



# Overseas Student

## Your Important Information Guide

This guide is here to help you navigate our healthcare system and health cover. For further information on your overseas student health cover (OSHC) policy with us, please read your policy information.

# Welcome to Bupa

It's our purpose that makes us different – helping our members to live longer, healthier, happier lives. We focus on your health, so you can get back to your everyday life.

## Things to know

Take time to read this guide to further understand and learn about your overseas student cover with us. As a Bupa member, knowing how your cover works will help you to get the most value from your health insurance.

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This guide is in addition to our Fund Rules available online or by contacting us.

Visit [bupa.com.au/fundrules/oshc](http://bupa.com.au/fundrules/oshc)



# How Australia's healthcare system works

We understand that healthcare can be confusing to overseas students. That's why we aim to provide the best advice and support to help you find what's right for your needs.

The Australian healthcare system is made up of two components, the public healthcare system administered by the Australian Government, known as Medicare and, the private healthcare system.

## Private healthcare system

The private system includes health insurers like Bupa, who come together with Medicare to provide Australians with access to medical services and health providers.

## Public healthcare system

Medicare is Australia's public healthcare system for all citizens and most permanent residents. It provides free or subsidised cover for certain healthcare services. Except for very limited cases for residents from countries with reciprocal arrangements, international visitors are not entitled to receive any Medicare benefits.

However, Medicare does not cover treatment in a private hospital. You may also not be able to choose your own doctor in hospital. This means you will experience out-of-pocket costs that you will have to pay yourself.

## What does Medicare cover?

**(some out-of-pocket cost may still occur)**

- Treatment in a public hospital that is medically necessary
- Visiting a General Practitioner (GP)
- Referral to a specialist doctor
- Medical tests and examinations
- Prescription medication subsidised by the Pharmaceutical Benefits Scheme (PBS)

## What does Medicare not cover?

- Ambulance services
- Extras services including optical and dental
- Access to private doctors and specialists
- Services and treatment in public hospital that are not clinically necessary
- Services and treatment in private hospital

# What to do when you feel sick

## Emergency health issues



Visit your local hospital emergency department



Call 000 (triple zero) for an ambulance

## Non-Emergency health issues



Visit your local GP or medical centre



Receive treatment from your GP



GP refers you to a specialist or other health service



### Need to visit a GP or doctor?

Find a Bupa friendly doctor to help reduce or eliminate out-of-pocket expenses. Visit [bupa.com.au/find-a-doctor](https://www.bupa.com.au/find-a-doctor) for more details.

If you're not sure if it's an emergency health issue, it's better to treat it as an emergency. If you need more advice about your health issue, you could also:

- See a GP
- Visit [healthdirect.gov.au](https://www.healthdirect.gov.au)
- Call the Australian Government's health advice line on **1800 022 222**

If it's a mental health issue, you can also call LifeLine on **13 11 14**.

## Do some non-residents have access to Medicare?

Yes, the Australian Government has Reciprocal Health Care Agreements (RHCA) with a selected number of countries. These agreements enable residents of these countries to receive Medicare benefits when studying in Australia.

The level of Medicare cover and the period for which you receive it varies depending on which country you are from.

For more information and for a list of countries visit [humanservices.gov.au](https://www.humanservices.gov.au) or contact us.

# Understanding your student health cover

## What is covered?

### Hospital costs

With Overseas Student Health Cover (OSHC) and Advantage Overseas Student Health Cover, you can choose to be treated as a private patient in either a private or a public hospital.

### What if I am treated in a Members First or Network Hospital?

With OSHC you are covered as a private patient in most hospitals that Bupa has an agreement with, known as Members First and Network Hospitals, across Australia for any treatment which is recognised by Medicare and is not excluded under your cover.

At our Members First Hospitals, you'll receive a private room if a private room is available. If a private room is not available, you'll receive \$50 back per night from the hospital. Please note that the following conditions apply: You must book and request a private room in a Members First Hospital at least 24 hours before admission. It applies to overnight admissions only. It excludes 'nursing home type patients', admissions via an Emergency Department, same day admissions or where a private room is medically inappropriate (e.g. medical practitioner requires the patient to an Intensive Care Unit or other particular ward rather than a private room). You'll also get complimentary local calls, TV usage and a daily newspaper.

If you are treated in a Members First Day Hospital, there are no out-of-pocket expenses for medical fees charged by a surgeon, anaesthetist or other specialists when admitted to hospital for included services. (Not available in NT). Any co-payment or excess related to your level of cover will still apply.

