



Need help?

Call us on 1800 22 11 33

from overseas +61 2 4914 1131

Mon to Fri: 8.30am – 6.00pm (AEST)

Or visit aushealth.com

IMAN Australian Health Plans Pty Ltd ABN 34 144 907 746
a subsidiary of nib holdings limited ABN 51 125 633 856
Locked Bag 2010 Newcastle NSW 2300

Working Visitor Health Cover



A subsidiary of
nib holdings limited



Welcome to IMAN Australian Health Plans

Welcome to IMAN Australian Health Plans (IMAN). We believe health cover should be easy to understand, easy to claim on and most of all, good value. This guide is designed to provide a brief overview of health cover in Australia and information about your IMAN cover. Please read this brochure before you seek treatment or claim any benefits. For assistance with your IMAN health cover, don't hesitate to call IMAN on **1800 22 11 33**.

NOTE: The advice and guidelines in this brochure are generalised without taking into account your personal health cover situation. You should always check with IMAN, your health provider or hospital before seeking treatment. The information contained in this brochure is current as at 1 March 2017. Rules and benefit levels may change from time to time. If you would like to know more please contact IMAN on **1800 22 11 33**. Please read this brochure carefully and keep it in a safe place for future reference.

NEED TO KNOW MORE?

IMAN is here to help **Monday - Friday, 8:30am - 6:00pm (AEDT)**



Call **1800 22 11 33**



From overseas **+61 2 4914 1131**



Email **info@austhealth.com**



Visit **austhealth.com**



Fax **+61 2 9929 3818**

CONTENTS

Welcome to Australia	2
Choosing your Working Visitor Health Cover	4
BUDGET Working Visitor Health Cover	7
VALUE PLUS Working Visitor Health Cover	8
BASIC Working Visitor Health Cover	10
MID Working Visitor Health Cover	12
TOP Working Visitor Health Cover	14
Exclusions and Limitations	19
What you need to know about going to hospital	20
Making a claim	22
Join IMAN today	24
Payment Method	25
Understanding your cover	27
Australian Tax Information	30
Privacy Statement	32
Important Information	34
We are here to help you	35
Glossary	36

WELCOME TO AUSTRALIA

Taking care of your health is essential for a happy and successful visit to a new country. That is why it makes good sense to have health cover with IMAN Australian Health Plans (IMAN).

This brochure explains why you need working visitor health cover, what you need to do and how to claim benefits (a benefit is the money you get back from IMAN). If there is anything you do not understand or if you want to know more, visit IMAN Australian Health Plans website austhealth.com or call on **1800 22 11 33**.

Why IMAN Australian Health Plans

- IMAN provides quality health cover products that meet the Department of Immigration and Border Protection (DIBP) 457 visa requirements.
- IMAN has over 30 years experience in providing health cover to international working visitors.
- IMAN provides working visitor health cover to over 28,000 valued customers coming from all around the world.
- IMAN understands what you need as an international worker and will provide you with health information and services to help you make the most of your stay in Australia.

nib health funds limited

All health covers issued by IMAN Australian Health Plans (IMAN) are underwritten by nib health funds limited (nib), as a private health insurer under the Private Health Insurance Act 2007. IMAN and nib are both wholly owned subsidiaries of nib holdings limited. IMAN is responsible for the administration and payment of any claims you make under the terms of the IMAN cover.

Learning about the Australian Health Care System

The Australian health care system has two main components; the public health system which is administered by the Australian Government through Medicare and the private health system.

Medicare provides affordable, accessible and high quality health care to Australian & New Zealand citizens.

Medicare is also available to individuals who come from countries that have a Reciprocal Health Care Agreement with Australia and only covers treatment that is deemed as essential medical treatment. For this reason, many Australian visa applicants such as those applying for a 457 subclass visa are required to take out separate health insurance. This is where IMAN Australian Health Plans is able to assist. IMAN provides health cover to temporary residents and overseas visitors working in Australia.

Medicare covers;

- Treatment in a public hospital as a public patient
- Part or whole cost of doctor consultation fees (including specialists)
- Reduced rates for pharmaceutical prescriptions (through the Pharmaceutical Benefits Scheme)
- Part or whole cost of eye tests
- Part or whole cost of tests that are required by doctors to treat illnesses such as pathology tests and x-rays
- Part or whole cost for psychology services (if referred by a General Practitioner, Psychiatrist or Paediatrician).

For more information about Medicare visit www.humanservices.gov.au

Reciprocal Health Care Agreements with Australia

Australia has Reciprocal Health Care Agreements (RHCA) with a number of countries including Belgium, Finland, Italy, Malta, New Zealand, Norway, Slovenia, Sweden, the Netherlands, the Republic of Ireland and the United Kingdom. If your country has a RHCA with Australia you are entitled to some subsidised health services within the Australian Healthcare System. For further information about RHCA and access to Medicare, please contact Medicare on **132 011**. If you are applying for a 457 subclass visa, you are required to purchase health cover such as IMAN Australian Health Plans as a condition of your visa application.

The **private health system** or the non-government part of the health care system is made up of private hospitals, private health insurers (such as nib and its subsidiary IMAN) and other health providers like dentists. By purchasing IMAN health cover you will have peace of mind knowing that you are entitled to the following;

- Treatment in a private hospital
- Ambulance services
- Repatriation and funeral benefits
- Treatments such as dentistry, optometry, physiotherapy and acupuncture. (Available on selected IMAN covers)

If you get sick and want or need services like these you can get them through the private health system. Either paying for it yourself or taking out private health insurance to help cover the costs and minimise any Out-of-Pocket expenses.

There are some things to remember about the private healthcare system:

1. You will not have to wait on a public hospital waiting list to attend a private hospital.
2. You can choose which hospital and which doctors treat you.
3. If you take out private health insurance to help pay for your treatment, you might have to wait a while before you are covered. That is called a Waiting Period.

We appreciate that moving to a new country can be overwhelming and understanding the Australian health care system can be complicated. That's why at IMAN we keep it simple for you.

CHOOSING YOUR WORKING VISITOR HEALTH COVER

It is important whilst you are in Australia that you have adequate health cover for those unexpected health needs. We understand that there are many factors that need to be considered when choosing the best health cover for you. That is why at IMAN we have made it easy to understand.

IMAN has five health covers to choose from which ALL meet the minimum visa requirements as set out by the Department of Immigration and Border Protection (DIBP).

All you need to do is decide the level of health cover you require.

For more information about the working visitor products see pages 7 – 17.

Budget

Working Visitor Cover Our lowest priced hospital cover which meets your visa requirements. **Page 7**

Value Plus

Working Visitor Cover Medium level hospital cover plus access to doctors for day-to-day health needs. **Page 8**

Basic

Working Visitor Cover High level hospital cover plus access to doctors for day-to-day health needs. **Page 10**

Mid




Working Visitor Cover Designed for active people who want a high-level of cover for hospital, doctors visits and Extras such as physio. **Page 12**

Top

Working Visitor Cover A comprehensive health cover which includes a wide range of Extras such as dental and optical. **Page 14**

Who can be covered

IMAN provides policies for different life stages:

 Cover for singles	Singles policy – just for you.	 Cover for couples	Couples policy - covers you + another person if they live with you in Australia.
 Cover for families	Family policy – covers you + your partner + any dependent children under 21 if they live with you in Australia.		

Student Dependants

If you have any children or dependants aged between 21 to 25 years of age inclusive and are studying full time they can be covered on your policy.

Overseas Student Health Cover (OSHC)

If you are looking for Overseas Student Health Cover (OSHC) for yourself or your child please visit nib.com.au for more information.

Duty of disclosure

The applicant or Policy Holder has an obligation or duty to disclose to IMAN any information that is requested by IMAN which it needs to decide whether and on what terms an application for cover is accepted and to assess the Premium payable for the Policy. The applicant or Policy Holder must provide honest and complete answers and must tell IMAN everything that they know or that a reasonable person in the circumstances could be expected to know. If the Policy Holder does not comply with this duty of disclosure, IMAN may cancel the Policy or reduce the amount that it pays for a claim. If fraud is involved, IMAN may treat the Policy as if it never existed and pay nothing.

Cooling off period

Please be aware that there is no cooling off period as part of your IMAN product.



BUDGET

Working Visitor Health Cover



Cover for
singles



Cover for
couples



Cover for
families

Our lowest priced hospital cover which meets your visa requirements.

