Overseas Student Health Cover

Effective 30 June 2026

Healthcare in Australia

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, so you can be confident you are getting the best healthcare services, when you need them.

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 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, 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 is Medicare?

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

Do I have access to Medicare?

If you're applying for a student visa, a current student or looking to extend your student visa you will not generally have access to Medicare.[1]

What are you covered for with Bupa?

We pay benefits towards hospital care in private or public hospitals, choice of doctor, out-of-hospital medical and allied health professional fees, pharmacy, and a range of additional services.

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.

[1]Students from some countries with reciprocal health care agreements may have some access to Medicare, however OSHC is still required unless you fall into an exemption category. Visit **servicesaustralia.gov.au/individuals/services/medicare/reciprocal-health-care-agreements** and **https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500#Eligibility** to find out more.

Why choose Bupa Overseas Student Health Cover

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 focus on your studies.

Overseas Student Health Cover (OSHC) helps ensure you'll be covered for the cost of medical treatments if you get sick or have an accident.[1] In most cases, the Australian Government requires you to have OSHC for the duration of your study period in Australia.[2]

When you lodge your visa application with the Department of Home Affairs you must show proof of your OSHC.

Visa condition 8501 suitable

Bupa Overseas Student Health Covers are suitable for the purpose of meeting visa condition 8501 ('must maintain adequate health insurance' on a Student visa').[3]

Help protect yourself from the unexpected

If the unexpected happens during your stay you can be covered for treatments and medical care.

Unlimited emergency ambulance

Cover for uncapped emergency ambulance transport or on-the-spot treatment by our recognised providers in each state of Australia. If claimable from another source, a benefit won't be paid by Bupa.[4]

Waived mental health benefit waiting periods

Your mental health is important to us, so we have waived waiting periods to access psychiatric treatment and mental health benefits on your cover until further notice.[5]

Convenience

The choice of where and when you'd like to be treated at Members First and Network Hospitals.

Extras

Choose from a range of Extras covers that can be separately purchased to help cover additional services not included under OSHC, such as dental, physiotherapy and chiropractic services and optical (for the purchase of prescription glasses and contact lenses.

[1]To be eligible for OSHC you must hold a student visa, be in the process of applying for a student visa or be on a bridging visa while applying to extend your student visa. [2]Students from selected countries may have some access to Medicare, however may still require OSHC. Visit **humanservices.gov.au/customer/enablers/health-care-visitors-australia** to find out more. [3]See **immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500#Eligibility** for information on meeting visa condition 8501 on a Student visa. [4]If claimable from another source, a benefit won't be paid by Bupa. Benefits for ambulance transportation is only payable where the provider describes the transportation as an 'Emergency'. For more, see the Important Information Guide. [5]The standard 2 months waiting period for pre-existing conditions of a psychiatric nature is not enforced by Bupa until further notice.

Overseas Student Health Cover

Hospital & Medical Services

In hospital services[1]	OSHC
Rehabilitation	✓
Hospital Psychiatric services	✓
Palliative care	✓
Blood	✓
Bone marrow transfusion or transplant	✓
Eye (not cataracts)	✓
Cataracts	✓
Ear, nose and throat	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Joint replacements (other than Hip and Knee)	✓
Joint replacements (Hip and Knee)	✓
Organ transplant	✓
Dialysis for chronic kidney failure	✓
Hernia and appendix	✓
Heart and vascular system	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Pregnancy and birth	✓
Assisted reproductive services	×
Male reproductive system	✓
Plastic and reconstructive surgery (medically necessary)	✓
All cosmetic surgery	×
All Medicare recognised services	✓
In hospital medical services	
Inpatient medical costs	100% of MBS
Most Medicare recognised diagnostic tests (e.g. x-ray, pathology)	✓
Outpatient medical services	
GP consultations	100% of MBS
Specialist consultations	100% of MBS
Pathology (e.g. blood tests)	✓
Radiology (e.g. x-ray scans)	✓
Allied health services	✓
Outpatient pregnancy services	✓
Outpatient psychiatric services	✓
Selected pharmacy items	$50 per script item per person and per policy calendar year limits apply[2]
Additional benefits	
Emergency ambulance services[4]	✓
Repatriation	×
Family in-hospital benefit	×
Crutches and wheelchairs benefit	×
Cover for extras services (e.g. Dental, optical, physio)	×
Travel and Accommodation benefit	×

There are 4 different types of membership available

Single
Cover for the student only

Couples
Cover for the student and their partner as listed on the student's dependent visa

Single Parent
Cover for the student, and their dependant children under 18 years of age, who live in Australia and are listed on the student's dependent visa

Family[7]
Cover for the student, their partner and their dependant children under 18 years of age, who live in Australia and are listed on the student's dependent visa

Student is defined as the primary student visa holder

Access to Private and Public Hospitals

In most cases you're covered for in-patient services, accommodation and theatre fees at Members First, Network and public hospitals.

