



# Overseas Student Health Cover Rules

EFFECTIVE 1 SEPTEMBER 2024

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## A Introduction

### A1 Rules Arrangement

CBHS International Health is brought to you by CBHS Corporate Health Pty Ltd. In these **Rules**, a reference to CBHS International Health is a reference to CBHS Corporate Health Pty Ltd.

These Overseas Student Health Cover Rules are the rules under which CBHS International Health agrees to provide you with **Overseas Student Health Cover (OSHC)**.

### A2 Legislation

1. CBHS International Health conducts Health Insurance Business and Health Related Business under the *Private Health Insurance Act 2007* (Cth) (**Act**). CBHS International Health provides **Overseas Students** with **Overseas Student Health Cover (OSHC)** under a **Deed** with the Commonwealth of **Australia** (ABN 83 605 426 759 as represented by the **Department** of Health).
2. Nothing in these **Rules** will be inconsistent with the **Deed**, which will prevail to the extent of any inconsistency.

### A3 No Discrimination

1. CBHS International Health will not discriminate against you in relation to providing you with a **Policy**. This means CBHS International Health will not:
  - (a) take or fail to take any action; or
  - (b) in making a decision, have regard to or fail to have regard to any matter that would result in CBHS International Health discriminating between people who are, or wish to be, insured under a **Policy**, based on any of the following:
    - (a) the suffering by a person from a disease, illness, or other medical condition; or
    - (b) gender, race, sexual orientation, or religious belief; or
    - (c) age; or
    - (d) where a person lives; or
    - (e) any other characteristic of a person (including but not limited to occupation or hobbies) that is likely to result in an increased need for medical treatment; or
    - (f) how often a person needs medical treatment; or
    - (g) the amount or extent of the **Benefits** which a person becomes entitled to during the **Policy** period, except to the extent allowed by the **Deed**.

### A4 Changes to these Rules

1. CBHS International Health will direct you to a copy of the **Rules** when you first obtain a **Policy** and otherwise on request.
2. CBHS International Health may change these **Rules** at the discretion of CBHS International Health and will provide reasonable notice of any **Detrimental Changes** and when the changes are to take effect.
3. Under this Rule a Notice may be given in a publication made generally available to **Policy Holders**.
4. You must notify CBHS International Health of any changes to the **Policy Holders** personal and contact details.
5. If CBHS International Health is required to send the **Policy Holder** a written notice by postal mail, CBHS International Health will send such notice to the address the **Policy Holder** most recently supplied to CBHS International Health (even if the **Policy Holder** has since left that address).

## A5 Complaint Handling

1. CBHS International Health offers an internal dispute resolution process to **OSHC Members** through its Complaints Handling and Disputes Resolution Policy and Procedures.
2. **OSHC Members** can make a complaint about any aspect of their membership and obtain information about the Complaints Handling and Disputes Resolution Policy and Procedures at [www.cbhscorporatehealth.com.au](http://www.cbhscorporatehealth.com.au) or by calling the International team on 1300 174 538 or email to [oshc@cbhscorp.com.au](mailto:oshc@cbhscorp.com.au).
3. **OSHC Members** may make a complaint about any aspect of their membership at any time.
4. **OSHC Members** can also complain to the Private Health Insurance Ombudsman (PHIO) about matters arising out of, or in connection with, a Policy or CBHS International Health. The PHIO is a Commonwealth Government official who is independent of private health insurers.

## B Definitions

In these **Rules** unless the contrary intention appears:

“**Accident**” means an unexpected or unforeseen event caused by an external force or object resulting in an injury to the body which requires treatment by a Medical Practitioner, Nurse Practitioner, **Hospital**, or dentist (as the context requires) but excludes pregnancy.

“**Act**” means the *Private Health Insurance Act 2007* (Cth).

“**Activation Date**” means the date that the **Policy** member arrives in Australia and the **Policy** becomes live.

“**Administration Fee**” means the amount of money charged for creating a **Policy** and associated documents to enable an **Overseas Student** to apply for a **Student Visa** and is payable where the Policy is cancelled after arrival in Australia.

“**Admitted Patient**” means a patient who has been admitted to a **Hospital** as a patient and is receiving services under the direction of a **Medical Practitioner, Nurse Practitioner, or dentist**.

“**Agreement Hospital**” means a **Hospital** including a registered day **Hospital** facility which CBHS International Health has a special agreement with.

“**Allied Health Practitioner**” means a trained and registered health professional who is not a Doctor, dentist, or **Nurse Practitioner**.

“**Allied Health Services**” means services that are provided by **Allied Health Practitioners** who are members of Allied Health Professions Australia (AHPA).

“**Ambulance**” means all road and air transport recognised by, or provided by, State or Commonwealth governments. **Benefits** cover all ambulance services considered medically necessary by the ambulance provider, for treatment on site, admission to a registered **Public Hospital** or **Private Hospital** and includes inter-**Hospital** transfers where the original admitting **Hospital** does not have the required clinical staff or facilities.

“**Australia**” means the six **States**, the Northern Territory (NT), the Australian Capital Territory (ACT), the Territory of Cocos (Keeling) Islands and the Territory of Christmas Island and Norfolk Island but excludes other Australian external territories.

“**Benefit**” means an amount of money payable by CBHS International Health for a treatment covered under a Policy.

“**Bridging Visa**” has the meaning given by subsection 5(1) of the *Migration Act 1958* (Cth).

“**CBHS International Health Network**” means a **Health Care Provider** with whom CBHS has entered into an agreement for selected services provided by **Medical Practitioners**.

“**Claim**” means a claim for **Benefits**.

“**Commencement Date**” means the date that the Overseas Student selects as the start date of the **Policy**.

“**Compensable Injury**” means an injury which the **OSHC Member** knows, or reasonably suspects, is subject to a right to make a **Claim** for compensation or damages (including a settlement payment for compensation or damages) in respect of any condition.

“**Contribution**” means the fee for the **Product**.

“**Cosmetic Service**” means an operation, procedure or treatment undertaken for the dominant purpose of improving appearance or improving psychological wellbeing.

“**Country of Origin**” means that country where a person is born, or where they hold a valid passport that is not an Australian passport.

“**Couple Membership**” means a membership that includes an **Overseas Student** and their **Spouse** or **De Facto Partner**.

“**Deed**” means the Deed between the Commonwealth of Australia as represented by the Department of Health and CBHS Corporate Health Pty Ltd in relation to the provision of Overseas Student Health Cover.

“**De Facto Partner**” means (a) another person (whether of the same sex or a different sex) with whom the Overseas Student has a relationship that is registered under a law of a State or Territory; or (b) another person (whether of the same sex or a different sex) who is living with the Overseas Student on a genuine domestic basis although not legally married to the Overseas Student.

“**Department**” means the Department of Health of the Australian Government.

“**Dependant**” means a person who is:

- i) a **Spouse** or **De Facto Partner** of an Overseas Student; or
- ii) a child or stepchild of an Overseas Student who is unmarried and has not turned 18 years of age.

“**Dependant Child**” means a child or stepchild of an Overseas Student who is unmarried and has not turned 18 years of age.

“**Detrimental Change**” means a significant change to Policy Benefits that are reduced or removed as a result of the change.

“**DoHA**” means Department of Home Affairs previously known as Department of Immigration and Border Protection.

