



YOUR HEALTH POLICY



Effective March 2014



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IMPORTANT Goods and Services Tax (GST)

It is your responsibility to advise ahm OSHC if you have any entitlement to claim GST as an input tax credit. (See page 20 for more information)

For further information please contact ahm on **134 148**.

*Congratulations on choosing to study in Australia.
We hope that while you're here you enjoy good health.*

If you get ill while studying, your Overseas Student Health Cover with ahm OSHC will help you with your medical bills. Overseas Student Health Cover is only available to holders of a student visa, or spouses, partners or dependants of that student if authorised to enter and remain in Australia with the overseas student.

If your student visa status changes, you will need to change to a different health insurance cover, so you should contact us immediately on **134 148**.

About your Overseas Student Health Cover (OSHC)

Your Overseas Student Health Cover provides you with benefits for services in hospital and out of hospital. It also covers you for emergency ambulance services, prescription medicines and hospital accommodation at most private and all public hospitals across Australia.

This policy document has been designed to help you understand your ahm OSHC benefit entitlements and ahm OSHC terms and conditions. It also provides you with a step-by-step guide that explains what you need to do if you have to go to hospital.

Important

The terms and conditions in this policy document may vary from time to time. It is your responsibility to keep up-to-date with the terms and conditions of your cover.

To download the latest version of this policy booklet go to **ahmoshc.com**

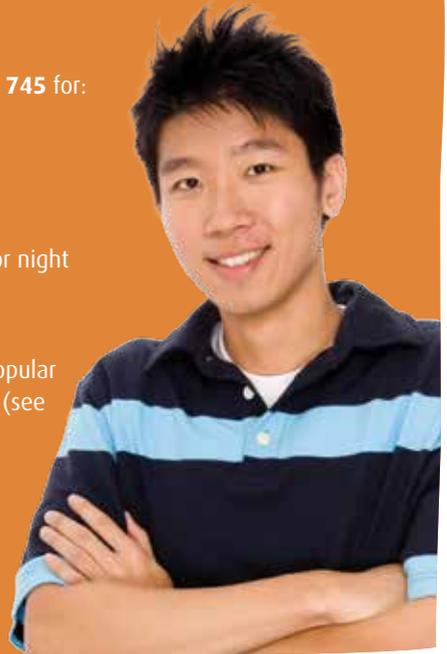
Please read this document carefully and keep an up-to-date copy in a safe place for future reference.

Remember, if you need to go to hospital, call us first if you can.



HERE'S A SNAPSHOT OF THE GREAT BENEFITS YOU GET WITH ahm OSHC

- ✓ Help with the costs of medical treatment
- ✓ 24 hour emergency service helpline **1800 006 745** for:
 - Emergency medical assistance
 - Stress and trauma counselling
 - Interpreter service
- ✓ Online claiming services, any time of the day or night
- ✓ Informative website **ahmoshc.com**
- ✓ Your choice to extend your cover to include popular services like dental, optical and physiotherapy (see page 19 for more information)
- ✓ Translated information on the website
- ✓ Health information sheets.



Why you need health cover in Australia

- The Department of Immigration and Citizenship (DIAC) requires visitors with a student visa to have Overseas Student Health Cover for the length of their Visa.
- Australia's national health care program, Medicare, doesn't cover you.
- ahm OSHC pays towards the cost of medical bills. For example, the cost of treatment (excluding prescription medicines) in a public hospital could be as high as \$2,500 a day but ahm OSHC pays it for you.

How long you need to be covered

You need health cover as a condition of your student visa, so you must be covered for the full length of your visa to its end date. When applying for your visa, you will be asked to provide evidence of your cover.

When does your cover start?

- If you pay your premium before you arrive in Australia: your cover starts from the date of your arrival. If you arrive on a date other than your expected date of arrival, please call us on 134 148 so that our records can be changed to reflect the appropriate commencement date.
- If you pay your premium after you arrive in Australia: your cover starts on payment of your premium, unless you have nominated a later date to be your commencement date, or on the date you transfer from your current health fund.
- Please note that benefits cannot be paid until ahm OSHC has received your premium. If you pay your premium through your educational institution or agent, there may be a short delay before ahm OSHC receives it.

