Mid Workers Plus Bundle

This information is current at the time of publishing (April 2025)

frank. overseas visitor health cover

Excess Options
$0, $500

Frank Mid Workers Plus cover provides straight forward health cover to Australian Visitors on 482 and 485 visas.

It meets the Australian Department of Home Affairs working visa requirement 8501.

This Frank fact sheet details what you need to know about Mid Workers Plus Bundle; from what's covered to what's excluded plus excesses and waiting periods that apply.

We recommend that you read and retain this fact sheet along with Frank OVHC Important Information.

Hospital Benefits	
Public hospital accommodation	✓
Private hospital accommodation	✓
Shared Room	✓
Single room in a private hospital (where available)	✓
Accidental injury	✓
Operating theatre	✓
Emergency ambulance	✓
Psychiatric services	✓
Rehabilitation services	✓
Surgically implanted prostheses	✓
Birth related services	✓
Outpatient Services (GP & Medical Specialist consults)	✓
Funeral expenses (Up to $5,000 per person)	✓
Repatriation (Up to $20,000 per membership)	✓
IVF and assisted reproduction services	×
Bone marrow and organ transplants	×
Non-surgically implanted prostheses and appliances	×
Treatment rendered outside of Australia (including en route to or from Australia)	×
Treatment arranged in advance of arrival	×
Outpatient antenatal or postnatal services	×
Outpatient pathology & radiology	×
Hospital services for which no Medicare benefit is payable (e.g. cosmetic surgery that is not medically necessary)	×

✓ **Included services (we pay benefits towards)**
× **Excluded services (we don't pay benefits)**

Excess

Mid Workers Plus Bundle	$0 Excess	$500 Excess
Maximum annual excess, singles	$0	$500
Maximum annual excess, couples & familes	$0	$1,000

The excess applies to each person on the policy, per calendar year and upon admission to hospital. If the maximum excess is not reached in a single hospital admission, then the remaining balance of the excess is payable on any subsequent admission that the person may have in the same calendar year.

What's covered

Mid Workers Plus Bundle provides benefits towards theatre surgery costs, shared or private room accommodation charges in a participating private hospital* or shared room accommodation charges in a public hospital^ (#except for NSW public hospitals) for all procedures unless they are listed as an exclusion for the cover.

Are there times frank won't pay?

Yes, view the list of things Frank won't pay on for Mid Workers Plus Bundle.

Frank medical costs

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 schedule fee is an out of pocket expense. You can check this amount with your doctor.

Accidents

Covers accidental injuries sustained after joining Frank. 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. An Accident Declaration form must be supplied to Frank.

Ambulance Services

Covers emergency ambulance services by, or under an arrangement with, a State or Territory Ambulance Service Australia wide. Does not include cover for non-emergency ambulance transport, i.e. transfers between hospitals that are not medically necessary.

* Fixed benefits are payable in non-participating private hospitals. This may result in costs to you.

^ 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.

\# For NSW Public hospitals, Frank will pay for a private room where a member has; Signed the Inpatient Election form to be treated as a private patient; and Ticked 'yes' to a single room if one is availalable on the Inpatient Election form

Waiting periods

Generally a new health insurance member 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'.

Mid Workers Plus Bundle has the following waiting periods:

12 months	• Pre-existing conditions (other than psychiatric, rehabilitation or palliative care) • Childbirth and related services.
2 months	Psychiatric, rehabilitation, palliative care (regardless of whether or not the condition is pre-exisiting).
0 days	Emergency ambulance, outpatient services and all other services.

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 purchase your hospital insurance or upgraded to a higher level of hospital cover and/or benefit entitlement.

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.

Outpatient Services (GP & Medical Specialist)

Covers outpatient General Practitioner (GP) and Mecical Specialist consultations only. Benefits will be paid at 100% of the MBS fee. Anything charged over and above will be an out of pocket expense. Pathology and radiology are not included.

Funeral expenses

Frank will pay benefits up to a maximum of $5,000 per person for funeral costs within Australia, for either a burial or cremation.

Repatriation

Benefit will be paid up to $20,000 per membership for the repatriation of a living or deceased member back to their country of origin in the event of terminal illness, life altering injury or death.

How to claim - hospital and medical

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

1. The hospital account

The hospital needs to bill Frank to get the process started. Without the hospital account, we cannot prove that you were admitted to hospital and we 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 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 any eligible medical accounts. Frank prefers your doctor bills us directly and 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 and email your invoice and receipt to us. If the account is already paid, we'll reimburse you. Otherwise we'll pay the doctor directly.

For outpatient services, simply email the receipt to us and we will pay benefits into your nominated bank account. Please ensure that the receipt includes the provider number of the GP or Medical Specialist who treated you, and an MBS item number for the service/treatment that was provided.

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.

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Extras Cover

This extras cover works on the percentage back system. Whatever the provider charges, we pay 65% back up to your annual limits.

This means that if you are charged $40 for a treatment you'll get $26 back as long as you have served your waiting periods and have available limits.

Service Benefits will only be paid for one consultation and/or treatment per provider per day. You cannot claim on any accessories, exercise equipment, herbs supplements or pills prescribed by the provider, only consultations.	**Benefit %**	**Person limit (per person)**	**Waiting Period**
Acupuncture*^	65%	$200	2 months
Myotherapy*^			
Remedial Massage*^			
Chiropractic*^	65%	$200	2 months
Osteopathy*^			
Physiotherapy*^			
Optical Benefits are only payable towards prescription glasses and prescription contact lenses	65%	$150	6 months
Preventative Dental Dental treatment rules apply for preventative and general dental	65%	$300	2 months
General Dental			

* Benefits will only be paid for one consultation and/or treatment per provider per day

^ You cannot claim on any accessories, exercise equipment, herbs, supplements or pills prescribed by the provider, only consultations

Do I have my choice of extras provider?

Yes. Frank believes in freedom of choice, so we pay the same benefit to any registered provider. This means you can use your choice of extras provider and still claim.

Are there extras frank won't pay?

Yes there are, for all therapies such as physio, Frank only pays towards consultations.

How to claim extras

Claims to some ancillary providers can be claimed directly at the provider with your Frank card using HICAPS. If this service is not available, you can log your claim online or email the paid account to Frank and benefits will be paid directly into your nominated bank account.

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.