At a small number of Network Hospitals, an additional set amount or 'fixed fee' may be charged by the hospital, capped at a maximum number of days per stay. The hospital should inform you of this fee when you make a booking. This fee is in addition to any excess or co-payment you may have as part of your hospital cover.

When admitted to hospital, in most cases you will be covered for in-hospital charges when provided as part of your inpatient hospital treatment including:

- Accommodation for overnight or same-day stays.
- Operating theatre, intensive care and labour ward fees.
- Supplied pharmaceuticals approved for the condition to be treated by the Australian Government's Pharmaceutical Benefits Scheme (PBS) Schedule, and provided as part of your inpatient hospital treatment.
- Physiotherapy, occupational therapy, speech therapy and other allied health services provided as part of an inpatient hospital admission.
- Surgically implanted prosthesis up to the approved benefit published on the Australian Government's Prosthesis List.
- Private room where available where available and clinically appropriate.<sup>1</sup>

If you are treated in a Members First Day Hospital, there are no out-of-pocket expenses for medical fees charged by a surgeon, anaesthetist or other specialists when admitted to hospital for included services (not available in NT). Any co-payment or excess related to your level of cover will still apply.

We recommend you call us first before making a booking to confirm that your hospital of choice gives you certainty of full cover. You can find out if a hospital has an agreement with us by checking our website [bupa.com.au/find-a-provider](http://bupa.com.au/find-a-provider)

<sup>1</sup>Conditions apply. Contact us for more information.

## **What happens if I choose a private hospital that Bupa doesn't have an agreement with?**

If you are admitted to a private hospital that Bupa does not have an agreement with, you will have restricted cover for your hospital costs, and cover for prosthesis up to the approved benefit in the Australian Government Prosthesis List. This will apply for any treatment recognised by Medicare, unless it is excluded or restricted under your level of cover. The amount we pay will only partially cover the full cost and you will have significant out-of-pocket expenses.

It is important to note that you will be responsible for the cost of your stay and may be charged directly for your hospital accommodation, doctor's services (including any diagnostic tests), surgically implanted prosthesis (such as artificial hips) and personal expenses such as TV hire and telephone calls. Some of these hospitals bill Bupa directly for the limited benefits we pay. Please also refer to the Inpatient and Outpatient Medical Costs section of this guide.

## **What happens if I choose to be a private patient in a public hospital?**

Whether a public hospital will accept or admit a patient, or whether a doctor provides treatment at a public hospital, or performs a particular procedure in a public hospital, is outside of Bupa's control.

As a private patient in a public hospital you are entitled to choose your doctor, if they are available. However, it is important to understand that you may still be subject to public hospital waiting lists. Depending on your illness or condition, this may be the same doctor who would have been allocated to you by the hospital as a public patient.

If you are admitted as a private patient in a public hospital, you will have restricted cover for your hospital costs, and cover for prosthesis up to the approved benefit in the Australian Government Prosthesis List.

If this benefit is less than the hospital charge, the hospital should let you know what out-of-pocket expenses you will have to pay. Bupa also pays benefits for prosthesis up to the approved benefit in the Australian Government Prosthesis List. The above applies for any treatment recognised by Medicare unless it is excluded or restricted under your level of cover. It is important to note that in public hospitals, private rooms are generally allocated to people who medically need them.

As a private patient in a public hospital you will also be responsible for personal expenses such as TV hire and telephone calls together with any fee doctor/surgeon charges above the benefit Bupa pays and Prosthesis charges above the approved benefit in the Australian Government Prosthesis List.

Please also refer to the Inpatient and Outpatient Medical Costs section of this guide.

## **Inpatient medical costs**

These are the fees charged by your doctor, surgeon, anaesthetist or other specialist for any treatment given to you when you are admitted to a hospital as an inpatient. This includes most inpatient diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology). We cover you for 100% of the Medicare Benefits Schedule (MBS). This is the amount determined by the Australian Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Fee there will be a 'gap' for you to pay.

## Cover outside of hospital (outpatient)

Also known as outpatient medical services, this is cover for any treatment you receive where you are not admitted into hospital in Australia from a doctor or specialist in private practice (including diagnostic services such as radiology and pathology). We will cover you for up to 100% of the Medicare Benefits Schedule Fee (MBS Fee) for outpatient services. The MBS Fee is the amount determined by the Australian Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Fee there will be a gap for you to pay.