HOSPITAL SERVICE

Hospital In-patient services include:

- 100% of the cost of hospital accommodation for overnight and same day stays
- 100% of the cost of operating theatre, intensive care, ward fees
- 100% of the cost of surgically implanted prostheses

Certain Hospital Services may be paid at a lower benefit. Please refer to the Lower Benefits section of this page, or contact IMAN for more details.

(Waiting periods apply please see page 20)

Examples of services covered:

- ✓ Accidents
- ✓ Knee & shoulder surgery
- ✓ Knee, hip & shoulder investigations
- ✓ Removal of tonsils and adenoids
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Back surgery e.g. slipped disc
- ✓ Upper gastrointestinal investigations
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ All eye surgery e.g. cataracts, squints, pterygiums
- ✓ Heart surgery e.g. stents, open heart surgery
- ✓ Grommets in ears
- ✓ Rehabilitation programs
- ✓ Major joint replacement e.g. artificial knee/hip
- ✓ Renal dialysis

ADDITIONAL SERVICES

- ✓ Ambulance cover (medically necessary transport provided by a State and Territory Ambulance Service)
- ✓ Medical Repatriation to home Country (where deemed medically necessary by a medical practitioner appointed by IMAN)
- ✓ Funeral expenses (\$20,000 limit per person per policy)

MEDICAL SERVICES

(Coverage for services listed under the Medicare Benefit Schedule (MBS))

- ✓ 100% of the cost for In-patient medical provided in a hospital (including doctors, specialists, pathology and radiology)

- ✓ Emergency Room visits leading to a hospital admission or otherwise certified by the treating doctor as a genuine emergency.
- ✓ Out-patient continuing treatment following hospitalisation. Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or Intravenous antibiotics (excludes personal care and Extras services such as physio and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid

LOWER BENEFITS

It is important to be aware that Lower Benefits apply to certain Hospital Treatments including:

- ✓ Gastric banding & obesity surgery
- ✓ Psychiatric treatment
- ✓ Palliative Care
- ✓ Pregnancy and birth related services

This means that benefits under your policy are reduced if you are admitted into Hospital for any of the above treatments. For Hospital In-Patient treatment your benefits are reduced to the rate determined by the relevant State and Territory Health Authorities, and In-Patient medical expenses are reduced to the Medicare Benefit Schedule Fee. This may result in you experiencing significant out-of-pocket expenses. To help you understand what your potential out-of-pocket expenses are, please call **1800 22 11 33** prior to any hospital admission.

EXCLUSIONS

(The services not covered)

- X General dental and optical
- X Out-patient Medical services
- X Out-patient pharmaceutical
- X In-patient and Out-patient Services not covered by Medicare such as cosmetic surgery (to enhance appearance) or experimental surgery
- X Assisted reproductive services e.g. IVF
- X Bone Marrow and Organ transplants

For more information about Exclusions please refer to **page 19**

VALUE PLUS

Working Visitor Health Cover



Cover for
singles



Cover for
couples



Cover for
families

Medium level hospital cover plus access to doctors for day-to-day health needs.

HOSPITAL SERVICE

nib/IMAN Agreement Private Hospitals – 100% of the nib contracted rate

Non-Agreement Private Hospitals – benefits paid at the level determined by the Department of Health and Ageing, called the Default Benefit

Public Hospitals – 100% of the Gazetted Rate determined by State and Territory Health Authorities. This may result in you experiencing significant out-of-pocket expenses. Refer to the Glossary for further definition on out-of-pocket expenses.

Hospital In-patient services include:

- Hospital accommodation for overnight and same day stays
- Operating theatre, intensive care, ward fees
- 100% of the benefit covered for approved surgically implanted prosthetic devices as determined by the Federal Government

(Waiting periods apply please see page 20)

Examples of services covered:

- ✓ Accidents
- ✓ Knee & shoulder surgery
- ✓ Knee, hip & shoulder investigations
- ✓ Removal of tonsils and adenoids
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Back surgery e.g. slipped disc
- ✓ Upper gastrointestinal investigations
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ All eye surgery e.g. cataracts, squints, pterygiums
- ✓ Heart surgery e.g. stents, open heart surgery
- ✓ Grommets in ears
- ✓ Rehabilitation programs
- ✓ Major joint replacement e.g. artificial knee/hip
- ✓ Renal dialysis

ADDITIONAL SERVICES

- ✓ Ambulance cover (medically necessary transport provided by a State and Territory Ambulance Service)
- ✓ Medical Repatriation to home Country (where deemed medically necessary by a medical practitioner appointed by IMAN)
- ✓ Funeral expenses (\$20,000 limit per person per policy)

MEDICAL SERVICES

(Coverage for services listed under the Medicare Benefit Schedule (MBS))

- ✓ 100% of the MBS for In-patient medical provided in a hospital (including doctors, specialists, pathology and radiology)
- ✓ 100% of the MBS for Out-patient doctors (General Practitioner consultations)
- ✓ 100% of the MBS for Out-patient specialist services including pathology, radiology and specialists
- ✓ Out-patient continuing treatment following hospitalisation. Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or Intravenous antibiotics (excludes personal care and Extras services such as physio and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid
- ✓ Cover for Emergency Facilities

EXCLUSIONS (the services not covered)

- ✗ General dental and optical
- ✗ Out-patient psychology services
- ✗ Out-patient psychiatric services
- ✗ In-patient and Out-patient Services not covered by Medicare such as cosmetic surgery (to enhance appearance) or experimental surgery
- ✗ Assisted reproductive services e.g. IVF
- ✗ Bone Marrow and Organ transplants

For more information about Exclusions please refer to **page 19**

EXTRAS COVER

YOU GET 100% OF THE COSTS BACK UP TO THE ANNUAL LIMIT ON	ANNUAL LIMIT	WAITING PERIODS
Pharmaceutical prescriptions for Out-patient services (PBS listed only)	\$500	2 months

BASIC

Working Visitor Health Cover



Cover for
singles



Cover for
couples



Cover for
families

High level hospital cover plus access to doctors for day-to-day health needs.

HOSPITAL SERVICE

Hospital In-patient services include:

- ✓ 100% of the cost of hospital accommodation for overnight and same day stays
- ✓ 100% of the cost of operating theatre, intensive care, ward fees
- ✓ 100% of the cost of surgically implanted prostheses

Certain Hospital Services may be paid at a lower benefit. Please refer to the Lower Benefits section of this page, or contact IMAN for more details.

(Waiting periods apply please see page 20)

Examples of services covered:

- ✓ Accidents
- ✓ Knee & shoulder surgery
- ✓ Knee, hip & shoulder investigations
- ✓ Removal of tonsils and adenoids
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Back surgery e.g. slipped disc
- ✓ Upper gastrointestinal investigations
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ All eye surgery e.g. cataracts, squints, pterygiums
- ✓ Heart surgery e.g. stents, open heart surgery
- ✓ Grommets in ears
- ✓ Rehabilitation programs
- ✓ Major joint replacement e.g. artificial knee/hip
- ✓ Renal dialysis

ADDITIONAL SERVICES

- ✓ Ambulance cover (medically necessary transport provided by a State and Territory Ambulance Service)
- ✓ Medical Repatriation to home Country (where deemed medically necessary by a medical practitioner appointed by IMAN)
- ✓ Funeral expenses (\$20,000 limit per person per policy)

MEDICAL SERVICES

(Coverage for services listed under the Medicare Benefit Schedule (MBS))

- ✓ 100% of the cost for In-patient medical provided in a hospital (including doctors, specialists, pathology and radiology)
- ✓ 100% of the MBS for Out-patient doctors (General Practitioner consultations)
- ✓ 100% of the MBS for Out-patient specialist services including pathology, radiology and specialists
- ✓ Out-patient continuing treatment following hospitalisation. Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or Intravenous antibiotics (excludes personal care and Extras services such as physio and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid
- ✓ Cover for Emergency Facilities

LOWER BENEFITS

It is important to be aware that Lower Benefits apply to certain Hospital Treatments including:

- ✓ Gastric banding & obesity surgery
- ✓ Psychiatric treatment
- ✓ Palliative Care
- ✓ Pregnancy and birth related services

This means that benefits under your policy are reduced if you are admitted into Hospital for any of the above treatments. For Hospital In-Patient treatment your benefits are reduced to the rate determined by the relevant State and Territory Health Authorities, and In-Patient medical expenses are reduced to the Medicare Benefit Schedule Fee. This may result in you experiencing significant out-of-pocket expenses. To help you understand what your potential out-of-pocket expenses are, please call **1800 22 11 33** prior to any hospital admission.