“**Emergency Treatment**” means treatment of any of the following conditions:

- a risk of serious morbidity or mortality and requiring urgent assessment and resuscitation; or
- suspected acute organ or system failure; or
- an illness or injury where the viability of function of a body part or organ is acutely threatened; or
- a drug overdose or toxic substance or toxin effect; or
- psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- acute haemorrhaging and requiring urgent assessment and treatment; or
- a condition that requires immediate admission to avoid imminent morbidity or mortality.

“**Essentials Overseas Student Health Cover**” means the **Product** described in the **Product Schedules**.

“**Exclusion**” means CBHS International Health will not pay **Benefits** towards **Hospital** and medical costs for services listed as an **Exclusion**. If an **OSHC Member** needs treatment for any excluded services, it may result in significant out-of-pocket expense.

“**Facility Fee**” means a fee raised by an **Accident/emergency** department of a **Hospital** for the **OSHC Members** use of the facility.

**"Family Membership"** means a Policy that applies to an Overseas Student, their **Spouse** or **De Facto Partner** and/or other **Dependants** under the age of 18 years.

**"Fund"** means the health benefits fund conducted by CBHS Corporate Health Pty Ltd.

**"Health Care Provider"** means a person who provides treatment and who satisfies the *Private Health Insurance (Accreditation) Rules*.

**"Health Insurance Business"** has the meaning defined in Division 121 of the **Act**.

**"Health Related Business"** has the meaning defined in section 131-15 of the **Act**.

**"Hospital"** means a **Hospital** as defined in section 121-5(5) of the **Act** and includes a day **Hospital** facility declared as a **Hospital** under section 121-5(5) of the **Act**.

**"Hospital Benefits"** means **Benefits** payable in relation to **Hospital Treatment** provided by a **Hospital**.

**"Hospital Pharmaceuticals"** means a pharmaceutical benefit listed in the **PBS** that is dispensed to a **Hospital** patient and is intrinsic to the **Hospital Treatment** provided, clinically indicated and essential for the meeting of satisfactory health outcomes for that patient.

**"Hospital Substitute Treatment"** means a program that supports eligible Overseas Students to leave hospital with their Doctor's approval to recover in their home with the support of health professionals who visit the Overseas Student to continue treatment.

**"Hospital Treatment"** has the same meaning defined in section 121-5 of the **Act**: treatment intended to manage a medical condition and is provided at a **Hospital** or with the direct involvement of a **Hospital**.

**"Improper Discrimination"** means discrimination defined in section 55-5 of the **Act**.

**"Medical Adviser"** means a qualified medical practitioner appointed by CBHS International Health to give technical advice on professional matters.

**"Medical Emergency"** means an injury or illness that is acute and poses an immediate risk to the **OSHC Member's** life or long-term health.

**"Medical Practitioner"** means a person who has completed a medical degree and is registered with the Australian Health Practitioner Regulation Agency. A **Medical Practitioner** can also be called a Doctor or a General Practitioner (GP).

**"Medicare Benefits Schedule (MBS)"** means the schedule of items for which Medicare Benefits are payable.

**"Medicare Benefits Schedule Fee"** means the fee specified for a given item in the **MBS**.

**"Membership Card"** means a plastic or digital card delivered to an Overseas Student once the Overseas Student arrives in Australia and advises CBHS International Health. The Membership Card displays the Policy number, the name of the Overseas Student, any **Dependants** who are covered under the OSHC Policy.

**"Midwifery Service"** means a service encompassing pre-natal and post-natal services provided by a **Recognised Provider**.

**"Minimum Default Benefit"** means the minimum **Hospital Benefit** prescribed by the *Private Health Insurance (Benefit Requirements) Rules 2011* (as updated from time-to-time).

**"Non-Admitted Patient"** means a patient who undergoes minor surgery in a **Hospital** but is not formally admitted.

**"Nurse Practitioner"** means a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role.

**"OSHC"** means **Overseas Student Health Cover** under which CBHS Corporate Health Pty Ltd offers to an **Overseas Student**, their **Partner**, and **Dependants**.

“**OSHC Member**” means a **Policy Holder, Spouse, De Facto Partner, and Dependant.**

“**Out-of-Pocket Costs**” means the difference between the cost that medical service providers charge and the amount of the **Benefit** payable.

“**Overseas Student**” means:

- (a) a person who is the holder of a **Student Visa**; or
- (b) a person who:
  - (i) is an applicant for a **Student Visa** (Subclass 500); and
  - (ii) is the holder of a **Bridging Visa** (Subclass 10, 20, 050-051); and
  - (iii) was, immediately before being granted the Bridging Visa, the holder of a **Student Visa.**

“**Paid to Date**” means the last day of cover for which the **OSHC Member** has paid **Contributions** to CBHS International Health.

“**Partner**” means **Spouse** or **De Facto Partner** of the **Overseas Student.**

“**PBS**” means the Commonwealth Government's Pharmaceutical Benefits Scheme.

“**Personal Information**” has the meaning defined in section 6 of the *Privacy Act 1988* (Cth).

“**Pharmaceuticals**” means a substance which:

- i. has been prescribed by a **Medical Practitioner** or a dentist.
- ii. has been supplied by a pharmacist in private practice or a **Medical Practitioner**;
- iii. has been provided by a **Nurse Practitioner.**
- iv. can only be supplied on prescription under applicable **State** law;

But does not include a substance which:

- i. is not available under the **PBS** in any formulation, presentation, strength, or pack size with or without repeat dispensing or combination of the preceding regardless of whether of such availability is subject to the specified purpose, authority required, pensioner concession or special patient contribution conditions of that scheme; or
- ii. was prescribed in the absence of illness or disease or for contraceptive purposes or for enhancement of sporting, sexual or employment performance; or
- iii. was supplied by a medical practitioner for the purposes of infertility treatment; or
- iv. such other circumstances determined by CBHS International Health.

“**Policy**” means an **Overseas Student** health cover policy.

“**Policy Holder**” means an **Overseas Student** as the primary visa holder.

“**Pre-Existing Condition**” means:

- a) the Overseas Student or the Dependant of the Overseas Student has an illness or medical condition; and
- b) in the opinion of a **Medical Practitioner** appointed by CBHS International Health, the signs or symptoms of that illness or medical condition existed at any time in the period of six months ending on the day the Overseas Student or Dependant of the Overseas Student arrived In Australia. In forming this opinion, the **Medical Practitioner** must have regard to any information provided by the **Medical Practitioner** who treated the illness or medical condition.

“**Pregnancy and Birth Classes**” mean courses or classes that educate Policy members about their health and wellbeing during pregnancy and preparation for birth.

“**Pregnancy-related Services**” means elements of care provided by a **Medical Practitioner, Midwifery Service** or **Nurse Practitioner** related to the care of a woman and foetus during pregnancy, including miscarriage and termination.



**"Preventive Health Service"** means preventive screenings and tests as approved from time-to-time by CBHS International Health

**"Private Clinics"** means a doctor's surgery or medical centre where Doctors charge patients a fee for services provided.

**"Private Hospital"** means a **Hospital** in respect of which there is in force a statement under subsection 121-5 (8) of the **Act** that the **Hospital** is a Private **Hospital**.