To find out the Medicare Benefit Schedule (MBS) fee visit [mbsonline.gov.au](http://mbsonline.gov.au)

## Medicines

You can also receive benefits on selected pharmacy items including discharge medication prescribed as an outpatient by a doctor or specialist. This is provided the item's usage is approved by the Therapeutic Goods Administration.

See **Page 18** for more details.

## Repatriation benefit

If you are on Advantage OSHC, you will receive cover for repatriation to your country of origin if you become terminally ill or if you suffer a substantial life altering illness/injury up to \$100,000. Or for the return of mortal remains up to \$10,000. Benefits are only payable once approved by Bupa.

No Repatriation Benefit will be paid if, within six months prior to the date your policy commenced, the insured was:

- first diagnosed as Terminally Ill; or,
- a reasonable person would have first become aware of the Terminal Illness; or,
- suffering a substantial Life Altering Illness/ Injury.

## Mental health benefits

If you are on Advantage OSHC, you can access mental health benefits including psychology and counselling<sup>1</sup> services without having a GP care plan in place.

<sup>1</sup>Receive up to \$75 per consultation for psychology and up to \$40 for counselling, up to a maximum of \$150 per person per calendar year by recognised providers. Waiting periods, policy and fund rules apply.



# Help reduce your medical costs with the Bupa Medical Gap Scheme

Bupa's Medical Gap Scheme helps to remove or reduce the costs you pay for your treatment in hospital.

Where a doctor chooses to use the scheme for your treatment, they agree to only charge up to a certain fee. We'll then pay a much higher amount than we normally would to help cover the extra cost. If a doctor uses the no-gap option, we cover all of the extra charges, so you pay nothing for that doctor's medical fees. Otherwise, for each doctor choosing to use the Gap Scheme, the most you'll pay is up to \$500 out-of-pocket on medical costs. Each doctor involved in your treatment can choose to use the Bupa Medical Gap Scheme for your admission in a Public Hospital, or a Private Hospital with which Bupa has an agreement.

For more info visit [bupa.com.au/medicalgapscheme](http://bupa.com.au/medicalgapscheme)

# What is covered - Hospital Cover

The below is a guide on the in-hospital treatments your student cover provides. For further information, refer to your policy information.

StudentCover		
Hospital & Medical services	OSHC	Advantage OSHC
Rehabilitation	P	P
Hospital psychiatric services	P	P
Palliative care	P	P
Brain and nervous system	P	P
Blood	P	P
Bone marrow transfusion or transplant	P	P
Chemotherapy, radiotherapy and immunotherapy for cancer	P	P
Eye (not cataracts)	P	P
Cataracts	P	P
Ear, nose and throat	P	P
Implantation of hearing devices	P	P
Tonsils, adenoids and grommets	P	P
Bone, joint and muscle	P	P
Joint reconstructions	P	P
Joint replacements (other than Hip and Knee)	P	P
Joint replacements (Hip and Knee)	P	P
Back, neck and spine	P	P
Kidney and bladder	P	P
Organ transplant	P	P
Dialysis for chronic kidney failure	P	P
Digestive system	P	P
Hernia and appendix	P	P
Gastrointestinal endoscopy	P	P
Weight loss surgery	P	P
Heart and vascular system	P	P
Lung and chest	P	P
Gynaecology	P	P
Miscarriage and termination of pregnancy	P	P
Pregnancy and birth	P	P
Assisted reproductive services	0	0
Male reproductive system	P	P
Diabetes management (excluding insulin pumps)	P	P
Insulin pumps	P	P
Pain management	P	P
Pain management with device	P	P
Breast surgery (medically necessary)	P	P
Plastic and reconstructive surgery (medically necessary)	P	P
Skin	P	P
Dental surgery	P	P
Sleep studies	P	P
Podiatric surgery (provided by an accredited podiatric surgeon)	P	P



**Choosing a hospital? Call us first**

We recommend you call us first on **1800 888 942** (within Australia) or **+613 9937 4223** (outside Australia) to discuss your hospital options and to get the most out of your students cover. You can also find out if a hospital has an agreement with us by visiting **[bupa.com.au/find-a-provider](http://bupa.com.au/find-a-provider)**

# Ambulance Cover

## Emergency Ambulance Cover

As part of your cover you receive unlimited emergency only ambulance cover for emergency ambulance air and road transportation and on-the-spot emergency treatment by a Recognised Ambulance Provider.

You'll receive cover for ambulance transport provided by an approved ambulance service where medically necessary for admission to hospital or for Emergency Treatment. You're not covered for non-emergency transportation from a hospital to your home, a nursing home or another hospital. Whether the transportation is deemed an emergency is determined by the paramedic and usually recorded on the account.

