



Overseas Student

Your Important Information Guide

This guide is here to help you navigate Australia's healthcare system and your Bupa health cover. For further information on your overseas student health cover (OSHC) policy with us, please read your policy information.

Effective 30 June 2025

Welcome to Bupa

It's our purpose that makes us different – helping our members to live longer, healthier, happier lives. We focus on your health, so you can get back to your everyday life.

Things to know

Take time to read this guide to further understand and learn about your overseas student cover with us. As a Bupa member, knowing how your cover works will help you to get the most value from your health insurance.

Contents

How Australia's healthcare system works	3
What to do when you feel sick	4
Understanding your student health cover	5
What is covered - Hospital cover	8
Ambulance cover	10
What is not covered	10
When to contact us	12
Additional benefits	13
Extras cover	14
Changing your cover	16
Definitions	17

This guide is in addition to our Fund Rules available online or by contacting us.

Visit bupa.com.au/fundrules/oshc



How Australia's healthcare system works

Australia is said to have one of the best healthcare systems in the world. However, our dual public-private system is complex and we understand that accessing healthcare can be confusing for those who are new to Australia. That's why we aim to provide advice and support to help you find what's right for your needs.

The Australian Government has arrangements in place to ensure Australian residents have access to public hospitals at minimal cost and to subsidised medical services, pharmacy and some additional services.

Private health insurance is designed to help towards the costs of services received within the private healthcare system, which compliments those offered within the public healthcare system.

Bupa can help make accessing services across both the public and private healthcare systems more affordable for international visitors who would otherwise have to pay the full cost themselves.

What is Medicare?

Medicare is Australia's universal health insurance scheme available to Australian citizens, permanent residents and some international visitors to provide free or low cost treatment through the public health care system access.

What is private health insurance?

Many Australians pay extra towards the cost of their health care and have private health insurance. Depending on the level of cover chosen, this can help provide access to benefits towards treatment in private hospitals and a range of additional dental and allied health services, not available through Medicare.

When you use private health insurance you can choose the doctor who will be primarily responsible for your treatment and you will be covered for a private room if you request one and where one is available.

What are you covered for with Bupa?



Bupa offers private health insurance products, known as Overseas Student Health Covers (OSHC) that are designed for international visitors on a Student visa. These covers also help fill the role that Medicare plays in Australia's healthcare system.

All Bupa Overseas Student Health Covers include hospital and medical cover which pay benefits towards costs associated with being admitted to hospital for an included service, as well as a range of outpatient medical costs.




Additionally, you can choose to purchase separate extras cover to also pay benefits towards a range of additional non-medical health services provided outside-of-hospital, such as dental and physiotherapy services or optical for prescription glasses and contact lenses.

What to do when you feel sick


Emergency health issues

-  Visit your local hospital emergency department
-  Call 000 (triple zero) for an ambulance

Non-Emergency health issues

-  Speak to a doctor online using Blua Online Doctor Appointments¹
-  Or visit a doctor or medical centre
-  The doctor will treat you or refer you to a specialist or other health service

24/7 access to Blua Online Doctor Appointments



See a doctor via online video call, anytime of the day with Blua, Bupa's digital health platform. For Bupa OSHC members, 100% of the appointment fees will be covered for Blua Online Doctor Appointments.¹ Visit blua.bupa.com.au to book an online doctor appointment.

If you're not sure if it's an emergency health issue, it's better to treat it as an emergency. If you need more advice about your health issue, you could also:

- See a General Practitioner (GP)
- Visit healthdirect.gov.au
- Call the Australian Government's health advice line on **1800 022 222**

If it's a mental health issue, you can also call LifeLine on **13 11 14**.

Do some international visitors have access to Medicare?

Yes, the Australian Government has Reciprocal Health Care Agreements (RHCA) with a selected number of countries. The agreements provide access to Medicare benefits for medically necessary treatment as a public patient in a public hospital as well as access to a range of subsidised PBS medications and depending on your country's agreement, access to out-of-hospital medical services like seeing a General Practitioner (GP).

The treatments and services you are covered for and the period for which you receive it varies depending on which country you are from.

For more information and for a list of countries visit servicesaustralia.gov.au or contact us on 134 135.

Understanding your student health cover

What is covered?

Hospital costs

With Bupa Overseas Student Health Cover and Advantage Overseas Student Health Cover, you can choose to be treated as a private patient in either a private or a public hospital.

What if I am treated in a Members First or Network Hospital?

With Bupa OSHC you are covered as a private patient in most hospitals that Bupa has an agreement with, known as Members First and Network Hospitals, across Australia for any treatment which is recognised by Medicare and is not excluded under your cover.

At our Members First Hospitals, you'll receive a private room if a private room is available. If a private room is not available, you'll receive \$50 back per night from the hospital. Please note that the following conditions apply: You must book and request a private room in a Members First Hospital at least 24 hours before admission. It applies to overnight admissions only. It excludes 'nursing home type patients', admissions where the treatment is not an included service (e.g. restricted benefit or excluded service) or for a pre-existing condition during waiting periods, admissions via an Emergency Department, same day admissions or where a private room is medically inappropriate (e.g. medical practitioner requires the patient to be in an Intensive Care Unit or other particular ward rather than a private room). You'll also get complimentary local calls, TV usage and a daily newspaper.