**"Product"** has the same meaning as in the **Act**.

**"Product Schedule(s)"** are schedules to these CBHS International Health Overseas Student Health Cover Rules

**"Public Hospital"** means a **Hospital** in respect of which there is in force a statement under subsection 121-5 (8) of the **Act** that the **Hospital** is a Public Hospital.

**"Purchaser-Provider Agreement"** means a **hospital purchaser-provider agreement** or a medical **purchaser-provider agreement** and includes a **purchaser-provider agreement** between CBHS Corporate Health Pty Ltd and any other **Recognised Provider**.

**"Recognised Provider"** means a provider recognised by CBHS International Health in a particular discipline or calling as a provider of services to an **OSHC Member** for which CBHS International Health will pay a **Benefit**. The provider must hold an Australian Business Number and all relevant registrations, accreditations, qualifications, memberships, licenses, and certification as required.

**"Rules"** means this document is amended from time-to-time.

**"Single Membership"** means a **Policy** that applies to the **Overseas Student** who is the primary **Student Visa** holder.

**"Single Parent Family Membership"** means a **Policy** that applies to an Overseas Student with children up to the age of 18 years.

**"Spouse"** is defined in section 4 of the *National Health Act 1953* (Cth) as including a **De Facto Partner**.

**"Standard Overseas Student Health Cover"** means the **Product** described in the **Product Schedules**.

**"State"** means a **State** or Territory of **Australia**.

**"Student Visa"** means a visa allowing the holder to reside in **Australia** to study full-time at a recognised education institution.

**"Terminally Ill"** means, as diagnosed by a **Medical Practitioner**, someone with a life expectancy of less than six months.

**"Transfer Certificate"** means a certificate issued under section 99-1 of the **Act**.

**"Transfer of Cover"** means:       i)       changing from an OSHC product to a different OSHC product; or  
  ii)       changing from one OSHC provider to a different OSHC provider.

**"Usual, Customary and Reasonable Charge"** means in relation to a service rendered by a **Recognised Provider**, the usual or customary fee charged for that service by other similarly qualified practitioners or a reasonable charge for that service as determined by CBHS International Health having regard to the usual or customary charges for a similar service and/or advice from the practitioner's professional association/body or **Medical Adviser**.

**"Waiting Period"** means a period of time during which a **Policy Holder** must continuously hold a **Policy** before a **Policy Holder** under that **Policy** has an entitlement to receive a **Benefit**.

## C Membership

### C1 General Conditions of Membership

CBHS International Health offers the following categories of membership for **Overseas Students** who have applied for or have been granted a **Student Visa** allowing them to study and work in **Australia**.

- 1) **Single Membership**;
- 2) **Couple Membership**;
- 3) **Family Membership**; and
- 4) **Single Parent Family Membership**.

### C2 Eligibility

1. An **Overseas Student** is only eligible to take out a **Policy** if they have applied for or have been granted a visa class that requires them to hold OSHC to meet **Student Visa** conditions.
2. An **Overseas Student** is eligible to join CBHS International Health in the following manner:
  - a) If an eligible visa has been applied for or granted for the **Overseas Student** only, then the **Overseas Student** must join CBHS International Health on a **Single Membership**.
  - b) If an eligible visa has been applied for or granted for the **Overseas Student** and a **Spouse** or **De Facto Partner** as the secondary visa holder, then the **Overseas Student** must join CBHS International Health on a **Couple Membership** with the **Spouse** or **De Facto Partner** as per the eligible visa.
  - c) If an eligible visa has been applied for or granted for the **Overseas Student** and any **Dependant**, then the **Overseas Student** must join CBHS International Health on a **Single Parent Family Membership** with any **Dependant** as per the eligible visa.
  - d) If an eligible visa has been applied for or granted for the **Overseas Student**, a **Spouse** or **De Facto Partner** as the secondary visa holder and any **Dependant**, then the **Overseas Student** must join CBHS International Health on a **Family Membership** with the **Spouse** or **De Facto Partner** and any **Dependant** as per the eligible visa.
3. An **Overseas Student** is eligible to join CBHS International Health provided the cover duration is for a minimum of three months or more.
4. Subject to these **Rules**, and upon all required **Contributions** being paid CBHS International Health will supply the OSHC **Product** for the intended duration of the **Student Visa** being applied for or held.
5. A **Policy Holder** who also holds a complying health insurance **product** (CHIP) is not entitled to a **benefit** for a **claim** on both **products**. Where a service is covered by the OSHC **Product** and the CHIP, it is only claimable on one or the other **product**.

### C3 Dependants

1. Unless an **Emergency Treatment** is required, CBHS International Health will not pay **Benefits** for **Pregnancy-related Services** rendered to an **OSHC Member** within the 12 month **Waiting Period** for Policies where pregnancy is covered. The **Waiting Period** applies regardless of whether the **OSHC Member** was pregnant at the time of taking out or upgrading their cover to include Pregnancy-Related Services, or the child's due date, or if the birth is premature.
2. In order for the child to be covered from birth, the **Waiting Period** for **Pregnancy-related Services** referred to in (a) must have already been served by the **OSHC Member** and a **Single Membership** or a **Couple Membership** was converted to a **Single Parent Family Membership (from a Single Membership)** or **Family Membership (from Couple Membership)** at least one month before the birth of the child, even where that birth is premature. If a **Policy Holder** asks CBHS International Health to add a **Dependant** to the **OSHC Policy** in any other circumstances, then all **Waiting Period** applicable to the type of cover will apply to the new **OSHC Member**.

3. A **Policy Holder** may request CBHS International Health to add a **Dependant** to an **OSHC Policy** by submitting the form required by CBHS International Health. The following provisions apply when adding **Dependants**:
  - (i) Where a **Policy** is a **Single Membership**, an upgrade to a **Couple Membership** is required to add a **Spouse** or **De Facto Partner** who is the secondary visa holder, and pay any **Contributions** adjustment;
  - (ii) Where a **Policy** is a **Single Membership**, an upgrade to a **Single Parent Family Membership** is required to add a **Dependant** and pay any **Contributions** adjustment.
  - (iii) Where a **Policy** is a **Couple Membership**, an upgrade to a **Family Membership** is required to add a **Dependant** and pay any **Contributions** adjustment.
  - (iv) Where a **Policy** is a **Family Membership**, a **Dependant** can be added.

## C4 Membership Applications

1. Application for membership shall be in the form required by CBHS International Health.
2. CBHS International Health may refuse to accept an application for membership if there would be grounds to cancel the membership under Rule C7 if the application was to be accepted.
3. When applying for OSHC, the **Overseas Student** must provide CBHS International Health with any information that CBHS International Health requests in relation to each person to be covered on a **Policy**.
4. Upon acceptance of the **Policy**, the **Policy Holder** consents to CBHS International Health collecting, using, and disclosing **Personal Information** of the **Policy Holder** and all people insured under the **Policy** in accordance with the CBHS International Health Privacy Policy. The **Policy Holder** agrees that:
  - (a) CBHS International Health will collect Personal Information about the **Policy Holder** so that CBHS International Health may provide the appropriate level of cover.
  - (b) CBHS International Health may need to disclose the **Policy Holder's Personal Information** to other parties such as **Health Care Providers**, government authorities, industry bodies and other health funds. CBHS International Health may use your information for internal purposes such as claims auditing, compliance monitoring and quality control.
5. The **Policy Holder** may request reasonable access to their Personal Information that CBHS International Health holds and CBHS International Health may apply an **Administration Fee** for providing the access.
6. If an **OSHC** applicant does not consent to how Personal Information is collected, used, or disclosed, CBHS International Health may not be able to provide cover under a **Policy**.
7. An application for a **Policy** will be accepted by CBHS International Health only where the **Contributions** for the period of the **Student Visa** and any **Bridging Visa** have been paid.

