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What is OSHC?

Overseas student health cover (OSHC) is health insurance that provides cover for the costs of:
» Out of hospital medical treatment, e.g., Doctors, pathology
» In hospital medical treatment, e.g., Hospital accommodation, theatre fees
» Prescription Medicines
» Emergency Ambulance assistance

Why do international students need OSHC?

Student Visa Requirement

The Department of Immigration and Citizenship requires holders of a student visa to purchase and maintain OSHC for the entire length of their student visa. If you allow your cover to lapse, when you renew your OSHC you will have to back-pay for any period you were not covered by OSHC. In addition, you are not entitled to receive benefits during this ‘back-pay’ period.

Peace of mind

Medical treatment can be expensive. International students are not eligible for Medicare. Medicare is the public health insurance system available to Australian Residents. Without OSHC cover, international students may have difficulty paying for medical treatment. In some cases, hospital treatment can cost more than $1,000 per day at a minimum.

OSHC was introduced for international students to have health care during their stay in Australia. OSHC ensures international students can access appropriate health care without experiencing financial hardship.

Who is eligible for OSHC?

You are eligible for this policy if you are an “International Student”.

An International Student, for the purpose of OSHC requirements is defined as:
» a person who is the holder of a student visa to study in Australia; or
» a person who:
  - is an applicant for a student visa; and
  - is the holder of a bridging visa; and
  - was, immediately before being granted the bridging visa, the holder of a student visa.

A spouse or dependant may be covered on a policy as long as the policy is a family plan.

A dependant means wholly or substantially dependent on you for financial, psychological or physical support. Once a dependant reaches 18 years of age, he/she ceases to be a dependant on a family policy and will no longer be covered under the Family OSHC. The dependant may wish to seek other health insurance options once they reach 18 years of age (www.oshcworldcare.com.au/educover/) or if they hold a current student visa they will need to purchase their own OSHC policy.

How long do I have to be covered?

As of 1 July 2010, all student visa holders require OSHC for the entire period of their student visa.

If you are studying multiple courses, you need to have OSHC cover until your visa expiry date. This must include any gap periods between courses. The table below provides a guide:

<table>
<thead>
<tr>
<th>DURATION OF COURSE</th>
<th>DURATION OF VISA</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 months or less</td>
<td>The student visa will usually be granted for up to one month longer than the course duration</td>
</tr>
<tr>
<td>Longer than 10 months</td>
<td>The student visa will usually be granted for up to two months longer than the course duration</td>
</tr>
<tr>
<td>Longer than 10 months and finishing at the end of the Australian academic year (October - December)</td>
<td>The student visa will usually be granted up to March 15 of the following year</td>
</tr>
</tbody>
</table>
What does OSHC cover?

OSHC Worldcare provides a safety net for overseas students, similar to that provided to Australian residents through Medicare. Additionally, OSHC Worldcare also includes access to a selection of private hospitals, day surgeries, emergency ambulance cover (where medically necessary) and benefits for prescription medicines. The medical treatments that attract a benefit are listed in the Medicare Benefits Schedule (MBS). For more information go to www.medicareaustralia.gov.au/provider/medicare/mbs.jsp.

Out of hospital services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT PER SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical services provided by doctors (GP Services)</td>
<td>The benefit amount as listed in the MBS</td>
</tr>
<tr>
<td>Medical services such as pathology and radiology</td>
<td></td>
</tr>
</tbody>
</table>

The MBS fees are uniform across Australia and are determined by the Department of Health and Ageing in consultation with professional bodies.

The benefit payable is usually 100% of the schedule fee for most GP services and 85% of the schedule fee for all other out of hospital services.

The ‘item number’ determines the benefit payable. The ‘item number’ is listed on your invoice from the certified Medical Practitioner. Read our ‘Out of Hospital Benefits’ fact sheet for further details (www.oshcworldcare.com.au/fact_sheets.aspx).

For example, if the benefit payable is 85% of the scheduled fee, the patient pays the difference between the scheduled fee and the rebate (known as the ‘co-payment’).

Some doctors, specialists and health service providers charge more than the MBS. If the doctor charges more than the MBS, we will pay 85% of the MBS and the patient must pay the 15% difference, plus the gap above the MBS rate.

