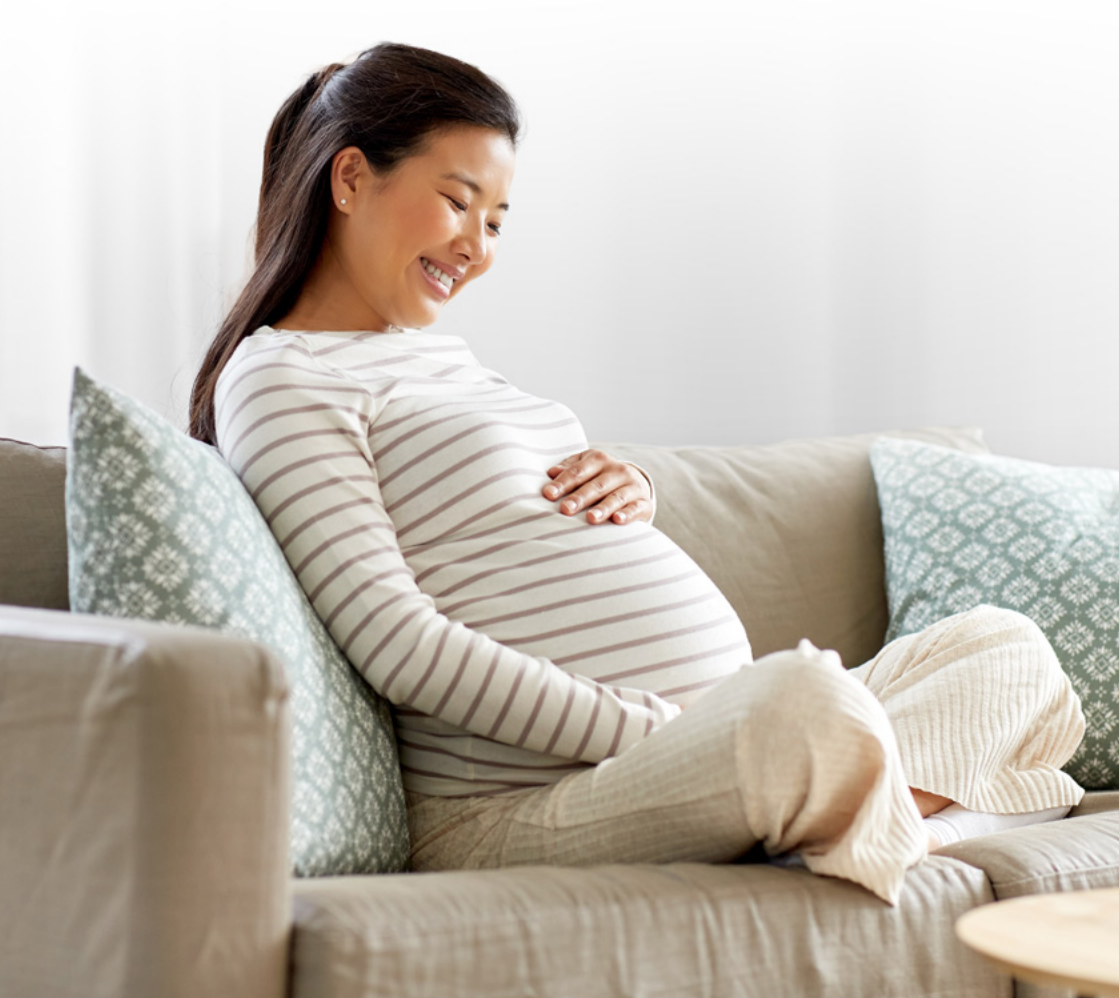
Allianz Care

OVERSEAS STUDENT HEALTH COVER

Pregnancy Fact sheet



During your pregnancy

Starting or growing your family is an exciting time. Making sure your whole family is protected is important. Allianz Care offers three policy types:

SINGLE
Covers only the primary student visa holder

DUAL FAMILY:
Covers the primary student visa holder plus either their partner or one or more dependant children

MULTI-FAMILY:
Covers the primary student visa holder plus their partner and one or more dependant children

MEDICAL FEES

As an international student, you may not be eligible for Medicare, Australia's public health program. If you aren't eligible for Medicare, you'll need an Overseas Student Health Cover (OSHC) policy.

Your OSHC benefits are based on the Medicate Benefits Schedule (MBS), a list maintained by the Australian government for medical costs and procedures.