At a small number of Network Hospitals, an additional set amount or 'fixed fee' may be charged by the hospital, capped at a maximum number of days per stay. The hospital should inform you of this fee when you make a booking. This fee is in addition to any excess or co-payment you may have as part of your hospital cover.

When admitted to hospital, in most cases you will be covered for in-hospital charges when provided as part of your inpatient hospital treatment including:

- Accommodation for overnight or same-day stays.
- Operating theatre, intensive care and labour ward fees.
- Supplied pharmaceuticals approved for the condition to be treated by the Australian Government's Pharmaceutical Benefits Scheme (PBS) Schedule, and provided as part of your inpatient hospital treatment.
- Physiotherapy, occupational therapy, speech therapy and other allied health services provided as part of an inpatient hospital admission.
- Surgically implanted prosthesis up to the approved benefit published on the Australian Government's Prostheses List.
- Private room in most private hospitals across Australia for the services included in your cover (not including restricted cover services).²

We recommend you call us first before making a booking to confirm that your hospital of choice gives you certainty of full cover. You can find out if a hospital has an agreement with us by checking our website bupa.com.au/find-a-provider

¹Fund and policy rules apply. 100% of the cost will only be covered for Blua consults. Members will only be able to book general consultations via Blua. Consultations with specialists cannot be booked via Blua. Members who are under 18 years old may need to attend the consultation with a parent or guardian. Service provided by third-party partner. Members' preferred language may not be available 24/7.

²At Bupa agreement hospitals only. Room availability and eligibility criteria apply. Only where medically appropriate.

What happens if I choose a private hospital that Bupa doesn't have an agreement with?

If you are admitted to a private hospital that Bupa does not have an agreement with, you will have restricted cover for your hospital costs, and cover for prostheses up to the approved benefit in the Australian Government Prescribed List of Medical Devices and Human Tissue Products. This will apply for any treatment recognised by Medicare, unless it is excluded or restricted under your level of cover. The amount we pay will only partially cover the full cost and you will have significant out-of-pocket expenses.

It is important to note that you will be responsible for the cost of your stay and may be charged directly for your hospital accommodation, doctor's services (including any diagnostic tests), surgically implanted prostheses (such as artificial hips) and personal expenses such as TV hire and telephone calls. Some of these hospitals bill Bupa directly for the limited benefits we pay. Please also refer to the Inpatient and Outpatient Medical Costs section of this guide.

What happens if I choose to be a private patient in a public hospital?

Whether a public hospital will accept or admit a patient, or whether a doctor provides treatment at a public hospital, or performs a particular procedure in a public hospital, is outside of Bupa's control.

As a private patient in a public hospital you are entitled to choose your doctor, if they are available. However, it is important to understand that you may still be subject to public hospital waiting lists. Depending on your illness or condition, this may be the same doctor who would have been allocated to you by the hospital as a public patient.

If you are admitted as a private patient in a public hospital, you will have cover for your hospital costs, and cover for prostheses up to the approved benefit in the Australian Government Prescribed List of Medical Devices and Human Tissue Products.

If this benefit is less than the hospital charge, the hospital should let you know what out-of-pocket expenses you will have to pay. Bupa also pays benefits for prostheses up to the approved benefit in the Australian Government Prescribed List of Medical Devices and Human Tissue Products. The above applies for any treatment recognised by Medicare unless it is excluded or restricted under your level of cover. It is important to note that in public hospitals, private rooms are generally allocated to people who medically need them.

As a private patient in a public hospital you will also be responsible for personal expenses such as TV hire and telephone calls together with any fee doctor/surgeon charges above the benefit Bupa pays and prostheses charges above the approved benefit in the Australian Government Prescribed List of Medical Devices and Human Tissue Products.

Please also refer to the Inpatient and Outpatient Medical Costs section of this guide.

Inpatient medical costs

These are the fees charged by your doctor, surgeon, anaesthetist or other specialist for any treatment given to you when you are admitted to a hospital as an inpatient. This includes most inpatient diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology). We cover you for 100% of the Medicare Benefits Schedule (MBS). This is the amount determined by the Australian Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Fee there will be a 'gap' for you to pay.

Outpatient medical services (when you're not admitted into hospital)

Also known as out-of-hospital medical services, this is cover for treatment and services you receive where you are not admitted into hospital in Australia from a doctor or specialist in private practice (including diagnostic services such as radiology and pathology). We will cover you for up to 100% of the Medicare Benefits Schedule Fee (MBS Fee) for outpatient medical services. The MBS Fee is the amount determined by the Australian Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Fee there will be a gap for you to pay.

To find out the Medicare Benefit Schedule (MBS) fee visit mbsonline.gov.au

Medicines

You can also receive benefits on selected pharmacy items including discharge medication prescribed as an outpatient by a doctor or specialist. This is provided the item's usage is approved by the Therapeutic Goods Administration.

