

Overseas Student Health Cover (OSHC)

Join one of Australia's largest OSHC providers

Why choose Allianz Care Australia?

Access our extensive health network

If something happens you can rely on our national network of hundreds of direct billing medical providers.

24/7 medical, mental health and safety support with Sonder

Sonder offers students 24/7 confidential support for safety, medical, and mental health concerns through the mobile app, chat, phone, or in-person.

24/7 Emergency helpline

We are ready to help whenever you need us with our 24/7 emergency assistance service for members.

Allianz MyHealth App

Making it easy to submit a medical claim or access your policy documents at the touch of a button, anytime, anywhere.

OSHC Standard inclusions

SERVICE	WHAT IS COVERED^
Doctors (GPs) outside of hospital	100% of the MBS fee
Medical specialists outside of hospital	85% of the MBS fee
Hospital treatment and accommodation	100% of insurable costs
Emergency ambulance (Transport by an ambulance provided by or under an arrangement with an approved ambulance service)	100% of the costs
Prescription medicine and approved vaccinations (Approved vaccinations are determined by us available at: allianzcare.com.au/en/vaccinations)	We will pay the difference between the PBS patient co-payment and the amount you paid for prescribed PBS listed medicines or approved vaccinations, up to \$50 per item. Annual limits apply.
X-rays and blood tests	85% of the MBS fee
Medical devices and human tissue products	100% of the minimum benefit of the Prescribed List of Medical Devices and Human Tissue Products

^Waiting periods, exclusions, limitations and terms and conditions apply. See the policy document for details online at allianzcare.com.au

Hospital services covered under the policy

TREATMENT TYPE [^]
✓ Rehabilitation
✓ Hospital psychiatric services
✓ Palliative care
✓ Brain and nervous system
✓ Eye (including cataracts)
✓ Ear, nose and throat
✓ Tonsils, adenoids and grommets
✓ Bone, joint and muscle
✓ Joint reconstructions
✓ Kidney and bladder
✓ Male reproductive system
✓ Digestive system
✓ Hernia and appendix
✓ Gastrointestinal endoscopy
✓ Gynaecology
✓ Miscarriage and termination of pregnancy
✓ Chemotherapy, radiotherapy and immunotherapy for cancer
✓ Pain management
✓ Skin
✓ Breast surgery (medically necessary)
✓ Diabetes management (excluding insulin pumps)
✓ Heart and vascular system
✓ Lung and chest
✓ Blood
✓ Back, neck and spine
✓ Plastic and reconstructive surgery (medically necessary)
✓ Dental surgery (medically necessary) ^{***}
✓ Podiatric surgery (provided by a registered podiatric surgeon)
✓ Implantation of hearing devices
✓ Joint replacements
✓ Dialysis for chronic kidney failure
✓ Pregnancy and birth
✓ Weight loss surgery
✓ Insulin pumps ^{**}
✓ Pain management with device
✓ Sleep studies

[^]Waiting periods, exclusions, limitations and terms and conditions apply. See the policy document for details online at allianzcare.com.au

^{**}Insulin pumps covered under Prescribed List of Medical Devices and Human Tissue Products

^{***}Excludes cosmetic dentistry

Please note: Allianz Care Australia does not pay any benefits towards the cost of cosmetic surgery/procedures e.g. surgery that isn't clinically necessary and which an MBS item is not billable.

Excluded hospital services

✗ Assisted reproductive services

Out of hospital benefits

OUTPATIENT SERVICES [^]
✓ General practitioner visits - outpatient services
✓ Specialist visits - outpatient services
✓ Pathology
✓ Radiology
✓ Allied health services
✓ Pregnancy and birth - outpatient services
✓ Prescription medicine (out of hospital)

[^]Waiting periods, exclusions, limitations and terms and conditions apply. See the policy document for details online at allianzcare.com.au

Pre-existing conditions

A pre-existing condition is defined in our policy wording documents as:

- the person has an ailment, illness or condition; and
- in the opinion of a medical practitioner appointed by us, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months ending on the day on which the person became insured under the policy.

No waiting period will apply if you receive any of the following types of treatment:

- general practitioner services;
- care or treatment for a psychiatric condition; or
- where our medical practitioner certifies that you or your dependant require emergency treatment in Australia.

Medicare Benefits Schedule (MBS) fees explained

The Medicare Benefits Schedule (MBS) is a list of medical services (e.g. a standard consultation with a GP or surgery in hospital) subsidised by the Australian Government with a fee (known as a 'schedule fee') payable for each item.

The schedule fee is the amount the government considers appropriate for one of these services and determines the amount that Australians receive when they claim a medical service through Medicare.

Visit mbsonline.gov.au for more information.

Out of pocket expenses

You must pay any difference between the benefit we pay and the actual fee charged by the doctor, known as an out-of-pocket expense.

For example, if the MBS fee for a general practitioner (GP) consultation is \$43.90 and you visit a doctor that charges \$50. As your OSHC policy pays 100% of the MBS fee for GP consultations, your policy benefit amount is \$43.90. As the cost to visit the doctor is \$50 your out-of-pocket cost would be \$6.10 (\$50 less the policy benefit amount of \$43.90).

For more examples of out of pocket expenses please refer to our simple guide at allianzcare.com.au/en/policy-wording-documents. MBS fees change yearly, please refer to mbsonline.gov.au for current fees.

Waiting periods

A waiting period is the time you need to wait before a benefit is available. You can claim for benefits available on your policy for expenses incurred after the waiting period has ended.

Waiting periods apply to a policy if claiming medical costs related to pregnancy and your policy is less than 2 years in duration or if you have a pre-existing condition. Applicable waiting periods can be found in our policy wording documents.

Standard cover

- No waiting period for general practitioner services, care or treatment for a psychiatric condition, or emergency treatment.
- 12 month waiting period for all pregnancy related conditions for policies with a duration of less than two years. If the policy duration is over two years, no waiting period applies.
- 12 month waiting period for all pre-existing medical conditions.

The waiting period is calculated from:

- the date you or your dependant arrived in Australia; or
- the date your student visa was granted,
- whichever is the later date.

For more information refer to the applicable policy wording document at allianzcare.com.au/en/policy-wording-documents

Support in the moments that matter



Our range of health and wellbeing tools are available to Allianz Care OSHC members and are designed to make your life in Australia easier by providing 24/7 support, personal advice and more.



Allianz MyHealth App**

- ✓ Easy access to your OSHC policy documents
- ✓ Submit a medical claim
- ✓ Check the status of your claims
- ✓ Access emergency services numbers



Allianz Care Telehealth – powered by Doctors on Demand***

- ✓ See a doctor without leaving home
- ✓ 24/7 gap free consults from your phone, tablet, or laptop
- ✓ Request a referral for tests, to see a specialist, or for a medical certificate
- ✓ Request new or repeat prescriptions



Sonder: Active care – your way#

- ✓ On demand safety, medical and mental health services
- ✓ Network of professionals available 24/7
- ✓ Assess any situation and offer solutions and support
- ✓ Assistance over the phone, via chat or in-person

24/7 Emergency helpline 1800 814 781
allianzcare.com.au

