



Australian Government

Department of Health

Overseas Student Health Cover (OSHC)
EXPLANATORY GUIDELINES FOR CONSUMERS

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The purpose of this document is to outline the strategy and policy intent underpinning the OSHC. This document also clarifies some of the service requirements of the OSHC which are specified in the Deed. The Deed remains the primary source document for obligations of Insurers in relation to the provision of OSHC. This document has been developed in consultation with and endorsed by the OSHC Consultative Group.

OSHC

OSHC is health insurance to assist Overseas Students and their dependants meet the costs of unplanned medical and hospital care which they may need while undertaking formal studies in Australia. OSHC includes ambulance cover and limited pharmaceutical items.

International Education

International education is a valuable component of the Australian economy, and builds capacity and networks for national and international business and industry. This is an underlying policy driver of OSHC.

- International education is one of Australia's top services exports and supports over 130,000 jobs. International education is also an experience that creates deep social, cultural and economic linkages contributing to stronger long-term bilateral relationships.
- A range of complementary government initiatives aim to enable the sector in maximising its potential including Australia's first National Strategy for International Education, Australian International Education 2025 – a long-term market development roadmap to enhance global competitiveness, the Global Alumni Engagement Strategy and the National Innovation and Science Agenda. This focus is reflected across states and territories with a range of strategies targeted at supporting sector growth.

Within these priorities is recognition that a quality student experience while in Australia is fundamental to the strength of the sector. Ensuring that students have access to quality, timely and affordable health care during their time of study in Australia is a key element.

The Deed

The Deed sets out conditions with which registered Australian health funds must comply in order to provide OSHC products and policies. OSHC products and policies may only be offered by Insurers that are a party to the Deed.

The Deed:

- ensures that the cost of health insurance does not serve as a disincentive to prospective Overseas Students and their dependants coming to Australia to study;
- ensures that adequate and affordable health care is available to Overseas Students and their Dependants while undertaking formal studies in Australia;
- minimises the risk of personal financial crisis for Overseas Students and their Dependants requiring medical treatment;
- minimises the risk of bad debt to hospitals, doctors and other health professionals;
- ensures the costs of providing health services to government sponsored students are clearly attributable;
- ensures that there is no, or minimal, cost to the Australian taxpayer for the provision of health services to Overseas Students; and

- ensures that a level of service is available enabling Overseas Students accessibility to and a clear understanding of their benefits.

The Deed is a publicly available document and is located on the Department of Health's website via www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-consumers-deed.htm.

OSHC Requirements

Migration Regulations 1994 - Schedule 2, requires Overseas Students to provide evidence of adequate health insurance in Australia **before** the visa can be granted.

Under policy, OSHC is considered adequate health insurance. There are several circumstances where an Overseas Student would be exempt from requiring OSHC, which are detailed below.

On 20 April 2010, as part of the Council of Australian Governments' (COAG) International Student Strategy for Australia, COAG required that Student Visa applicants must show that they have OSHC for the **duration of their visa** before a visa can be granted, "*....to guard against failure by students to renew coverage...*".

The Department of Home Affairs will check the student's OSHC policy period prior to granting a Student Visa (subclass 500). It is a condition of the student's visa that they maintain adequate health insurance for the duration of the student visa and must not enter Australia until the health insurance policy has commenced.

Further, students are required to provide evidence of OSHC for accompanying Dependents for the proposed duration of (the student's) visa.

OSHC Exemptions

Overseas Students are exempt from requiring to purchase OSHC if they are from countries that have a specific (government-to-government) agreement with Australia that covers their insurance requirements.

- Residents from **Norway** are provided with adequate health insurance by the Norwegian Government (the National Insurance Scheme).
- Residents from **Sweden** can take out health insurance with Kammarkollegiet (the Swedish Legal, Financial and Administration Agency). This insurance is considered adequate health insurance. However, this insurance is not universal and student visa applicants must present evidence of cover with their application or they are required to hold OSHC.
- Residents from **Belgium** are specifically covered by their Reciprocal Health Care Agreement, which is considered adequate health insurance.