What happens if you don't renew your Overseas Student Health Cover?

- ahm OSHC is required to provide your details to the Department of Immigration & Citizenship (DIAC) if you cancel or don't renew your cover.
- Holding Overseas Student Health Cover for the whole time you are in Australia is a condition of your visa, so your visa status may be reviewed by DIAC.
- If you don't have Overseas Student Health Cover and you have an accident or need medical attention, you will have to pay the entire cost of the treatment yourself.

Visa and passports



ahm OSHC may ask you to provide a copy of the passport and/or visa for any person covered by ahm OSHC to assess eligibility to make a claim before paying benefits. You consent to ahm OSHC verifying your visa details with DIAC.

- If you allow your cover to lapse for any reason, when you renew your Overseas Student Health Cover you will have to back-pay for any period that you were not covered by Overseas Student Health Cover to your new visa end date. In addition, you are not entitled to receive benefits for periods where you were not covered by Overseas Student Health Cover, even if you re-activate your policy and backdate your payments for that period. This may result in you having to pay significant hospital, medical or other costs yourself.

OSHC Exceptions

- Norwegian and Swedish students who are covered by health insurance arrangements provided by their Governments do not need to take out OSHC. Any student not eligible for cover provided by their Government must take out an OSHC policy.
- Belgian students studying in Australia are covered under the Reciprocal Health Care Agreement with Australia and do not need to take out OSHC. However, Belgian students may wish to take out OSHC for a more comprehensive level of cover.

What you need to know

Paying for your cover

You must provide proof of purchase of your Overseas Student Health Cover in your application for your visa or in your application for an extension of your visa.

If you applied for a visa before 1 July 2010, when you renew your cover, you will need to pay for cover to the end date of your visa.

Refunds

ahm OSHC can only refund all of your premium payment if one of the following circumstances occur:

- You did not take up your studies in Australia
- You paid your premium for an extended stay but your student visa was not extended

ahm OSHC can only refund the unused portion of your premium if one of the following circumstances occur:

- You are obliged to cease studies in Australia and return home
- Your student visa has been cancelled or your visa status changes
- You have been granted permanent residency or an Australian visa (other than a student visa)
- You were not resident in Australia for a continuous period of at least 3 months while you held a valid student visa
- You decide to leave Australia when your studies are finished but before your student visa expires

You will need to provide us with documentary proof of these circumstances should you require a refund. A refund administration fee may be charged and deducted from your refund. If you transfer to another OSHC provider, you will need to provide us with a certificate of your insurance showing evidence of paid cover for the full visa term before we refund any unused portion of your premium.

As requested by the Department of Health (DoH), ahm OSHC is required to advise DIAC should you cancel your policy with ahm OSHC.

Remember to keep your cover up to date. It is your responsibility under your visa conditions to maintain Overseas Student Health Cover for the whole time you are in Australia on a student visa and to advise ahm OSHC if your circumstances change.



Refund Payments

If you cancel your ahm OSHC cover while you are in Australia:

- You will be required to pay a refund processing fee which is equivalent to 3 months worth of premium on your cover (unless you are entitled to a full refund of your premium in accordance with this policy). This fee will be deducted from refund before any refund is paid.
- If you are granted permanent residency you are then no longer eligible for ahm OSHC. If you transfer to a new ahm Private Health Insurance cover within two months from the date you were granted permanent residency, we will transfer any residual premiums onto your new ahm Private Health Insurance cover.
- If your refund request is approved, ahm OSHC will pay the refund amount into your Australian bank account. ahm OSHC will not make payments to foreign bank accounts or issue cheques.
- If you are intending to leave Australia and request a refund, it is important that you do not close your Australian bank account until after your refund request has been paid by ahm OSHC.

Your membership card

You must keep your ahm OSHC membership card safe and tell us immediately if your card is lost or stolen.