Doctors and Specialists

Get up to 100% of the Medicare Benefits Schedule (MBS)[2] fee for the cost of medical services provided by doctors or specialists in or out of hospital.

Pharmacy

Claim up to $50 per script item once you've paid the PBS co-payment fee.[3]

Emergency Ambulance

You are covered for uncapped emergency ambulance trips Australia-wide when provided by one of our recognised providers.[4]

Private Room

Get your own room where available or $50 per night back from the hospital when you stay overnight at our Members First hospitals.[5]

Don't forget waiting periods apply

Waiting Period
A waiting period is the time when you are not covered for a particular service. It starts on the date you enter Australia or the date that you start your membership, whichever is the later date. If you are changing your cover or switching from another insurer, these waiting periods may not apply to you, so check with us first.

2 months – for pre-existing conditions of a psychiatric nature (not currently enforced)

12 months (maximum) – for pregnancy and birth[6] on policies with a duration of less than 24 months

12 months – for pre-existing conditions

No waiting period – for all other treatments

Services not covered

- Procedures not approved by the Medical Services Advisory Committee.
- Procedures not recognised by Medicare.
- Experimental treatment.
- Respite care.
- Elective cosmetic surgery.

There are other services that are not fully covered or not covered at all. If you want more information, including what's covered and what's not, read this together with our Important Information Guide at **bupa.com.au/oshc-info**

[1]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. [2]MBS is the list of medical services and treatments recognised for coverage by Medicare and the associated fees for such services and treatments set by the Australian Government. [3]$500 limit for singles policies for each calendar year, $1,000 limit for couples, single parents and family policies for each calendar year. [4]If claimable from another source, a benefit won't be paid by Bupa. Benefits for ambulance transportation is only payable where the provider describes the transportation as an 'Emergency'. For more, see the Important Information Guide. [5]Subject to availability and eligibility. Private room must be booked and requested at least 24 hours before admission. For every night a private room is unavailable, you'll receive $50 back per night from the hospital. Applies to overnight admissions only. Excludes nursing home type patients, emergency care, same day stays, occasions where a private room is medically inappropriate, treatment which is excluded or restricted, or treatment for a pre-existing condition during waiting periods. [6]No waiting period for pregnancy-related services (falling under Pregnancy and birth, Miscarriage and termination of pregnancy and Outpatient pregnancy services) if your policy is 24 months or more, and for Emergency treatments as defined in the Important Information Guide. 'Pregnancy-related services' means: Pregnancy related condition out of hospital services' meaning Medicare Benefits Schedule services and Pharmaceutical Benefits Schedule items for the investigation and treatment of conditions associated with pregnancy and childbirth, and the investigation and treatment of a miscarriage or for termination of pregnancy and Pregnancy related condition hospital treatment' meaning the 'Pregnancy and birth' clinical category and 'Miscarriage and termination of pregnancy' clinical category, as defined in the Complying Product Rules. [7]OSHC does not provide cover for extended family members, such as your mother, father, brother or aunt. If these family members come to Australia to visit you, we can provide them with their own overseas visitors cover. Contact us on 134 135 for more details.

Extras Cover

In addition to your Overseas Student Health Cover you can purchase Extras cover. Extras cover provides you cover for additional (non-medical) health services outside of hospital. Below is a summary of the available covers and popular inclusions.

		Choose your own Extras		
		Freedom 50 Extras	**Budget Extras 60**	**Freedom 60 Extras**
		Up to 50% back at Bupa recognised providers[1]	Up to 60% back at Members First providers[2]	Up to 60% back at Bupa recognised providers[1]
	Waiting periods	**Yearly limits**		
General dental	2 months	Year 1 $500 ♦[5] Year 2 $600 ♦ Year 3+ $700 ♦ Year 1 $1,000 ●[5] Year 2 $1,200 ● Year 3+ $1,400 ●	$350 ♦ $700 ●	Year 1 $700 ♦[5] Year 2 $800 ♦ Year 3+ $900 ♦ Year 1 $1,400 ●[5] Year 2 $1,600 ● Year 3+ $1,800 ●
Major dental	12 months	✗	✗	✗
Optical	2 months	✗	$150 ♦ $300 ●	$150 ♦ $300 ●
Physiotherapy	2 months	Combined with General dental	$350 ♦ $700 ● combined limit	Combined with General dental
Chiropractic and osteopathy	2 months		Natural therapies sub-limit: $100 ♦ $200 ●	
Natural therapies[4]	2 months	✗		✗
Mental health (includes psychology, counselling and Digital Mental Health)[6]	2 months	✗	✗	✗