EXCLUSIONS (the services not covered)

- ✗ General dental and optical
- ✗ Assisted reproductive services e.g. IVF
- ✗ Out-patient psychology services
- ✗ Bone Marrow and Organ transplants
- ✗ Out-patient psychiatric services
- ✗ In-patient and Out-patient Services not covered by Medicare such as cosmetic surgery (to enhance appearance) or experimental surgery

For more information about Exclusions please refer to **page 19**

EXTRAS COVER

YOU GET 100% OF THE COSTS BACK UP TO THE ANNUAL LIMIT ON	ANNUAL LIMIT	WAITING PERIODS
Pharmaceutical prescriptions for Out-patient services (PBS listed only)	\$500	2 months



Cover for
singles



Cover for
couples



Cover for
families

Designed for active people who want a high-level of cover for hospital, doctors visits and Extras such as physio.

HOSPITAL SERVICE

Hospital In-patient services include:

- 100% of the cost of hospital accommodation for overnight and same day stays
- 100% of the cost of operating theatre, intensive care, ward fees
- 100% of the cost of surgically implanted prostheses

Certain Hospital Services may be paid at a lower benefit. Please refer to the Lower Benefits section of this page, or contact IMAN for more details.

(Waiting periods apply please see page 20)

Examples of services covered:

- ✓ Accidents
- ✓ Knee & shoulder surgery
- ✓ Knee, hip & shoulder investigations
- ✓ Removal of tonsils and adenoids
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Back surgery e.g. slipped disc
- ✓ Upper gastrointestinal investigations
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ All eye surgery e.g. cataracts, squints, pterygiums
- ✓ Heart surgery e.g. stents, open heart surgery
- ✓ Grommets in ears
- ✓ Rehabilitation programs
- ✓ Major joint replacement e.g. artificial knee/hip
- ✓ Renal dialysis

ADDITIONAL SERVICES

- ✓ Ambulance cover (medically necessary transport provided by a State and Territory Ambulance Service)
- ✓ Medical Repatriation to home Country (where deemed medically necessary by a medical practitioner appointed by IMAN)
- ✓ Funeral expenses (\$20,000 limit per person per policy)

MEDICAL SERVICES

(Coverage for services listed under the Medicare Benefit Schedule (MBS))

- ✓ 100% of the cost for In-patient medical provided in a hospital (including doctors, specialists, pathology and radiology)
- ✓ 100% of the cost for Out-patient doctors (General Practitioner consultations)
- ✓ 100% of the cost for Out-patient specialist services including pathology, radiology and specialists
- ✓ 100% of costs for Out-patient Psychiatric Consultations only. \$2,000 per policy, per membership year
- ✓ Out-patient continuing treatment following hospitalisation. Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or Intravenous antibiotics (excludes personal care and Extras services such as physio and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid
- ✓ Cover for Emergency Facilities

LOWER BENEFITS

It is important to be aware that Lower Benefits apply to certain Hospital Treatments including:

- ✓ Gastric banding & obesity surgery
- ✓ Palliative Care
- ✓ Pregnancy and birth related services
- ✓ In-patient Psychiatric accommodation and medical services

This means that benefits under your policy are reduced if you are admitted into Hospital for any of the above treatments. For Hospital In-Patient treatment your benefits are reduced to the rate determined by the relevant State and Territory Health Authorities, and In-Patient medical expenses are reduced to the Medicare Benefit Schedule Fee. This may result in you experiencing significant out-of-pocket expenses. To help you understand what your potential out-of-pocket expenses are, please call **1800 22 11 33** prior to any hospital admission.

EXCLUSIONS (the services not covered)

- ✗ General dental and optical
- ✗ Out-patient psychology services
- ✗ In-patient and Out-patient Services not covered by Medicare such as cosmetic surgery (to enhance appearance) or experimental surgery
- ✗ Assisted reproductive services e.g. IVF
- ✗ Bone Marrow and Organ transplants

For more information about Exclusions please refer to **page 19**

EXTRAS COVER

YOU GET 100% OF THE COSTS BACK UP TO THE ANNUAL LIMIT ON	ANNUAL LIMIT	WAITING PERIODS
Artificial Aids	(ask IMAN for a list of specific inclusions, restrictions and replacements)	No waiting period
Pharmaceutical prescriptions for Out-patient services (PBS listed only)	\$1,000 single \$2,000 couple/family Per membership year	2 months
Physiotherapy, Chiropractic and Osteopathy (group sessions excluded)	\$1,000 single \$2,000 couple/family Per membership year	2 months



A comprehensive health cover which includes a wide range of Extras such as dental and optical.

HOSPITAL SERVICE

Hospital In-patient services include:

- ✓ 100% of the cost of hospital accommodation for overnight and same day stays
- ✓ 100% of the cost of operating theatre, intensive care, ward fees
- ✓ 100% of the cost of surgically implanted prostheses

Certain Hospital Services may be paid at a lower benefit. Please refer to the Lower Benefits section of this page, or contact IMAN for more details.

(Waiting periods apply please see page 20)

Examples of services covered

- ✓ Accidents
- ✓ Knee & shoulder surgery
- ✓ Knee, hip & shoulder investigations
- ✓ Removal of tonsils and adenoids
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Back surgery e.g. slipped disc
- ✓ Upper gastrointestinal investigations
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ All eye surgery e.g. cataracts, squints, pterygiums
- ✓ Heart surgery e.g. stents, open heart surgery
- ✓ Grommets in ears
- ✓ Rehabilitation programs
- ✓ Major joint replacement e.g. artificial knee/hip
- ✓ Renal dialysis

ADDITIONAL SERVICES

- ✓ Ambulance cover (medically necessary transport provided by a State and Territory Ambulance Service)
- ✓ Medical Repatriation to home Country (where deemed medically necessary by a medical practitioner appointed by IMAN)
- ✓ Funeral expenses (\$20,000 limit per person per policy)

MEDICAL SERVICES

(Coverage for services listed under the Medicare Benefit Schedule (MBS))

- ✓ 100% of the cost for In-patient medical provided in a hospital (including doctors, specialists, pathology and radiology)
- ✓ 100% of the cost for Out-patient doctors (General Practitioner consultations)
- ✓ 100% of the cost for Out-patient specialist services including pathology, radiology and specialists
- ✓ 100% of costs for Out-patient Psychiatric Consultations only. \$2,000 per policy, per membership year
- ✓ Out-patient continuing treatment following hospitalisation. Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or Intravenous antibiotics (excludes personal care and Extras services such as physio and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid
- ✓ Cover for Emergency Facilities

LOWER BENEFITS

It is important to be aware that Lower Benefits apply to certain Hospital Treatments including:

- ✓ Gastric banding & obesity surgery
- ✓ Palliative Care
- ✓ Pregnancy and birth related services
- ✓ In-patient Psychiatric accommodation and medical services

This means that benefits under your policy are reduced if you are admitted into Hospital for any of the above treatments. For Hospital In-Patient treatment your benefits are reduced to the rate determined by the relevant State and Territory Health Authorities, and In-Patient medical expenses are reduced to the Medicare Benefit Schedule Fee. This may result in you experiencing significant out-of-pocket expenses. To help you understand what your potential out-of-pocket expenses are, please call **1800 22 11 33** prior to any hospital admission

EXCLUSIONS (the services not covered)

- ✗ Out-patient psychology services
- ✗ Bone Marrow and Organ transplants
- ✗ In-patient and Out-patient Services not covered by Medicare such as cosmetic surgery (to enhance appearance) or experimental surgery
- ✗ Assisted reproductive services e.g IVF

For more information about Exclusions please refer to **page 19**

EXTRAS COVER

YOU GET 100% OF THE COSTS BACK UP TO THE ANNUAL LIMIT ON	ANNUAL LIMIT	WAITING PERIODS
Artificial Aids	(ask IMAN for a list of specific inclusions, restrictions and replacements)	No waiting period
Pharmaceutical prescriptions for Out-patient services (PBS listed only)	\$1,000 single Per membership year	2 months
Physiotherapy, Chiropractic and Osteopathy (group sessions excluded)	\$1,000 single Per membership year	2 months
<ul style="list-style-type: none"> • General dental • Optical (excludes frames and coating, hardening or tinting of lenses) • Dietetics • Home nursing and home care • Immunisations and allergy vaccines (listed on the National Immunisation Schedule) • Occupational therapy • Podiatry • Speech therapy • Natural therapies (consultations only) Acupuncture, herbalism, naturopathy, homeopathy, nutrition, remedial massage, myotherapy, bowen therapy, shiatsu • Preventative Care • CPAP machine • Wheelchairs and crutches 	Combined annual limit of \$1,000 single Per membership year	2 months
Hearing Aids Major Dental		6 months
Laser eye surgery		12 months

TOP Couples & Families

Working Visitor Health Cover



Cover for couples



Cover for families

A comprehensive health cover which includes a wide range of Extras such as dental and optical.