You must not allow any person who is not covered by your ahm OSHC policy to use your card. Any fraudulent misuse of your card may result in your policy being cancelled and DIAC being advised. We will not be responsible for any loss to you or use of your policy limits as a result of misuse of your card.



Policy renewal

If you applied for your visa before 1 July 2010 and you don't have cover for the full length of your visa, renewing your policy is easy, just log onto **ahmoshc.com** and click on 'renew'.

If you apply to extend your visa, you need to contact us and pay for the additional time you'll be studying so that your ahm OSHC policy can accompany your visa extension application.

Visa and passports

ahm OSHC may ask you to provide a copy of the passport and/or visa for any person covered by ahm OSHC to assess eligibility to make a claim before paying benefits. You consent to ahm OSHC verifying your visa details with DIAC.

Date paid to or current financial date

This is the date that your ahm OSHC policy is paid to. After this date, you won't be insured and we won't pay benefits.



Single policy

This policy covers the student only.

Family policy

Your spouse or de facto partner and your dependant children under 18 years of age can be covered under an ahm OSHC family policy if they:

- ✓ are authorised to enter Australia under the student's visa
- ✓ live with you while you're studying.

We don't cover members of your family such as parents, grandparents, brothers, sisters, uncles or aunts.

Pregnancy related services

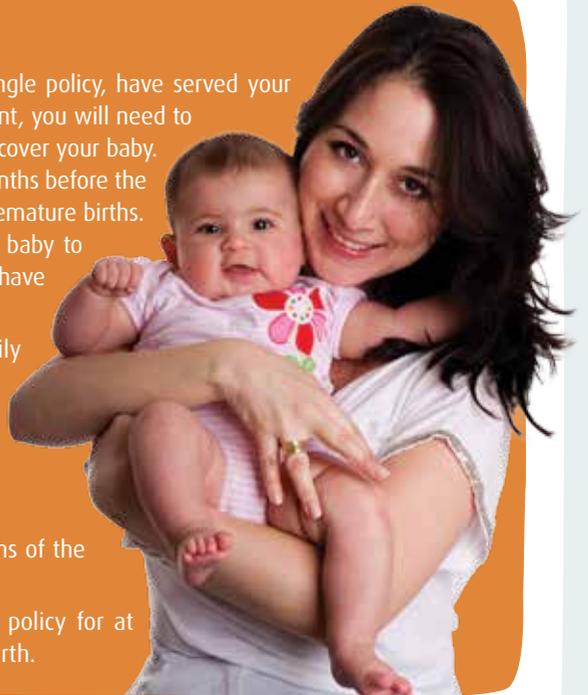
For all new policies purchased on or after 1 July 2011, a 12 month waiting period applies for all pregnancy related services including childbirth. This means that if you have taken out your ahm OSHC policy on or after 1 July 2011 and have been in Australia on a student visa for less than 12 months, you won't be covered for any pregnancy related services. This waiting period doesn't apply if you require Emergency Treatment.

Having a baby?

If you are already on an ahm OSHC single policy, have served your waiting period and you become pregnant, you will need to change your cover to a family policy to cover your baby. You will need to do this at least two months before the baby's birth. This rule also applies to premature births. If you wait until after the birth of your baby to change your cover, then your baby will have to serve all waiting periods.

If you are already on an ahm OSHC family policy and you become pregnant you will need to advise us of the birth of the newborn child. The child will be covered from their date of birth as long as:

- ✓ you notify ahm OSHC within 2 months of the newborn's date of birth, and
- ✓ you have had an ahm OSHC family policy for at least 2 months prior to the date of birth.



How we communicate with you

While you are with ahm OSHC, we may need to send you information about your policy. This can include an important update to policy information, a reminder that your policy needs renewing or you may have lost your card and need a new one. That means it's very important that your contact details are up to date.

If we post or fax the correspondence to you or your institution (which is then responsible for passing that correspondence on to you), any correspondence we send is deemed to have been received by you:

- a) within 2 business days after it is posted by us or;
- b) if faxed, the day after it is sent, provided that successful transmission is confirmed.