If you need to make a claim for emergency ambulance benefits, we will give you an Ambulance Claim Form to complete.

Transportation means a journey from the place where immediate medical treatment is sought to the casualty department of a receiving hospital.

## Recognised Ambulance Providers

We will generally only pay benefits towards ambulance services when they are provided by any of the following recognised providers:

- ACT Ambulance Service.
- Ambulance Service of NSW/PTS.
- Ambulance Victoria.
- Queensland Ambulance Service.
- South Australia Ambulance Service.
- St John Ambulance NT.
- St John Ambulance WA.
- Ambulance Tasmania.

# What is not covered

## Hospital costs

Situations when you are likely not to be covered or to have significant additional expenses include:

- During a waiting period.
- When you are treated at a non-agreement private hospital.
- For the fixed fee charged by a fixed fee hospital or a hospital that has a fixed fee service.
- When you have not been admitted into a hospital and are treated as an outpatient (e.g. emergency room treatment, outpatient antenatal consultations with an obstetrician prior to child birth) you may not be covered.
- For psychiatric and rehabilitation day programs, at a hospital that Bupa does not have an agreement with.
- Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment.
- Hospital treatment for which Medicare pays no benefit, including: medical costs in relation to surgical podiatry (including the fees charged by the podiatrist); cosmetic surgery; respite care; experimental treatment and/or any treatment/procedure not approved by the Medical Services Advisory Committee (MSAC).
- Personal expenses such as: pay TV, non-local phone calls, newspapers, boarder fees, meals ordered for your visitors, hairdressing and any other personal expenses charged to you unless included in your cover.
- If you are in hospital for more than 35 days and you have been classified as a 'nursing home type' patient. In this situation you may receive limited benefits and be required to make a personal contribution towards the cost of your care.

- Some hospital-substitute treatment and operative services that are a continuation of care associated with an early discharge from hospital.
- For pharmaceuticals items supplied upon discharge from the hospital unless covered on your OSHC or Extras cover.
- If you choose to use your own allied health provider (e.g. chiropractors, dieticians or psychologists) rather than the hospital's practitioner for services that form part of your inpatient hospital treatment.
- Where compensation, damages or benefits may be claimed by another source (e.g. workers compensation).
- For any amount charged by a public or non-agreement private hospital which is not covered by us or which is above the benefit that we pay.
- Treatment for any children on a family membership if they are over 18 years of age.
- Additional charges applied for private room accommodation in a public hospital.
- Non-PBS, high cost drugs.
- For any treatments or services rendered outside Australia. This includes:
  - Treatment arranged before you arrived in Australia
  - Treatment while travelling to or from Australia
  - Expenses for treatment outside of Australia
  - Transportation into or out of Australia in any circumstance
- Cosmetic surgery.  
See definitions on **Page 17** for more information.

## Medical costs

You will not be covered for:

- Medical services for surgical procedures performed by a dentist, podiatrist, or any other practitioner or service that is not eligible for a rebate through Medicare.
- Costs for medical examinations, x-rays, inoculation or vaccinations and other treatments required relating to acquiring a visa for entry into Australia or permanent residency visa.

## Waiting periods

The following waiting periods apply to Overseas Student Health Cover:

Hospital cover	Waiting period
Pre-existing conditions, ailments or illnesses of a psychiatric nature	2 months <sup>2</sup>
Pre-existing conditions, ailments or illnesses	12 months
Pregnancy and birth	12 months

No waiting period applies to a pre-existing condition, ailment or illness of a psychiatric nature for Advantage OSHC customers.

If you receive treatment that falls within a waiting period, you will have to pay for some or all of the hospital and medical charges unless the treatment is classed as Emergency Treatment.

<sup>2</sup>The standard 2 months waiting period for pre-existing conditions of a psychiatric nature is not enforced by Bupa until further notice.

# When to contact us

If you have been a Bupa member for less than 12 months on your current OSHC, it is important to contact us before you are admitted to hospital and find out whether the pre-existing condition waiting period applies to you. We need about five working days to make the pre-existing condition assessment, subject to the timely receipt of information from your treating medical practitioner/s.

Make sure you allow for this timeframe when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we (the health fund) subsequently determine your condition to be pre-existing, you will be required to pay all hospital charges and medical charges not covered by Medicare.