HOSPITAL SERVICE

Hospital In-patient services include:

- 100% of the cost of hospital accommodation for overnight and same day stays
- 100% of the cost of operating theatre, intensive care, ward fees
- 100% of the cost of surgically implanted prostheses

Certain Hospital Services may be paid at a lower benefit. Please refer to the Lower Benefits section of this page, or contact IMAN for more details.

(Waiting periods apply please see page 20)

Examples of services covered:

- ✓ Accidents
- ✓ Knee & shoulder surgery
- ✓ Knee, hip & shoulder investigations
- ✓ Removal of tonsils and adenoids
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Back surgery e.g. slipped disc
- ✓ Upper gastrointestinal investigations
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ All eye surgery e.g. cataracts, squints, pterygiums
- ✓ Heart surgery e.g. stents, open heart surgery
- ✓ Grommets in ears
- ✓ Rehabilitation programs
- ✓ Major joint replacement e.g. artificial knee/hip
- ✓ Pregnancy and birth related services
- ✓ Renal dialysis

ADDITIONAL SERVICES

- ✓ Ambulance cover (medically necessary transport provided by a State and Territory Ambulance Service)
- ✓ Medical Repatriation to home Country (where deemed medically necessary by a medical practitioner appointed by IMAN)
- ✓ Funeral expenses (\$20,000 limit per person per policy)

MEDICAL SERVICES

(coverage for services listed under the Medicare Benefit Schedule (MBS))

- ✓ 100% of MBS for In-patient and Out-patient pregnancy and birth related services
- ✓ 100% of the cost for In-patient medical provided in a hospital (including doctors, specialists, pathology and radiology)
- ✓ 100% of the cost for Out-patient doctors (General Practitioner consultations)
- ✓ 100% of the cost for Out-patient specialist services including pathology, radiology and specialists
- ✓ 100% of costs for Out-patient Psychiatric Consultations only. \$2,000 per policy, per membership year
- ✓ Out-patient continuing treatment following hospitalisation. Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or Intravenous antibiotics (excludes personal care and Extras services such as physio and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid
- ✓ Cover for Emergency Facilities

LOWER BENEFITS

It is important to be aware that Lower Benefits apply to certain Hospital Treatments including:

- ✓ Gastric banding & obesity surgery
- ✓ Palliative Care
- ✓ In-patient Psychiatric accommodation and medical services

This means that benefits under your policy are reduced if you are admitted into Hospital for any of the above treatments. For Hospital In-Patient treatment your benefits are reduced to the rate determined by the relevant State and Territory Health Authorities, and In-Patient medical expenses are reduced to the Medicare Benefit Schedule Fee. This may result in you experiencing significant out-of-pocket expenses. To help you understand what your potential out-of-pocket expenses are, please call **1800 22 11 33** prior to any hospital admission.

EXCLUSIONS (the services not covered)

- ✗ Out-patient psychology services
- ✗ In-patient and Out-patient Services not covered by Medicare such as cosmetic surgery (to enhance appearance) or experimental surgery
- ✗ Bone Marrow and Organ transplants
- ✗ Assisted reproductive services e.g IVF

For more information about Exclusions please refer to **page 19**

EXTRAS COVER

YOU GET 100% OF THE COSTS BACK UP TO THE ANNUAL LIMIT ON	ANNUAL LIMIT	WAITING PERIODS
Artificial Aids	(ask IMAN for a list of specific inclusions, restrictions and replacements)	No waiting period
Pharmaceutical prescriptions for Out-patient services (PBS listed only)	\$2,000 couple/family Per membership year	2 months
Physiotherapy, Chiropractic and Osteopathy (group sessions excluded)	\$2,000 couple/family Per membership year	2 months
Antenatal and postnatal classes	Unlimited	12 months
<ul style="list-style-type: none"> • General dental • Optical (excludes frames and coating, hardening or tinting of lenses) • Dietetics • Home nursing and home care • Immunisations and allergy vaccines (listed on the National Immunisation Schedule) • Occupational therapy • Podiatry • Speech therapy • Natural therapies (consultations only) Acupuncture, herbalism, naturopathy, homeopathy, nutrition, remedial massage, myotherapy, Bowen therapy, shiatsu • Preventative Care • CPAP machine • Wheelchairs and crutches 	Combined annual limit of \$2,000 couple/family Per membership year	2 months
Hearing Aids Major Dental		6 months
Laser eye surgery		12 months

EXCLUSIONS AND LIMITATIONS

Benefits are not payable for the following services:

- Claims which relate to services rendered while a Policy is in arrears or suspended
- Claims which relate to services rendered outside Australia or for items purchased or hired from overseas
- Out-patient medical services where you are entitled to a benefit from Medicare
- Claims which relate to treatment rendered by a provider who has not supplied a provider number on their receipt
- Where an application form or a claim form submitted to IMAN contains fraudulent, false, or misleading information
- Services rendered in a nursing home
- Where monies are payable from another source
- Luxury room charges
- Respite care as an Out-patient
- Take home items
- Autologous blood collection and storage and egg storage
- Expenses incurred within Waiting Periods
- Expenses recoverable from another insurer, including but not limited to claims under motor insurance, sport insurance or public liability policies or under a compulsory workers compensation policy
- Expenses relating to over the counter medicines or drugs purchased without a prescription issued by a Medical Practitioner and not on the PBS and medicines purchased in bulk lasting beyond the period of insurance
- Expenses for medical examinations, x-rays, inoculations or vaccinations and other treatments required for the purpose of:
 - Obtaining, renewing or extending a visa for entry into Australia
 - Obtaining permanent residency status in Australia
 - Travelling outside Australia
- Expense or part of any expense, exceeding the Annual Limits on your product
- Treatment referred by or provided by a spouse or family member of the Insured
- Claim refunds will not be paid for multiple treatments from a provider on the same day. e.g. only one visit to a Physiotherapist per day can be claimed
- In-hospital services, drugs or disposable items not recognised by Medicare (for example, some items associated with robotic surgery or high cost drugs may not be covered)

WHAT YOU NEED TO KNOW ABOUT GOING TO HOSPITAL

Going to hospital can be a daunting experience. IMAN will support you and provide the information you need to make it easy to organise and claim for your expenses. Here is what to do if you need to go to hospital:

Step 1: Call IMAN to check your cover.

When you learn that you may have to go to hospital, call IMAN on **1800 22 11 33** and we will talk you through what is covered under your policy and the hospitals available in your area.

Step 2: Talk to your doctor about the possible costs.

It is possible that you will have to pay part of the cost of going to hospital. It is usually the difference between what IMAN pays and the total cost of your hospital stay. These costs are called Out-of-Pocket Expenses. (see the glossary for more information about Out-of-Pocket Expenses).

Find out what is covered and what is not

Ask your doctor or hospital to itemise the costs and explain your treatment in detail then contact IMAN so you know what is covered under your policy and if you will incur any out-of-pocket expenses. Your doctor must get your full agreement on your treatment and costs before you go to hospital (where possible). This is called Informed Financial Consent.

Once you have talked through the treatment with your doctor and have agreed to the treatment and its costs, your doctor will help arrange an admission date with the hospital.

Hospital Waiting Periods

Sometimes you have to wait before you can claim money for services covered under your IMAN policy – this is called a Waiting Period.

Waiting periods apply from the date your policy commences.