Legislative Authority

The requirements for the payment of Medicare benefits are set out in the *Health Insurance Act 1973*.

Medicare is only payable in respect of people who are:

- an Australian citizen who resides in Australia
- a New Zealand citizen who resides in Australia
- an Australian permanent resident who resides in Australia
- someone who holds a Resident Return Visa who resides in Australia

- an applicant for permanent residency status (excluding parent applications) who resides in Australia, and has permission to work or can prove a relationship to an Australian citizen, permanent resident or with a New Zealand citizen who resides in Australia
- an eligible resident of a Reciprocal Health Care Agreement country who is visiting Australia and receiving treatment or services that are included under the specific agreements, , or
- covered by a Ministerial Order.

Some Overseas Students may be eligible for Medicare under the above scenarios, but (unless stated under OSHC exemptions) this does not exempt them from requiring OSHC while they remain on a Student Visa.

Medicare Benefits Schedule

As outlined in the Deed, Medicare Benefits Schedule (MBS) means the table consisting of the tables prescribed under sections 4, 4AA and 4A of the *Health Insurance Act 1973*. These tables specifically relate to the provision of General Medical Services, Diagnostic Imaging Services and Pathology Services.

The Deed makes clear that the minimum level of benefits payable by an Insurer for included admitted patient services is 100 per cent of the MBS Schedule Fee. For non-admitted services, the benefit varies based on the service provided and in-line with the benefits for ordinarily payable through Medicare for Australian residents. For OSHC products and policies, this means the minimum level of coverage must include is:

- 100% of the MBS Schedule fee for professional services (e.g. doctor, surgeon, anaesthetist and assist surgeon fees) provided to a patient as part of an episode of hospital treatment or hospital substitute treatment.
- For all other included services, the amount as listed in the MBS as found on mbsonline.gov.au and updated from time to time, which are generally:
 - The 100% benefit amount for services provided by a general practitioner to non-referred, non-admitted patients;
 - The 85% benefit amount for specialist consultations, pathology services, diagnostic imaging services and other specialist procedures provided to a non-admitted patient.

Under the *Health Insurance Act 1973*, certain criteria and restriction to the payment of benefits exist which may reduce the benefits payable or disqualify them entirely. Insurers are permitted to assess the services against these criteria when determining the benefit payable under their OSHC products and policies.

Further information about the minimum services payable by an Insurer is available from the '[Minimum Services](#)' section of this document.

Private health insurance and health related business legislation

The governing legislation for private health insurance and health related business matters are the *Private Health Insurance Act 2007* (referred to as the Act for the purpose of these Guidelines), the *Private Health Insurance (Prudential Supervision) Act 2015* and their subordinate legislation.

Rule 18 of the *Private Health Insurance (Health Insurance Business) Rules 2018* states that for section 121-30 of the Act, the business of undertaking liability, by way of insurance, is not health

insurance business if the liability is undertaken by a private health Insurer under an ‘Overseas Student health insurance contract’ and the Insurer includes the business in a health benefits fund that is conducted by the Insurer. This ‘Overseas Student health insurance contract’ is an insurance policy made in accordance with a written agreement between a private health Insurer and the Commonwealth.

The ‘written agreement’ is the Deed between the Commonwealth of Australia and the relevant private health Insurer in relation to the provision of Overseas Student Health Cover (the Deed).

Overseas Students

The definition of an Overseas Student applies to primary and secondary Student Visa holders, both of which are required to have adequate health insurance.

Consistent with the definition set out in the Deed as well as Rule 18 of the Health Insurance Business Rules, an Overseas Student is:

- (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.

This definition ensures that a student visa holder who intends to continue studying after their visa expires, and holds a bridging visa while waiting for the outcome of a new student visa application, is eligible to obtain OSHC and is required to hold OSHC.

