



Working Visa Health Cover

March 2021

What are the Canstar Working Visa Health Cover Star Ratings?

Canstar's Working Visa Health Cover Star Ratings use a sophisticated and unique rating methodology that compares both cost and features across health insurance policies offered to people coming to Australia holding working visas (such as a 457 visa). Canstar Star Ratings represent a shortlist of products enabling consumers to narrow their search to products that have been assessed and rated. Ratings range from one to five stars.

What types of products are evaluated for Canstar's Working Visa Health Cover Star Ratings?

Applicants for a visa that will entitle them to come to Australia to work generally have a condition attached (8501) to their visa that "The holder must maintain adequate arrangements for health insurance while the holder is in Australia." This applies to many working visas including common ones such as:

- 457 Temporary Work (Skilled)
- 485 Skilled Graduate
- 417 Working Holiday

To be included in the Star Ratings, policies must assist the visa holder in complying with condition 8501. Policies must also cover treatment in a private hospital.

Canstar evaluates policies that include hospital-only cover, as well as policies that include hospital and out-of-hospital medical (e.g. general practitioner) cover.

How are the Canstar Working Visa Health Cover Star Ratings calculated?

Working Visa Health Cover products are assessed across four consumer profiles, considering three types of household structure (single, couple and family), where singles are split into single male and single female categories. This is designed to account for the scenario where single males do not require cover for pregnancy or other reproductive procedures such as in vitro fertilisation (IVF).

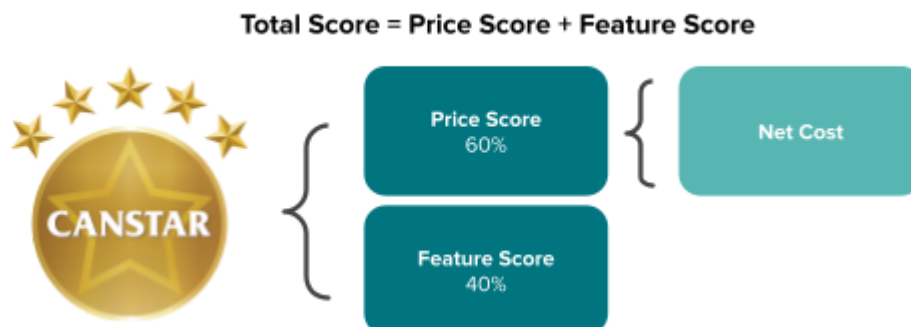
The household structures considered within each profile are as follows:

- Single Female
- Single Male
- Couple
- Family

Star Ratings Methodology

Each eligible Working Visa Health Cover product reviewed is awarded points for its comparative pricing and for the array of features attached. Points are aggregated to achieve a price score and a feature score.

To arrive at the total score Canstar applies a weight against the price score and the feature score. The weights reflect the importance of costs and features in determining the products offering outstanding value. This method can be summarised as:



Price Score

The Price Score of a product is calculated based upon the calculated net cost of a product. Peer products are compared and the product with the lowest net cost is awarded the highest price score with all other peer products indexed against it, and awarded a score relative to the lowest cost product.

Net Cost

The net cost of a product is calculated using both the annualised monthly premium and a weighted excess & Co-payments cost. The premiums used for the Canstar Working Visa Health Cover Star Ratings are collected from providers for one month's cost of cover. This monthly premium is annualised for Working Visa Health Cover products and is summed with the weighted excess & Co-payments of a product to get a net cost for a given product.

Excess & Co-payments Cost

The excess & co-payments cost is a scenario-based assessment designed to determine the out-of-pocket cost per hospital admission. There are eight scenarios used in the assessment intended to capture benefits such as excess waivers for day surgery and/or dependent children, as well as the likelihood of hospital admissions of different lengths.

Administration Duration	Admissions per Year	
	1	3
No Admission	80%	
Day Surgery	5%	4%
2 Nights	3%	2%
4 Nights	3%	-
7 Nights	-	2%
14 Nights	1%	-
Administration Duration	Admissions per Year	
	1	3
Day Surgery	Minor/Day Surgery	Chemotherapy
2 Nights	Obstetrics	-
4 Nights	Cardiac Arrest	-
7 Nights	-	Replacement
14 Nights	Depression/Mental Illness	-

Feature Score

The feature score takes into account a number of features within six different categories, with individual features allocated points and each category, and subcategory, assigned a weighting. The product with the highest feature score is allocated the maximum score, with all remaining products within the profile scored against it. The feature categories and sub-categories, with assigned weights, are:

Category	Overseas Student Health Cover
Application and Payment	5%
Channels	50%
Payment	50%
Cover	75%
Hospital	60%
<ul style="list-style-type: none"> • <i>Medical Benefit</i> 	60%
<ul style="list-style-type: none"> • <i>Inclusions</i> 	20%
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ <i>Pregnancy*</i> 	70%
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ <i>Other</i> 	30%
<ul style="list-style-type: none"> • <i>Agreement Network</i> 	20%
Medical	65%
<ul style="list-style-type: none"> • <i>Prescription Medicine</i> 	30%
<ul style="list-style-type: none"> • <i>General Practitioner</i> 	20%
<ul style="list-style-type: none"> • <i>Specialist</i> 	20%
<ul style="list-style-type: none"> • <i>Radiology</i> 	15%
<ul style="list-style-type: none"> • <i>Pathology</i> 	15%
Other Services	5%
Claim	5%
Service	7.5%
Internet Access	40%
Branch Access	40%
Phone Access	20%
Cancellation	2.5%

*since there is no need for a single male to have cover for pregnancy or other reproductive procedures such as in vitro fertilisation (IVF), singles ratings are separated into males and females.