SERVICE	WAITING PERIOD
Ambulance Cover	No waiting period
In-patient Psychiatric treatment	2 months
In-patient Palliative care treatment (whether or not for pre-existing condition)	2 months
Pre-existing conditions In-patient	12 months
Pregnancy and birth related services	12 months
Rehabilitation	2 months

Step 3: Going into hospital

To be covered by your IMAN policy you will need to tell the hospital (or day surgery/facility) that you have health cover with IMAN. It helps to have your IMAN Australian Health Plans Customer Card with you.

The hospital will give you a National Private Patient Claim Form to fill out before you are admitted. This is a legal document and the hospital uses this form to claim your hospital expenses after you have been to hospital.

The hospital should then check with IMAN that you have appropriate health insurance and that you have served the waiting periods for your treatment, although this may happen shortly after you are admitted. The hospital can contact our provider help line on **1300 853 530** or by emailing internationalbenefits@nib.com.au.

Step 4: Coming out of hospital

When you get out of hospital you can expect at least two bills – one from the hospital, and the other/s from your doctors and/or specialists.

Hospital bills

The hospital usually sends the bill directly to IMAN, or you may receive the bill when you leave hospital. If you get a bill from the hospital it could be for one of many different reasons:

- The hospital has not confirmed if you're covered for the treatment
- The hospital does not have an agreement with IMAN
- The treatment is for a pre-existing condition
- You are within waiting periods for the procedure
- The treatment is excluded on your cover.

If you are not sure why you have been billed or how to pay it, please call IMAN on **1800 22 11 33**.

Doctors bills

You may also receive doctor or specialist bills. IMAN will give you a cheque made out to your doctor, providing you were eligible to receive benefits for the treatment. Whatever remains unpaid from the account (i.e. what we do not pay) is what you need to pay to your doctor.

IMPORTANT

After 35 days of continuous hospitalisation (readmission within 7 days or less to the same or another hospital, is also classed as continuous), a certificate from the doctor is required to confirm the need for continued acute hospital care. If this certificate is not issued, benefits payable will be reduced to the Nursing Home Type Patient Benefit and Out-of-Pocket Expenses will apply.

If you are going into hospital, give us a call on **1800 22 11 33**

MAKING A CLAIM

Time Limits for submission of claims

Claims must be lodged within 2 years of when you received the service or treatment and they are payable up to the annual limit for your membership year for which the treatment was received. Claims will not be paid if you are behind in your premiums payments. If you fall behind by 2 months your policy will be cancelled.

Hospital Claims

IMAN has arrangements with hospitals so payments are made directly from IMAN to the hospital on your behalf, you should not have to claim back on hospital expenses. Please request the receptionist or hospital admissions officer to contact the provider help line on **1300 853 530** or by emailing **internationalbenefits@nib.com.au**.

Medicare Benefits

If you are from a Reciprocal Health Care Agreement country you may be entitled to Medicare benefits. Once you have received your Medicare Card call us on 1800 22 11 33 and we will update your customer details. Where the service attracts a Medicare benefit you need to first submit it to Medicare and then return the claim to IMAN accompanied by the Medicare receipt and IMAN will reimburse you the remaining amount.

Submitting your claim

To make a claim, simply download a Claim Form from the IMAN website **austhealth.com**. Make sure the provider gives you an itemised receipt so you can claim your benefit.

1. Complete and sign your Claim Form
2. Submit your Claim Form, invoices and receipts via the two options below



Mail (no stamp required)

IMAN Australian Health Plans
Reply Paid 62208
Locked Bag 2010
Newcastle NSW 2300



Email **info@austhealth.com**

Point of Service Claiming on Extras

An electronic claiming system that lets you claim on the spot, immediately after your treatment. Your provider swipes your IMAN card through a terminal (like an EFTPOS machine). It automatically calculates how much IMAN will pay for the service - all you do is pay any difference between the cost of the service and what IMAN paid. You will need to sign a receipt that shows the details of the transaction, so be sure to check everything is correct before you sign. Please note that not all providers will have this service.

Emergency Room visit Claims

For customers on Budget Visitor Cover benefits for Emergency Room visits are covered only where leading to a hospital admission or where certified by the treating doctor as a genuine emergency. Please ensure you provide the necessary supporting information from your treating doctor with your Claim Form.

Goods & Services Tax (GST)

The claim form contains a declaration regarding GST. It includes questions to enable IMAN to determine if you or another party is paying for your Health Cover.

e.g. A sponsor/employer, has an entitlement to claim part or all of the GST paid as an input tax credit.

Paid Accounts

Where you have paid for your treatment at the time of consultation, keep all original receipts and send them with your completed Claim Form. IMAN will pay any benefit that you are entitled to and will send you either a cheque in the mail or if you have setup a direct credit transfer the refund will be transferred into your nominated account.

Obligations if entitled to compensation

Subject to the following, an Insured Person who has, or may have, a right to receive compensation in relation to an injury, must:

- inform IMAN as soon as the Insured Person knows or suspects that such a right exists;
- inform IMAN of any decision of the Insured Person to claim for compensation;
- include in any claim for compensation the full amount of all expenses for which Benefits are, or would otherwise be, payable;
- take all reasonable steps to pursue the claim for compensation to IMAN's reasonable satisfaction;
- keep IMAN informed of updates or progress of the claim for compensation;
- inform IMAN immediately upon the determination or settlement of the claim for compensation; and
- Pay IMAN any benefits paid in respect of the injury.

Subject to these Rules, Benefits are not payable for expenses incurred (including after the Insured Person has received any compensation) in relation to an injury where the Insured Person has received, or may be entitled to receive, compensation from a third party in respect of that injury.

Where IMAN reasonably forms the view that an Insured Person has or may have a right to make a claim for compensation in respect of an injury, but that right has not been established, IMAN may withhold payment of Benefits for expenses incurred in relation to that injury.

If you have questions about claiming expenses give us a call on **1800 22 11 33** and we will talk you through your cover benefits

JOIN IMAN TODAY

Whether you are here in Australia or overseas, IMAN has made purchasing your Australian health cover simple. Complete the application form including declaring any pre-existing conditions which is available online or you can download a print version or call IMAN and do it over the phone.

HOW TO SUBMIT YOUR APPLICATION FORM

IMAN is here to help **Monday - Friday, 8:30am - 6:00pm** (AEDT)



Visit austhealth.com



Call **1800 22 11 33**



From overseas **+61 2 4914 1131**



Fax **+61 2 9929 3818**

Transferring to IMAN from another Australian health fund

For customers transferring to IMAN from another Australian health fund the following rules apply to gain continuity of cover.

- Join IMAN within 30 days and waiting periods already served with your previous Australian health insurer will be recognised. All applicants are required to complete a pre-existing conditions check.
- Your previous health cover must meet the Department of Immigration and Border Protection minimum working visa requirements.
- Waiting periods may apply for services that weren't covered by your previous cover.
- Extras benefits paid by your previous health insurer will count towards your annual and lifetime maximums.

When you join IMAN from another Australian health fund, you will be given continuity of cover

What does that mean? The relevant IMAN waiting periods will not need to be served, and you will be covered from when you join. It is important to know any services you did not serve waiting periods for with your old fund will need to be served with IMAN. When changing health funds, Extras benefits paid by your old fund will be counted towards your annual maximums in your first year of membership with us. Any benefits paid by your old fund also count towards lifetime maximums.

You will need to have your payment information handy at the time of submitting your application.

Transferring from an overseas health fund or general insurer

If you had previous cover with an overseas health insurer or general insurer, you will need to join as a new customer and re serve all waiting periods.

PAYMENT METHOD

IMAN Offers a range of payment methods, its entirely up to you which method you choose.

Direct Debit

Direct debit is a convenient and popular payment method allowing your IMAN Premiums to be automatically debited from your nominated credit card, Australian bank, building society or credit union.

If you wish to change your payment methods please follow the steps below:

1. Credit card authority form

Complete the Credit Card Authority form available online under the **Manage my cover** section of the IMAN austhealth.com website if you wish your premiums to be charged automatically. Available for Visa, MasterCard and American Express..

2. Direct debit request form

This form is also available online under **Manage my cover** section of the IMAN austhealth.com website. Complete this form if you wish your premiums to be deducted from your nominated Australian bank, building society or credit union account.

For more information about payment methods, please call **1800 22 11 33** or from overseas **+61 2 4914 1131**.