Choose your own Extras			
Your Choice Extras 60 (Choose four services)	**Top Extras 60**	**Top Extras 75**	**Top Extras 90**
Up to 60% back at Members First providers[2]	You could get 60% back at Members First providers[2]	You could get 75% back at Members First providers[2]	You could get 90% back at Members First providers[2]
Yearly limits			
Year 1: $700[3] Year 2: $840 Year 3: $980 Year 4: $1,120 Year 5: $1,260 Year 6+: $1,400	Unlimited	Unlimited	Unlimited
Year 2: $500[3] Year 3: $600 Year 4: $700 Year 5: $800 Year 6: $900 Year 7+: $1,000	$1,000	$1,100	$1,200
$180	$200	$240	$280
Year 1: $450[3] Year 2: $540 Year 3: $630 Year 4: $720 Year 5: $810 Year 6+: $900	$700	$800	$900
Year 1: $350 ♦[3] Year 2: $420 ♦ Year 3: $490 ♦ Year 4: $560 ♦ Year 5: $630 ♦ Year 6+: $700 ♦ Year 1: $700 ●[3] Year 2: $840 ● Year 3: $980 ● Year 4: $1,120 ● Year 5: $1,260 ● Year 6+: $1,400 ●	$500 ♦ $1,000 ●	$600 ♦ $1,200 ●	$700 ♦ $1,400 ●
Year 1: $500[3] Year 2: $600 Year 3: $700 Year 4: $800 Year 5: $900 Year 6+: $1,000 Massage sub-limit: $100 ♦	$400 Massage sub-limit: $150 ♦ $300 ●	$500 Massage sub-limit: $200 ♦ $400 ●	$500 Massage sub-limit: $200 ♦ $400 ●
✗	$400 Digital Mental Health sub-limit: $100	$500 Digital Mental Health sub-limit: $100	$750 Digital Mental Health sub-limit: $100

Note: We have set out some of the popular services above. For a full list of services available, please refer to the relevant Private Health Insurance Statement.

♦ Per person ● Per membership

[1]Extras 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. [2]Percentage back may vary depending on your level of cover, and benefit claiming restrictions. For most services at our Members First providers covering dental, physiotherapy, chiropractic and podiatry consultations. Bupa has Members First providers for these services. Not available in all areas. Waiting periods, yearly limits, policy and fund rules apply. Applies to included services only. [3]This amount increases year on year up to a maximum of six years. For Major Dental and Orthodontics, benefits start after 12 month waiting period served. [4]The following services are covered under Natural Therapies; Massage Therapy (remedial massage, myotherapy, Traditional Chinese Medicine remedial massage), Acupuncture, and Chinese herbalism. [5]This amount increases year on year up to a maximum of three years. [6]Benefits for Accredited Mental Health Social Workers apply.

More for our OSHC members

All members deserve help and support to achieve and maintain improved health and wellbeing, from programs that support you in achieving better health outcomes to self-management guides for long-term health conditions. It's all part of our commitment to helping you live a healthier, happier life.

24/7 access to Blua Online Doctor Appointments

See a doctor via online video call, any time 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.

Face-to-face Bupa-friendly doctors

Search for a doctor by visiting **bupa.com.au/find-a-doctor**

24/7 Bupa 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.[2]

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.
- If you have Extras cover, submit an Extras claim and see your claim history.
- Update your personal details.
- Access exclusive health tools and discounts.
- Put Bupa in your pocket with the myBupa App.

[1]Fund and policy rules apply. 100% of the cost will only be covered for Blua consults. Members will only be able to book general doctor appointments via Blua. Appointments with specialists cannot be booked via Blua. Members who are 15 and over are required to book their own appointment using their own Bupa Digital Identity login. Members who are under 15 years old may need to attend the appointments with a parent or guardian Service provided by third party partner. [2]Members' preferred language may not be available 24/7.

Ways you can save

Members First hospitals
Use our Members First hospitals to help reduce or eliminate out-of-pocket hospital expenses.

Still not sure where to start? Talk to our friendly team.