Updating your contact details

You must let us know if your personal details change. Please contact us as soon as possible if:

- you change your contact details such as your address, telephone number or email address
- your spouse/partner and/or dependants are coming to Australia to live with you
- your spouse/partner and/or dependants are no longer living with you
- you or your spouse/partner is pregnant
- you are applying for another visa.

To update your details, you can call us on **134 148** and we'll update your details for you or you can go online at **ahmoshc.com** and use your password to log into the members section.



WHAT YOU'RE COVERED FOR

Please read the following information carefully and contact us if you have any questions.

If you need treatment in a hospital, please call us on 134 148 to confirm your benefits and entitlements.

Doctors' bills

For treatment in a Doctor's surgery or at home by a General Practitioner (GP) or anywhere outside a hospital

We pay

- 100% of the published MBS fee or the amount as determined by the Federal Government for standard GP consultations (please see page 16 for more information)
- 85% of the published MBS fee or the amount as determined by the Federal Government for other out of hospital services and you pay the difference.

For treatment in a hospital

We pay

- 100% of the MBS fee.

Important

- If you need to see a doctor, you can choose any doctor you wish
- You should always ask your doctor how much they're going to charge you
- If the doctor charges more than the MBS fee, you pay the difference.

Pathology & X-rays

For services such as blood tests and X-rays

We pay

- 100% of the published MBS fee or the amount as determined by the Federal Government for in hospital services
- 85% of the published MBS fee or the amount as determined by the Federal Government for out of hospital services and you pay the difference.



Hospitals

For treatment in partner private hospitals or day surgeries

We pay*

- the full cost of private or shared room accommodation, theatre fees and same day services
- up to the MBS fee for treatment by your doctor
- for accident and emergency services where applicable
- for outpatient medical and post operative services. (See page 10 for what we pay on doctors' bills)

For treatment in all public hospitals

We pay*

- the full cost for shared accommodation, theatre fees and same day services
- up to the MBS fee for treatment by your doctor
- for accident and emergency services
- for outpatient medical and post operative services. (See page 10 for what we pay on doctors' bills).

Important

Private or public? It's your choice.

- If you need to go to hospital, you can choose to have your treatment at either a private or public hospital.
- Hospital bills are normally sent straight to us for payment. If there's a difference between the ahm OSHC benefit and the hospital charge, you'll need to pay this on admission.
- If the private hospital you're treated in is not a partner hospital, you'll have to pay the difference between the ahm OSHC default benefit and the hospital's charge on admission (this could be quite a large amount).
- **Call us beforehand to make sure you're being treated in a partner private hospital.**

* Hospital charges for treatment in public and private hospitals do not include charges for prescription medicines. (See page 13 for what we pay on prescription medicines).

Emergency treatment

Emergency treatment means the 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, 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 of 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 and where a transfer to another facility is impractical

This will need to be verified by the treating medical practitioner.

Ambulance services

For emergency transport in an ambulance

We pay

- 100% of the cost.

Important

Emergency transportation means a sudden or unexpected need for hospitalisation where the only practical way of getting to a hospital is by ambulance. If you call an ambulance for services other than emergency hospital transportation, you'll have to pay the full cost.



Prescription medicines

For medicines and other prescription items prescribed by your doctor

- You pay a set amount (the current PBS amount) towards the cost and we pay the rest up to a maximum of \$50 per item. (See page 17 for more information)

We pay

- The difference between the current PBS amount and the cost of the item up to \$50 per item.

Maximum benefit:

- \$300 per calendar year for single members
- \$300 per person per calendar year up to a maximum of \$600 for a family policy.

Important

- Benefits are only payable on pharmacy items that are prescription only and prescribed by a medical practitioner and are essential to treat a particular illness, injury, or condition
- No benefits are payable on over the counter medicines, vitamins or herbal medicines
- You'll need to pay for the prescription medicine first and then claim it back from us
- As an overseas student, you may face significant out-of-pocket costs if you need treatment with high cost pharmaceuticals, particularly oncology (cancer) treatment.