See **page 18** for more details.

Repatriation benefits

If you are on Advantage OSHC, you can receive cover up to \$100,000 for repatriation to your country of origin if you become terminally ill or if you suffer a substantial life altering illness/injury. Or for the return of mortal remains you will receive up to \$10,000. Benefits are only payable once approved by Bupa.

No repatriation benefit will be paid if, within six months prior to the date your policy commenced, the insured was:

- first diagnosed as Terminally Ill; or,
- a reasonable person would have first become aware of the Terminal Illness; or,
- suffering a substantial Life Altering Illness/Injury.

Mental health benefits

If you are on Advantage OSHC, you can access mental health benefits including psychology and counselling¹ services without having a GP care plan in place.

¹Receive up to \$75 per consultation for psychology and up to \$40 for counselling, up to a maximum of \$150 per person per calendar year by recognised providers. Waiting periods, policy and fund rules apply.

Help reduce your medical costs with the Bupa Medical Gap Scheme

Bupa's Medical Gap Scheme helps to remove or reduce the costs you pay towards your doctors' fees while you are in hospital.

Where a doctor chooses to use the scheme for your treatment, they agree to only charge up to a certain fee. Bupa then pays the provider an additional amount to what we'd ordinarily pay under your cover to help reduce the gap you will have to pay. If a doctor uses the no-gap option, we cover all of the extra charges, so you pay nothing for that doctor's medical fees. Otherwise, for each doctor choosing to use the Gap Scheme, the most you'll pay is up to \$500 out-of-pocket on medical costs for in-hospital treatment. Each doctor involved in your treatment can choose to use the Bupa Medical Gap Scheme for your admission in a Public Hospital, or a Private Hospital with which Bupa has an agreement.

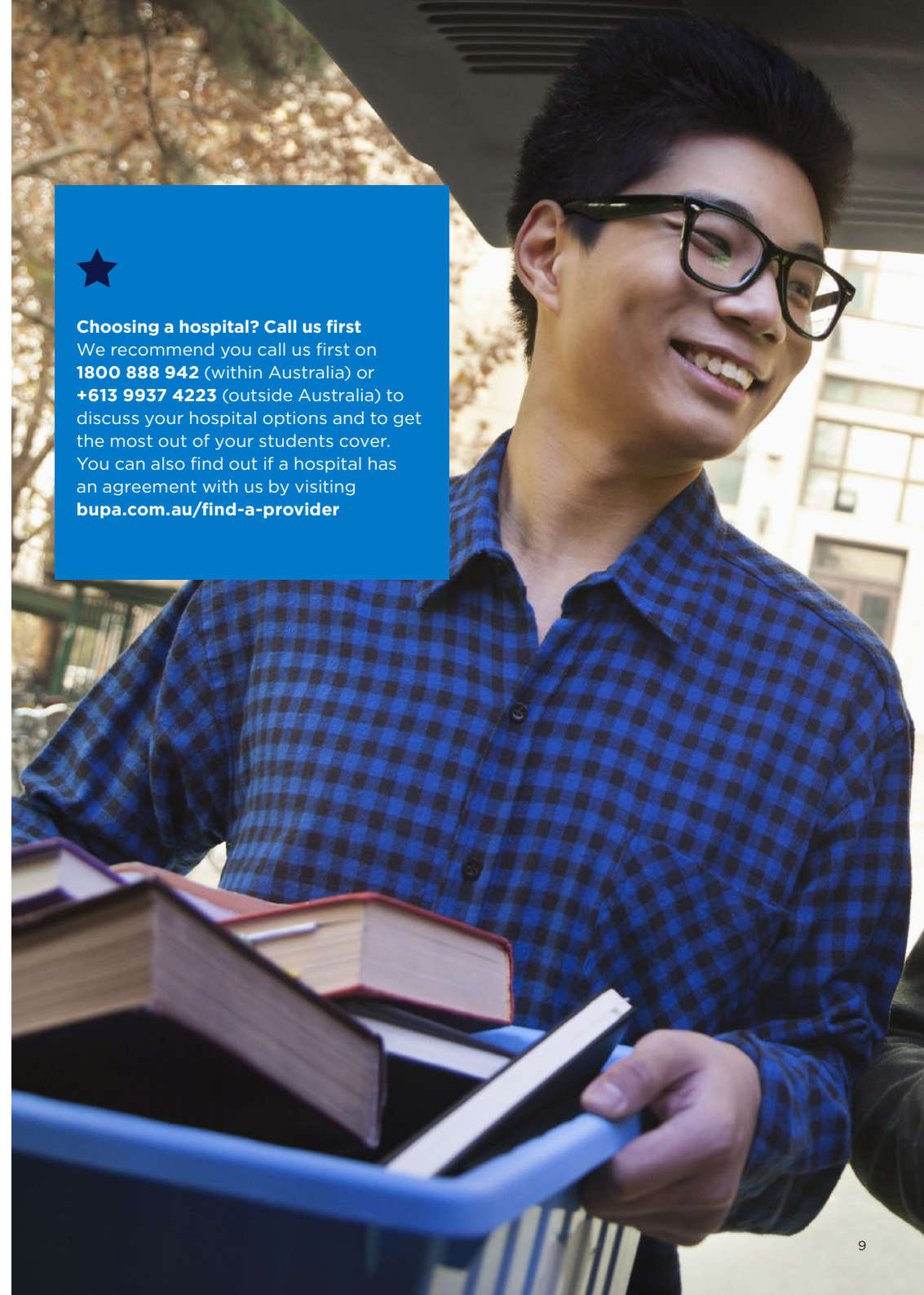
For more information visit bupa.com.au/medicalgapscheme