As per the definition above, a student visa holder who applies for a permanent visa must comply with the conditions of the student visa until it expires. A bridging visa comes into effect when the student visa expires. A former student visa holder who holds a bridging visa in association with a permanent visa application is not an Overseas Student and therefore is not required to hold OSHC.

Before a Student Visa is granted to a family member, the Department of Home Affairs will assess the applicant’s relationship to the primary visa holder/applicant.

The Department of Home Affairs do not allow dependent children over the age of 18 at the time of application to be granted a Student Visa as a secondary holder. If a person turns 18 during the visa period, they may hold a Student Visa as a secondary holder for some time. Visas for people who turn 18 after grant are usually granted until:

- if the dependent child’s birthday falls between 1 January 30 June – until 31 July in the year the dependent turns 18
- if the dependent child’s birthday falls between 1 July and 31 December – until 31 December in the year the dependent turns 18.

This allows the dependent child to complete their current semester of study if enrolled. This will also avoid a situation of a dependent child who is about to complete their course of study needing to apply for a further Student Visa as a primary applicant for only a very short period. In some circumstances, the Department of Home Affairs may choose to depart from this policy and grant a longer or shorter visa as deemed appropriate.

A secondary Student Visa may cease before the primary visa expires. A dependent child may then choose to apply for a visa in their own right.

Deed History

The first OSHC Deed of Agreement between the Commonwealth and registered Australian private health Insurers took effect in January 2000 for a period of five years. Registered Australian private health Insurers were invited to express their interest in providing OSHC products and policies, of which four Insurers responded.

The Deed is not a restricted agreement and is open to all interested private health Insurers registered in Australia. A private health Insurer interested in entering the Deed of Agreement is required to express their interest in writing to the Department of Health.

The process for becoming a signatory to the Deed is the responsibility of the Department of Health. This is an internal process which can be made available to interested Insurers upon request via phi@health.gov.au.

Administration of the Deed

Ownership of the Deed

The Department of Health, in consultation with stakeholders, is responsible for the administration of the Deed.

Termination and Reduction

The Deed may be terminated or reduced at any time. The Commonwealth, using its best endeavours to give at least 60 days' notice, may at any time by written notice, terminate or reduce the scope of the Deed.

- All Parties to the Deed must ensure that Overseas Students will not be disadvantaged in the event that the Deed is terminated. This means that an Overseas Student with an OSHC policy should not be affected in any way should the Deed be terminated. The policy inclusions of an agreed OSHC policy between an Insurer and an Overseas Student will remain unchanged until such time that the OSHC policy expires. While an agreed OSHC policy remains valid, the obligations of an Insurer and Overseas Student remain the same with or without the presence of the Deed.

Consultative Group

The Consultative Group is intended to facilitate consultation between private health Insurers offering OSHC products and Commonwealth Government agencies supporting OSHC and Overseas Students. This consultation is aimed at improving the OSHC regulatory, administrative and policy environments for all Insurers who do or may offer OSHC, as well as improving the delivery of OSHC to Overseas Students.

The Consultative Group is not a forum for Insurer stakeholders to engage in behaviour that improperly reduces competition between them (for example: agreeing on premiums to be charged for OSHC, dividing potential policyholders or areas of operation between Insurers, or other anti-competitive behaviours).

The Consultative Group aims to meet on a quarterly basis.

OSHC Premium Increases and Decreases

Insurers are required to seek approval from the Department of Health for all OSHC premium increases.

Consistent with the Deed under clause 6.5(a), the Department of Health will approve in writing any premium increases in a Financial Year in an insured group, unless the Department of Health is satisfied that a proposed annual premium increase would be contrary to the public interest. This may require further explanation from Insurers to support the rationale behind the premium increase.

Insurers may increase their respective OSHC premiums once every Financial Year with premium increases announced publicly by the Insurers from 30 September.

One premium shall be set for each insured group, for each of the OSHC products offered, which covers Overseas Students from all States and Territories. Insurers can make adjustments to their premiums to reflect currency conversion fluctuations in the respective currencies of a target marketplace, in which case clauses 6.4, 6.6 and 6.7 of the Deed do not apply.