In hospital services – public hospitals

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT PER SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient in shared ward or private ward hospital accommodation</td>
<td>The rate charged is determined by State and Territory health authorities for services charged to a patient who is not an Australian resident</td>
</tr>
<tr>
<td>Same day services as an admitted patient</td>
<td></td>
</tr>
<tr>
<td>Accident and Emergency</td>
<td></td>
</tr>
<tr>
<td>Outpatient medical and post operative services</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation/occupational therapy subject to the following conditions:</td>
<td></td>
</tr>
</tbody>
</table>
  i. Treatment must be recommended by the treating doctor |
  ii. Treatment must be recommended to recover from an acute illness or injury |
  iii. Treatment is provided while you are an admitted patient of a hospital |

In hospital services - private hospitals

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT PER SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private hospital / Registered day hospital facility</td>
<td>100% of the charges for all insurable costs raised by a contracted hospital with a minimum of shared ward accommodation</td>
</tr>
</tbody>
</table>
### Prescription medicines

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT PER SERVICE</th>
<th>LIMITS PER ANNUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription-only medicines prescribed and dispensed by a registered practitioner. Benefits for expenses exceeding the equivalent of the current Pharmaceutical Benefits Scheme (PBS) patient contribution, for general beneficiaries</td>
<td>Up to $50 per prescription item</td>
<td>Maximum amount per calendar year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single $300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $600</td>
</tr>
</tbody>
</table>

* The rate charged is determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.  
* Limits are the maximum amounts payable under a standard 12 month policy and are pro-rata according to the length of the policy. Limits apply per person as long as the maximum benefit has not been used on a Family Policy.

### Other services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT PER SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgically implanted prostheses as detailed in the Australian Government Dept of Health Prosthesis list</td>
<td>Up to $50 per prescription item</td>
</tr>
<tr>
<td>Ambulance Services - when medically necessary for admission to hospital, or - for emergency treatment</td>
<td>100% of transportation charge</td>
</tr>
<tr>
<td>No routine use covered</td>
<td></td>
</tr>
</tbody>
</table>

### What is not covered?

**Services which are not covered under your policy:**

(a) Medications, drugs or other treatments not prescribed by a doctor or not included in the PBS.

(b) Dentist or optician charges.

(c) The co-payment payable by you under Australian law or as a result of the provider charging in excess of the MBS Fee.

(d) Medical or hospital services arising from any event listed as a General Exclusion.

**General Exclusions:**

(a) Services and treatment rendered as part of an assisted reproductive program, including but not limited to in-vitro-fertilisation;

(b) Treatment rendered outside of Australia, whether or not in connection with a course of study and including treatment necessary en route to or from Australia;

(c) Treatment arranged in advance of the Dependant’s or International Student's arrival in Australia;

(d) Treatment rendered to a Dependant or International Student in the first twelve months after arrival in Australia where treatment is for a medical condition existing prior to arrival.

* Where an application was made for a student visa by an on-shore applicant, who previously did not hold a student visa, treatment rendered to a Dependant or International Student in the first twelve months after purchase of OSHC where that treatment is for a medical condition existing prior to the purchase of OSHC. This exclusion does not apply where a Medical Practitioner certifies, and we agree, that the Dependant or International Student required emergency treatment or treatment for a life-threatening condition in Australia. We will not unreasonably withhold our agreement;

(e) Where an application was made for a student visa by an on-shore applicant, who previously did not hold a student visa, treatment rendered to a Dependant or International Student in the first twelve months after purchase of OSHC where that treatment is for a medical condition existing prior to the purchase of OSHC. This exclusion does not apply where a Medical Practitioner certifies, and we agree, that the Dependant or International Student required emergency treatment or treatment for a life-threatening condition in Australia. We will not unreasonably withhold our agreement;

(f) Treatment of secondary conditions or disabilities directly arising from the conditions or disabilities to which subclause (d) and (e) applies will be treated in accordance with the provisions of subclause (d) and (e) respectively;

(g) Treatment for a pregnancy related condition for a Dependant or an International Student where the International student's visa is for less than 3 months. This exclusion does not apply where the Dependant or International Student arrived on a previous visa and the total period of continuous stay is 3 months or longer, ie pregnancy is not to be treated as a pre-existing condition. If an International Student on an initial visa of less than 3 months duration obtains a new student visa to increase their stay for 3 months or more, then this exclusion ceases from the date of issue of the second visa and pregnancy is not to be treated as a pre-existing condition;

(h) Transportation of a Dependant or International Student into or out of Australia in any circumstance;

(i) Elective cosmetic surgery; and

(j) Any expenses related to a medical assessment, x-ray or blood test for the renewal or issue of a student visa.

### Is there a waiting period?

**Pre-existing conditions**

The waiting period for a Pre-Existing Medical Condition is 12 months from the date you arrive in Australia, or the date your student visa was granted, whichever is the later date. During this 12 month period, you cannot claim for any costs associated with any ailment, illness, disability or condition (or secondary condition related to this ailment, illness, disability or condition) that you suffered from at any time before you came to Australia, or before the date your student visa was granted, whichever is the later date.

### When does my cover start?

» For most **commencing students** your cover is arranged through your education institution prior to your arrival and you are covered as soon as you arrive in Australia.