## C5 Duration of Policy

1. It is a **Student Visa** requirement that evidence of continuous **OSHC** for the proposed duration of the **Student Visa** be provided to **DoHA** before a **Student Visa** will be granted. The duration of the **Student Visa** will be determined by the length of **OSHC** purchased. CBHS International Health is required to report to **DoHA OSHC Policies** that are cancelled or terminated by the **Policy Holder** or **Fund**.
2. Subject to CBHS International Health's acceptance of the **Policy**, a **Policy** commences:
  - (a) On the **Commencement Date**, or the date of arrival in **Australia**, whichever is later; and
  - (b) upon all required **Contributions** being paid.
3. The **Activation Date** of a **Policy** may be adjusted to align with:
  - (a) the date the **Policy Holder** arrives in **Australia** (applicable for visas that are applied for and approved outside of **Australia**); or
  - (b) the visa start date (applicable to visas that are applied for and approved in **Australia**),
 whichever event occurs first.

4. If an application for a **Policy** is withdrawn or cancelled after arrival in **Australia**, an **Administration Fee** may apply.
5. The **Policy** commences with a minimum of three months and continues for the duration of the **Student Visa** up to a maximum of five years unless the **Policy** is cancelled under Rule C7 or terminated under Rule C8.
6. In the event that the **Standard Overseas Student Health Cover Product** is closed by CBHS International Health at any time, **OSHC Members** who have purchased that **Product** prior to the close date will continue to be entitled to the **Benefits** and terms applicable to that **Product** for the duration of the policy purchased.
7. Once an **OSHC Product** is closed, no further sales will be permitted, and **Policies** purchased after the close date will be for the **Essentials Overseas Student Health Cover Product**.
8. If an existing **OSHC Member** who purchased **Standard Overseas Student Health Cover** prior to the close date elects to migrate to the **Essentials Overseas Student Health Cover** after the close date, they will be entitled to have the unused portion of the premium already paid applied to the new **Policy** and pay any additional premium applicable.
9. Upon payment of any additional premium as described above, the **OSHC Member** will be entitled to the **Benefits** applicable for that **Product** and will not be required to serve any additional waiting periods.

## C6 Transfers

1. A transfer from another **OSHC** provider is allowed where:
  - a) the **Policy** has not lapsed; or  
if the **Policy** has lapsed, the **Policy Holder** will have to pay for the lapsed period. The **Policy Holder** can either pay the lapsed period amount to their previous health fund or pay CBHS International Health the equivalent Contribution. Once the lapse is resolved, the **Policy Holder** would not be required to re-serve **Waiting Periods** (that would ordinarily need to be served under Rule C6.2, but for the lapse) and would not be entitled to **Claim Benefits** for the lapsed period.
2. Where a **Policy Holder** transfers from a **Policy** with another **OSHC** provider to CBHS International Health, **Waiting Periods** will apply for any services or treatments not covered on the previous level of cover.
3. Where a **Policy Holder** transfers from one CBHS International Health **Policy** to another CBHS International Health **Policy**, provided there was no gap in cover and the remaining duration of cover needed is at least three months, CBHS International Health will allow the transfer.
4. Where a **Policy Holder** transfers to a **Policy** with another **OSHC** provider, CBHS International Health will provide the **Policy Holder** with a **Transfer Certificate**.

## C7 Cancellation of Policy and Refunds

1. A **Policy Holder** may cancel their **Policy** and CBHS International Health will refund any unused portion of the **Contributions** where an application for a refund is made to CBHSC under the following circumstances:
  - (a) an **Overseas Student** has failed to arrive in Australia to commence studies and will not be coming at all. Paid premium amount to be refunded, less a reasonable processing fee (if any);
  - (b) an Overseas Student has failed to arrive in Australia due to a delay, but eventually arrives in Australia. Paid premium amount to be refunded on a pro rata basis for the period of delay calculated from the date of the Student Visa until the actual date of arrival in Australia, less a reasonable processing fee (if any)
  - (c) an Overseas Student has paid Contributions on the basis a Student Visa will be granted by Home Affairs but is refused. less a reasonable processing fee (if any);
  - (d) an **Overseas Student** has paid the **Contributions** on the basis of an extended stay, but the extension of authorised stay is not granted by **DoHA** and an application for a refund is made to CBHS International Health. Paid premium amount in relation to the extension to be refunded in full, less a reasonable processing fee (if any),

(e) for reasons beyond the control of the Overseas Student, the **Overseas Student** is obliged to cease studies and leave **Australia** before the expiry of the Student Visa. Paid premium amount to be refunded on a pro rata basis for the period of absence from Australia calculated from the departure date until the expiry date of the Student Visa, less a reasonable processing fee (If any).

(f) an **Overseas Student** has been granted permanent residence in **Australia**, or an Australian visa (other than a **Student Visa**), and an application for a refund is made. Paid premium amount to be refunded on a pro rata basis for the period left on the Student Visa calculated from the date of permanent residency or the date of the Australian visa (other than a Student Visa) until the expiry date of the Student Visa, less a reasonable processing fee (If any).

(g) an **Overseas Student** can prove to CBHS International Health that they were not a resident in **Australia** for a continuous period of three months or more, but they did hold a valid **Student Visa**. Paid premium amount to be refunded on a pro rata basis for the period of absence whilst not residing in Australia, less a reasonable processing fee (If any).

(h) an **Overseas Student** can provide proof of **OSHC** taken out and paid for with another OSHC Provider which overlaps with the same period covered by CBHS International Health; Paid premium amount to be refunded on a pro rata basis for the overlapped period during which a new OSHC cover with another Insurer was in place, less a reasonable processing fee (If any).

(I) Due to administrative changes that adjust the period of OSHC beyond the dates required for the Overseas Student's Student Visa. Paid premium amount to be refunded on a pro rata basis for the period of absence calculated until the expiry date of the Student Visa, less a reasonable processing fee (If any).

2. A **Policy Holder** is required to provide proof of entitlement to cancel with the application for a refund.
3. CBHS International Health may charge an **Administration Fee** to process the **Policy** cancellation and deduct the **Administration Fee** from the refund.
4. As it is a condition of the **Student Visa** that **OSHC** must be maintained while studying in **Australia**, CBHS International Health may provide **DoHA** with the name and contact details of the **Policy Holder** who has cancelled the **Policy** and received the **Contribution** refund.