Insurers who increase their OSHC premiums more than once in a Financial Year are required to seek approval from the Department of Health who will only approve a subsequent increase in the premium, where the Insurer is able to demonstrate that there is an immediate issue with the Insurer being unable to meet the obligations of the Deed.

The Department of Health will advise Insurers of its decision within one month of the Insurer's application date.

For consistency of annual premium information, Insurers should also inform the Department of Health of any decrease to annual OSHC premiums in a Financial Year. A reported change in annual premiums is required for the purposes of an accurate audit trail. Insurers are required to write to the Department of Health notifying it of the premium decrease and reason for the change.

Reciprocal Health Care Agreements

The Reciprocal Health Care Agreement (RHCA) is part of a network of Australia's health agreements, which serve annual tourist and business traffic between the eleven participating countries and Australia. The RHCA is based on a cost-waiver principle where participating countries agree to fully absorb the cost of providing health care to travellers and no financial adjustment occurs. These agreements entail negligible administrative costs.

Australia currently maintains agreements with eleven countries including: the United Kingdom, New Zealand, Ireland, Sweden, Finland, the Netherlands, Norway, Italy, Malta, Belgium and Slovenia. Overseas Students from these countries are entitled to medically necessary treatment while they are in Australia, comprising public hospital care (as public patients), Medicare benefits and pharmaceutical items under the Pharmaceutical Benefits Scheme (PBS).

Evidence of Medicare eligibility may be required to claim Medicare benefits when receiving medical or hospital treatment. Overseas Students who are eligible for Medicare (except for Overseas Students from Ireland and New Zealand) are encouraged to contact Services Australia to enrol after arriving in Australia to receive a Medicare card. Information on enrolling can be found at www.servicesaustralia.gov.au/individuals/subjects/how-enrol-and-get-started-medicare/enrolling-medicare

Overseas Students from Ireland and New Zealand are entitled to public hospital care (as public patients) and PBS items but are required to present their passports **before** treatment as they are not issued with Medicare cards. Students from Italy and Malta are covered for a period of six months only.

Not all RHCA's provide cover for the entirety of a Student Visa period. Furthermore, an RHCA does not cover treatment as a private patient in a public or private hospital, as well as some treatments that are not considered medically necessary. Overseas Students visiting Australia specifically for the purpose of receiving treatment are also not covered.

Overseas Students who have access to Medicare through an RHCA must still maintain adequate health insurance for the duration of their visa, except Overseas Students from Belgium. The RHCA with Belgium specifically states that student visa holders are covered.

Insurers must not dispute legitimate and eligible claims made by OSHC policy holders on the basis that the OSHC policy holder is covered by a RHCA and has access to Medicare.

Who can offer OSHC

Only Australian registered private health Insurers, which have entered into the Deed, can offer OSHC.

Insurers who currently offer OSHC products and policies include:

- Australian Health Management (ahm OSHC, offered through Medibank Private Limited)
- CBHS International Health
- Peoplecare Health Limited (Allianz Global Assistance offers OSHC products and policies under an arrangement with Peoplecare)
- BUPA HI Pty Ltd (Australia)
- Medibank Private Limited
- nib health funds limited

OSHC costs and how to purchase

The costs to the student associated with OSHC (premiums) will vary depending on individual Insurers and their policies, the type of cover required and the duration. Overseas Students are recommended to contact their respective private health Insurer for policy related information and costs before commencing OSHC to ensure an appropriate level of cover is chosen.

Applicable GST should be calculated and remitted according to *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* and any subsequent amendment of that Act.

OSHC can be purchased:

- through the Overseas Student's educational institution; or
- direct from the Insurer by visiting the Insurers' websites; or
- through migration agents; or
- through education agents acting as intermediaries on behalf of the Education Institution; or
- in store if the student switches provider whilst in country; or
- in another way the Insurer makes their policies available for purchase.