What is covered - Hospital Cover

The below is a guide on the in-hospital treatments your student cover provides. For further information, refer to your policy information.

Student Cover		
Hospital* & Medical services	OSHC	Advantage OSHC
Rehabilitation	✓	✓
Hospital psychiatric services	✓	✓
Palliative care	✓	✓
Brain and nervous system	✓	✓
Blood	✓	✓
Bone marrow transfusion or transplant	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓
Eye (not cataracts)	✓	✓
Cataracts	✓	✓
Ear, nose and throat	✓	✓
Implantation of hearing devices	✓	✓
Tonsils, adenoids and grommets	✓	✓
Bone, joint and muscle	✓	✓
Joint reconstructions	✓	✓
Joint replacements (other than Hip and Knee)	✓	✓
Joint replacements (Hip and Knee)	✓	✓
Back, neck and spine	✓	✓
Kidney and bladder	✓	✓
Organ transplant	✓	✓
Dialysis for chronic kidney failure	✓	✓
Digestive system	✓	✓
Hernia and appendix	✓	✓
Gastrointestinal endoscopy	✓	✓
Weight loss surgery	✓	✓
Heart and vascular system	✓	✓
Lung and chest	✓	✓
Gynaecology	✓	✓
Miscarriage and termination of pregnancy	✓	✓
Pregnancy and birth	✓	✓
Assisted reproductive services	x	x
Male reproductive system	✓	✓
Diabetes management (excluding insulin pumps)	✓	✓
Insulin pumps	✓	✓
Pain management	✓	✓
Pain management with device	✓	✓
Breast surgery (medically necessary)	✓	✓
Plastic and reconstructive surgery (medically necessary)	✓	✓
Skin	✓	✓
Dental surgery	✓	✓
Sleep studies	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)#	✓	✓

8 #Limited hospital accommodation and approved prostheses benefits only.
 ^ The services provided under our health insurance policies are defined and these defined terms may not have their ordinary meaning. For more information about what is covered under a treatment or service, contact us or go to bupa.com.au/glossary



Choosing a hospital? Call us first

We recommend you call us first on **1800 888 942** (within Australia) or **+613 9937 4223** (outside Australia) to discuss your hospital options and to get the most out of your students cover. You can also find out if a hospital has an agreement with us by visiting bupa.com.au/find-a-provider

Ambulance Cover

Emergency Ambulance Cover

As part of your cover you receive unlimited emergency only ambulance cover for emergency ambulance air and road transportation and on-the-spot emergency treatment by a Recognised Ambulance Provider.

You'll receive cover for ambulance transport provided by an approved ambulance service where medically necessary for admission to hospital or for Emergency Treatment. You're not covered for non-emergency transportation from a hospital to your home, a nursing home or another hospital. Whether the transportation is deemed an emergency is determined by the paramedic and usually recorded on the account.

If you need to make a claim for emergency ambulance benefits, we will give you an Ambulance Claim Form to complete.

Transportation means a journey from the place where immediate medical treatment is sought to the casualty department of a receiving hospital.

Recognised Ambulance Providers

We will generally only pay benefits towards ambulance services when they are provided by any of the following recognised providers:

- ACT Ambulance Service.
- Ambulance Service of NSW/PTS.
- Ambulance Victoria.
- Queensland Ambulance Service.
- South Australia Ambulance Service.
- St John Ambulance NT.
- St John Ambulance WA.
- Ambulance Tasmania.

What is not covered

Hospital costs not covered

Situations when you are likely not to be covered or to have large out-of-pocket expenses include:

- During a waiting period.
- When you are treated at a non-agreement hospital.
- For the fixed fee charged by a fixed fee hospital or a hospital that has a fixed fee service.
- For psychiatric and rehabilitation day programs, at a hospital that Bupa does not have an agreement with.
- Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment.
- Hospital treatment for which Medicare pays no benefit, including: medical costs in relation to surgical podiatry (including the fees charged by the podiatrist); cosmetic surgery; respite care; experimental treatment and/or any treatment/procedure not approved by the Medical Services Advisory Committee (MSAC).
- Personal expenses such as: pay TV, non-local phone calls, newspapers, boarder fees, meals ordered for your visitors, hairdressing and any other personal expenses charged to you unless included in your cover.
- If you are in hospital for more than 35 days and you have been classified as a 'nursing home type' patient. In this situation you may receive limited benefits and be required to make a personal contribution towards the cost of your care.
- Some hospital-substitute treatment and operative services that are a continuation of care associated with an early discharge from hospital.