## C8 Termination of Policy

1. CBHS International Health will only refund **Contributions** under all circumstances outlined in clause C7.1. CBHS International Health may terminate a **Policy** where in its opinion an **OSHC Member** has obtained or attempted to obtain advantage that they are not entitled to under these **Rules**.
2. CBHS International Health may terminate the **Policy** if the membership card is used fraudulently by an **OSHC Member** allowing people not insured under the **Policy** to use the membership card.
3. CBHS International Health will automatically terminate a **Policy** where the date that the **Policy** has been paid to is the same as the **Student Visa** end date. CBHS International Health will contact the **Policy Holder** eight weeks prior to the **Student Visa** end date.
4. If at any time CBHS International Health determines that an **OSHC Member** is ineligible, or is no longer eligible to receive **OSHC**, then CBHS International Health may terminate a **Policy** or transfer the **OSHC Member** to an alternate cover. CBHS International Health may backdate this change and require the **Overseas Student** to immediately pay any additional premiums and/or repay any **Benefits** it received.

## C9 Collection of data

By accepting a Policy, you consent to us collecting, using, and disclosing your personal and health information and the personal and health information of all Insured Persons Covered under the Policy according to our Privacy Policy. Unless otherwise specified in the Privacy Policy, you agree that:

(a) we will only collect personal and health information about you that is necessary for the purposes of providing the appropriate Cover and verifying that it has been provided according to law. This may include health information collected from Health Care Providers;

(b) we may need to disclose your personal and health information to other parties, such as Health Care Providers and associations, business partners, government authorities, other health funds or other industry bodies. We may also use information for internal purposes, such as staff training, Claims auditing and compliance monitoring;

(c) the Policy Holder is responsible for ensuring every Insured Person is aware that we may collect, use, and disclose their personal and health information for the purposes of providing Cover and verifying that appropriate Benefits are paid.

## D Contribution Payment

1. Unless otherwise stated under the **Deed**, **Contributions** are payable in advance for the full duration of the **Student Visa**.
2. Subject to these **Rules**, CBHS International Health may change **Contributions** in line with the **Deed**. A change will not affect the **Contributions** already paid for the **Product**.

## E Benefits

### E1 General Conditions

#### 1.1 When a Benefit is not payable

- a) Services and treatment rendered as part of an assisted reproductive program including but not limited to in-vitro fertilisation;
- b) Treatment rendered outside **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 an **Overseas Student's** or a **Dependant** of the **Overseas Student's** arrival in **Australia**;
- d) Treatment rendered to an **Overseas Student** or a **Dependant** of the **Overseas Student** in the first 12 months after arrival in **Australia** where that treatment is for a **Pre-Existing Condition** (other than a **Pre-Existing Condition** of a psychiatric nature). This exclusion does not apply where a **Medical Practitioner** certifies, and CBHS International Health agrees, that an **Overseas Student** or **Dependant** of the **Overseas Student** requires **Emergency Treatment** in **Australia**. CBHS International Health will not unreasonably withhold its agreement;
- e) Treatment rendered to an **Overseas Student** or a **Dependant** of the **Overseas Student** in the first two months after arrival in **Australia** where that treatment is for a pre-existing condition of a psychiatric nature. This exclusion does not apply where a **Medical Practitioner** certifies, and CBHS International Health agrees, that an **Overseas Student** or **Dependant** of the **Overseas Student** requires **Emergency Treatment** in **Australia**. CBHS International Health will not unreasonably withhold its agreement;
- f) Treatment of secondary conditions or disabilities directly arising from the conditions or disabilities directly arising from the conditions or disabilities to which Rule E1.1(d) applies will be treated in accordance with Rule E1.1(d);
- g) Treatment rendered to an **Overseas Student** or a **Dependant** of the **Overseas Student** for **Pregnancy-related Services** in the first 12 months after arrival of the **Overseas Student** or the **Dependant** of the **Overseas Student** in **Australia**. This exclusion does not apply where a **Medical Practitioner** certifies, and CBHS International Health agrees, that an **Overseas Student** or **Dependant** of the **Overseas Student** requires **Emergency Treatment** in **Australia**. CBHS International Health will not unreasonably withhold its agreement;
- h) Transportation of an **Overseas Student** or a **Dependant** of the **Overseas Student** into or out of **Australia** in any circumstance;

- i) Services and treatment which are covered by compensation or damages, entitlements, or payments of any kind;
- j) Elective **Cosmetic Service**;
- k) Expenses for medical examinations, x-rays or vaccinations and other treatments required for the purpose of:
  - i) applying for, renewing, or extending a visa for entry into **Australia**;
  - ii) applications for permanent residency in **Australia**; or
  - iii) travelling outside of **Australia**.
- l) **Claims** which relate to treatment rendered by a **Recognised Provider** where a provider number has not been supplied and CBHS International Health is unable to verify the **Claims**;
- m) CBHS International Health may recover from the **OSHC Member** any **Benefits** CBHS International Health pays as a result of:
  - i) the application for a **Policy** or **Claim** form containing fraudulent, false, or misleading information; or
  - ii) CBHS International Health erroneously paying a **Benefit** within two years of the payment provided CBHS International Health notifies the **Policy Holder** of the error;
- n) For treatment referred by or provided by a **Spouse** or **De Facto Partner** or family member of the **Overseas Student**;
- o) For any treatment provided at the time the **Overseas Student** did not hold a valid **Student Visa** or their **Spouse** or **De Facto Partner** or **Dependants** were not included on the approved **Student Visa** Treatment rendered during a **Waiting Period** as detailed in Rule F1.
- p) High-cost medicines, experimental medicines and pharmaceuticals that are not listed on the PBS will not be covered.
- q) CBHS International Health pays limited Benefits for medicines listed on the PBS (see E2). If the charge is higher than the Benefit we pay, the difference will be an **Out-of-Pocket Cost** payable by the **Overseas Student** or a **Dependant**.

## E2 Hospital and General Treatment

Subject to these **Rules**, CBHS International Health will pay **Benefits** for the following types of treatment:

- a) out-of-**Hospital** medical services – as a minimum, the **Benefit** amount as listed in the **Medicare Benefits Schedule** and performed by a **Medical Practitioner**;
- b) in-**Hospital** medical services – 100% of the **Medicare Benefits Schedule Fee**;
- c) **Public Hospital – Admitted Patient** in shared ward **Hospital** accommodation, same day services, **Accident** and **Emergency Treatment** and outpatient medical and postoperative services – the rate determined by **State** and **Territory** health authorities for services charged to a patient who is not an Australian resident;
- d) surgically implanted medical devices and human tissue products – no gap medical devices and human tissue products and gap permitted medical devices and human tissue products as listed in the *Federal Government Prescribed List of Medical Devices and Human Tissue Products*;
- e) private **Hospital**/registered day **Hospital** facility – 100% of the charges for all insurable costs raised by an **Agreement Hospital** with a minimum of shared ward accommodation.
- f) **Benefits** for expenses exceeding the equivalent of the current **PBS** patient contribution for general beneficiaries, up to \$50 per pharmaceutical item, prescribed and dispensed by a registered practitioner recognised by CBHS International Health with maximum benefits per calendar year as specified in the **Product Schedules**.

g) ambulance services – 100% of the charge for transport by a State Government ambulance service or an ambulance service recognised by CBHS International Health (such as Royal Flying Doctor Service) when medically necessary for admission to **Hospital** or for **Emergency Treatment**.

### E3 Chronic Disease Management Program

A Member covered by a **Product** specified in the **Product Schedules** may be invited to participate in a Chronic Disease Management Program arranged by CBHS International Health with an external party. Participation in such a program will be provided at the discretion of CBHS International Health and at no cost to the **Overseas Student**.

