AUSTRALIAN HEALTH SYSTEM FACTSHEET

How does Australian health system work?

Australian health system offers a wide range of services from general and preventative health to emergency health services and hospital care.

The system primarily has two parts: the public health system (Medicare) and the private health system. You can either access one of two or a mix of both depending on the care needed.

What is the public health system?

The public health system is also known as Medicare which offers universal health care to Australian residents for free or at a lower cost. It is funded through taxes.

It is primarily made up of public hospitals, community based services and health organisations that are owned, administered and funded by state and territory governments.

What is the private system?

The private system includes private hospitals, specialists medical and allied health services and pharmacies that are privately owned . The private system is funded by the government, private health insurers, private health organisations and individuals.

Private health insurance cover is generally the most cost effective option to access the private system to minimise cost of treatment.

Who do I need to see when I am sick?

General Practitioners (GPs) and Emergency Departments (EDs) are the main entry points to access other health services including diagnostic tests (blood test), specialist consultations, hospital admissions and inpatient care.

If it is not an emergency then it's better to go to a GP for treatment.

In case of an emergency, visit EDs. Most EDs are located and operated by public hospitals in Australia.

Public and Private hospitals

You can choose to go to either public or private hospital for treatment.

As a temporary resident in Australia, unless you are covered through Reciprocal Health Care Agreement (RHCA), you will be treated as a private patient in both public and private hospitals.

As a private patient, you can choose your doctor, choice of a private room (if available), reduced waiting time for surgeries and choosing when you are admitted.

What is outpatient and inpatient service?

Outpatient service includes any service provided where you are not formally admitted to hospital. For example, visiting a GP clinic for consultation or getting an x-ray done in a clinic outside of the hospital.

Inpatient service includes any service provided once you have been formally admitted to the hospital. For example, admitted for an overnight stay in the hospital.

As a temporary resident with health insurance you can claim for both outpatient and inpatient services from your insurer depending on your level of cover.

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What is Private Health Insurance?

Private health insurance cover includes hospital cover, ancillary or extras cover (dental or optical) and ambulance cover.

As a temporary resident with no access to Medicare you may need private health insurance cover as part of your visa condition.

Most OVHC and OSHC policies include hospital and ambulance cover to comply with visa requirements. If you need extras cover you can purchase it separately from your insurer.

Am I eligible for Medicare?

If you have just arrived in Australia on a visa, you can check with Medicare Australia whether you are eligible for Medicare and other benefits..

Australian Government has an agreement with eleven participating countries that allows visitors from these countries to access medically necessary care while travelling. This arrangement is covered under Reciprocal Health Care Agreement (RHCA).

RHCA countries: Belgium, Finland, Italy, Malta, Netherlands, New Zealand, Norway, Republic of Ireland, Slovenia, Sweden and the UK.

What is out of pocket or gap?

Out of pocket cost is the difference between the amount a doctor charges for a medical service and what your health insurer pays. This is the amount you will pay for your treatment.

It is always important to ask your doctor to provide you the cost of service. Then check with your insurer about the cost it'll cover to calculate your out of pocket cost.

One way to reduce your out of pocket is to look for doctors who 'bulk bill'. If you are bulk billed for a service then it means you may not be out of pocket.

What is Medicare Benefit Schedule (MBS)?

MBS is the list of the medical services for which the Australian Government has agreed to pay some or all of the cost. Each service has a set charge which is the amount Medicare will pay.

A Medicare item number is linked to each MBS service to identify the approved charges for the service. You can use this item number to check with your insurer what they will pay for your treatment.

How much can I claim?

As an OVHC or OSHC member, you can claim up to 100% of MBS fees from your insurer for most services.

Some OVHC policies cover more than 100% of MBS giving you better coverage.

Talk to Trans-Consult Education counsellors to find out key differences between insurers and their policies to make an informed decision.

Further information

Check out the links for further information:

PrivateHealth.gov.au

Healthdirect

Department of Health

Medicare Benefit Schedule

Reciprocal Health Care Agreement

Emergency number to call in Australia '000'

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