Other payment methods

BPAY - Contact your participating financial institution to make this payment direct from your savings, cheque or credit card account (Visa, MasterCard or American Express). The IMAN Biller Code is 364158 and the Reference Number is your customer number (Refer to your IMAN Customer Card for your customer number).



UNDERSTANDING YOUR COVER

Updating your personal information

Please contact IMAN to update your personal details, make changes to your IMAN policy or if you are suspending your cover whilst you are out of the country.

Partner Authority

The policyholder is legally responsible for their policy and all customer communications will be addressed to them.

However, if you have a Couples or Family cover you can give your partner (as listed on your policy) authority to operate the policy – known as 'Partner Authority'. If you do this they can make claims on behalf of anyone listed on the policy including you and your children. They can also make changes or make enquiries about:

- Policy details such as address and phone number
- Adding dependent children to the policy
- Payment methods.

Without Partner Authority your partner can only make claims for themselves. You can provide your authority or remove it at any time. This information is recorded and we will confirm Partner Authority before giving any details or making changes requested by your partner.

Replacing your IMAN customer card

If your IMAN Customer Card has been lost or stolen, you can get a replacement by calling IMAN on **1800 22 11 33** and your new card will be sent to your Australian address.



Adding a newborn baby to your policy

A newborn must be added within 2 months from date of birth. The policy will also need to be backdated and upgraded from Single to a Couple policy or Couple to a Family policy. If the newborn is added to the policy from their date of birth they are considered to have served all of the same waiting periods as the longest serving member. In the circumstances below a baby will be added from the Date of Notification and normal waiting periods will apply;

- If the baby is added after 2 months from date of birth, or
- The birth occurs outside of Australia, or
- You choose not to backdate the policy.

Adding a spouse or dependant to your policy

You may add a spouse or dependant to your cover at any time. They will need to be added as a new person and serve all applicable waiting periods.

Upgrading your health cover

If you would like to upgrade to a higher level of cover you will need to serve the necessary waiting period for the higher benefit entitlements.

Dual Policies

If you hold another product offered by a different insurer other than IMAN, you are not entitled to claim a benefit from both products. You must choose to only claim a benefit through one or the other.

Cancelling your cover

You can contact IMAN to cancel your health cover at any time.

IMAN may terminate a Policy:

- If premiums haven't been paid for 2 months
- If you make a false declaration on the application or make a false claim
- If individuals covered on your policy have left or intend to leave Australia for a period of more than 24 months
- If you have obtained Permanent Residency
- IMAN may choose to close products. This may result in the termination of your product which means you will be offered an alternative or equivalent product
- If you have engaged in inappropriate behaviour including abuse of staff members at IMAN
- If you have attempted to obtain an advantage, monetary or otherwise which you are not entitled to.

The Department of Immigration and Border Protection and your Employer/Sponsor may also be informed that your cover has been cancelled. **An administration fee will be charged for cancelling your membership prior to the commencement date of your cover or within 30 days of starting your cover. Cancellations are unable to be backdated and will be from date of notification.**

Suspension of a policy

Customers are eligible to apply for a suspension after serving 1 month membership. Customers can suspend their policy when they travel outside of Australia for a period of not less than 4 weeks and not more than 24 months. If the customer is away for a period greater than 24 months the policy may be cancelled. Customers must notify IMAN in advance and prior to leaving Australia. If the policy is paid in advance of the suspension date then this unused portion of the Premium is re credited to the policy from the date the policy resumes. Customers will be asked to provide documented proof of flight details.

Becoming a permanent resident

If you become a permanent Australian resident, you may choose to move your health cover to nib health funds. nib will not require you to re serve any of your waiting periods that you have already served, as long as you change over within 59 days of ceasing your visitors cover with IMAN. Do not forget that you will need to transfer to a domestic health cover policy within 12 months of becoming eligible for full Medicare benefits. You may otherwise be required to pay the Lifetime Health Cover (LHC) Loading.

Price change notification

IMAN may increase the premium payable on each cover from time to time. IMAN will give you 14 calendar days notice of any changes.

Ambulance Services

Coverage is provided for ambulance services within Australia that are:

1. provided by a State or Territory Ambulance Service (and not already covered by a State Ambulance Scheme); and
2. defined by the relevant service provider as emergency ambulance transport; or
3. where an ambulance is called to attend an emergency but on arriving is no longer required; or
4. defined by a treating doctor as medically necessary transport.

Funeral Benefit

In the unfortunate situation that a person on your health cover policy was to pass away, you have the peace of mind knowing that IMAN will pay for the costs associated with returning mortal remains or ashes to the country of residence or the reasonable funeral and related costs if the body is buried or cremated at the place of death.

Please note you must contact IMAN before funeral expenses can be arranged as waiting periods and exclusions apply.

Repatriation Benefit

IMAN will pay the benefit of returning you to your home country when this is deemed medically necessary by a medical practitioner appointed by IMAN. Medical repatriation includes the cost of air fares, on-board stretcher, accompanying aero-medical specialists and nursing staff, and ambulance transport in your home country. IMAN may also cover the costs associated with a spouse or dependent children returning home with the repatriated person.

Please note you must contact IMAN before repatriation can be arranged as waiting periods and exclusions apply.

AUSTRALIAN TAX INFORMATION

As an international visitor tax time can be very confusing. If you come from a country that has a Reciprocal Health Care Agreement (RHCA) with Australia and you are required to complete an Income Tax Return, you may be required to pay the Medicare Levy and the Medicare Levy Surcharge.

Medicare Levy

Medicare is the scheme that enables Australian residents access to health care. To help fund Medicare anyone who is a resident of Australia for tax purposes is required to pay a Medicare Levy of 1.5% of their taxable income. This levy is deducted by your employer and paid to the Australian Taxation Office (ATO).

You may be exempt from paying the Medicare Levy if you are a temporary resident not entitled to Medicare benefits. For information about recovering your Medicare Levy, contact the Australian Taxation Office on **132 861**.

Medicare Levy Surcharge

If you come from a country that has a Reciprocal Health Care Agreement (RHCA) with Australia and your taxable income is above the Medicare Levy Surcharge Thresholds you could be liable for the Medicare Levy Surcharge.

Without the appropriate level of hospital cover you may have to pay an additional 1% to 1.5% in tax if your income exceeds the MLS thresholds.

While our health covers do not exempt you from the MLS, we can still help you avoid the levy. Call IMAN on **1800 22 11 33** to discuss MLS exemption health cover options. Policy holders should also obtain independent tax advice.

Australian Government Private Health Insurance Rebate

The Australian Government Private Health Insurance Rebate (also known as the Federal Government Rebate) reduces the premiums for Australian private health insurance cover, including hospital and ancillary (Extras). You could be eligible to claim this rebate if you are entitled to Medicare and have taken out an Australian domestic health insurance product.

For more information about the Australian Government Private Health Insurance Rebate visit www.privatehealth.gov.au or the Australian Taxation Office at www.ato.gov.au

The applicable income and age tiers for the Australian Government Rebate from 1 July 2016 are shown below:

INCOME TIER THRESHOLDS for 2016/2017 financial year

	TIER 0	TIER 1	TIER 2	TIER 3
Singles	\$90,000 or less	\$90,001 - 105,000	\$105,001 - 140,000	\$140,001 or more
Couples	\$180,000 or less	\$180,001 - 210,000	\$210,001 - 280,000	\$280,001 or more

Medicare levy surcharge

Rate	0.0%	1.0%	1.25%	1.5%

Australian Tax Office. These thresholds apply to individuals, couples, families and single parent families for the 2016/2017 financial year. Thresholds increase by \$1,500 for each child after the first. The threshold increases annually based on projected growth in Average Weekly Ordinary Time Earnings (AWOTE). There are specific rules for calculating income for Medicare Levy Surcharge purposes. For more information go to ato.gov.au

Australian Government Rebate on private health insurance from 1 April 2017 to 31 March 2018

Aged under 65	25.934%	17.289%	8.644%	0.00%
Aged 65 - 69	30.256%	21.612%	12.966%	0.00%
Aged 70 or over	34.579%	25.934%	17.289%	0.00%

Provisional payment of benefits

Where a claim for compensation in respect of an injury is in the process of being made, or has been made and remains un-finalised, IMAN may in its absolute discretion make a provisional payment of Benefits in respect of expenses incurred in relation to the injury. In exercising its discretion, IMAN may consider factors such as unemployment or financial hardship or any other factors that it considers relevant.