### E4 Hospital Substitute Treatment

A Member covered by a **Product** specified in the **Product Schedules** may be provided access to a Hospital Substitute Treatment Program arranged by CBHS International Health with an external party. Access to this program will be provided at the discretion of CBHS International Health. The **Benefit** will generally only be available in circumstances where CBHS International Health would have paid more than the **Minimum Default Benefit** for accommodation for the treatment of the relevant illness or injury in a **Hospital** as **Hospital Treatment**. However, in any particular instance, where the cost of a Hospital Substitute Treatment Program is likely to be less than the **Minimum Default Benefit**, CBHS International Health may also provide access to Hospital Substitute Treatment. The Hospital Substitute Treatment provided under this rule shall be at no cost to the **Overseas Student**.

### E5 Maternity Programs

A member covered by a **Product** specified in the **Product Schedules** may be invited to participate in a Maternity Program arranged by CBHS International Health with an external party. Participation in such a program will be provided at the discretion of CBHS International Health and at no cost to the **Overseas Student**.

### E6 Mental Health Programs

A member covered by a **Product** specified in the **Product Schedules** may be invited to participate in a Mental Health Program arranged by CBHS International Health with an external party. Participation in such a program will be provided at the discretion of CBHS International Health and at no cost to the **Overseas Student**.

## F Limitation of Benefits

### F1 Waiting Periods

1. **Waiting Periods** can only be served once an **Overseas Student** is in **Australia**. **Waiting Periods** cannot be served from outside of **Australia**. In circumstances where a **Policy Holder**, **Partner** and any **Dependants** arrive in **Australia** separately, then the **Waiting Periods** will need to be served by each individual.
2. CBHS International Health will not pay **Benefits** for certain types of treatment provided during a **Waiting Period**. CBHS International Health may not pay a **Benefit** for a service to which a **Waiting Period** applies until the **Overseas Student** has served the relevant **Waiting Period** in full:
  - i) 12 months where the treatment is for **Pre-Existing Conditions**, unless for **Emergency Treatment**.
  - ii) 12 months where the treatment is for **Pregnancy-related Services**, including birth related services, unless **Emergency Treatment** is required, in which case the 12-month waiting period will be waived.
  - iii) two months where the treatment is for pre-existing psychiatric treatments as an inpatient or outpatient.
  - iv) 12 months where the treatment is for a secondary condition relating to a **Pre-Existing Condition**.
  - v) two months for treatment of a **Dependant Child** added to an **OSHC Policy** that is converted to a **Single Parent Family Membership** (from **Single Membership**) or converted to a **Family Membership** (from **Couple**



**Membership)** less than one month before the birth of the **Dependant Child** or after the birth of the **Dependant Child**.

## F2 Application of Waiting Periods

Subject to Rule F1, this Rule F2 sets out how CBHS International Health applies **Waiting Periods**.

If a **Policy Holder** transfers to a new **Policy**, **Waiting Periods** will apply where:

- a) the new **Policy** pays **Benefits** for a treatment that was not covered under the previous **Policy**; or
- b) higher **Benefits** are payable under the new **Policy** than under the previous **Policy**. In this case CBHS International Health will pay the **Benefits** payable under the previous **Policy** during the **Waiting Period**.
- c) if the new **Policy** pays the same or lower **Benefits** for a treatment than under the previous **Policy**, the **Overseas Student** will be deemed to have served the same **Waiting Periods** as under the previous **Policy**.
- d) if a **Policy Holder** adds a new **Dependant** or **Partner** to the **Policy** (other than a newborn), the new **Overseas Student** must serve any **Waiting Periods** and periods of **Minimum Default Benefits** that apply under the **Policy**.

## F3 Compensation Damages and Provisional Payment of Claims

- a) This Rule applies if an **Overseas Student** has received services in relation to a **Compensable Injury**.
- b) An **Overseas Student** is not entitled to **Benefits** for services related to treating a **Compensable Injury** if the amount of compensation sought or received includes an amount for the treatment of the **Compensable Injury**.
- c) CBHS International Health may, however, in its sole and absolute discretion, make a provisional payment of **Benefits** to an **Overseas Student**, if:
  - i. the claim for compensation for the **Compensable Injury** has not yet been resolved; and
  - ii. the **Overseas Student** enters into a legally binding document with CBHS International Health (in a form and on terms and conditions acceptable to CBHS International Health at its sole and absolute discretion) to repay the **Benefits** upon resolution of the claim for compensation.
- d) If an **Overseas Student** receives a **Benefit** for services related to treating a condition which later becomes a **Compensable Injury**, and the amount of compensation sought or received includes an amount for the treatment of the **Compensable Injury**, then the amount of the **Benefit** is a debt owed to CBHS International Health which it may recover at law.

## G Claims

### G1 General

1. To make a **Claim** for **Benefits**, a **Policy Holder** shall:
  - a) Submit the **Claim** in the manner required by CBHS International Health;
  - ii) provide all relevant receipts or accounts relating to the service rendered or good received; and
  - iii) provide any other information or documents to CBHS International Health which CBHS International Health reasonably requires to process the **Claim** for **Benefits**.
  - b) **Claims** for **Benefits** must be supported by accounts and/or receipts on the **Recognised Provider's** letterhead or showing the **Recognised Provider's** official stamp, and showing the following information:
    - i) the **Recognised Provider's** name, provider number and address;
    - ii) the **Overseas Student's** full name and address;
    - iii) the date of service;
    - iv) the item number/numbers where applicable and description of the service; and
    - v) the amount(s) charged.
2. A **Policy Holder** must lodge a **Claim** with CBHS International Health within 12 months of receiving the good or service to which the **Claim** relates, otherwise **Benefits** will not be payable.

## H Product Schedules

### Product Schedule Part 1: Standard Overseas Student Health Cover

From 5 July 2023, OSHC Standard is a closed product and is not available for purchase by new members.

#### 2.1 Eligibility

This **Product** is available to the following memberships subject to the conditions contained in Rule C2:

- a) **Single Membership**, where the Overseas Student must be the holder of a **Student Visa**;
- b) **Couple Membership**;
- c) **Single Parent Family Membership**;
- d) **Family Membership**.