Education providers and migration agents are permitted to recommend OSHC products. This enables education providers and migration agents to play an active role in the development of appropriate OSHC products. Education providers/migration agents are required to provide students with a copy of

their OSHC policy upon sale, which should include the policy number, policy start and end date and the policy inclusions.

Overseas Students retain the right to choose their own Insurer. This must be upheld even where a student's education provider has an arrangement with a preferred Insurer. Overseas Students are required to pay the total premium for the policy upfront for the duration of their approved Student Visa prior to arriving in Australia. The OSHC provider must issue written confirmation that payment has been received.

OSHC policy commencement date

An Overseas Student can select the start date of the OSHC policy, noting that the Student visa is in effect on the day it is granted but the student cannot enter Australia until the policy has commenced.

At a minimum, Overseas Students are required to purchase OSHC at least one week prior to course commencement.

Length of OSHC Policy

An Insurer is required to provide OSHC to an Overseas Student for the proposed duration of the Student Visa that the Overseas Student intends to apply for as advised by the Overseas Student.

The Overseas Student should consider the Department of Home Affairs' maximum Student Visa grant periods (which can be found <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/length-of-stay>) to determine the end date of the OSHC policy. A Student Visa will only be granted for the maximum grant period if this is consistent with the OSHC policy coverage.

OSHC must be continuous. Students who package courses with different education providers, and whose provider is arranging OSHC on their behalf, may obtain more than one OSHC policy (but not concurrently). The Department of Home Affairs will review OSHC policy dates prior to granting the Student Visa.

It is a condition of the Student Visa that an Overseas Student maintains adequate arrangements for health insurance while they are in Australia on a Student Visa or the Student Visa may be cancelled.

OSHC Products

Insurers can provide a range of different OSHC products.

Insurers are required to offer at least one OSHC product which does not offer any additional benefits to the matters set out in subclause 7.1 of the Deed and which does not pay benefits for matters referred to in subclause 8.1 of the Deed.

Insurers have the flexibility to provide additional health insurance products above the minimum services set out in the Deed. This enables Overseas Students to select an appropriate level of extended coverage, according to their requirements. The additional cover must only be related to the provision in Australia of the services or treatments listed in sub rule 18(2) of the *Private Health Insurance (Health Insurance Business) Rules 2018* to an Overseas Student or a Dependant of the Overseas Student.

These ‘extra services’ may include but are not limited to additional services such as ancillary or extras cover for example dental, optical or physiotherapy. The decision whether (or not) to offer other extra services, such as repatriation cover, is a commercial decision for each Insurer.

Where an Insurer chooses to offer additional benefits as part of their OSHC product offering, any additional benefits or services must be included in an Insurers comprehensive or higher level of cover product range.

Minimum Services

As outlined in the Deed under subclause 7.1, the Insurer is required to (as a minimum) pay benefits for:

- out-of-hospital medical services – the benefit amount as listed in the Medicare Benefits Schedule.
- in-hospital medical services – 100% of the Medicare Benefits Schedule fee.
- public hospital – admitted patient in shared ward hospital accommodation, same day services, accident and emergency and outpatient medical and post-operative services – the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.
- surgically implanted prostheses – no gap prostheses and gap permitted prostheses as listed in the Prostheses Rules made under the *Private Health Insurance Act 2007*.
- private hospital/registered day hospital facility – 100% of the charges for all insurable costs raised by a contracted hospital with a minimum of shared ward accommodation.
- 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 the health fund with a maximum benefit of \$300 per calendar year per single membership and \$600 per family membership.
- Ambulance services – 100% of the charge for transport by an ambulance provided by or under arrangement with an approved ambulance service when medically necessary for admission to hospital or for emergency treatment.

Out-of-Hospital Medical Services

Out-of-hospital medical services are medical assessments and treatments provided by a medical professional such as a physician at a clinic and/or general practice that does not involve hospital admission.