» For **continuing students** (those that have been studying in Australia) you are covered until the expiry date shown on your membership card. Please check that you have your membership card and know your expiry date so that you maintain your cover.
The Australian health care system

Australia has a national health care system that provides access to health care for Australian citizens, New Zealand citizens or holders of permanent resident visas. The major part of the national health care system is called “Medicare”. Medicare provides high quality health care which is both affordable and accessible to all Australians, provided free of charge at the point of service.

Medicare covers areas of medical, hospital and pharmaceutical costs, but does not cover private hospital costs, dental, optical or similar services. Medicare does not provide cover for ambulance assistance or for hospital transportation.

For most medical services, the first point is a General Practitioner (GP) who will assess your condition based on the information you provide. It is important that you tell your GP of any previous history, current medications and any triggers that may have caused your condition.

The GP will provide an overview of your condition and may prescribe medication. Your GP will inform you of the required dosage and instructions. The GP may ask that you have pathology tests, radiology tests or other tests. You may be provided with a ‘referral’ where the GP will inform the pathologist or radiologist which tests need to be performed. You will then need to return to the GP to obtain the results of the tests and any further treatment.

The GP may then refer you to a specialist. You will need to make an appointment with a specialist. The specialist will review the letter from the GP and all test results and provide further treatment plans to assist you with your medical condition. Once your condition has cleared, you no longer need to visit the specialist. Return to the GP if any new symptoms occur.

If required the specialist may discuss hospital treatment for serious conditions.

What is a direct billing medical provider?

OSHC Worldcare has set up payment arrangements for our members with medical providers conveniently located in your local area. Make sure you carry your valid OSHC membership card and photo ID with you at all times, as you will need to show both items when seeking treatment. The benefit amount of the bill will be sent directly to OSHC Worldcare for payment. You will not need to make a claim.

Some medical providers may charge a small ‘gap fee’ at the time of service. The ‘gap fee’ is not covered by OSHC. This is the difference between what the doctor charges and the benefit payable under the policy. There are some medical providers that do not charge a ‘gap fee’. Ask about the costs when making the appointment.

You can find your closest Direct Billing Medical Provider online, by clicking onto the ‘Find a Doctor’ tab on our website.

What do I do if I need medical treatment?

Please notify OSHC Worldcare immediately on 1800 651 349 if you are admitted to hospital for treatment. Unlike many countries, in Australia we do NOT visit public hospital clinics for routine medical consultations. We first make appointments to see General Practitioners (GP) in local health/medical centres.

General Practitioners

If you are not in a medical emergency situation, the first point of contact is a GP or local health/medical centre. You can access many medical services at your local health centre. Some of the services available are:

- General medicine: physical check-ups, pathology (blood tests), skin checks, nutrition advice, support in quitting smoking, blood pressure monitoring
- Assessment and treatment of health problems and injuries
- First aid services as needed
- Simple diagnostic screenings: many tests available - some include urine pregnancy test, urinalysis, blood pressure readings, blood sugar testing
- Women’s health: contraceptive advice, pap smears, sexual health screening, pregnancy testing and advice, breast examination
- Men’s health: sexual health screening, prostate checks
- Health counselling: including health problem counselling and personal problem counselling
- Referrals to specialist services

It is necessary for you to make an appointment to see your doctor.

In order to minimise your medical expenses, and avoid having to claim, it is recommended that you attend a medical centre or GP that has a direct bill arrangement with OSHC Worldcare. You can find your closest direct billing medical providers on the OSHC Worldcare website at www.oshc.com.au.

You simply have to show your valid OSHC Worldcare membership card and a valid photo ID, and the bill for the covered portion of your service will be sent directly to OSHC Worldcare. If you wish to see another doctor, a list of doctors’ names, locations and phone numbers can be found in the Yellow Pages (www.yellowpages.com.au). You may be required to pay the bill, and then submit a claim to OSHC Worldcare in order to receive your benefit from any medical provider without a direct billing arrangement with OSHC Worldcare.

Specialists and private health services

After your initial consultation with your doctor, if you require more specialist care or treatment, your doctor will refer you to a specialist.
Accident and Emergency Treatment

Every public hospital in Australia has a 24-hour Emergency and Casualty department. You should use this service in emergency situations only. This means you need medical treatment immediately for a very serious condition. Please note, this is not an alternative to a local doctor visit. If you attend an outpatient, emergency or casualty department at a public hospital, you may need to wait a long time to see a doctor unless it is an emergency.

You should only use these services in an emergency situation.

People waiting in emergency are assessed and treated according to the seriousness of their medical condition. The patients with the most urgent problems are seen and treated first. If you attend the emergency department with a less serious medical condition you may be required to wait to see a doctor.

Hospital Treatment

If you have been referred to hospital to undergo treatment, you must contact OSHC Worldcare immediately on 1800 651 349. You will need to provide OSHC Worldcare with the details of your treatment and hospital stay. We will then be able to confirm your cover and assist you with making arrangements for payment to the hospital.