Prostheses

- We'll cover the minimum benefit for surgically implanted prostheses.

Important

If you choose a prosthesis that costs more than the benefit listed in the Federal Government Prosthesis Schedule, you'll have to pay the difference between the minimum benefit and the prosthesis charge.

We will not pay a benefit for any surgically implanted prosthesis associated with an excluded service under your cover.

WHAT YOU'RE not COVERED FOR



- ✗ Services not covered by Medicare such as cosmetic surgery or laser eye treatment.
- ✗ Treatment for pre-existing medical conditions. (See waiting periods for pre-existing conditions on page 15)
- ✗ Any Pregnancy Related Services in the first 12 months. (See Pregnancy Related Services on page 8)
- ✗ Psychiatric services within the first 2 months.
- ✗ Assisted reproductive services such as in-vitro fertilisation (IVF).
- ✗ Services/treatment covered under compensation and damages provisions of any kind, for example, motor vehicle accidents covered by third party insurance.
- ✗ Fees charged by your doctor above the Medicare Benefits Schedule (MBS).
- ✗ Transportation of you or your dependants into or out of Australia in any circumstance.
- ✗ Treatment received outside of Australia.
- ✗ Treatment for any of your children who are over 18 years of age.
- ✗ Treatment by dentists or other extras services such as glasses and physiotherapy unless this treatment is related to a hospital stay and is included in the hospital's contract. You can be covered for this if you buy extras cover. (See page 19 for more information)
- ✗ Items provided to you on discharge from a hospital including medication and crutches.
- ✗ Personal expenses in hospital including telephone calls, television hire, internet and newspapers.
- ✗ Services or treatment for which a claim has been submitted more than two years after the date of service or treatment.
- ✗ Treatment organised before you or your dependants arrived in Australia.
- ✗ Services or treatment rendered while your premiums are in arrears.
- ✗ The cost of prescription medicines in excess of the benefit limits on page 13.
- ✗ The gap for surgically implanted prostheses on the Australian Government's Prostheses Schedule.
- ✗ Any services or items in a Partner Private Hospital that are not covered by our agreement with the hospital.
- ✗ The difference between the charges raised by a non Partners hospital and the benefit payable by ahm OSHC.
- ✗ Outpatient charges raised by private hospitals
- ✗ Surgically implanted Prostheses and other medical devices not included in the Australian Government's Prostheses Schedule
- ✗ Treatment rendered by providers who are not recognised by ahm OSHC for the purpose of paying benefits.



Waiting periods



When you take out ahm OSHC you'll have to wait a set time before you can claim for services and benefits.

If you applied for your student visa before coming to Australia your waiting periods will start from the date of arrival in Australia on a student visa.

If you applied for your student visa whilst already living in Australia your waiting periods will start from your date of purchase.

If you've transferred from another Overseas Student Health Cover provider to ahm OSHC, we'll recognise the waiting periods you have already served with the other Overseas Student Health Cover provider.

Waiting period	Service
2 months	Pre-existing condition of a psychiatric nature
12 months	Pre-existing medical conditions and pregnancy related services including childbirth

See page 17 for a definition of pre-existing medical conditions.

Important terms you need to know

Accidents

If you require treatment for an accident, you'll be covered from the day your ahm OSHC commenced.

Benefit

This is the amount that we'll pay for services or treatments you receive that are covered by this policy.

Compensable claims

Services and/or treatment covered under compensation and damages provisions of any kind, for example, motor vehicle accidents covered by third party insurance.

Day only surgery

This is when you're admitted to a hospital or day surgery facility and discharged on the same day.

Default benefit

We'll pay the default benefit for accommodation as set by the Commonwealth Government.

Emergency treatment

See page 12.

General Practitioner (GP)

A General Practitioner is a doctor who is not a specialist or consultant.

In hospital treatment

Where you or a person on your policy is formally admitted to a hospital for the purpose of receiving treatment.