PRIVACY STATEMENT

IMAN collects your personal information, including sensitive information (such as health information), from you and if necessary from third parties such as other health insurers or health service providers and the policy holders.

We will use the information we collect to:

- process your application for a policy as an overseas worker in compliance with your visa requirements
- provide member benefits for health and related services, including our online services
- determine eligibility to provide or receive an IMAN health or related service
- promote and market IMAN's current and future health and related services
- promote and market existing and future other co-branded products and services
- conduct research (including but not limited to customer surveys) concerning IMAN's current and future health and related services
- manage our relationship with you
- as otherwise authorised, permitted or required by law, including the Privacy Act 1988 (Cth).

If you do not provide the personal information we request, we may not be able to provide you with the particular product or service you are seeking, including health insurance.

IMAN may be restricted from dealing with your personal information in Australia in ways that may be permitted by the privacy laws and regulations in other countries outside Australia (and vice versa). You should obtain professional or legal advice if you have any questions or concerns about the nature or application of Australia's privacy laws to you or to your personal information.

From time to time we may send you direct marketing or research communications by mail, telephone, email and/or sms. You may at any time request to stop these, whether by a particular channel or at all, by contacting IMAN by telephone on **1800 22 11 33**, by email at **info@austhealth.com** or by post at the below contact details.

We may need to disclose your personal information to other individuals and organisations. These include:

- nib health funds limited as the underwriter of the IMAN product and other nib companies
- the named policy holder who applies for the policy and who has your authority as a customer under the policy for IMAN to collect your personal information and share your personal information with them
- any other authorised individual
- government agencies including the Australian Government Department of Immigration and Border Protection

- your sponsor, employer or agent
- health service providers including private and public hospitals, doctors and medical specialists and their state registration boards and professional associations
- other private health insurers and government agencies
- IMAN's contractors and service providers who perform services such as marketing, market research, mail-house services, hosting and product research and development
- IMAN's existing and future strategic partners in respect of co-branded products and services including nib's

Overseas disclosures to organisations and individuals

Some of the individuals and organisations described above may be located overseas. Due to the nature of IMAN's products and services, it may be necessary to disclose your personal information to people or organisations outside Australia. Such overseas recipients of your personal information will generally be located in your original country of residence where you are departing to Australia from and include:

- our agents and brokers
- your employer
- anyone you permit us to disclose your personal information to

IMAN will otherwise not disclose your personal information to anyone unless:

- you give us permission to do so
- your safety or the safety of others in the community is at risk
- IMAN is permitted to do so under the Privacy Act; or
- IMAN is required or authorised by or under an Australian law or court or tribunal order.

For more information about the personal information we collect about you and how we handle it, how to access and correct the personal information we hold about you, how to make a privacy complaint and how we will respond to complaints, please read our full current Privacy Policy available at **www.austhealth.com/general-privacy-policy**.

You should read the IMAN Privacy Policy before applying for a policy with us, and you must ensure that all members on the policy are made aware of this privacy statement and the IMAN Privacy Policy as you will be confirming the members' consent to their terms.

IMAN reserves the right to change the IMAN Privacy Policy from time to time. Changes will take effect when our updated Privacy Policy is posted on our website.

IMPORTANT INFORMATION

Principle rules

- You can not have the same type of health insurance with more than one health insurer. But you can have hospital cover with one health insurer and Extras only cover with another.
- Benefits will only be paid for claims which meet IMAN criteria.
- IMAN reserves the right to recover any money paid in error or obtained fraudulently, or by any other means contrary to IMAN's rules.
- Your customer number needs to be quoted on all claims. You will find it on the front of your IMAN Customer Card.
- Benefits are only paid if the claim is made within 2 years of when you received the service or treatment.

Benefits are not payable for:

- Policy applications or claims where false or inaccurate information is supplied.
- Services by providers not registered with IMAN or nib.
- Services where a customer is eligible to receive benefits from workers' compensation, or a third party.
- Services given to customers by a provider who is a member of the customer's family, or to a provider's business partner and family. This also applies to people not independent from the provider's practice (e.g. employees).

WE ARE HERE TO HELP YOU

NEED TO KNOW MORE

IMAN is here to help **Monday - Friday, 8:30am - 6:00pm (AEDT)**



Call **1800 22 11 33**



From overseas **+61 2 4914 1131**



Email **info@austhealth.com**



Visit **austhealth.com**

COMPLAINTS

We care about what you think. So if you have a complaint or are disappointed with IMAN's performance or service please let us know as soon as possible.

You can contact IMAN in one of the following ways:



Call **1800 22 11 33**



Email **info@austhealth.com**



Write to IMAN Australian Health Plans
**Locked Bag 2010
Newcastle NSW 2300**



Fax **+61 2 9929 3818**

We will make every possible effort to resolve your complaint to your satisfaction. In the event that you are not satisfied with the outcome of your complaint you can contact the Private Health Insurance Ombudsman (PHIO):



Call **1300 362 072** (option 4 for private health insurance)



Email **phio.info@ombudsman.gov.au**



Write to Private Health Insurance Ombudsman
**GPO Box 442
CANBERRA ACT 2601**

For more information about the Private Health Insurance Ombudsman visit **www.ombudsman.gov.au**

GLOSSARY

Accommodation

Includes the hospital bed, patient meals and nursing care in a hospital. It does not include treatment by health professionals such as doctors.

Admission

To get treatment for an illness or condition as a private patient in a registered public, private or day hospital you must be admitted by a medical practitioner. Treatment in the emergency room of a private hospital is not an admission.

Annual limits

The maximum amount IMAN will pay for a specific good or service over a membership year. At the beginning of each membership year your annual benefit limits are renewed allowing you to claim again.

Antenatal and postnatal services

Includes antenatal classes in a private practice and hospital and postnatal services for lactation and sleep settling consultants.

Ambulance

Emergency and medically necessary ambulance transport provided by a State or Territory Ambulance Service anywhere in Australia.

IMAN will cover:

- Call out fees (where Customers are treated at the scene and transport is not required)
- 'Emergency' and 'medically necessary' transport where determined by the attending doctor.

IMAN will not cover:

- Private ambulance services

Claims that do not meet IMAN's General Terms (see Making a Claim)

Benefit

A benefit is the amount of money IMAN pays when you make a claim for an item or service covered by IMAN. The benefit payable depends on your choice of doctor, hospital or provider and what your doctor, hospital or provider charges.

Claim

Means a claim for the payment of Benefits which complies with this PDS.

Claimable Hospital Expenses

Expenses incurred for hospital treatment in respect of which a benefit is payable.

Condition

Includes any illness, injury, ailment, disease or disorder for which treatment is sought.

Consultation

Means the attendance by a Customer with a Provider in a manner approved by nib.

Contracted rate

Means the rate negotiated by nib/IMAN with Private Hospitals which have agreements with us. There will rarely be out-of-pocket expenses for customers attending nib/IMAN agreement Private Hospitals.

Default Benefit

The amount determined by The Department of Health and Aging to be the minimum benefit payable under a hospital product for a particular treatment in hospital which is not a nib/IMAN Agreement Private Hospital.

Dependent Child

Means a person who is not a Policyholder or Partner and who:

- a. is aged under 21 years of age;
- b. is not married and does not have a defacto Partner.
- c. is accompanying the Policyholder on the same visa.
- d. is living at home with the Policyholder.
- e. is a natural, step, foster or adopted child of the Policyholder and/or their partner.

Emergency Facility

The Out-patient facility located within a private or public hospital.

Exclusions

Some treatments are excluded from some hospital covers so you will not receive a payment from IMAN for them. Always check with IMAN before you go to hospital to find out if you have cover for the treatments you are about to receive.

Extras

An Australian term given to out of hospital services like dental, physiotherapy, chiropractic, lenses, remedial massage, acupuncture and natural therapies.

Funeral Benefit

IMAN will assist with the costs associated with returning mortal remains or ashes to the country of residence or the reasonable funeral and related costs if the body is buried or cremated at the place of death.

Gap

The Federal Government has a schedule of fees for medical services, called the Medicare Benefits Schedule (MBS). The 'gap' occurs when doctors and specialists charge more than the MBS or more than IMAN pays, leaving you with an out-of-pocket

expense. Refer to your product description for more information.