- For pharmaceuticals items supplied upon discharge from the hospital unless covered on your OSHC or Extras cover.
- If you choose to use your own allied health provider (e.g. chiropractors, dieticians or psychologists) rather than the hospital's practitioner for services that form part of your inpatient hospital treatment.
- Where compensation, damages or benefits may be claimed by another source (e.g. workers compensation).
- For any amount charged by a public or non-agreement private hospital which is not covered by us or which is above the benefit that we pay.
- Treatment for any children on a family membership if they are over 18 years of age.
- Additional charges applied for private room accommodation in a public hospital.
- Non-PBS, high cost drugs.
- For any treatments or services rendered outside Australia. This includes:
 - Treatment arranged before you arrived in Australia
 - Treatment while travelling to or from Australia
 - Expenses for treatment outside of Australia
 - Transportation into or out of Australia in any circumstance
- Cosmetic surgery. See definitions on **page 17** for more information.

Medical costs not covered

You will not be covered for:

- Medical services for surgical procedures performed by a dentist, podiatrist, or any other practitioner or service that is not eligible for a rebate through Medicare.
- Costs for medical examinations, x-rays, inoculation or vaccinations and other treatments required relating to acquiring a visa for entry into Australia, extension of visa, or permanent residency visa.

Waiting periods

A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date.

If you receive treatment that falls within a waiting period, you will have to pay for some or all of the hospital and medical charges unless the treatment is classed as Emergency Treatment.

The following waiting periods apply to Overseas Student Health Cover:

Hospital cover	Waiting period
For pre-existing conditions, ailments or illnesses of a psychiatric nature	2 months ¹
Pre-existing conditions, ailments or illnesses	12 months
Pregnancy and birth (obstetrics)	12 months

No waiting period applies to a pre-existing condition, ailment or illness of a psychiatric nature for Advantage OSHC customers.

Please refer to the Deed for Overseas Student Health Cover and see definitions on **page 17** for more information.

¹The standard 2 months waiting period for pre-existing conditions, ailments or illnesses of a psychiatric nature is not enforced by Bupa on Overseas Student Health Cover until further notice.

When to contact us

If you have been a Bupa member for less than 12 months on your current OSHC, it is important to contact us before you are admitted to hospital and find out whether the pre-existing condition waiting period applies to you. To determine your eligibility, we review the clinical information you submit to us and we'll contact you if we require more information.

Make sure you allow for this timeframe when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we (the health fund) subsequently determine your condition to be pre-existing, you will be required to pay all hospital charges and medical charges.

Planning for a baby

If you are thinking about starting a family we recommend that you contact us to check whether your current cover includes pregnancy and birth in advance. This is because there is a strict 12-month waiting period applied to pregnancy and treatments related to pregnancy and birth.

No waiting periods will apply to the newborn provided they have been added to the appropriate family cover within 90 days of their birth.

Eligibility and types of membership

To be eligible for OSHC, you must hold a student visa, be in a process of applying for a student visa or be on a bridging visa whilst applying to extend your student visa. There are 4 different types of OSHC membership available:

- **Single** – Cover for student only. Student is defined as the primary student visa holder.
- **Couples** – Cover for student and their partner as listed on the student's dependant visa.
- **Single Parent** – Cover for the student, and their dependent children under 18 years of age, who live in Australia and are listed on the student's department visa
- **Family** – Cover for student, their partner and their dependent children under 18 years of age if they live with the student in Australia.

Note, student's partner and/or dependent children as listed on the student's dependant visa must be on the same membership as the student.

Additional benefits



24/7 Student Advice Line

We provide general advice and assistance in 150 languages, for a range of situations including medical, home, property inquiries and more. Just call **1300 884 235** (our 24-hour student advice line) if you find yourself in a situation where you need some guidance or support.¹



Bupa health and wellness

- Find reliable health information.
- Track and manage health goals.
- Get a snapshot of your health status and explore your 'real' health age.

Visit bupa.com.au/healthlink



myBupa

myBupa.com.au is our member self service area. It helps you easily manage and understand your health insurance online.

Once you register, simply log in using your secure log-in details to:

- Access your policy documents.
- Submit claims and see your claim history.
- Update your personal details.
- Submit claims and see your claim history.
- Put Bupa in your pocket with the myBupa App.



Life Rewards

For what you love most in life

Life Rewards is built on an enviable mix of big-brand partnerships, helping us source Life Rewards to suit our millions of members.

Treat yourself to Retail, Entertainment, Travel and Dining offers as well as Fitness and Wellness offers to support your health journey.

Or simply stock up on Everyday Essentials.

Your rewards, your choice.

Visit bupa.com.au/liferewards to find out more

Extras Cover

In addition to your Overseas Student Health Cover you can also purchase Extras cover.

