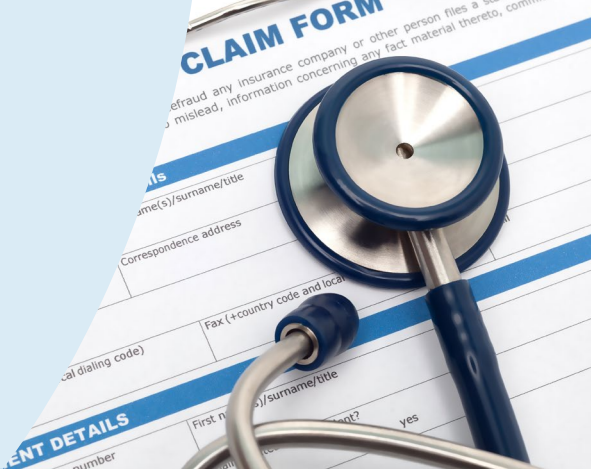
PALM
Pacific Australia Labour Mobility



Health insurance

A guide for Pacific workers in Australia

Health insurance checklist

Health cover is a visa condition

Maintaining adequate health insurance while working in Australia is a mandatory requirement of your International Relations (Temporary Work) Subclass 403 Visa, Condition 8501. You are responsible for ensuring your policy remains valid for the duration of your stay. Stopping your health insurance cover is an automatic breach of your visa conditions. To ensure you do not break your visa conditions, your insurance premiums are deducted automatically from your pay.

Keep policies handy

You should keep a copy of your certificate of insurance (COI) and/or membership card handy, in case you need to see a doctor.

Help with insurance

Check your insurance card and on arrival materials for information about how to contact your health insurer (phone number, website or email address). This will help when you need assistance with your policy. Make sure you also know how to quote your policy or claim number when making contact.

Keep personal information current

You should check with your health insurance provider that all your personal information is up to date. Personal details such as mobile phone numbers or home and postal addresses may need to be provided after arrival in Australia as these are not always known at the time of policy purchase.

Eligibility checks

Your insurer may need a copy of your passport ID page and visa for eligibility checks.

Policy payment

Talk with your employer to learn about how health premium payments are made through your payroll deductions, including the amount of deductions.

General practitioners vs hospitals

There is a difference between **general practitioners** (GPs) and **hospitals** in Australia.

For non-residents, a visit to the hospital can include large up-front fees in non-emergency situations. While this charge is covered by most insurance companies, you will need to pay this fee at the time and then claim later.

Visit a GP for non-emergency medical conditions.
Visit a hospital only for emergency situations.

Health insurance claims

The process for making a health insurance claim can vary depending on the provider. The table below is a general guide for a claims process but please check each insurance provider's website for specific details.

SUBMIT A CLAIM FORM

1. Check your health insurer's claims process on their website (options include online submissions, print-scan-email or via an App).
2. Complete the claim form.
3. Proof of payment/receipt needs to be submitted with the claim form. This must show the transaction amount, date of payment and medical provider's details.

INCLUDE SUPPORTING MEDICAL DOCUMENTS

For general practitioner (GP) visits

- Itemised invoice with Medical Benefits Schedule (MBS) item numbers
- Report indicating the actual diagnosis if available

For hospital visits

- Admission and discharge summaries and medical reports if available
- Itemised invoices

APPROVED

Claim is settled and paid via cheque or into your bank account.

DECLINED

If the claim falls outside the terms of your insurer's policy, you will receive notifications via SMS, email or an official letter.

ADDITIONAL INFORMATION REQUIRED

If the claim form was not completed correctly or supporting documentation insufficient or if additional medical information is needed, your insurer will notify you by SMS or email. Please ensure details are completed on the form and all supporting documents have been provided at the time of claim submission.

OTHER HELPFUL INFORMATION

Direct billing medical providers

Some local GPs and specialists, such as pathologists and radiologists may already be included in your insurance provider's medical network. This allows them to send the claimable part of the bill directly to the insurance provider rather than charge you the full fee. You may still need to pay a gap fee at the time but you will not need to submit a claim separately to your insurance provider. Contact your insurance provider to check whether your GP is included in your insurer's direct billing network, and request that they are added if not.

For medical providers who do not have a direct billing arrangement in place, you will need to pay the full cost of the bill and claim it from your insurance company later.

Product disclosure statement

The **product disclosure statement** (PDS) provides details on the key features of your insurance, the benefits, exclusions, terms and conditions. Check your health insurance provider's PDS and contact them directly for enquiries relating to your policy.

Still have questions?

If you need help understanding your health insurance, please contact your employer, PALM support service line on 1800 51 51 31 or go to: www.privatehealth.gov.au/health_insurance/overseas

Medical emergencies

If you have a life-threatening medical emergency, seek help from the closest public hospital emergency department or call an ambulance on ☎ 000 immediately for help.

All public hospitals in Australia have a 24-hour emergency department where you can get help outside local doctor's hours, including the weekend.

For emergency treatment ➔ hospital (emergency department) or call an ambulance on 000

For non-emergency ➔ GP (general practitioner)