WAITING PERIODS

OSHC Standard and OSHC Essentials have a 12 month waiting period for pregnancy related conditions if the policy is less than 2 years. If you have purchased a policy with a duration of 2 years or more, there is no waiting period for pregnancy-related conditions.

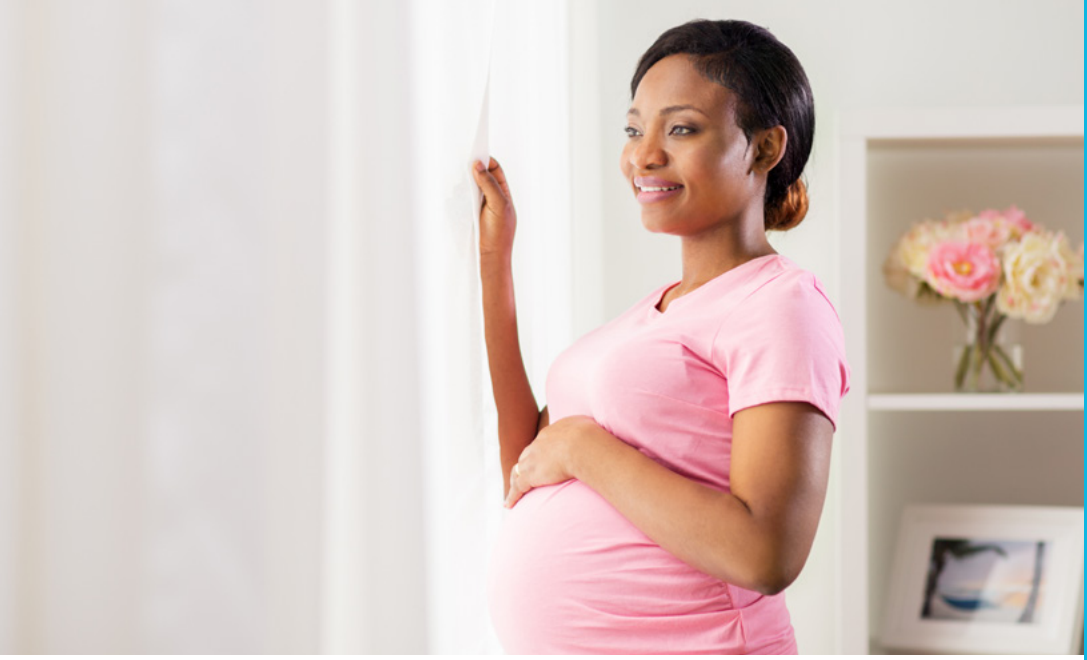
Note: If you purchased an OSHC Essentials policy prior to **1 July 2026** there is no waiting period for pregnancy related conditions.

WHAT DOES OSHC COVER DURING PREGNANCY?

- GP and outpatient (out of hospital) visits: 100% of the benefit amount listed in the MBS. This may vary depending on the type of medical service.
- Pathology and radiology out of hospital (e.g. blood tests, ultrasounds, specialist visits): 85% of the MBS fee.
- In hospital care (doctors, pathology and radiology in hospital): 100% of the MBS fee.

GAP FEE

A gap fee is the difference between what a medical provider charges and the MBS fee. You must pay for this amount yourself as it is not covered by your OSHC. Before your appointment, ask the provider if there is a gap fee.



HOW TO REDUCE YOUR GAP FEES

There are simple steps you can take to lower your out of pocket costs (gap fees) during pregnancy.

Choose the right doctor and hospital

- If you are eligible for shared maternity care, using one of our direct billing doctors means you pay less out of pocket expenses.
- Choose a hospital that has an agreement with Allianz Care through our underwriter Peoplecare Health Limited. These hospitals have set rates, which reduces your out of pocket costs. Ask the hospital's maternity booking coordinator if they are a contracted hospital.

Understand what you'll be charged

- Doctors, pathology and radiology providers set their own fees, so prices can vary.
- Before any appointment, ask your doctor or specialist what their fees are.
- Ask for an Informed Financial Consent form from your obstetrician, midwife, or any specialist. This sets out exactly what you will be charged before treatment begins.

Arrange a treatment guarantee

This means Allianz Care pays the hospital directly, so you don't pay upfront. Here's how:

1. Once you've chosen your doctor and hospital, complete the Treatment Guarantee form at allianzcare.com.au
2. Email the completed form to OSHCeligibility@allianzcare.com.au — or ask the hospital's maternity bookings coordinator to call our OSHC Eligibility Line on 1800 500 977.
3. Our team will confirm your cover and waiting periods, then send the guarantee directly to the hospital.