Institution

This refers to a school, high school, TAFE College, English Language Centre, University or any other education provider.

Limits

This is the maximum amount you can claim each calendar year (January to December) for certain treatments. Unless specified, limits apply to each person covered by your policy.

Medicare

Medicare is Australia's national health care program for all permanent residents of Australia. It provides treatment as a public patient in a public hospital, and free or subsidised medical treatment by practitioners such as doctors, specialists and participating optometrists. Medicare is not available to overseas students.

Reciprocal Medicare card

Overseas Student Health Cover is compulsory under the terms of your student visa but if you come from UK, Sweden, The Netherlands, Belgium, Slovenia, Italy or New Zealand you are also eligible for a Yellow Reciprocal Medicare Card. You should apply for one at your local Medicare office.

The Yellow Reciprocal Medicare Card provides you with access to Medicare for 'medically necessary' treatment in a public hospital. Medically necessary means any ill health or injury which occurs while you are in Australia and requires treatment before you return home. This card also gives you access to

the Pharmaceutical Benefits Scheme (PBS) and out of hospital treatment provided by doctors. If you hold a Reciprocal Medicare Card, you can choose to be treated either under Medicare (where appropriate) or your Overseas Student Health Cover depending on the circumstances and the costs involved.

Medicare Benefits Schedule and MBS fee

The Medicare Benefits Schedule (MBS) is a list of fees for medical procedures and treatments provided by doctors including specialists and General Practitioners. These fees are known as MBS fees. **A doctor can choose to charge more than these fees.**

Before being treated, make sure you ask your doctor how much your treatment will cost so you know what you might have to pay. If your doctor charges more than the MBS fee you'll have to pay the amount above the MBS fee.

Out of hospital treatment

Means where you or a person on your policy receives medical services without being admitted to a hospital. Out of hospital treatment can refer to GP and specialist consultations, some X-rays and pathology.

Partner private hospitals

ahm OSHC has agreements with many private hospitals and day surgeries throughout Australia. We'll cover you at these hospitals for the full cost of theatre and accommodation charges.

Pharmaceutical Benefits Scheme (PBS)

The PBS is the national pharmaceutical benefits scheme funded by the Commonwealth Government where patients pay only part of the cost of a subsidised drug. The rest of the cost is paid by the PBS.

Pre-existing medical conditions

An Overseas Student or a Dependant of the Overseas Student insured under an Overseas Student Health Insurance policy has a pre-existing condition if:

- a) the Overseas Student or the Dependant of the Overseas Student has an ailment, illness or condition; and
- b) in the opinion of a Medical Practitioner appointed by ahm OSHC, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months ending on the day on which the Overseas Student or the Dependant of the Overseas Student arrived in Australia. In forming this opinion, ahm OSHC's Medical Practitioner must have regard to any information in relation to the ailment, illness or condition that the Medical Practitioner who treated the ailments, illness or condition gives him or her.

You need to give us consent to do this or we will not be able to assess your claim.

Prescription medicines

ahm OSHC provides benefits for most medicines prescribed by a doctor up to the benefit limits on page 13. For each prescription item you buy or that is administered to you, you have to pay part of the cost. (See Pharmaceutical Benefits Scheme on page 16). We'll pay the rest up to a maximum of \$50 each prescription item. If your doctor has prescribed several medicines on the same prescription, each item will count as a separate claim.

If the medication is being prescribed to treat a pre-existing medical condition we will not pay the claim.

Prostheses

This term refers to surgically implanted items such as stents (for coronary arteries), grommets, artificial hips and knees, or titanium plates and screws (used in reconstructions or bone breaks).

The Commonwealth Government publishes a Prosthesis Schedule which sets out the minimum benefits health funds must pay to members with hospital cover for these items.

If you need a prosthesis, please discuss the choices available with your doctor prior to giving your doctor consent. This will allow you to make a fully informed decision about the cost of your treatment. If you choose a prosthesis that costs more than the minimum benefit, you'll have to pay the difference between the minimum benefit and the prosthesis charge.

