



Essentials Plus Workers Cover

[Features Guide](#)

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The Australian Department of Immigration's Working Visa requirement 8501 requires all visitors on a 457, 482 or 485 Visa to have adequate healthcare during their stay in Australia. Visitors from some* countries are eligible for Medicare. Everyone else needs private health insurance in the form of Overseas Visitors Health Cover.

There are two routes for hospital care in care in Australia.

The public system

The Australian Government administers the public healthcare system through Medicare. If you come from a country* that Australia has a reciprocal health care agreement with then you're eligible for treatment through Medicare within the public system once you register.

If you're eligible for Medicare but choose not to have private health cover, then, like all Australian taxpayers, you're subject to the **Medicare Levy Surcharge** means test. The Surcharge is applied to high income earners who do not have private hospital insurance. It starts at 1% of your taxable income for singles earning more than AU \$90,000 and for families with a combined income of more than AU \$180,000. After that the surcharge is 1.25% if your income is in income tier 2 and 1.5% for income tier 3. The same income tiers apply for the surcharge as for the rebate.

See www.ato.gov.au for the latest income tiers and percentages as set by the Australian Government.

The private system

As a visitor from overseas you're generally not covered for healthcare in the public system via Medicare. Holders of 457, 482 and 485 Visas are required to take out a specific level of health insurance that meets the requirements of their Visa.

If you receive medical attention in a hospital – and you're not covered by Medicare nor do you have private health insurance – you'll be responsible for the FULL cost of the hospital charges and fees set by the medical practitioners.

health.com.au can provide Visa 457, 482 and 485 holders with Overseas Visitors Health Cover. We will cover the cost of your hospital stay and the medical practitioner fees up to the limits set by the Australian Government's Medicare Benefits Schedule. We cover this in detail on page 4.




















* Visitors from the United Kingdom, Sweden, Belgium, Finland, Italy, Malta, the Netherlands, Slovenia, the Republic of Ireland and New Zealand need to register for Medicare when they arrive.



You're covered for lots of things

There's way too many to list here, but here are a few of the more common ones:

-  **Treatment following an accident**
-  **Removal of tonsils**
-  **Removal of appendix**
-  **Removal of adenoids**
-  **Wisdom teeth removal**
-  **Knee reconstruction**
-  **Shoulder reconstruction**
-  **Achilles tendon surgery**
-  **Pregnancy and childbirth** Obstetrics
-  **Cardiothoracic related services** Heart and lungs
-  **Dialysis** Chronic kidney failure
-  **Extras services** Such as dental, optical or physiotherapy
-  **Outpatient medical services** GP Consultations & Specialists consultations – 100% of MBS
-  **Services recognised by Medicare for medical reasons**
-  **Emergency ambulance**
-  **Repatriation** Up to \$20,000 if the insured is terminally ill, or suffers from a substantial life-altering illness or injury
-  **Funeral expenses** Up to \$5,000 for burial expenses or returning the body or ashes to the insured's home country








You're not covered for the following

This is policy designed just for you and excludes things you're less likely to use while you're a visitor.

-  **IVF and related services**
-  **Cosmetic surgery that isn't medically necessary**
-  **Bone marrow and organ transplants**
-  **Treatment rendered outside of Australia** Including treatment en route to or from Australia
-  **Treatment arranged in advance of arrival to Australia**
-  **Services and treatment which are covered by compensation and damages provisions of any kind**
-  **Services Medicare doesn't cover**

Our website is the best place to find the most up to date information.

65% You're covered for these Extras
 You can claim 65% of your provider's fee up to an annual limit

| | Annual limits | Waiting periods |
|---|----------------------|-----------------|
|  General dental – fillings, scaling, cleaning | \$300 | 2 months |
|  Optical Prescription glasses, contact lenses | \$150 | 2 months |
|  Physiotherapy and chiropractic | \$200 | 2 months |
|  Natural therapies and remedial massage Natural therapies are acupuncture, myotherapy and Chinese medicine consultations | \$200 combined limit | 2 months |
|  Emergency ambulance transportation | Included | 1 day |

The not-quite-so fine print.

Going to hospital

We're here to help take the pain out of going to hospital. Here's how it works. We'll cover the cost of your bed (same day or overnight), meals, nurses, theatre fees and intensive care fees. Unlike other policies there is no Excess payable when you're admitted to hospital.

Medical services performed by doctors

The federal government's Medicare Benefits Schedule (MBS) determines the amount that health insurers like us need to pay towards your medical services in hospital. While the Government determines what Medicare and ourselves need to pay, they don't have any control over what fees doctors set. Essentially, your doctor is allowed to charge whatever they like. If they charge you more than the MBS fee then you'll have to pay the difference. This is called an out of pocket expense (see below). That could hurt more than the procedure!

Out of pocket expenses

If there is a difference between what the MBS limit is and what the hospital or doctor wants to charge you then you'll have to pay the difference. This is called an out of pocket expense or a gap payment and will be similar for all private health insurers. You can minimise these expenses by choosing one of our contracted hospitals. We have contracts with over 95% of private hospitals. If you use an un-contracted hospital you may be left with significant out of pocket expenses.

Before you agree to do anything, do some research

1. Ask your doctor for a full cost estimate that includes the fees of any others involved, such as the anaesthetist or an assistant surgeon.
2. If you need to have a prosthesis ask your doctor if they plan to use a government listed prosthesis or a more expensive one (that you'll need to pay extra for).
3. If your doctor recommends a particular hospital then go and ask that hospital for an estimate of any charges you could be liable for. We strongly recommend you choose a hospital we have a contract with.
4. When you signed up with health.com.au you would have agreed to pay an Excess so be sure to include that amount in your calculations.
5. Once you're comfortable with the charges then ask your doctor to provide you with informed financial consent in writing.

Ambulance cover

In an emergency situation you're covered for transportation to hospital no matter where you are in Australia.

Waiting periods

All health insurers impose waiting periods.

Ours are:

| | |
|-----------|--|
| 1 day | Accidents, emergency ambulance transport |
| 2 months | Psychiatric, rehabilitation, palliative care |
| 12 months | Pre-existing conditions |
| 12 months | Pregnancy-related conditions. |

[More information on waiting periods](#)

[More information on pre-existing conditions](#)

Please read our Full Policy Guide

This Features Guide is rather brief but you can find loads more detail in the health.com.au Policy Guide.

[Download our Full Policy Guide](#)

Let's get started.

Don't forget

You need to claim within two years of the date of your service or treatment. Also, for audit reasons, please keep your receipts for two years.

Not happy?

We do take your feedback seriously, though if you ever feel that we haven't resolved your problem to your satisfaction then please contact the Private Health Insurance Ombudsman.

Hassle-free health insurance

We want this to be easy. If you've got any questions, about anything at all, just get in touch. Our website is the best place to find the most up to date information.

Private Health Insurance Ombudsman



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BLOG

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