OVERSEAS STUDENT HEALTH COVER PREGNANCY COVERAGE

Frequently asked questions

IF I FALL PREGNANT AFTER I ARRIVE IN AUSTRALIA, AM I COVERED?

OSHC Standard and OSHC Essentials have a 12 month waiting period for pregnancy related conditions if the policy is less than 2 years. If you have purchased a policy with a duration of 2 years or more, there is no waiting period for pregnancy-related conditions.

Note: If you purchased an OSHC Essentials policy prior to **1 July 2026** there is no waiting period for pregnancy related conditions.

HOW DO I ADD MY BABY TO MY POLICY?

To upgrade your Allianz Care OSHC policy, please login to the MyHealth App and upgrade your policy to include the baby or call our team on 136 742 before your baby is born or within 60 days of your baby's birth date.

DO I NEED TO NOTIFY THE DEPARTMENT OF HOME AFFAIRS ABOUT MY NEWBORN BABY?

Yes, you need to notify the Department of Home Affairs and update your visa. You can do so on their website by completing this form. Our Claims team will ask you to compete this before they assess your claim.

IF I AM ON A SINGLE POLICY, IS MY BABY COVERED?

If you are on a single policy, you will need to upgrade to either a dual family policy or a multi-family policy. Either of these options will mean an increase to your premium.

IF I AM ON A DUAL POLICY, IS MY BABY COVERED?

If you are on a dual family policy, this policy covers the primary student visa holder plus either one adult spouse or recognised de-facto partner or one or more dependant children. Depending on the mix of dependants, you may need to upgrade to a multi-family policy. For example, if your policy covers your spouse or de facto partner but no dependant children, you will need to upgrade your policy upon the birth of your baby or within 60 days of your baby's birth. This option will mean an increase to your premium. If your policy covers your dependant children but no spouse or de facto partner, you do not need to upgrade your policy upon the birth of your baby. However, you should add your baby to your cover to ensure they are covered for any treatment they may require.

HAVE QUESTIONS? CONTACT OUR TEAM

136 742 (within Australia)
+61 7 3305 8841 (overseas)

Or via the 'Contact Us' section on
allianzcare.com.au

IF I AM ON A MULTI-FAMILY POLICY, IS MY BABY COVERED?

Yes, if you are on a multi-family policy, all you need to do is add your baby's details to the policy. There is no change to your premium or policy type.

WHEN SHOULD I UPGRADE MY POLICY?

You must update your policy within 60 days of your baby's birth. If you do not upgrade within 60 days of your baby's birth, we will be unable to pay claims for pregnancy related conditions.

Your upgraded policy start date can be adjusted once your child is born. Any adjustments to the premium can be addressed at this time.

WHAT IF I DO NOT HAVE CONTINUOUS COVER?

It is a condition of your student visa that you must maintain continuous cover for the duration of your stay in Australia. If you do not have continuous cover, you may be in breach of your student visa.

If your cover has lapsed, you are not able to claim on any treatment you received, and will need to re-serve waiting periods. Please contact our team immediately on 136 742 to discuss your cover.

WHEN SHOULD I NOTIFY ALLIANZ CARE AUSTRALIA ABOUT MY PREGNANCY?

When your medical practitioner has referred you to a hospital and the hospital has scheduled your expected delivery:

- Complete the Treatment Guarantee form available on our website allianzcare.com.au and email the completed form to OSHCeligibility@allianzcare.com.au OR
- The Maternity Bookings Coordinator at the hospital or your doctor's surgery can contact us via our Eligibility Line on 1800 550 977 to verify your eligibility for maternity care.

Once cover has been confirmed, we will send the hospital a guarantee of payment for your hospital stay.

DO I PAY FOR DOCTOR, PATHOLOGY OR RADIOLOGY COSTS UPFRONT?

Some medical providers will request upfront payment. Please ensure you keep your receipts and submit these to us.

Your provider may bill us directly. If they do, generally you will need to pay any gap fees and then the provider will bill us for the outstanding amount.

Should you have any questions about eligibility for medical treatment, please contact our team on 136 742.

Types of pregnancy care

The first step is to consult your local doctor for their recommendations of an obstetrician or qualified local doctor/midwife who participates in a shared maternity care program to manage your pregnancy. Your chosen medical practitioner/specialist will then see you on a regular basis throughout your pregnancy.

SHARED MATERNITY CARE

Shared maternity care means that during your pregnancy you can see the same local doctor (GP), or community midwife for most of your pregnancy visits. You will visit the hospital early in your pregnancy and again at 36 weeks. Together, the hospital and your chosen local doctor/midwife will share your care.