## Planning for a baby

If you are thinking about starting a family we recommend that you contact us to check whether your current cover includes pregnancy and birth in advance. This is because there is a 12-month waiting period applied to pregnancy and birth conditions.

No waiting periods will apply to the newborn provided they have been added to the appropriate family cover within 90 days of their birth.

## Eligibility and Types of membership

To be eligible for OSHC, you must hold a student visa, be in a process of applying for a student visa or be on a bridging visa whilst applying to extend your student visa. There are 3 different types of OSHC membership available:

- **Single** – Cover for student only. Student is defined as the primary student visa holder.
- **Couples** – Cover for student and their partner as listed on the student's dependant visa.
- **Family** – Cover for student, their partner and their dependent children under 18 years of age if they live with the student in Australia.

Note, student's partner and/or dependent children as listed on the student's dependant visa must be on the same membership as the student.

# Additional benefits



## 24 hour Student Advice Line

Our 24 hour Student Advice Line provides advice and assistance, in 180 languages, for a range of emergency situations including:

- Medical and accident assistance.
- Home and property inquiries.
- General tax and legal enquiries.
- Personal safety, drug or alcohol issues.
- Trauma counselling.

Call **1300 884 235**



## Bupa health and wellness

- Find reliable health information.
- Track and manage health goals.
- Get a snapshot of your health status and explore your 'real' health age.

Visit [bupa.com.au/health](https://bupa.com.au/health)

## BupaPlus<sup>‡</sup>

With discounts and offers from over 40 partners, Bupa Plus is our way of saying thanks to everyone who chooses Bupa as their health insurer.

Visit [myBupa.com.au](https://myBupa.com.au) to redeem these offers and more.\*

\*Terms and conditions apply.



## myBupa

Once registered, you'll have instant access and can do the following 24/7:

- Submit a claim online.
- Update your contact details.
- Order a membership card.
- Renew your cover.
- View information about what you're covered for.
- View claims history.

# Extras Cover

## What is covered?

With OSHC Extras or any Domestic Extras cover, you can claim benefits for some services that may not be covered by Medicare. You can claim for the services listed that are included on your cover, as long as benefits are not claimable from a third party.

For example, Medicare may not provide benefits for:

 <b>Dental examinations and treatment</b>	 <b>Physiotherapy</b>	 <b>Chiropractic services</b>	 <b>Occupational therapist</b>
 <b>Speech therapy</b>	 <b>Podiatry</b>	 <b>Mental health Services</b> (includes psychology and counselling)	 <b>Acupuncture<sup>1</sup> or other natural therapies</b>
 <b>Eye therapy</b>	 <b>Glasses and contact lenses</b>	 <b>Health aids and appliances</b>	 <b>Home nursing</b>

**Extras cover allows you to claim benefits for extra services as long as:**

- The treatment is given by a provider in private practice provider who is recognised by us for benefit purposes.
- They meet the criteria set out in our policies and Overseas Student Health Cover rules and Fund Rules.

We recommend you contact us before making a booking to confirm how much you can claim and to check that your chosen provider is recognised by us.

## Members First Provider Network

Bupa Members First is an extensive network of healthcare professionals including dental, optical, physiotherapy, chiropractic and podiatry providers. OSHC Extras is available exclusively through this network with the benefit of 100% cover on the set number of included services (subject to yearly visit limits). This means you won't have to pay any out-of-pocket expenses when you visit a Members First Network provider for these services. OSHC Extras does not cover any services at non-Bupa Members First healthcare providers.

	Members First Extras - What's Covered	Yearly visits
P	Dental check up <sup>2</sup>	1
P	Physio, chiro and / or podiatry consultations	3
P	Bonus Dollars - \$50 for singles, \$100 for couples	1
P	Bupa Optical - \$50 voucher <sup>3</sup>	1
P	Consultations via phone with Bupa Dietitians <sup>4</sup>	2
A 2 month initial waiting period for Extras services applies		

## Bonus Dollars

We will contribute a total of \$50 (\$100 for couple and family memberships), payable once per year, that can be shared across your extras services to put towards out-of-pocket (extras) expenses at Members First healthcare providers (e.g. for a filling or additional physio treatment).

<sup>2</sup>Includes exam, scale and clean, fluoride and two bitewing x-rays only. <sup>3</sup>Provision of email address required for voucher delivery. <sup>4</sup>Bupa Dietitian consultations are available and conducted in English only.