There may be instances where medical services and treatment is undertaken in a hospital environment by a treating physician. Providing that the patient is **not** admitted to hospital, the services performed are still considered to be out-of-hospital medical services.

In-Hospital Medical Services

In-Hospital medical services are medical assessments and treatments provided by a medical professional while admitted to hospital.

Payment of treatment expenses

When students receive an invoice for medical treatment, there are generally two options for claiming benefits. They can pay the bill and apply for reimbursement from their health Insurer, or the unpaid account can be given directly to their health Insurer.

Unless receiving treatment through a Medicare entitlement, overseas students are not eligible to receive subsidised pricing for medicines under the PBS. For pharmaceutical items, Overseas Students must pay for the pharmaceuticals and submit a claim to their health Insurer for reimbursement. Hospitals generally bill health Insurers directly. However, arrangements for payment of treatment expenses will vary between health Insurers.

Out-Of-Pocket Expenses

Some hospitals, surgeons, clinicians and specialists charge out-of-pocket expenses. In certain cases, these charges will not be covered at all or may be in excess of what a private health Insurer covers through OSHC. The Overseas Student should make enquiries prior to any treatment or hospital admission.

Insurers have contractual arrangements with many private hospitals; contracted hospitals generally charge lower or no out-of-pocket expenses. Without a contractual arrangement in place, an Insurer is unable to advise what hospital costs will be covered, resulting in possible unexpected out-of-pocket costs for the Overseas Student. Overseas Students should check with their Insurer which hospitals are covered under the Insurer's agreements before presenting at a hospital for non-emergency treatment.

Access to Public / Private Hospitals

Under the National Health Reform Agreement (the Agreement), states and territories are not obliged to provide non-emergency treatment to Overseas Students, regardless of whether the student has OSHC.

Beyond meeting their own commitments under the Agreement, Australian states and territories may establish their own policies regarding access to public hospital services by 'Medicare ineligible patients', including international students, and the level of any associated charges. The exception to this statement would be if the Overseas Student is receiving treatment as a public patient through their countries RHCA.

Overseas Students who present themselves at an Emergency Department for treatment will generally be required to pay upfront for non-admitted services, even if they can provide evidence of OSHC. However, without evidence of OSHC the hospital may refuse further treatment if the Overseas Student requires admission to hospital for non-emergency treatment.

Community Rating

An OSHC insurance policy must meet the community rating requirements as set out in section 9 of the *Private Health Insurance (Health Benefits Fund Policy) Rules 2015* whereby the private health Insurer must 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 the Insurer discriminating between people who are, or wish to be, insured under an Overseas Student health insurance contract or specified temporary visa holder health insurance contract of the Insurer.

In this rule, *discriminating* relates to:

- (a) the suffering by a person from a chronic disease, illness or other medical condition or from a disease, illness or medical condition of a particular kind; or
- (b) the gender, race, sexual orientation or religious belief of a person; or
- (c) the age of a person; or
- (d) where a person lives; or
- (e) any other characteristic of a person (including but not just matters such as occupation or leisure pursuits) that is likely to result in an increased need for hospital treatment or general treatment;
- (f) the frequency with which a person needs hospital treatment or general treatment;
- (g) the amount or extent of the benefits to which a person becomes entitled during a period under an Overseas Student health insurance contract or a specified temporary visa holder health insurance contract, as the case may be, except to the extent allowed by the written agreement [the Deed], between the private health Insurer and the Commonwealth, referred to in the definition of Overseas Student health insurance contract in the *Private Health Insurance (Health Insurance Business) Rules 2018*.

Private Health Insurance Rebate

The Private Health Insurance Rebate and Lifetime Health Cover loadings do not apply to OSHC premiums.

Australian Prudential Regulation Authority

All obligations on insurance providers that are regulated by the Australian Prudential Regulation Authority also apply to Insurers.

Emergency Treatment

The prescribed maximum waiting periods will not be applied in instances where a Medical Practitioner certifies, that emergency treatment is required. An ‘Emergency Treatment’ is defined in Section 1 of the Deed as 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 or function of a body part or organ is acutely threatened; or
- a drug overdose, 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.