Services for overseas students

Using the web

- Update your contact details
- Renew your cover
- Request a new membership card
- Access general health information
- Find information about ahm OSHC in other languages.
- Make a claim for most paid extras (if you have ahm OSHC Extras cover).

Making a claim

You can claim for:

- hospital treatment
- visits to your doctor (out of hospital)
- pharmacy items
- specialists
- X-rays
- pathology.

Online and telephone claims

You can claim online or over the phone for most services you have already paid.

1. Log onto **ahmoshc.com** or call **134 148**
2. We'll deposit your benefit into your nominated Australian bank account (normally within 2 working days).
3. We'll send you a letter to confirm your claim, so make sure your contact details are up to date. You need to attach your receipt/s to this letter and send it back to us.

NOTE: If you reach the \$200 combined limit for online and telephone claiming, you can't make any more claims over the phone or online until we have received your receipts. Once we have your receipts, you can claim up to \$200 again.

Postal claims

- Fill in a claim form, include receipts and mail it to (no postage stamp required):
ahm OSHC, Reply Paid 75885, Matraville NSW 2036.

We can either deposit the benefit in your nominated Australian bank account or send you a cheque.

Important things to note about postal claims: All hospital-related claims must be made by mail.

NOTE: If you haven't paid the bill – fill in a claim form and mail us the bill. We'll send you a cheque that's payable to your service provider. This might be your doctor, hospital or ambulance service. When you receive the cheque, you must send it to the provider and include any additional amount that you may be required to pay.

All claims will be paid in Australian dollars and can only be paid into an Australian bank account.

Direct billing – no need to pay and claim

When you visit a medical centre or GP that has a direct billing arrangement with ahm OSHC, we'll pay them the amount equal to the MBS fee for the service provided to you. This means you don't have to pay for the standard GP consultation and claim later. If your GP charges more than the MBS fee you will need to pay the difference to the GP or medical centre.

To find the nearest direct billing medical centre or GP near you, use ahm OSHC's online search function and select the state in which you live. You must show your ahm OSHC membership card at reception to use this service.

NOTE: ahm OSHC only pays the amount equal to the MBS fee for standard GP consultations (see page 16 for more information – Medicare Benefits Schedule). If your doctor charges above the MBS fee you will have to pay the difference. Any amount above the MBS fee cannot be claimed.

Go to **ahmoshc.com** and search for a participating medical centre near you.



EMERGENCY SERVICE HELPLINE

1800 006 745 24 hours, 7 days a week

Emergency medical assistance

- A registered nurse will direct you to the most appropriate level of care needed for your condition and if required, to a specialist practising physician.

Stress and trauma counselling

- You will be connected to a qualified counsellor for an initial discussion over the phone. The counsellor will help you develop strategies to move forward and may suggest an appointment with a qualified professional in person for further assistance.

Interpreter service

- If you need interpreter assistance, call **1800 006 745** and tell them your name and preferred language. This service is available 24 hours, 7 days a week and does not have to be for a medical service.

How to renew your cover

Online

- Log onto **ahmoshc.com** and fill in the online application form; or
- Download the form and mail it to us (no postage stamp required):
ahm OSHC, Reply Paid 75885, Matraville NSW 2036

Phone

- Call **134 148**.

Adding extras cover

Your ahm OSHC only provides cover for hospital and medical treatment. It doesn't include things like visits to the dentist, eye checks, glasses or chiropractic. If you want cover for these services, you can buy one of our ahm OSHC extras covers. This cover is not a substitute for your visa requirement and can only be purchased in addition to your ahm OSHC policy. Waiting periods apply.

For more information or a brochure on extras, call **134 148**.

How to join ahm OSHC

- Log onto **ahmoshc.com** and fill in the online application form; or
- Download the form and mail it to us (no postage stamp required):
ahm OSHC, Reply Paid 75885, Matraville NSW 2036

Switching your Overseas Student Health Cover policy

If you're with another health insurer, you can switch to us at any time. Just call us to find out how.