## 2.2 Medical Benefits and Hospital Treatments

Covered Item	Benefit Limit
<b>Out-of-Hospital Benefits</b>	
<b>Recognised Provider</b> of an online health consultation service	100% of the agreed rate up to any relevant service limit per claim, except for services where an <b>Exclusion</b> applies.
Medical Services provided by general practitioners (GP)	<b>CBHS International Health Network:</b> 100% of the agreed rate up to any relevant service limit, and thereafter 100% of the <b>Medicare Benefits Schedule Fee</b> , except for services where an <b>Exclusion</b> applies.  <b>Providers not part of the CBHS International Health Network:</b> 100% of the <b>Medicare Benefits Schedule Fee</b> , except for services where an <b>Exclusion</b> applies.
<b>Public Hospital Outpatients</b> - Medical services provided by <b>Public Hospitals as an outpatient</b>	Treatment provided by doctors and specialists in <b>Public Hospitals</b> , including services provided by doctors, medical specialists, medical imaging providers and pathology providers.  100% of <b>Medicare Benefits Schedule Fee</b> .
<b>Public Hospital Accident and Emergency Treatment</b>	100% of <b>Medicare Benefits Schedule Fee</b> , where an MBS number is provided for the service. If a valid MBS number is not provided, then a <b>Minimum Default Benefit</b> will apply.
Emergency department <b>Facility Fee</b>	Standard OSHC - \$0 where attendance does not lead to an admission. Up to \$160 where the attendance leads to an admission, except for services where restricted <b>Benefits</b> or <b>Exclusions</b> apply.
Specialist Doctor	100% of the <b>Medicare Benefits Schedule Fee</b> , except for services where an <b>Exclusion</b> applies.
Specialist Services	100% of the <b>Medicare Benefits Schedule Fee</b> for specialist services including pathology and radiology, except for services where an <b>Exclusion</b> applies.
Chronic Disease Management Program	100% of the cost for <b>Overseas Students</b> approved by CBHS International Health to participate.
<b>Hospital Substitute Treatment Program</b>	100% of the cost for <b>Overseas Students</b> approved by CBHS International Health to participate.
Maternity Program	100% of the cost for <b>Overseas Students</b> approved by CBHS International Health to participate.
Mental Health Program	100% of the cost for <b>Overseas Student</b> approved by CBHS International Health to participate.

<b>Pharmaceuticals and medicines</b>	<b>Benefits</b> for expenses exceeding the equivalent of the current PBS Schedule patient contribution for general beneficiaries. Up to \$50 per pharmaceutical item, prescribed and dispensed by a registered practitioner recognised by CBHS International Health with a maximum <b>Benefit</b> of \$300 per calendar year per <b>Single Membership</b> and \$600 per <b>Couple, Single Parent Family Membership</b> or <b>Family Membership</b> .
<b>In-Hospital Treatment Benefits</b>	
<b>Hospital Treatment</b>	<p>In a <b>CBHS International Health Agreement Hospital</b>:</p> <p>100% of the cost for overnight, same day, theatre fees, labour ward, and intensive care accommodation for private or shared room in a Private Agreement <b>Hospital</b>.</p> <p>In a <b>Public Hospital</b>:</p> <p><b>Benefits</b> payable will be equivalent to the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident for overnight, same day, theatre fees, labour ward, and intensive care accommodation. Emergency department <b>Facility Fee</b> will be paid for visits leading to an admission or is certified by a treating doctor as <b>Emergency Treatment</b>.</p> <p>In a <b>Non-Agreement Private Hospital</b>:</p> <p><b>Benefits</b> payable will be at least the <b>Minimum Default Benefit</b> for overnight, same day, theatre fees, labour ward, and intensive care accommodation.</p>
In hospital diagnostic tests	100% of the <b>Medicare Benefits Schedule Fee</b> , except for services where an <b>Exclusion</b> applies.
Surgically implanted medical devices and human tissue products	Covered up to the relevant amount in the <i>Federal Government Prescribed List of Medical Devices and Human Tissue Products</i> , except for services where an <b>Exclusion</b> applies.
Inpatient supplied <b>Pharmaceuticals</b>	<p><b>Benefits</b> for expenses exceeding the equivalent of the current PBS Schedule patient contribution for general beneficiaries. Up to \$50 per pharmaceutical item, prescribed and dispensed by a registered practitioner recognised by CBHS International Health with a maximum <b>Benefit</b> of \$300 per calendar year per <b>Single Membership</b> and \$600 per <b>Couple, Single Parent Family Membership</b> or <b>Family Membership</b>.</p> <p>Note: other pharmaceuticals that are not included in the PBS Schedule (such as experimental or high-cost medicines) are exclusions and may or may not be covered at the sole and absolute discretion of CBHS International Health.</p>
<b>Ambulance</b>	
<b>Ambulance</b>	100% of the cost for all road and air ambulance transport recognised by, or provided by, State or Commonwealth governments, that are medically necessary for admission to hospital or Emergency Treatment at the scene due to an <b>Accident</b> or <b>Medical Emergency</b> .

## 2.3 Exclusions

In addition to Rule E1, the following are not covered under this **Product**:

- a) assisted reproductive services (e.g., IVF and gamete intrafallopian tube transfer (GIFT)) including sterilisations and reversals;
- b) Cosmetic Service;
- c) MBS item numbers not performed by a Medical Practitioner, and
- d) High-cost medicines, experimental medicines and pharmaceuticals that are not listed on the PBS.

## 2.4 Waiting Periods

12 months	<b>Pre-Existing Conditions.</b>
12 months	<b>Pregnancy-related Services</b> including birth related services. Excluding emergencies.
2 months	<b>Pre-Existing</b> psychiatric conditions.

## 2.5 General Treatment Benefits (Extras)

Not covered

## Product Schedule Part 2: Essentials Overseas Student Health Cover

### 3.1 Eligibility

This **Product** is available to the following memberships subject to the conditions contained in Rule C2:

- e) **Single Membership**, where the Overseas Student must be the holder of a **Student Visa**;
- f) **Couple Membership**;
- g) **Single Parent Family Membership**;
- h) **Family Membership**.

### 3.2 Out-of-Hospital Medical Benefits

OUT-OF-HOSPITAL MEDICAL BENEFITS			
Provider	Service	Description	Benefit
<b>CBHS International Health Recognised Online Health Consultation Service Providers</b>	Clinical consultation provided by video or telephone.	Services provided by medical <b>Recognised Providers</b> via remote (video or telephone) consultation.	The lesser of either 100% of the <b>Medicare Benefits Schedule Fee</b> or 100% of the service cost up to the amount agreed with the <b>Recognised Provider</b> , except for services where an <b>Exclusion</b> applies.
<b>CBHS International Health Network</b>	Medical services in <b>Private Clinics</b> and by providers.	Out-of-hospital medical services provided by doctors and specialists who are part of the <b>CBHS International Health Network</b> , including services provided by: doctors, medical specialists, medical imaging providers and pathology providers.	The lesser of either 100% of the <b>Medicare Benefits Schedule Fee</b> or 100% of the service cost up to the amount agreed with the <b>Recognised Provider</b> , except for services where an <b>Exclusion</b> applies.

<b>Non-Agreement Medical Centres and Medical Service Providers</b>	Medical services in <b>Private Clinics</b> and by providers.	Out-of-hospital medical services provided by doctors and specialists who are not part of the <b>CBHS International Health Network</b> , including services provided by: doctors, medical specialists, medical imaging providers and pathology providers.	Standard GP consultations: 100% of <b>Medicare Benefits Schedule Fee</b> , except for services where an <b>Exclusion</b> applies.  Out of hospital medical services including, medical specialists, medical imaging providers and pathology providers: 85% of the <b>Medicare Benefits Schedule Fee</b> .
<b>Public Hospital Outpatients</b>	Medical services provided by <b>Public Hospitals as an outpatient</b>	Treatment provided by doctors and specialists in <b>Public Hospitals</b> , including services provided by doctors, medical specialists, medical imaging providers and pathology providers.	85% of <b>Medicare Benefits Schedule Fee</b> .