What is covered?

With Extras cover, you can claim benefits for some services that may not be covered by Overseas Student Health Cover. You can claim for the services listed that are included on your cover at Bupa recognised providers¹, as long as benefits are not claimable from a third party.

For example, Overseas Student Health Cover may not provide benefits for:



Extras cover allows you to claim benefits for extra services as long as:

- The treatment is given by a provider in a private practice who is recognised by us for benefit purposes.¹
- They meet the criteria set out in the applicable Fund Rules and policies.

We recommend you contact us before making a booking to confirm how much you can claim and to check that your chosen provider is recognised by us.¹

Optical Partners

Optical Partners give you access to flexibility and choice as well as discounts and offers (up to your yearly limits). You can choose where to shop at over 500 locations Australia-wide and have access to offers that suit your individual optical needs. Details of these offers may change from time to time.

Visit bupa.com.au/opticalpartners for more.

Members First Network

Bupa Members First is an extensive network of healthcare professionals including dental, physiotherapy, chiropractic and podiatry providers. Our Members First network provides our customers with the certainty of knowing their out-of-pocket expenses when using their cover at a Members First provider.

See bupa.com.au/find-a-provider for more information.

What is not covered?

Extras benefits will not be payable:

- During a waiting period.
- Where a service is not included on your product.
- Where a third party, including Medicare, a Australian Government body, or an insurance company provided a benefit (except for hearing aids and breast prosthesis items).
- For different services within the same service type from the same provider on the same day. For example, if you went to see an acupuncturist and then received a massage from the same provider on the same day, you cannot claim for both services.
- When a provider is not recognised by us for benefit purposes.
- For any treatment or service rendered outside Australia.
- When you have reached the limits on your product including yearly, lifetime limits for the service you are claiming.

When benefit claiming restrictions apply, which are limited benefits for certain services.

Waiting periods

The following waiting periods apply for Extras cover:

Extras cover	Waiting period
Hire and repair of health aids and appliances	6 months
Health management programs	6 months
Major dental	12 months
Orthodontics	12 months
Purchase of health aids and appliances	12 months
All other Extras services	2 months

¹Extras service providers must meet certain requirements to be recognised by Bupa and for us to pay towards the cost of your treatment. Waiting periods, yearly limits, policy and fund rules apply. Percentage back may vary depending on benefit claiming restrictions. ²Does not include Orthotics, where applicable, benefits may be payable under Health Aids and Appliances. ³Benefits for Accredited Mental Health Social Workers apply. ⁴Unless part of a doctor's consultation. ⁵Natural Therapies includes massage (remedial massage, myotherapy, traditional Chinese Medicine remedial massage), acupuncture and chinese herbalism.

Changing your cover

Switching from another OSHC provider

If you're changing from another OSHC provider to Bupa, you'll continue to be covered for all benefit entitlements that you had on your old cover, as long as these services are offered on your new cover with us, and there is no gap between your previous OSHC and your Bupa cover. This is referred to as 'continuity'.

When changing health funds, if you have Extras cover in addition to your OSHC policy the extras benefits paid by your old fund will be counted towards your yearly limits in your first year of membership with us. Any benefits paid by your old fund also count towards lifetime limits.

Changing your visa

If you change from a Student visa to another substantive visa subclass, you will no longer be eligible for OSHC. You can however, change to one of our overseas visitor covers (or where you have changed to a permanent residency visa, Bupa domestic cover). You will continue to be covered for all benefit entitlements on your old cover, as long as you change over within 60 days of your OSHC end date. Contact us for more details.

Becoming a permanent resident

If you become a permanent Australian resident, you can change to one of our domestic health covers. You will continue to be covered for all benefit entitlements on your old cover, as long as you change over within 60 days of your OSHC end date. Don't forget that, unless you transfer to a domestic health cover policy within 12 months of becoming eligible for full Medicare benefits, you may be required to pay the Lifetime Health Cover (LHC) loading. Ask us for more details.

Changing your cover with us

If you change your health cover, you may need to wait before you can access your new benefits. Where your new level of cover is higher than what you previously held, the lower level of benefit applies. Please refer to

the listed waiting periods included earlier in this guide.

During this time you will be covered, however you will receive the lower benefits of the two covers (this includes any applicable excess).

If you choose a lower level of cover than you previously held, then the lower benefits on your new level of cover will apply immediately and may include different excess levels. You may also need to serve waiting periods for services or treatments that weren't covered on your previous cover. In this case you won't be covered during the waiting period. If you have any questions about waiting periods, just contact us.

Ending your membership

It is a condition of your student visa that you maintain a current OSHC policy while you hold a valid Student visa in Australia. Bupa will only refund any premium paid for your OSHC policy under the following circumstances:

- You decide not to come to Australia to commence your studies.
- Your student visa extension is refused by the Department of Home Affairs.
- You are transferring to another visa type (e.g. temporary or permanent residency).
- You are ceasing your studies and going back home overseas early.
- You are transferring to another OSHC provider.
- If your student visa is cancelled.