Ambulance services

Overseas Students may not be eligible through State government schemes to cover ambulance costs. As a minimum, Insurers will pay benefits towards 100% of the charge for transport by an ambulance provided by or under arrangement with an approved ambulance service when medically necessary for admission to hospital or for emergency treatment.

Overseas Students can take out ambulance cover in addition to their OSHC policy, whether that be via an additional extras policy with an Insurer or via a subscription to an ambulance service.

Membership Cards

Consistent with clause 5.1 of the Deed, an Overseas Student who purchases OSHC must be issued with a membership card that provides assurance that they are covered. The membership card is issued by the respective Insurer and should include details of the Insurer, membership number, student name and their dependants if applicable.

- Membership cards may be issued in hard copy format or electronically.

The way in which membership cards are issued is a decision of the respective Insurer and its operating procedures. Consistent with clause 5.2 of the Deed the membership card is to be provided to the Overseas Student within 4 weeks of establishment on condition that the contribution and relevant information has been received by the Insurer.

Waiting Periods

Waiting periods start from the later of the day of arrival in Australia on a Student visa or policy commencement date.

Psychiatric pre-existing condition

The waiting period for a psychiatric pre-existing condition is a maximum of two months. This applies to both in-hospital and out-of-hospital psychiatric treatment as listed in the MBS.

This provides greater protection for students with mental health issues, and the wider Australian community by providing greater scope for earlier intervention through psychiatric treatment.

The waiting period does not apply for emergency treatment.

Pregnancy-related services

Insurers are not required to provide cover or pay benefits for pregnancy related conditions for Overseas Students, partners or their dependants before their arrival date or within the first 12 months of arrival in Australia.

The waiting period does not apply for emergency treatment.

Pregnancy Related Condition

Pregnancy related conditions are considered to be those elements of care related to the care of a woman and foetus during (a viable) pregnancy.

This has been defined by those MBS items pertaining to pregnancy including childbirth, antenatal and other outpatient pregnancy related services and relevant items in the gynaecological section of the MBS.

The MBS provides information on the arrangements for the payment of Medicare benefits. These arrangements operate under the *Health Insurance Act 1973* (as amended). The MBS publications are not legal documents, and, in cases of discrepancy, the legislation is the source for payments of Medicare benefits.

MBS item numbers are subject to change and Insurers are obliged to ensure respective OSHC policies reflect current MBS item numbers for appropriate payment of benefits should they apply. Pregnancy and childbirth MBS item descriptors may include:

- Restricted Procedure Codes
- Restricted Diagnosis Codes
- Out Patient Pregnancy Related Services
- In-Patient and Out-Patient specific codes
- Gynaecological services (such as terminations and ectopic pregnancies)

Key points include:

- Ectopic pregnancy is not a viable pregnancy and is a medical emergency. Whilst it forms part of ‘pregnancy related conditions’ treatment will be covered as ‘Emergency Treatment’ under the Deed.
- Miscarriage is not a medical emergency in most cases and therefore not covered during the 12 month waiting period. But where there is excessive bleeding as a consequence, Emergency Treatment is required and so this treatment could be covered.
- Termination is a procedure on a viable pregnancy and so would not be covered during the 12 month waiting period.
- Contraception such as the birth control pill is not considered to be pregnancy related but may fall within the pharmacy benefit under the Deed.

Transfer to a different OSHC provider

Overseas Students may transfer to another OSHC provider at any time, but Insurers may charge a ‘refund processing fee’ if they transfer during the period of cover under an existing OSHC policy. Students are responsible for the payment of the processing fee and will be informed by the Insurer of the available payment options.

To obtain a pro-rated refund (minus any applicable refund processing fee), students must provide proof to their previous health Insurer that they have a valid OSHC policy with a new health Insurer that overlaps the period covered by their previous health Insurer.