Log into myBupa.com.au

Visit a Bupa Health Insurance store

1800 888 942

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

Important things you need to know about your health cover

Switching from another OSHC provider

If you're switching from another OSHC provider to Bupa, any waiting periods you've already served for services you were covered for will carry over, as long as those services are included on your new cover and there's no gap between your previous OSHC and your Bupa cover. This is known as continuity of cover.

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 maximums.

For more information on switching please refer to the Important Information Guide: **bupa.com.au/oshc-info**

What is covered?

Hospital costs covered

With private hospital cover, you can choose to be treated as a private patient in either a private or public hospital. When admitted to hospital, in most cases you will be covered for in-hospital charges when provided as part of your in-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 Pharmaceutical Benefits Scheme (PBS) and provided as part of your in hospital treatment.
- Physiotherapy, occupational therapy, speech therapy and other allied health services provided as part of an inpatient admission.
- Surgically implanted prostheses up to the approved benefit on the Government's prostheses list.
- Private room where available and clinically appropriate.[1]

Medical costs covered

These are the fees charged by your doctor, surgeon, anaesthetist or other specialist for any treatment given to you. You are covered for:

- The cost of inpatient and outpatient medical services, covered up to 100% of the Medicare benefit schedule (MBS) fee. The schedule fees mentioned above are the fees determined by the Australian Government as the appropriate fee for a specific service for Australian residents.
- Most inpatient or outpatient diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology).
- Outpatient medical services provided by an allied health provider (e.g. psychologist, optometrist, physiotherapist) where a Medicare benefit would be payable for an Australian resident.
- If your doctor, specialist or allied health providers charge more than the Medicare benefit Schedule Fee there will be a 'gap' for you to pay.

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
- When you have not been admitted into a hospital as an inpatient and are treated as an outpatient (e.g. emergency room treatment, outpatient antenatal consultations with an obstetrician prior to childbirth) you may not be covered.

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
- Cosmetic surgery.

For more information on what is not covered please refer to the Important Information Guide **bupa.com.au/oshc-info**

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[2]
Pre-existing conditions, ailments or illnesses	12 months
Pregnancy and birth (obstetrics)	12 months (maximum)[2] If your policy is less than 24 months

[2]The 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. [3]No waiting period for pregnancy-related services (falling under Pregnancy and birth, Miscarriage and termination of pregnancy and Outpatient pregnancy services) if your policy is 24 months or more, and for Emergency treatments as defined in the Important Information Guide. 'Pregnancy-related services' means: Pregnancy related condition out of hospital services' meaning Medicare Benefits Schedule services and Pharmaceutical Benefits Schedule items for the investigation and treatment of conditions associated with pregnancy and childbirth, and the investigation and treatment of a miscarriage or for termination of pregnancy and Pregnancy related condition hospital treatment' meaning the 'Pregnancy and birth' clinical category and 'Miscarriage and termination of pregnancy' clinical category, as defined in the Complying Product Rules.

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

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.

Reducing your out-of-pocket hospital costs

Bupa Medical Gap Scheme

The Bupa Medical Gap Scheme is designed to help 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, Bupa covers 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.

See **bupa.com.au/medicalgapscheme** for more information.

Extras Cover

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.

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.

Extras waiting periods

When you first take out or upgrade your health cover there's a period of time before you can make a claim on your new level of cover. This is common across the health insurance industry. You can't claim for services that you receive during this period at your new level of cover, even if you wait to submit the claim once the period is over. Waiting periods may apply depending on your level of cover.

Easy access at myBupa

Use and view your membership details online or via our myBupa app. Access your cover details, make claims and update your membership 24/7 using any device with just a few clicks.

You can:

- Get real-time notifications when your claim is processed
- If you have Extras cover, submit an Extras claim and see you claim history
- Make claims for medical services included under your cover and
- Manage your payments and payment information.

Tap fast. Claim quick.

With just one tap you can claim with iPhone, Apple Watch or Android phone.[1]

Add a digital membership card today, simply follow the steps at **bupa.com.au/card**

[1]For services included on your cover. Yearly limits, waiting periods, benefit claiming restrictions, fund and policy rules apply. Digital cards may be used at supported terminals only using compatible Apple iOS, Apple watch and Android devices.

We're here to help

We get that there's a lot of info to take in when it comes to health insurance but that's what we're here for.

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

Other important information you should know can be found at: **bupa.com.au/oshc-info**

Go **bupa.com.au/fund-rules-oshc** to see our Overseas Students fund rules.

Get in touch whenever you need to and we'll answer any questions you might have.

Bupa Health Insurance

bupa.com.au/students

Visit a **Bupa Health Insurance store**

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

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