

minimum working visa cover.

Frank Minimum Working Visa cover provides straight forward health cover to Australian Visitors on 457, 482 and 485 Visas.

It meets the Australian Department of Immigration's working visa requirement 8501.

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. The benefit of being covered under the private health system is that you don't have to wait on public hospital waiting lists and you will have the choice of your own doctor.

We recommend that you read this Fact Sheet in conjunction with Frank's OVHC Important Information.

This information is current at the time of publishing (April 2018).

what's covered?

- ✓ Private Inpatient hospital charges
Hospital fees in either a public hospital[^] or participating private hospital. Fixed benefits are payable in a non participating private hospital.
- ✓ Shared room accommodation
- ✓ Single room accommodation with a co-payment
- ✓ Doctors and specialist fees
In hospital fees for all medically necessary treatment that is not excluded from the cover.
- ✓ Surgically implanted prostheses
- ✓ Operating theatre fees
- ✓ Accidents
An accident is defined as an unexpected or unintentional event resulting in bodily injury that requires urgent and immediate treatment as an inpatient in a hospital. For an accident to be covered, treatment must be sought through a doctor or an Emergency Department within 48 hours of sustaining the injury and the admission must occur within 90 days of the accident occurring. A doctor's letter/ hospital report must be supplied to Frank.
- ✓ Medical treatments and services
As long as the service or procedure is covered by Medicare and isn't excluded from this cover, you are covered for all private inpatient hospital treatments.

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- ✓ **Emergency ambulance**
Covers emergency ambulance services by a recognised provider Australia wide. Does not include cover for non emergency ambulance transport i.e. from a hospital to your home or ambulance transfers between hospitals. Find out more about [emergency ambulance services](#).
- ✓ **Funeral expenses**
Up to a maximum of \$5,000 per person. Frank will pay for the costs associated with returning mortal remains or ashes to the country of residence. Funeral and related costs are also covered if the body is buried or cremated at the place of death.
- ✓ **Repatriation**
Medical expenses up to a maximum of \$20,000 per membership (included in the overall yearly limit)

[^] If you elect to be admitted to a public hospital as a private patient, you are entitled to the minimum benefits payable by private health insurers for a shared room in a public hospital. Electing to be a private patient in a public hospital could result in out of pocket costs to you. Ensure you receive written informed financial consent from your treating doctors and the hospital before any hospital admission.

minimum working visa cover co-payment.

Minimum Working Visa cover features a co-payment to help keep the costs of the premium down. If you're admitted into a private room in a public or private hospital, you'll be charged a co-payment of \$100 per night. The co-payment is capped at \$700 per admission, so after 7 nights you won't have to pay any additional co-payment fees. Electing to be a private patient in a public hospital could result in out-of-pocket costs to you. Ensure you receive written informed financial consent for any hospital admission.

what's excluded?

Taking out Frank's Minimum Working Visa cover won't give you benefits as a private patient in a public hospital or private hospital for the following services.

- ✗ IVF and assisted reproductive services
- ✗ Cosmetic surgery that isn't medically necessary
- ✗ Bone marrow and organ transplants

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hospital cover doesn't pay benefits on.

- extras services (e.g. dental, optical or physio),
- non surgically implanted prostheses and appliances,
- outpatient medical costs (e.g. GP medical costs or administration fees charged for emergency department treatment),
- treatment rendered outside of Australia (including treatment en route to or from Australia),
- treatment arranged in advance of arrival
- antenatal or postnatal services

excess.

Per person	\$500 per year
Couple / Family	\$1,000 per policy per year (if more than one person is hospitalised)

Learn more about hospital excess.

frank gap cover.

Every hospital procedure has a minimum benefit payable set by Medicare. This is called the Medicare Benefits Schedule (MBS) Fee. You always get 100% of this back if you have private health insurance. Anything your doctor charges above 100% of the scheduled fee is an out of pocket expense. You can check this amount with your doctor.

Learn more about Medical Gap cover.

waiting periods.

Just because you buy hospital cover today, doesn't mean you can claim today. New health insurance members will need to be with a fund for a period of time before their fund will pay any benefits. This is called a 'waiting period'.

Minimum Working Visa cover has the following waiting periods:

- 0 day for hospital treatment as a result of an accident
- 2 months for psychiatric, rehabilitation and palliative care (regardless of whether or not the condition is pre-existing)
- 12 months for pre-existing conditions (other than psychiatric, rehabilitation or palliative care)
- 12 months for pregnancy (childbirth) and related services

If you've switched to Frank from another fund on an equal level of cover and have already served waiting periods, you might not have to wait again. Find out more about waiting periods.

pre-existing conditions.

A pre-existing condition is one where signs or symptoms of your ailment, illness or condition, in the opinion of an independent medical practitioner (not your own doctor), existed at any time during the six months preceding the day on which you purchased your hospital insurance or upgraded to a higher level of hospital cover and/or benefit entitlement. Learn more about pre-existing conditions.

choice of doctor in a public hospital.

When making a decision about which hospital you'll be treated at, keep in mind that not all doctors have admitting rights into all hospitals. Basically, if you have a preferred doctor they might not be allowed treat you in a public hospital. Your doctor will be able to tell you what hospitals they have admitting rights to.

are there times Frank won't pay?

If you can claim from someone else you can't claim through Frank (think workers compensation). View the full list of what Frank may not be able to pay on a hospital or medical claim.

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how to claim.

There are typically two types of accounts that need to be settled after being admitted into hospital;

1. The hospital account

The hospital needs to bill Frank to get the ball rolling. Without the hospital account, we cannot prove that you were admitted to hospital and are unable to pay any of the other accounts.

The hospital usually electronically bills Frank, but they may send it via mail which can take a little while.

After Frank receives this account, we'll pay out your benefit (as long as you're entitled to one) to the hospital.

If the hospital sends you an account, you should ask if they have also sent the account to Frank. There are a bunch of technical notes that our processing team can only get from the hospital.

2. The medical account

After we have the hospital account we can pay on any eligible medical accounts. Frank prefers it if your doctor bills us electronically because it saves time and trees. Some doctors can't do this and may give you an invoice.

If your doctor gives you a bill, pay it, fill out a Frank claim form and email both to us. If the account is already paid, we'll reimburse you. Otherwise we'll pay the doctor directly.

Anything not covered by Frank is your out of pocket expense. If required, the doctor will bill you for anything outstanding after they have received payment from Frank.

Before receiving any treatment, check in with Frank for a quote so that you know what you're covered for, how much we'll pay towards the treatment and any out of pocket expenses that you might face.