Gazetted rate

The amount determined by the State and Territory Health Authorities to be the minimum benefit payable under a hospital product for a particular treatment in a public hospital or a private hospital for our Budget, Basic, Mid and Top products. For our Value Plus product the gazetted rate only applies to Public Hospitals.

General practitioner

A doctor who treats patients in general practice for a wide range of issues. General practitioners do not specialise in any particular type of treatment.

Hospital treatment

Means the provision of goods and services that:

- a. is intended to manage a disease, injury or condition;
- b. is provided to a person;
 - i. by a person who is authorised by a hospital to provide the treatment; or
 - ii. under the management or control of such a person; and
- c. either:
 - i. is provided at a hospital; or
 - ii. is provided, or arranged with the direct involvement of a hospital.

Informed Financial Consent

Informed Financial Consent means you are told in writing about, and consent to, the cost of hospital treatment before being provided with that treatment. You should be told the treatments cost before you are admitted to hospital to enable your informed financial consent to be given.

In patient

A patient receiving Treatment that requires a stay in Hospital, admitted for the day or overnight. Treatment received in an Emergency Room of a Hospital without a formal admission does not qualify the patient as an in patient.

In-patient services

Medical services provided as part of a hospital admission (e.g. surgeon's fees, anaesthetists fees).

Life Threatening Illness or Injury

- A risk of serious sickness, disability or death requiring urgent assessment and/or resuscitation
- Suspected acute organ or system failure

- An illness or injury where the function of a body part is acutely threatened
- Psychiatric incident whereby the health of the patient or other people is at immediate risk
- Severe pain where the function of a body part or organ is suspected to be acutely threatened
- Acute haemorrhaging requiring urgent assessment and treatment; or
- A condition that requires immediate admission to avoid imminent morbidity or mortality

Medicare

The Australian Government's health care program that provides health care for Australian citizens and residents.

Medicare Benefits Schedule (MBS)

The MBS is the schedule set by the Federal Government for the purpose of paying Medicare benefits. You pay the amount by which your doctor's charges exceed the Medicare schedule fee, or the benefit paid by IMAN, known as the 'gap'.

Refer to your product description to check your level of coverage.

Medicare Benefit Scheduled Fee

Means the amount set under the Medicare Benefits Schedule. A schedule fee is like a recommended retail price set by Medicare. GP's and Specialists can choose to charge more than the scheduled fee if they wish.

Membership Year

A period of twelve months starting from the commencement date of cover with IMAN, or from the anniversary of that date.

nib

nib refers to nib health funds Ltd and its related entities.

nib/IMAN Agreement Private Hospitals

A private hospital that has negotiated charge agreements with nib. This provides for In-patient accommodation fees including bed, theatre and labour ward fees (subject to the length of your visa), and intensive and coronary care. If you are treated at a hospital other than a nib Agreement Private Hospital you will incur out of pocket expenses for most hospital related services. Before receiving hospital treatment call **1800 22 11 33** to confirm your benefit entitlements.

Non Agreement Hospitals

Private hospitals that nib does not have contractual arrangements with.

GLOSSARY cont.

Nursing Home Type Benefit

Is a benefit set by the Federal Government for a patient who is in hospital, but not in need of acute hospital care, while waiting for a nursing home placement. Where a customer is classified as a nursing home type patient they will be required to contribute a daily co-payment towards the cost of their hospital stay.

Out-of-pocket expenses

Some charges and fees are not covered by IMAN. Refer to your product description. Personal items like toiletries, newspapers and long distance and mobile phone calls provided in hospital are not covered. These are billed to you by your doctors and the hospital. IMAN can tell you what you are covered for, but you should ask your hospital and your doctors what your out-of-pocket expenses might be. To help you understand what your potential out-of-pocket expenses are, please call IMAN on 1800 22 11 33 prior to any hospital admission.

Out patient

A person who receives treatment outside of an admission to a Hospital, including treatment at Hospital premises, in a Medical practitioner's consulting rooms or at another designated health facility such as a community health centre or polyclinic.

Out-patient services

Are medical services received out-of-hospital and include doctor visits, pathology, visits to medical specialists and emergency room visits. Where a benefit is payable, cover is provided for all medical services listed under the Medicare Benefits Schedule (MBS) where the Medicare eligibility criteria has been met.

Out-patient treatment following hospitalisation

Only includes services that are covered by the Medicare Benefit Schedule (MBS) and home nursing for wound care or IV antibiotics (excludes personal care and Extras services such as physiotherapy and acupuncture). All treatment must be documented and approved by the treating doctor prior to discharge. This must be reviewed and approved by the Clinical team prior to benefits being paid

Paramedical services

Are services received in hospital including pharmacy, physiotherapy, hydrotherapy and occupational therapy.

Partner

A person who lives with another person in a Marital or de-facto relationship.

Partner Authority

The policyholder has the option of giving their partner, as nominated on the policy application, authority to operate the policy. This lets the partner make claims on behalf of all people on the policy, and make some changes to or make enquiries about the policy. Without partner authority a partner can only make claims for themselves.

Patient

Means a person who is formally admitted to a Hospital for the purposes of Hospital Treatment. The definition:

- includes a new born child who:
 - occupies a bed in a Special Care Unit;
 - is the second or subsequent child of a multiple birth;
- excludes:
 - any other new born child whose mother also occupies a bed in the Hospital; and
 - a member of the staff of the Hospital who is receiving treatment in his or her own quarters.

Pharmaceutical prescriptions

PBS pharmaceuticals – are prescription only items listed on the Pharmaceutical Benefits Scheme prescribed and dispensed by a registered practitioner recognised by IMAN. The amount customers will be paid will depend on their cover.

Benefits are not payable for:

- Drugs that are available over-the-counter, even when prescribed.

Policy Holder

Means a person in whose name an application for a Policy with IMAN has been accepted.

Pre-existing condition

A Condition, the signs or symptoms of which, in the opinion of a Medical Practitioner appointed by IMAN and who has examined relevant information (including information supplied by the Insured Person's Medical Practitioner) were exhibited by the Insured Person at any time during the 6 months prior to:

- the commencement of the Insured Person's Policy; or
- in the case of upgrading from one Hospital Product to another Hospital Product providing higher benefits for Hospital Treatment (other than a Hospital Product created or revised in response to an increase in hospital charges), at the time the Policy holder for the Policy commenced paying Premiums for the upgraded Hospital Product.

Premiums

Payments an IMAN customer is required to make to IMAN.

Private hospitals

Privately owned and operated hospitals.

Product

Means a defined group of Benefits which are payable to a Customer under their chosen level of health cover, subject to relevant rules, for approved expenses incurred by a Customer and in respect of which Premiums are payable at the premium rates.

Prostheses

A surgically implanted item like an artificial knee or hip joint.

Provider

A provider is any health or medical professional who provides you with a service and may include your doctor, dentist, anaesthetist or acupuncturist. It also includes people or organisations who provide you with health items or aids.

Recognised Provider

For IMAN benefits to be paid for Extras, Doctors or Hospitals, services must be provided by IMAN Recognised Providers. This means they must be in private practice and must also have professional qualifications that are recognised by IMAN. Customers should contact nib before undergoing any treatment to ensure their provider is recognised by IMAN and that they are entitled to receiving a benefit if making a claim. IMAN encourages providers to offer high quality products and services at competitive prices to customers. IMAN neither takes nor assumes any responsibility for the product and/or service provided. Customers should reply on their own enquiries and seek any assurance or warranties direct from the provider.

Repatriation Benefit

IMAN will assist with the costs associated for repatriation to your country of origin if terminally ill or the return of mortal remains once authorised by IMAN. You will also receive cover for repatriation if you suffer a substantial life altering illness or injury to your country of origin. All repatriations will be assessed by an independent medical arbiter appointed by IMAN.

Public hospitals

Government owned and operated hospitals.

Specialist

A doctor who specialises in treating patients in a particular category, for example a doctor who specialises in treating people with some form of heart condition.

Theatre fees

Costs of procedures performed in an operating room of a hospital or day surgery facility.

Treatment

Services that are provided by a Provider.

Waiting period

A waiting period is the time between when you joined us and when you are covered for a service or treatment. If you receive a service or treatment during this time, you are not eligible to receive a benefit payment from us, regardless of when you submit the claim. Different waiting periods apply for different services.