Public Admission

Generally, OSHC Worldcare covers the total cost of your stay and treatment as an inpatient in a shared ward of a public hospital. As a public patient, your doctors will be nominated by the hospital. After you are discharged from hospital your care will be carried out in either the outpatient clinic, one of the hospital specialist’s private rooms, or you will be referred to your local general practitioner.

Private Admission

You may choose to be treated in a private hospital. OSHC Worldcare will contribute benefits towards treatment and shared ward accommodation. If you are a private patient, you may have to pay for any difference between your doctor’s charges and the schedule charge, which is the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian Resident.

How do I submit a claim?

If you do incur medical costs in Australia, there are many ways to submit a claim:

Please note, you must provide a copy of your student visa when submitting a claim.

Online

2. Select ‘File a Claim’ and follow the step by step instructions to submit a claim.
3. Record the claim reference number at the submission of the online claim, and write it on the back of all your original invoices and/or receipts.
4. Send the original invoices and/or receipts to OSHC Worldcare, Locked Bag 3001, Toowong QLD 4066.

By post

1. Collect a claim form from:
   - your institution
   - download from www.oshcworldcare.com.au
2. Complete the claim form and attach your original invoices and/or receipts
3. Send the claim form and original invoices and/or receipts to OSHC Worldcare, Locked Bag 3001, Toowong QLD 4066

It is important to keep a copy of:

- Your invoices and receipts, and
- your claim reference number.

To make a successful claim you must submit:

- All original receipts and/or invoices, and
- any other relevant documents.

Pre-paid, pre-addressed envelopes for all claims are available at your institution or can be requested by contacting OSHC Worldcare on 13 OSHC (13 6742).

On campus

OSHC Worldcare Client Service Representatives are available on campus at many institutions to help with claims. Find your local representative by visiting our website and clicking on the Student tab and then Customer Service Locations.

- Bring your original invoices/receipts with you
- Medical Services up to $105 will be processed immediately and you will be provided with a cash voucher redeemable at Australia Post.
Where can I get assistance?

**Client Service Representatives**
OSHC Worldcare has Client Service Representatives, present at some Member Service Points and Institutions at various times during the week. They can assist you with any questions, queries or translations details. Check with your Institution to find out details or alternatively go to www.oshcworldcare.com.au/member_student/need_help.aspx.

**Member Service Points**
Some institutions have an OSHC Worldcare Member Service Point, where members have access to:
- Helpful OSHC Worldcare information including claim forms, pre-paid envelopes and new information.

**By phone**
If your institution does not have a Member Service Point or Client Service Representative, you can access information by calling 13 OSHC (13 6742) for friendly and helpful advice.

How do I renew my OSHC?
If your OSHC cover expires before the end of your student visa, it is your responsibility to ensure that your OSHC policy is renewed. You can renew your policy:
- **On-campus** – some institutions can collect your OSHC premium and send it to OSHC Worldcare. OSHC Worldcare also provides on-campus EFTPOS facilities, at various institutions. Once you renew your OSHC, your new membership card will be sent to you automatically.

If you need to apply for an extension or a new student visa, you will need to prove to the Department of Immigration and Citizenship that you have OSHC for the length of your visa.

What if I forget to renew my OSHC?
You are responsible for making sure your OSHC is always valid. If you allow your policy to lapse whilst on a student visa, and you wish to renew your OSHC during the duration of your student visa, you must pay the premiums for the lapsed period. No benefits are payable for claims during the lapsed period of your OSHC.

I am going home for the holidays, can I suspend my membership?
OSHC Worldcare offers ‘Holiday Credit’ for policy holders that leave Australia for more than 30 days during their OSHC policy.

In order to apply for a Holiday Credit:
- You must apply within 30 days of your return to Australia
- You must show a valid OSHC Worldcare policy
- If your OSHC Worldcare policy expired during your absence, you must renew your cover and backdate to the date of expiry before you can apply for your ‘Holiday Credit’
- You must be out of Australia for a period of 30 days or greater

To apply for an extension of your policy with OSHC Worldcare, contact your local OSHC Worldcare Representative on campus or call us on 13 OSHC (13 6742).

For further information refer to the ‘Holiday Credit’ Fact Sheet or download an application form (www.oshcworldcare.com.au/fact_sheets.aspx).

Completed forms should be emailed to oshc@worldcare.com.au.

I am leaving Australia and my OSHC has not expired, can I get a refund?
OSHC Worldcare will provide a refund (part or full) of your premium if:
- you paid for OSHC and did not come to Australia to commence your studies
- your student visa was not extended or was cancelled
- you have to cease studies and leave Australia before the end of an approved period for reasons beyond your control
- you finish your studies early and are leaving Australia
- you have been granted permanent resident status in Australia
- you have OSHC with another provider

OSHC Worldcare will not refund premiums for periods of less than one month.