatment, should you ever need them.

What's covered?

- Full cover for a shared room in a public or HIF-contracted private hospital
- Unlimited emergency transport by road ambulance¹
- Unlimited non-emergency transport by road ambulance¹
- Outpatient services such as GP visits (up to \$500 per person, per year)
- Surgical removal of appendix, tonsils and adenoids, colonoscopy, endoscopy and gastroscopy
- Cancer related services
- Joint reconstructions
- Hernia repair
- Back surgery
- Brain surgery
- Pregnancy and birth related services
- Cardiac (heart) conditions, procedures or monitoring
- Renal dialysis
- Psychiatric care and treatment
- Palliative Care
- Non Cosmetic Eye Surgery

¹We will not cover off road or air ambulance (e.g. plane, helicopter or boat)

For a full list of covered services, visit hif.com.au/visitors

Who is Non-Working Visitors Cover for?

With our beautiful beaches, bustling city life, iconic wildlife and endless sunshine, it's no wonder Australia is a popular holiday destination. So if you're planning a trip here in the future, why not purchase your health cover today – then you can focus on the fun stuff!

Note: We cover tourists and other visitors aged less than 65 years of age.

How does the health system work in Australia?

We have a health system that combines public and private health care services. Medicare is the public health care system, which provides limited cover for visitors from countries that have a reciprocal agreement, but only for emergency treatment, and only under certain conditions. In any case, with Medicare you aren't able to choose your doctor and you won't be covered for:

- Treatment in a private hospital
- Non-emergency visits to the doctor
- Ambulance transportation

Important

HIF reserves the right to decline or refuse an application for overseas visitors health cover at any time.

What services are covered if you are not admitted to hospital?

Under Australian legislation, services provided in the emergency department of a hospital are defined as “outpatient medical” and not deemed to be a “hospital treatment”. All outpatient medical (doctor) bills are included. So that’s full cover up to the Medicare Benefit Schedule fee (MBS) although some doctors may charge over the MBS which means out-of-pocket expenses may apply. Please note a \$500 limit applies per person, per calendar year for outpatient services.

Do you have to pay anything if you are admitted (as an inpatient) into a hospital or day facility?

A standard excess of \$250 per person, per admission applies – but you only have to pay it once per calendar year (regardless of how many times you’re admitted to hospital). For couple and family memberships, a maximum annual excess of \$500 applies per policy.

What does our Private Hospital insurance cover?

Our Hospital insurance gives you access to the hospital system in Australia. The MBS is the schedule of set fees by the Australian Government for standard medical services.

As an overseas visitor with HIF insurance, you’ll be covered up to 100% of the Medicare Benefit Schedule (MBS) if you are admitted (as an inpatient) in to a hospital or a day facility.

We recommend you contact us before going to into hospital to find out if you will incur an out of pocket expense.

Make sure you read our Health Cover Guide

It’s important that you read our Health Cover Guide. It’s full of information about Hospital cover, from benefits through to waiting periods, pre-existing conditions, further exclusions and contracted (or ‘agreement’) private hospitals.

Download a copy now from: [hif.com.au/visitors](https://www.hif.com.au/visitors)

What’s not covered?

- Bone marrow transplants and organ transplants
- Assisted Reproductive Technology (e.g. IVF)
- Repatriation
- AccessGap Cover
- Any cosmetic service for which Medicare wouldn’t pay a benefit for Australian residents, (e.g. cosmetic surgery which is not clinically necessary)
- Where compensation, damages or benefits for medical treatment can or have been claimed from a third party; such as workers compensation, public liability sources, your employer or any other insurance policy
- Services outside of Australia or arranged prior to coming to Australia.

Other situations when you will not be covered by HIF include:

- When you receive treatment for a service that you’re still serving waiting periods for.
- Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment.
- Hospital treatment for which Medicare pays no benefit. This includes in-hospital services such as experimental treatment and or procedures, Medical Devices and Human Tissue Products and respite care.
- Any personal expenses not covered by your HIF policy such as: pay TV, internet access, phone calls, newspapers, or meals ordered for visitors.
- When your policy is suspended, unfinancial or cancelled.

Waiting periods

Waiting periods (the time you need to wait before you can claim) are necessary for all services. Our waiting periods are:

- **Psychiatric care, rehabilitation and palliative care regardless of whether or not the condition is pre-existing** - 2 months
- **All pregnancy related services** - 12 months
- **All treatment related to a pre-existing condition** - 12 months

Important, please note: Waiting periods are effective from your arrival into Australia. For example, if your policy start date is January 1, however you do not arrive into Australia until March 1 - your 12-month pre-existing waiting period will end on March 2 the following year.

What is a pre-existing condition?

The Pre-existing Condition Rule is a 12-month waiting period for hospital treatment relating to a pre-existing condition - it's a rule that applies whether the ailment, illness or condition was known to the member or not.

A pre-existing condition is defined as, 'Any ailment, illness, or condition where, in the opinion of a medical adviser appointed by the health insurer, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy.'

The pre-existing condition waiting period applies to new members and existing members upgrading their cover. The test applied under the law relies on the presence of signs or symptoms of the illness, ailment or condition, not on a diagnosis (i.e. it's not necessary for the member or their doctor to know what their condition is or for it to be diagnosed).

In forming an opinion about whether or not an illness is a pre-existing condition, an HIF appointed medical practitioner will take into account information provided by the member's treating doctor.



Got a question?

Visit our handy online knowledge base for 24/7 access to a wealth of information.

Visit [hif.com.au/help](https://www.hif.com.au/help) to get started or call us on **1300 134 060**.