## What is not covered?

Extras benefits will not be payable:

- During a waiting period.
- Where a service is not included on your product.
- Where a third party, including Medicare, a Australian Government body, or an insurance company provided a benefit (except for hearing aids and breast prosthesis items).
- For different services within the same service type from the same provider on the same day. For example, if you went to see an acupuncturist and then received a massage from the same provider on the same day, you cannot claim for both services.
- When a provider is not recognised by us for benefit purposes.
- For any treatment or service rendered outside Australia.
- When you have reached the limits on your product including yearly, lifetime or service limits for the service you are claiming.

## Waiting periods

An initial waiting period of 2 months applies for OSHC Extras cover. The following waiting periods apply for Domestic Extras cover:

Extras cover	Waiting period
All other Extras services	2 months
Hire and repair of health aids and appliances	6 months
Health management programs	6 months <sup>4</sup>
Major dental	12 months
Orthodontics	12 months
Purchase of health aids and appliances	12 months

# Changing your cover

## Switching from another OSHC provider

If you're changing from another OSHC provider to Bupa, you'll continue to be covered for all benefit entitlements that you had on your old cover, as long as these services are offered on your new cover with us, and there is no gap between your previous OSHC and your Bupa cover. This is referred to as 'continuity'.

When changing health funds, extras benefits paid by your old fund will be counted towards your yearly limits in your first year of membership with us. Any benefits paid by your old fund also count towards lifetime maximums.

## Changing your visa

If you change your overseas student visa to another visa which allows you to continue your stay in Australia, you will no longer be eligible for OSHC. You can however, change to one of our overseas visitor covers. You will continue to be covered for all benefit entitlements on your old cover, as long as you change over within 60 days of your OSHC end date. Contact us for more details.

## Becoming a permanent resident

If you become a permanent Australian resident, you can change to one of our domestic health covers. You will continue to be covered for all benefit entitlements on your old cover, as long as you change over within 60 days of your OSHC end date. Don't forget that, unless you transfer to a domestic health cover policy within 12 months of becoming eligible for full Medicare benefits, you may be required to pay the Lifetime Health Cover (LHC) loading. Ask us for more details.

## Changing your cover with us

If you change your health cover, you may need to wait before you can access your new benefits. Where your new level of cover is higher than what you previously held, the lower level of benefit applies. Please refer to the listed waiting periods included earlier in this guide.

During this time you will be covered, however you will receive the lower benefits of the two covers (this includes any applicable excess).

If you choose a lower level of cover than you previously held, then the lower benefits on your new level of cover will apply immediately and may include different excess levels. You may also need to serve waiting periods for services or treatments that weren't covered on your previous cover. In this case you won't be covered during the waiting period. If you have any questions about waiting periods, just contact us.

## Ending your membership

It is a condition of your student visa that you maintain a current OSHC policy while you are studying in Australia. Bupa will only refund any premium paid for your OSHC policy under the following circumstances:

- You decide not to come to Australia to commence your studies.
- Your student visa extension is refused by the Department of Home Affairs (DHA).
- You are transferring to another visa type (e.g. temporary or permanent residency).
- You are ceasing your studies and going back home overseas early.
- You are transferring to another OSHC provider.
- If your student visa is cancelled.

You will need to provide proof of any of the above circumstances along with your refund request. For example, a copy of a letter from Department of Home Affairs explaining that your student visa is cancelled, or proof of membership with another OSHC provider.

To cancel your OSHC membership, and obtain a refund, simply complete a refund form and attach any relevant supporting documents.

We are obligated to inform Department of Home Affairs if your OSHC membership is cancelled and/or we refund your premium.

# Definitions

## Agents

A third party such as a broker or agent may establish and administer your policy or corporate health plan. In these cases, some information about you such as your name, address and other policy information will be given and received from the agent to help Bupa HI administer your policy or corporate health plan. This will not include personal claims information (also see Privacy Statement on **Page 20**).

## Calendar year

A calendar year is 1 January to 31 December.

## Bupa-friendly doctors

A Bupa-friendly doctor has a direct billing agreement with Bupa to help reduce or eliminate your out-of-pocket expenses.

Visit [bupa.com.au/find-a-doctor](http://bupa.com.au/find-a-doctor) to find your nearest Bupa Friendly Doctor.

## Cosmetic Surgery

A cosmetic treatment is one which is concerned with altering the appearance of a body part or tissue which lies within the bounds of normal variation.

Examples of Cosmetic Surgery:

- Rhinoplasty (nose reconstruction) without previous trauma or congenital defect.
- Breast enlargement.
- Liposuction.

## Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing condition rule before your admission. Consequently, if you have been a Bupa member for less than 12 months you might have to pay for some or all of the hospital and medical charges if you are admitted to hospital and you choose to be treated as a private patient, and we later determine that your condition was pre-existing.

We tell you more about pre-existing conditions on **Page 18**.

## Emergency Treatment

'Emergency Treatment' is any treatment required where a person:

- Is in a life threatening situation and requires urgent assessment and resuscitation.
- Has suspected acute organ or system failure.
- Has an illness or injury where the function of a body part or organ is acutely threatened.
- Has a drug overdose, toxic substance or toxin effect.
- Has psychiatric disturbance whereby the health of the person or other people are at immediate risk.
- Has severe pain and the function of a body part or organ is suspected to be acutely threatened.
- Has acute haemorrhaging and requires urgent assessment and treatment.
- Has a condition that requires immediate admission to avoid imminent threat to their life and where a transfer to another hospital is impractical.

## Exclusions

If you require treatment for a specific procedure or service that is excluded under your level of cover you will not receive any benefits towards your hospital, medical and prosthesis costs and you may have significant out-of-pocket expenses.

If a service is not covered by Medicare there will be no benefit payable from your student cover so you should always check with us to see if you're covered before receiving treatment.

## Life Altering Illness/Injury

An illness/injury considered to be a serious medical condition leading to a reduction in life expectancy to less than 12 months, a requirement for ongoing care support or continuous inpatient hospitalisation, or any other deficit or health care need as assessed by a Medical Practitioner appointed by Bupa as warranting support for repatriation.

## Medical Practitioner

A person registered or licensed as a medical practitioner under a law of a State or Territory. This does not include anyone whose registration or licence to practise has been suspended or cancelled following an inquiry relating to his or her conduct and whose registration or licence has not been reinstated.

## Mortal Remains

The body of the deceased person for the purposes of Repatriation benefits. Does not include cremation or ashes of a deceased person.

## Out-of-pocket expenses

You are likely to experience out-of-pocket expenses when you are not fully covered for services and benefits, or when a set benefit applies. You should refer to what is and isn't covered on your OSHC and any Extras cover you hold to determine when an out-of-pocket expense may occur. You should also refer to our Overseas Student Health Cover Rules for any additional information on benefits payable. A copy of our Overseas Student Health Cover Rules can be found on our website or in our local Bupa Health Insurance store. It is important to ensure when being admitted to hospital that Informed Financial Consent is provided to you for a pre-booked admission to allow you to understand any out-of-pocket expenses upfront. If you have received any out-of-pocket expenses and require clarification, please contact us directly.

## Pharmacy

On OSHC you may receive benefits for selected prescription items prescribed as an outpatient that are Australian Government's Pharmaceutical Benefit Scheme (PBS) Schedule listed or non-PBS listed and TGA approved, prescribed by a doctor or a specialist and not appearing on our exclusions list. Refer to your cover details for more information.

If you take out optional Extras cover, your extras pharmacy entitlement pays benefits on prescription items that are only non-PBS listed and TGA approved and not appearing on our exclusions list.

When you make a claim, we will deduct a PBS co-payment fee and pay the remaining balance up to the set amount under your OSHC or chosen level of Extras cover.

There are some items that are not covered by our OSHC or extras pharmacy benefits and these include:

- Over-the-counter and non-prescription items.
- Compounded items.
- Weight loss medication.
- Body enhancing medications (e.g. anabolic steroids).

## Pharmacy in-hospital

When in hospital, if you are treated with drugs that are not approved by the Pharmaceutical Benefits Scheme (PBS) Schedule, you may not be fully covered and the hospital may charge you for all or part of the cost. You should be advised by the hospital of any charges before treatment.

## Pre-existing conditions

A pre-existing condition is any condition, ailment or illness that you had signs or symptoms of during the six months before you joined or upgraded to a higher level of cover with us. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. If you knew you weren't well, or had signs of a condition that a doctor would have detected (if you had seen one) during the six months prior to joining or upgrading, then the condition would be classed as pre-existing.

A doctor appointed by us decides whether your condition is pre-existing, not you or your doctor. The appointed doctor must consider your treating doctors' opinions on the signs and symptoms of your condition, but is not bound to agree with them.