You will need to provide proof of any of the above circumstances along with your refund request. For example, a copy of a letter from Department of Home Affairs explaining that your student visa is cancelled, or proof of membership with another OSHC provider.

To cancel your OSHC membership, and obtain a refund, simply complete a refund form and contact us after you have filled out any relevant supporting documents.

We may be required to inform Department of Home Affairs if your OSHC membership is cancelled and/or we refund your premium.

Definitions

Agents

A third party such as a broker or agent may establish and administer your policy or corporate health plan. In these cases, some information about you such as your name, address and other policy information will be given and received from the agent to help Bupa Health Insurance administer your policy or corporate health plan. This will not include personal claims information (also see Privacy Statement on **page 20**).

Bupa-friendly doctors

A Bupa-friendly doctor submits your claim directly to Bupa to help reduce or eliminate your out-of-pocket expenses.¹

Visit bupa.com.au/find-a-doctor to find your nearest Bupa Friendly Doctor.

Calendar year

A calendar year is 1 January to 31 December

Change of start date

You can apply for a policy deferral/change of start date (previously known as 'change of start date') if you arrive in Australia earlier or later than the date you first gave us when you joined. If this happens, you'll need to let us know immediately so that we can make sure you are covered. You'll have the option to change your policy start date or, if you arrive after your start date, you may be entitled to receive a refund.

Cosmetic Surgery

A cosmetic treatment is one which is concerned with altering the appearance of a body part or tissue which lies within the bounds of normal variation.

Examples of Cosmetic Surgery:

- Rhinoplasty (nose reconstruction) without previous trauma or congenital defect.
- Breast enlargement.
- Liposuction.

Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing condition rule before your admission. Consequently, if you have been a Bupa member for less than 12 months you might have to pay for some or all of the hospital and medical charges if you are admitted to hospital and you choose to be treated as a private patient, and we later determine that your condition was pre-existing.

We tell you more about pre-existing conditions on **page 18**.

Emergency Treatment

'Emergency Treatment' is any treatment required where a person:

- Is in a life threatening situation and requires urgent assessment and resuscitation.
- Has suspected acute organ or system failure.
- Has an illness or injury where the function of a body part or organ is acutely threatened.
- Has a drug overdose, toxic substance or toxin effect.
- Has psychiatric disturbance whereby the health of the person or other people are at immediate risk.
- Has severe pain and the function of a body part or organ is suspected to be acutely threatened.
- Has acute haemorrhaging and requires urgent assessment and treatment.
- Has a condition that requires immediate admission to avoid imminent threat to their life and where a transfer to another hospital is impractical,

in Australia which is confirmed by a Medical Practitioner appointed by the Insurer to be the case, having due regard to, and considering, any information that is provided by the treating Medical Practitioner of the relevant person at the time.

¹An out-of-pocket expense may be incurred should the Doctor charge higher than the Bupa benefit. This expense is not covered by Bupa.

Exclusions

If you require treatment for a specific procedure or service that is excluded under your level of cover you will not receive any benefits towards your hospital, medical and prosthesis costs and you may have significant out-of-pocket expenses.

If a service is not covered by Medicare there will be no benefit payable from your student cover so you should always check with us to see if you're covered before receiving treatment.

Life Altering Illness/Injury

An illness/injury considered to be a serious medical condition leading to a reduction in life expectancy to less than 12 months, a requirement for ongoing care support or continuous inpatient hospitalisation, or any other deficit or health care need as assessed by a Medical Practitioner appointed by Bupa as warranting support for repatriation.

Medical Practitioner

A person registered or licensed as a medical practitioner under a law of a State or Territory. This does not include anyone whose registration or licence to practise has been suspended or cancelled following an inquiry relating to his or her conduct and whose registration or licence has not been reinstated.

Mortal Remains

The body of the deceased person for the purposes of Repatriation benefits. Does not include cremation or ashes of a deceased person.

Out-of-pocket expenses

You are likely to experience out-of-pocket expenses when you are not fully covered for services and benefits, or when a set benefit applies. You should refer to what is and isn't covered on your OSHC and any Extras cover you hold to determine when an out-of-pocket expense may occur. You should also refer to our Overseas Student Health Cover Rules for any additional information on benefits

payable. A copy of our Overseas Student Health Cover Rules can be found on our website or in our local Bupa Health Insurance store. It is important to ensure when being admitted to hospital that Informed Financial Consent is provided to you for a pre-booked admission to allow you to understand any out-of-pocket expenses upfront. If you have received any out-of-pocket expenses and require clarification, please contact us directly.

Pharmacy

On OSHC you may receive benefits for selected prescription items prescribed as an outpatient that are Australian Government's Pharmaceutical Benefit Scheme (PBS) Schedule listed or non-PBS listed and TGA approved, prescribed by a doctor or a specialist and not appearing on our exclusions list. Refer to your cover details for more information.

If you take out optional Extras cover, your extras pharmacy entitlement pays benefits on prescription items that are only non-PBS listed and TGA approved and not appearing on our exclusions list.