Goods and Services Tax (GST)

Overseas Student Health Cover is subject to GST which is included in the premium you pay. If you purchase ahm OSHC it is assumed you have no entitlement to claim any part of the GST as an input tax credit. If at any time you are eligible and intend to claim back part or all of the GST, you must notify us in writing.

Feedback

At ahm OSHC, we work hard to make sure you always get the best service when you need it and we welcome your feedback.

Whether you're making a suggestion, paying a compliment or making a complaint, your feedback is important to us.

If you have a suggestion about how we can improve our products or service, please let us know. If you're ever unhappy about something we've done – or perhaps not done – please give us the opportunity to put things right.

We use your de-identified feedback for training and coaching purposes so that we can improve our products and services.

Online: Visit ahmoshc.com

Use the contact us form –
choose your subject at the top of the form

Phone: Call our friendly staff in the Member Service Centre on 134 148

Email: feedback@ahmoshc.com

Mail: ahm OSHC member feedback, Reply Paid 75885, Matraville NSW 2036

Fax: 1300 329 246

Resolution of Complaints

If you have a complaint related to your policy, please let us know straight away so that we can work to resolve matters as soon as possible.

Where possible, we'll resolve your issue on the spot. However, if we're unable to resolve your issue immediately, we'll refer it to our Customer Advocacy Team who'll undertake a detailed investigation.

Customer Advocacy Team

Our Customer Advocacy Team will aim to find a solution for you by investigating your complaint and then letting you know the result. They will:

- investigate the issue
- keep you informed
- aim to resolve the issue within 10 working days

To help us in this process, please provide as much information as possible about the nature of your complaint. Please include your name, and membership number (if applicable), on all correspondence.

What if I'm not satisfied?

If you're not satisfied with the steps taken by ahm OSHC to resolve your complaint or with the result of our investigation, you can request a review of your complaint by the Private Health Insurance Ombudsman.

Private Health Insurance Ombudsman

We will do our best to resolve the issue to your satisfaction. If you're unhappy with the result, you can contact the Private Health Insurance Ombudsman (PHIO) for free independent advice.

Phone: 1800 640 695

Email: info@phio.gov.au

Address: Suite 2, Level 22, 580 George Street Sydney NSW 2000

Website: phio.org.au

Our Privacy Statement

For the purpose of this Privacy Statement, We are Medibank Private Limited (**Medibank**) and Australian Health Management Group Pty Ltd (**ahm**), a subsidiary of Medibank and other Medibank subsidiaries (collectively Medibank Group Companies).

We collect and use your personal and sensitive Information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health related services and partner offerings and to give you information on other products and services.

If we do not collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party.

Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement.

We may disclose your personal information to persons or organisations in Australia or overseas including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). We may also disclose your information to other persons covered under your policy or your agents and advisers.

We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand.

Where you provide us with an email address, we send most service-related communications to you by email, like premium and account notices.

From time to time, we or another Medibank Group Company may contact you to market products and services and to keep you informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email.

You can choose how we communicate with you and manage your consents to receiving promotions and offers by contacting us: Access the Settings page within the ahm Online Member Services facility, call us on 134 148 or (+61) 2 4221 8888 Monday to Friday: 8:00am - 8:00pm or email us at oshc@ahm.com.au

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can always obtain the latest version of our Privacy Policy by contacting us or by visiting our website at www.ahm.com.au

You can also write to our Privacy Officer: Privacy Officer, Australian Health Management Group Pty Ltd, Locked Bag 1006, Matraville NSW 2036 or email privacy@ahm.com.au



All Enquiries: **134 148**

Claims: **134 148**

Call Centre Hours: **Monday to Friday, 8:30am - 5pm**
(Australian Eastern Standard Time)

ahm OSHC, Reply Paid 75885, Matraville NSW 2036

Email: **oshc@ahm.com.au**

Web: **ahmoshc.com**

Fax: **1300 329 246**



Emergency service helpline

1800 006 745

- Emergency medical assistance
- Stress and trauma counselling
- Interpreter service

Effective March 2014