## Premium and benefits for OSHC

To access the benefits available on your level of cover, you need to:

- Complete the application process and pay your premium in full before the start date of your level of cover.
- Advise us of any change of address.
- Ensure that newborns are enrolled onto a family membership within 90 days of their birth to avoid any waiting periods for your baby.
- Contact us to remove your adult children from your OSHC membership when they turn 18 years of age as they no longer qualify under your level of cover.
- Provide proof of purchase of what you have spent before we can reimburse you for any services received.
- Submit your claims within two years of when the service was given (we don't pay benefits for any claims that are older than this).

## Private room in a public hospital

From 1 October 2017, for the purposes of a private room in a public hospital, this is a room in a hospital which is purpose built and suitable for no one other than a single admitted adult patient; holds one single sized bed; and has a dedicated ensuite.

## Proof of identity and/or age

Bupa may require you to provide proof of identity, visa details and/or age when joining, changing your level of cover or in relation to any other transaction with us.

## Reconstructive Surgery

Surgery to restore function or typical appearance by reconstructing defective organs or parts. The reason for the surgery is what's important. It would usually follow a previous medically necessary surgery, a traumatic event that caused a change in the appearance and/or function of a part of the body or a significant congenital problem (something you were born with), that created problems with how your body works. For example, after a mastectomy for breast cancer, there may be a desire to

reconstruct the breast back to an acceptable appearance for you, whereas changing the appearance of the breast for most other reasons would be cosmetic in nature and intent.

Other examples of 'Reconstructive Surgery':

- Repairing a scar resulting from an accident or previous surgery (unless it was cosmetic surgery).
- Facial reconstructive surgery following severe trauma, cancer surgery or a major congenital problem (from birth).
- Repairing a body part after a trauma injury.

## Surgically implanted prostheses

You will be covered up to the approved benefit set out in the Australian Government's Prostheses List for a listed prosthesis which is surgically implanted as part of your hospital treatment.

The Prostheses List includes: pacemakers, defibrillators, cardiac stents, joint replacements, intraocular lenses and other devices. If a hospital proposes to charge you a 'gap' for your prosthesis, they need your informed financial consent. Please contact us for further details.

## Terminally Ill

Someone with a life expectancy of less than 6 months as diagnosed by a Medical Practitioner and determined by a Medical Practitioner appointed by Bupa, after consideration of any relevant clinical information.

## Waiting periods

A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date. If you receive a service or treatment during this time, you are not eligible to receive a benefit payment from us, regardless of when you submit the claim. Different waiting periods apply for different services.



For more terms explained visit  
[bupa.com.au/glossary](https://bupa.com.au/glossary)

# Other important information

## Privacy and your personal information

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our Information Handling Policy, available on our website at [bupa.com.au](http://bupa.com.au) or by calling us on 1800 888 942. When you join, you agree to the handling of your personal information as set out here and in our Information Handling Policy.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the Private Health Insurance Act 2007 (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, Australian Government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their

personal information as set out here and in our Information Handling Policy. Each person on a policy aged 18 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

## Here to help

If you have any questions we're always happy to help. Simply refer to the back cover for our contact details and call us, visit our website or pop by your local Health Insurance store. If you would like more information about our Overseas Student Rules or the Australian Government's Private Health Insurance Industry Code of Conduct, you can find this information on our website.

The Australian Government's Private Patient's Hospital Charter is available at [privatehealth.gov.au](http://privatehealth.gov.au)



For more student resources visit our overseas student hub at [bupa.com.au/students](http://bupa.com.au/students)

## **Complaints or feedback**

If you have any concerns or you don't understand a decision we have made, we'd like to hear from you.

You can contact us by:

Phone: **1800 802386**

Fax: **1300 662 081**

Email: **[customerrelations@bupa.com.au](mailto:customerrelations@bupa.com.au)**

Mail: **Customer Relations Manager Bupa  
GPO Box 9809  
Brisbane QLD 4001**

If you're still not satisfied with your outcomes from Bupa you may contact the Private Health Insurance Ombudsman on **1300 362 072** or visit them at **[ombudsman.gov.au](http://ombudsman.gov.au)**

If your concerns aren't resolved when you first raise them, and you'd like to discuss it further, you can find our full complaints process online for how to go about it.



# Bupa health cover made easy

Unsure of any words? Visit: [bupa.com.au/glossary](https://bupa.com.au/glossary)

This guide is in addition to our Fund Rules available online or by contacting us.

Go to [bupa.com.au/fundrules/oshc](https://bupa.com.au/fundrules/oshc) to see our Overseas Student rules.

## For more information



**1800 888 942** from within Australia  
**+61 3 9937 4223** from outside Australia



[bupa.com.au/students](https://bupa.com.au/students)



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