When you make a claim, we will deduct a PBS co-payment fee and pay the remaining balance up to the set amount under your OSHC or chosen level of Extras cover.

There are some items that are not covered by our OSHC or extras pharmacy benefits and these include:

- Over-the-counter and non-prescription items.
- Compounded items - exceptions apply, please contact us for more information on 134 135.
- Body enhancing medications (e.g. anabolic steroids).

Pharmacy in-hospital

When in hospital, if you are treated with drugs that are not approved by the Pharmaceutical Benefits Scheme (PBS) Schedule, you may not be fully covered and the hospital may charge you for all or part of the cost. You should be advised by the hospital of any charges before treatment.



Pre-existing conditions

A pre-existing condition is defined as any ailment, illness, or condition where, in the opinion of a medical adviser appointed by Bupa, the signs or symptoms of that illness, ailment or condition existed at any time in the period of 6 months ending on the day on which you became insured under the policy. This also applies if you upgrade your cover to include new services.

Premium and benefits for OSHC

To access the benefits available on your level of cover, you need to:

- Complete the application process and pay your premium in full before the start date of your level of cover.
- Advise us of any change of address.
- Ensure that newborns are enrolled onto a family membership within 90 days of their birth to avoid any waiting periods for your baby.
- Contact us to remove your adult children from your OSHC membership when they turn 18 years of age as they no longer qualify under your level of cover.
- Provide proof of purchase of what you have spent before we can reimburse you for any services received.
- Submit your claims within two years of when the service was given (we don't pay benefits for any claims that are older than this).

Private room in a public hospital

From 1 October 2017, for the purposes of a private room in a public hospital, this is a room in a hospital which is purpose built and suitable for no one other than a single admitted adult patient; holds one single sized bed; and has a dedicated ensuite.

Proof of identity and/or age

Bupa may require you to provide proof of identity, visa details and/or age when joining, changing your level of cover or in relation to any other transaction with us.

Surgically implanted prostheses

You will be covered up to the approved benefit set out in the Australian Government's Prescribed List of Medical Devices and Human Tissue Products for a listed prostheses which is surgically implanted as part of your hospital treatment.

The Prescribed List of Medical Devices and Human Tissue Products includes: pacemakers, defibrillators, cardiac stents, joint replacements, intraocular lenses and other devices. If a hospital proposes to charge you a 'gap' for your prosthesis, they need your informed financial consent. Please contact us for further details.

Suspension

You can apply for a policy suspension if you travel outside of Australia for more than three consecutive months. You will be required to provide your visa grant letter in addition to travel documents when applying for a suspension and a pro-rata refund will be provided if you are eligible. The pro-rata refund will be calculated with reference to the visa end date as stated on your visa under this new process. Please refer to the Bupa Fund Rules for more information.

Terminally Ill

Someone with a life expectancy of less than 6 months as diagnosed by a Medical Practitioner and determined by a Medical Practitioner appointed by Bupa, after consideration of any relevant clinical information.

Waiting periods

A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date. 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.



For more terms explained visit bupa.com.au/glossary

Other important information

Privacy and your personal information

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our Information Handling Policy, available on our website at bupa.com.au or by calling us on 1800 888 942. When you join, you agree to the handling of your personal information as set out here and in our Information Handling Policy.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the Private Health Insurance Act 2007 (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, Australian Government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their

personal information as set out here and in our Information Handling Policy. Each person on a policy aged 18 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Here to help

If you have any questions we're always happy to help. Simply refer to the back cover for our contact details and call us, visit our website or pop by your local Health Insurance store. If you would like more information about our Overseas Student Rules or the Australian Government's Private Health Insurance Industry Code of Conduct, you can find this information on our website.

The Australian Government's Private Patient's Hospital Charter is available at privatehealth.gov.au



For more student resources visit our overseas student hub at bupa.com.au/students

Complaints or feedback

If you have any concerns or you don't understand a decision we have made, we'd like to hear from you.

You can contact us by:

Email: customerrelations@bupa.com.au

Phone: **134 135**

Fax: **1300 662 081**

Mail: **Customer Relations Manager Bupa
GPO Box 4338
Melbourne VIC 3001**

If you're still not satisfied with your outcomes from Bupa you may contact the Commonwealth Ombudsman on **1300 362 072** or visit them at ombudsman.gov.au

If your concerns aren't resolved when you first raise them, and you'd like to discuss it further, you can find our full complaints process online for how to go about it.



Bupa Overseas Student Health Cover made easy

Unsure of any words? Visit: bupa.com.au/glossary


This guide is in addition to our Fund Rules available online or by contacting us.

Go to bupa.com.au/fundrules/oshc to see our Overseas Student rules.

For more information

 bupa.com.au/students

 **Visit a Bupa Health Insurance store**

 **1800 888 942** from within Australia
+61 3 9937 4223 from outside Australia

Bupa HI Pty Ltd
ABN 81 000 057 590

Last reviewed and accurate
as at 30 June 2025
11542-06-25