### 3.3 Hospital and Medical Benefits

<b>HOSPITAL BENEFITS - NETWORK</b>			
<b>Provider</b>	<b>Service</b>	<b>Description</b>	<b>Benefit</b>
<b>CBHS International Health Private Agreement Hospitals</b>	Accommodation	For overnight, same day and intensive care for private or shared room in a Private Agreement Hospital.	100% cover, except for services where an <b>Exclusion</b> applies.
	Operating theatre, labour ward and intensive care fees	Operating theatre, labour ward, and intensive care fees at Private Agreement Hospital.	100% cover, except for services where an <b>Exclusion</b> applies.
	Emergency department <b>Facility Fee</b>	Fees charged by a <b>Private Hospital</b> emergency department for attending the facility.	100% of the contracted scheduled fee, except for services where an <b>Exclusion</b> applies.
<b>ADMITTED PATIENT MEDICAL BENEFITS - NETWORK</b>			
<b>CBHS International Health Private Agreement Hospitals</b>	<b>Admitted Patient</b> medical services provided to the Member	In-hospital medical services including services provided by doctors, medical specialists, medical imaging providers and pathology providers.	100% of the <b>Medicare Benefits Schedule Fee</b> .

<b>HOSPITAL BENEFITS – PUBLIC HOSPITAL</b>		
<b>Public Hospital Services</b>	100% of the charge raised by the <b>Public hospital</b> for services charged at a rate determined by the relevant State or Territory health authority to a patient who is not eligible for Medicare in respect of: <ul style="list-style-type: none"> <li>(i) admitted patient shared ward accommodation, intensive care, and same day services</li> <li>(ii) post-operative services</li> <li>(iii) accident and emergency department charges; and</li> <li>(v) outpatient department charges.</li> </ul>	
<b>ADMITTED PATIENT MEDICAL BENEFITS – PUBLIC HOSPITAL</b>		
<b>Admitted Patient</b> medical services provided to the Member	In-hospital medical services including services provided by doctors, medical specialists, medical imaging providers and pathology providers.	100% of the <b>Medicare Benefits Schedule Fee</b> .

<b>HOSPITAL BENEFITS - NON-AGREEMENT HOSPITAL</b>			
<b>Non-Agreement Hospitals</b>	Accommodation	Overnight accommodation; theatre fees; labour ward and intensive care accommodation	<b>Benefits payable will be at least the Minimum Default Benefit.</b>
	Emergency department <b>Facility Fee</b>	Fees charged by a Non-Agreement <b>Hospital</b> emergency department for attending the facility.	Nil
	<b>Facility fees</b>	Administrational fees charged as part of an admission of care.	Nil
<b>ADMITTED PATIENT MEDICAL BENEFITS – NON-AGREEMENT HOSPITAL</b>			
<b>Admitted Patient</b> medical services provided to the Member	In-hospital medical services including services provided by doctors, medical specialists, medical imaging providers and pathology providers.		100% of the <b>Medicare Benefits Schedule Fee</b>

### 3.4 Ambulance Cover

<b>AMBULANCE COVER</b>		
<b>Ambulance cover</b>	Includes cover for all road and air <b>Ambulance</b> transport recognised by, or provided by, State or Commonwealth governments, that are medically necessary for admission to hospital or <b>Emergency</b>	100% of the charge for <b>Ambulance</b> .

	<b>Treatment at the scene due to an Accident or Medical Emergency.</b>	
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### 3.5 Pharmaceuticals Benefits

<b>PHARMACEUTICALS AND MEDICINES</b>	
<b>Pharmaceuticals and medicines</b>	<p><b>Benefits</b> for expenses exceeding the equivalent of the current <b>PBS</b> patient contribution for general beneficiaries, when the drug is:</p> <ul style="list-style-type: none"> <li>a) prescribed by a medical practitioner; and</li> <li>b) listed on the Australian Government’s <b>PBS Schedule</b>.</li> </ul> <p>Up to \$50 per pharmaceutical item with a maximum benefit of \$500 per calendar year for a Single policy or \$1,000 per year for a Couple, Single Parent or Family policy.</p> <p>The maximum benefit per calendar year applies to all <b>Pharmaceutical</b> items prescribed in-hospital and out-of-hospital.</p> <p>Note: Other <b>Pharmaceuticals</b> not listed on the <b>PBS</b> Schedule (such as experimental or high-cost medicines) are excluded and may or may not be covered at the sole and absolute discretion of CBHS International Health.</p> <p>Benefits are not payable for non-PBS <b>Pharmaceuticals</b>.</p>

### 3.6 Out of Hospital Allied Health Services and Chronic Disease Management Plans under a General Practitioner Management Plan or a Team Care Arrangement

<b>CHRONIC DISEASE MANAGEMENT PLANS</b>		
General Practitioner	<p><b>Allied Health Services</b> provided to a Member by an <b>Allied Health Practitioner</b> under a General Practitioner Management Plan (<b>GPMP</b>) prepared by a General Practitioner.</p> <p>Chronic Disease Management services provided to a member under a GPMP or a Team Care Arrangement (<b>TCA</b>) prepared by a General Practitioner.</p>	<p>85% of the <b>Medicare Benefits Schedule Fee</b> where the services have been billed with a <b>Medical Benefits Schedule</b> item number under a GPMP or and TCA.</p>



### 3.7 Surgically Implanted Protheses Benefits

SURGICALLY IMPLANTED PROTHESES		
Surgically implanted medical devices and human tissue products	Surgically implanted medical devices and human tissue products specified in the <i>Federal Government Prescribed List of Medical Devices and Human Tissue Products</i> .	At least the minimum <b>Benefits</b> specified in the <i>Federal Government Prescribed List of Medical Devices and Human Tissue Products</i> , except for services where an <b>Exclusion</b> applies.

### 3.8 Exclusions

In addition to Rule E1, the following are not covered under this **Product**:

- e) assisted reproductive services (e.g., IVF and gamete intrafallopian tube transfer (GIFT)) including sterilisations and reversals;
- f) Cosmetic Service; and
- g) High-cost medicines, experimental medicines and pharmaceuticals that are not listed on the PBS.

### 3.9 Waiting Periods

In accordance with Rule F1 and F2, the following **Waiting Periods** apply from **Date of Activation** of policy:

Benefits Payable for	Waiting Period
Out-of-hospital services claimed for items on the Medicare Benefits Schedule under: <ul style="list-style-type: none"> <li>(i) Group A1 - General Practitioner attendances.</li> <li>(ii) Group A2; - Other Medical Practitioners</li> <li>(iii) Sub-groups 2 and 10 of Group A7; - Non-Specialist Practitioner; Non-Specialist Practitioner after hours attendance</li> <li>(iv) Group A22; - General Practitioner after hours attendance</li> <li>(v) Group A23 - Other Non-Referred after-hours attendance</li> <li>(vi) Sub-groups 1 and 2 of Group A40; General practise telehealth services; General practice phone services; and</li> <li>(vii) Group A46 - COVID-19 management support service</li> </ul>	Nil
Emergency Treatment	Nil
Hospital treatment or hospital- substitute treatment that is psychiatric care, except for Emergency Treatment	2 months from the OSHC start date
Hospital treatment or hospital- substitute treatment that is for a pregnancy-related condition, except for Emergency Treatment	12 months from the OSHC start date
Hospital treatment or hospital-substitute treatment that is for a Pre-existing Condition, including any secondary conditions or disabilities directly arising out of a Pre-existing Condition, except for Emergency Treatment	12 months from the OSHC start date

### 3.10 General Treatment Benefits (Extras)

Not covered.