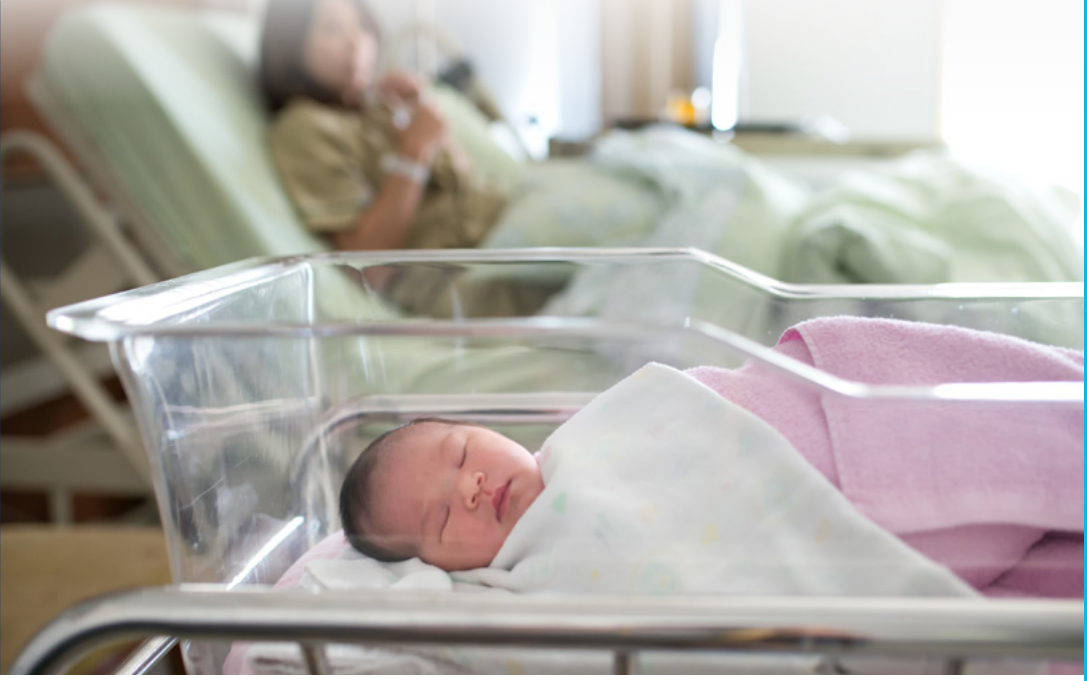
OBSTETRICIANS IN PUBLIC HOSPITALS

Obstetricians specialise in pregnancies and birth. If you experience complications during your pregnancy an obstetrician will be involved in your care. You will attend the public hospital antenatal clinic to see doctors and midwives. Your local doctor will refer you to your closest public hospital for your initial consultation.

A PRIVATE OBSTETRICIAN

You may choose a private obstetrician to manage your pregnancy and delivery of your baby. Your chosen obstetrician will be affiliated with specific hospitals. If you have selected your obstetrician, you will need to have your baby at the hospital that they are affiliated with. If you prefer, you can choose your hospital first, then ask the hospital for a list of obstetricians.

You need to obtain a referral from your local doctor and take this to your first obstetric appointment. Private obstetricians set their own fees. As such you will need to contact their surgery to confirm their fees and the Medicare item numbers. Once you have this information, contact our team on 136 742 to confirm your gap fee.



Choosing your hospital

There are a number of options when it comes to choosing where to have your baby. You can have your baby:

- As an OSHC member in a public hospital
- As a private patient in a public hospital
- As a private patient in a private hospital

Depending on you where you are located in Australia, we may offer a private maternity package. A private maternity package is a partnership with a chosen provider who offers subsidised fees for our members. You can check this on our website by scanning or clicking the QR code below.

The table on the following page shows what you are covered for in each of these situations.

