

Hospital & Medical Cover

Intermediate Working Visa

Intermediate Working Visa Cover is our most popular option.

It's great value for those who want to be covered for visits to their doctor, ambulance trips, pharmacy drugs and treatment in a contracted private hospital, but don't mind sharing a hospital room. For total peace of mind, it also enables you to choose your own doctor or specialist.

What's covered?

- Unlimited emergency transport by road ambulance¹
- Unlimited non-emergency transport by road ambulance¹
- Full cover for a shared room in a public or HIF-contracted private hospital
- Full cover for a private room in a public hospital*
- Inpatient medical bills (in-hospital) services
- Pregnancy and birth-related services
- Intensive care fees
- Theatre fees
- Surgically implanted prostheses
- Repatriation (maximum \$6,000)
- Cardiac (heart) conditions, procedures or monitoring
- Non cosmetic eye surgery
- Outpatient services such as GP visits (up to \$500 per person, per year)
- X-rays
- Pathology (blood tests)
- In-hospital pharmacy drugs

**Private room subject to availability*

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](https://www.hif.com.au/visitors)

Who is Visitors Cover for?

We cover overseas workers and other visitors to Australia. Our Working Visa covers are suitable for visitors on working visas 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.

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

There's no excess, and you are fully covered for all inpatient medical (doctor) bills up to the Medicare Benefit Schedule Fee (MBS). 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 for up to 100% of the MBS fee 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 if you will incur an out of pocket expense.

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, as are public or private hospital emergency department fees. So that's full cover up to the Medicare Benefit Schedule fee (MBS) although some doctors may charge over the MBS which means you will need to pay these out-of-pocket expenses yourself. This includes consultations with doctors and specialists, radiology and pathology. Please note a \$500 limit applies per person, per calendar year for outpatient services.

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
- Artificial reproductive techniques (e.g. IVF) and investigations or treatment relating to infertility
- Any cosmetic service for which Medicare will not pay a benefit to Australian residents (e.g cosmetic surgery not clinically necessary)
- 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, prostheses 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.
- 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.

What is repatriation?

Repatriation is the process of returning an eligible international member to their home country because they are terminally ill or suffer from a substantial life-altering illness or injury. In that instance, we will pay a contribution towards the cost of their return travel with another family member and a professional who is qualified to provide medical supervision. In the event of a member passing away while visiting Australia, the deceased person's mortal remains may be repatriated to their home country if legally permissible. On Intermediate Working Visa Cover, the repatriation benefit is \$6,000 per person, per lifetime.

Waiting periods

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

- **Psychiatric care, rehabilitation and palliative care regardless of whether or not the condition is pre-existing** – 2 months
- **Pregnancy and birth 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**.