When transferring OSHC between health Insurers, any waiting periods served towards a service with one health Insurer will count toward waiting periods for that service with their new health Insurer, providing there is no lapse in membership. This will apply to any Extras services included under an OSHC policy as well.

Benefit Payments and Refunds

Benefit payments and refunds are issued using varying methods and are dependent on the respective Insurer and their processing rules, some of which may include:

- Domestic Electronic Funds Transfer to an Australian bank account
- Cheque in Australian Dollars
- Telegraphic Transfers to foreign bank accounts
- International bank draft (foreign currency cheque)

Insurers must ensure that a mechanism exists to pay benefits to students, particularly noting that some students will be unable to open an Australian bank account.

Not all Insurers support payment of benefits and refunds to non-Australian bank accounts. Subject to the respective Insurer a non-Australian bank account may be defined as a foreign bank account via telegraphic bank transfer, PayPal or travel card. It is not usual practice for an Insurer to process a benefit payment via credit card.

An Overseas Student seeking a refund for any premium paid must do so with the respective Insurer and include relevant supporting documentation to support the request.

As per subclause 6.8 of the Deed, Insurers may not refund any premium unless:

- an Overseas Student has not come to Australia to take up studies;
- an Overseas Student has paid the premium on the basis of an extended stay but the extension of authorised stay was not granted by the Department of Home Affairs;
- an Overseas Student is obliged to cease studies and leave Australia before the end of the approved stay for reasons beyond their control;
- an Overseas Student has been granted permanent residence in Australia, and or granted an Australian visa (other than a Student Visa), requesting a refund from the date that the permanent residence or Australian visa was granted;
- an Overseas Student can provide evidence that they were not living in Australia for a continuous period of 3 months or more whilst holding a valid Student Visa;
- an Overseas Student can provide evidence of an OSHC policy provided by another Insurer, which includes the period covered by the current Insurer.

Other examples where an Insurer may issue a refund includes:

- an Overseas Student has paid for an incorrect OSHC policy that was not required;
- an Overseas Student has paid the incorrect amount for an OSHC policy (e.g. a duplicate policy, incorrect policy dates, or any other details that affects the amount paid and the overpayment needs to be refunded);
- a dependant of an Overseas Student no longer requires coverage under the Overseas Student's policy (e.g. either because the person who was a dependant of the Overseas Student is no longer a dependant or is no longer in Australia);
- an Overseas Student and their dependents choose to leave Australia following the completion of their official studies **before** the Student Visa is due to expire.

Once a Student Visa is granted the visa period cannot be changed.

Definitions

Many of the terms defined throughout the Deed are linked to the definitions set out in the *Private Health Insurance Act 2007* (www.legislation.gov.au/Details/C2020C00026) some of which may include:

Spouse

Spouse is defined under the *National Health Act 1953* as including a de facto partner.

De facto partner means: (a) another person (whether of the same sex or a different sex) with whom the person has a relationship that is registered under a law of a State or Territory prescribed for the purposes of section 2E of the Acts Interpretation Act 1901 as a kind of relationship prescribed for the

purposes of that section; or (b) another person (whether of the same sex or a different sex) who is living with the person on a genuine domestic basis although not legally married to the person.

A spouse or de facto partner of the primary applicant is considered a secondary Student Visa holder. The primary Student Visa holder can make a combined application for their spouse or de facto partner to accompany them to Australia or the spouse or de facto partner can apply to join the primary Student Visa holder at a later stage providing the spouse or de facto partner were declared in the original student visa application.

Single

A **Single** insurance policy applies to the Overseas Student who is the primary Student Visa holder.

Couple

A **Couple** insurance policy applies to an Overseas Student and Spouse or De Facto Partner.

Single Parent Family

A **Single Parent Family** policy applies to an Overseas Student with children up to the age of 18 years.

Medical Practitioner

A **Medical Practitioner** is, as defined in the Health Insurance Act 1973, in relation to the provision of a service under a MBS equivalent item. The MBS also allows for services to be provided by certain Allied Health Providers.