Find out more about private maternity packages here

CHOOSING YOUR HOSPITAL

	OSHC member in a public hospital	Private patient in a public hospital	Private patient in a private hospital
Your choice of doctor	**No**	**Yes**	**Yes**
Your choice of hospital	**No** Need to go to public hospital in your local area which is based on your residential address.	**Yes** Need to go to public hospital in your local area which is based on your residential address or where your chosen obstetrician has admitting rights.	**Yes** Need to choose private hospital that has an Australia Health Services Alliance (AHSA) contracted rate with Peoplecare Health Limited.
Covered hospital expenses (accommodation and theatre fees)	**Yes** We will cover the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.	**Yes** We will cover the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.	**Yes** We will cover 100% of the contracted charges for all insurable costs raised by one of our agreement hospitals with a minimum of shared ward accommodation. If there is no agreement between us and the private hospital/registered day hospital facility, we will pay the applicable minimum benefit as set out in the Benefit Requirement Rules.
In hospital (inpatient) covered doctor, radiology and pathology fees	**Yes** We will cover 100% of the Medicare Benefits Schedule (MBS) Fee for medical services provided in hospital.	**Yes** We will cover 100% of the Medicare Benefits Schedule (MBS) Fee for medical services provided in hospital.	**Yes** We will cover 100% of the Medicare Benefits Schedule (MBS) Fee for medical services provided in hospital.
Doctors (out of hospital)	**Yes** General Practitioner (GP) including telehealth - We will cover 100% of the Medicare Benefits Schedule (MBS) Fee. The benefit amount may vary depending on the type of medical service.	**Yes** General Practitioner (GP) including telehealth - We will cover 100% of the Medicare Benefits Schedule (MBS) Fee. The benefit amount may vary depending on the type of medical service.	**Yes** General Practitioner (GP) including telehealth - We will cover 100% of the Medicare Benefits Schedule (MBS) Fee. The benefit amount may vary depending on the type of medical service.
Specialists (out of hospital)	**Yes** We will cover 85% of the Medicare Benefits Schedule (MBS) Fee. The benefit amount may vary depending on the type of medical service.	**Yes** We will cover 85% of the Medicare Benefits Schedule (MBS) Fee. The benefit amount may vary depending on the type of medical service.	**Yes** We will cover 85% of the Medicare Benefits Schedule (MBS) Fee. The benefit amount may vary depending on the type of medical service.
Gap fees likely	Only if the charge is above the MBS Fee, or outside the hospital state rates schedule.	**Yes**	**Yes**

*Benefits payable as per the Medicare Benefit Schedule fee.

How to arrange your stay in hospital

PUBLIC HOSPITAL

- Public hospitals accept OSHC members for maternity care.
- To book into a public hospital you will require a referral from your local doctor (GP) and confirmation of your residential address.
- The hospital maternity bookings department will then review the request. Acceptance into the public hospital will be based on the following:
  - Priority is given if your residential address falls within the specified catchment area of the public hospital.
  - Availability of maternity beds at the time you are due to have the baby. Should the hospital reach full capacity you can contact the maternity bookings department to discuss your other options.
- If you are unable to confirm a booking in a public hospital then please talk to your local doctor (GP) about having your baby in a private hospital.
- Once your booking has been confirmed by the public hospital maternity booking department, please confirm when your first antenatal clinic appointment will be (usually scheduled around 12 – 14 weeks). Ongoing appointments will then be scheduled following your first visit.

PRIVATE PATIENT IN A PUBLIC AND/OR PRIVATE HOSPITAL

Having your baby as a private patient allows you to choose your hospital and practitioner/s. Once you have made a decision and have confirmed your obstetrician delivers at that hospital, you will need to make a booking with the hospital. This is usually done through your obstetrician.

After the birth

After the birth of your baby, you can expect to stay in a public hospital for 48 hours following a vaginal birth or 72 hours following a caesarean delivery.

In a private hospital, you can expect to stay for four days following a vaginal delivery and four to five days following a caesarean delivery. The actual length of your stay will depend on your wellbeing and the health of your baby.

From birth, family doctors, paediatricians and child health nurses provide care for babies and children including performing routine check-ups to monitor growth and development.

ADDING YOUR BABY TO YOUR OSHC

Once your baby has arrived please login to the MyHealth App or call our team on 136 742 within 60 days of your baby's birth date to add your baby to your policy.

NOTIFYING THE DEPARTMENT OF HOME AFFAIRS

In addition to adding your baby to your OSHC you will also need to notify the Department of Home Affairs and update your visa. You can do so **on their website by completing this form**. Our Claims team will ask you to compete this before they assess your claim.

Download the Allianz MyHealth App

- Access your OSHC e-membership card
- View your policy documents
- Submit a claim

GET IT ON Google Play

Download on the App Store

To check your eligibility

1800 500 977 or
oshceligibility@allianzcare.com.au

For online services and information including:

- Find a doctor
- Claiming
- Health and wellbeing and other information

Visit allianzcare.com.au

Member services and general enquiries

136 742

Claims

1800 651 349

24/7 assistance helpline

Medical, legal and interpreting services
in emergency situations

1800 814 781

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