Hospital Inclusions

Working Visa Health Cover is a highly regulated form of health insurance; levels of cover do not vary significantly between providers. This is because all in-hospital procedures that are on the Medicare Benefits Schedule (MBS) are required to be covered (waiting periods may apply for some procedures).

The hospital inclusions score recognises where policies may offer a level of cover that exceeds minimum requirements. The areas of focus are:

- Surgical removal of wisdom teeth
- In-vitro fertilisation (IVF)
- Psychiatry
- Gastric Banding
- Podiatric Surgery

Medical Inclusions (Out-of-Hospital)

Policies vary in the types of out-of-hospital medical benefits that are payable and the levels of rebate provided (based on the MBS fee). Since health care providers may charge more than this fee, insurance rebates may not cover the entire fee charged. The difference between the fee and the rebate is known as a 'gap'. Since there are different levels of benefit for different types of medical services, a weight is assigned to each service type. Note all working visa health cover provides cover for GP, specialists, radiology and pathology though benefits levels vary from product to product.

Prescription Medicines

Since the benefits payable on prescription medicines differ in their co-payments, benefit levels, and limits, a scenario has been designed to test the level of benefits offered by each product. The pharmacy benefits scenario is based on the weighted cost of redeeming the top 50 medicines on the Pharmaceutical Benefits Scheme (PBS) by volume. An average out-of-pocket amount is calculated based on 48 hypothetical patients requiring an average of 7 scripts per year with a standard deviation of 7 scripts.

Direct Billing General Practitioners

In the same way that Australian residents can go to direct billing doctors and not need to incur costs upfront, students insured under Working Visa Health Cover policies can attend direct billing practices. Recognition is given for direct billing medical practices in each state and territory.

Agreement Network

The number of agreement hospitals available in a state represents the level of choice a patient has in health care providers that will not charge a gap fee.

A weighted average of the number of private and day hospitals available to members of a fund is taken based on a state's population. The health fund that has the most total no-gap hospitals in that state will earn the maximum score towards all their eligible hospital cover products while all other health funds will be awarded a score based on their number of no-gap hospitals relative to the institution with the most no-gap arrangements.

Other Services

This category looks at a number of additional services offered by the provider at a fund level. These additional services include:

- Health/nurses hotline – availability and hours of operation
- Home doctor services/after-hours doctors service – availability and hours of operation
- Wellness and health guides (electronic or hard copy)
- Pre/post-hospital services (e.g. obstetrics and cardiac)

Repatriation

Repatriation cover provides for an insurer to pay the cost of returning a person to their home country in some circumstances (for example, being diagnosed with a terminal illness). As policies differ in terms of medical repatriation limitations, products are scored on the level of cover they provide for repatriation.

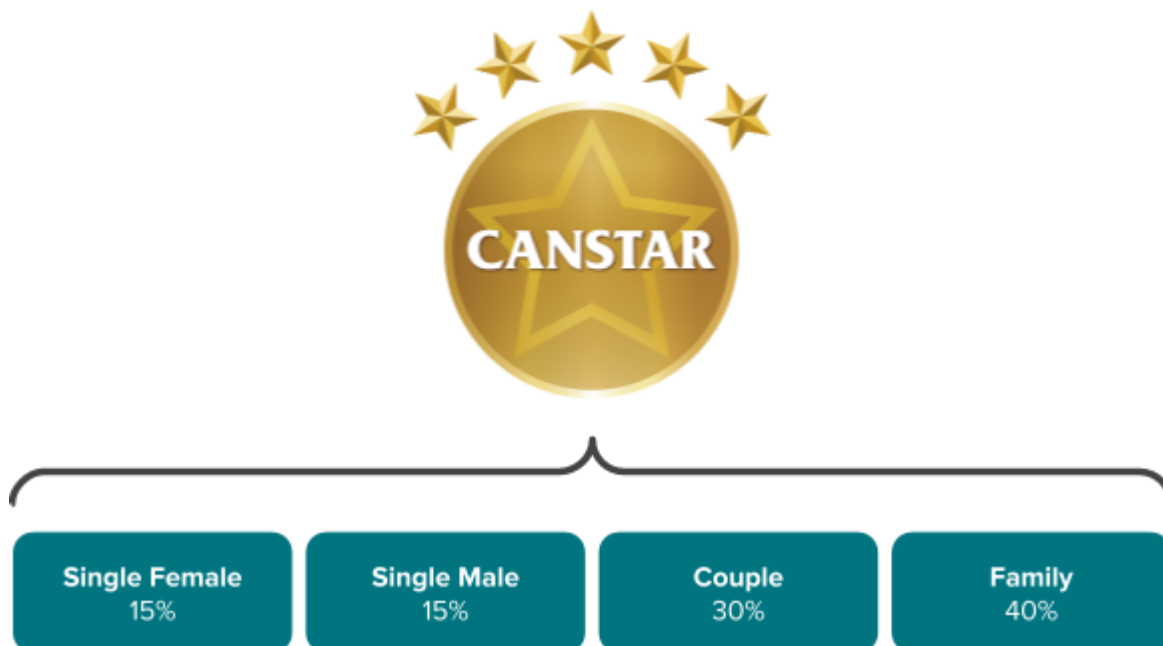
What are the Canstar Outstanding Value - Working Visa Health Cover Awards?

The Canstar Outstanding Value - Working Visa Health Cover Awards recognise the providers that provide outstanding value to customers across the range of household structures considered in Canstar’s Working Visa Health Cover Star Ratings. Provider’s who have performed to an exceedingly high standard across the Star Rating profiles will be recognised with the award of Outstanding Value - Working Visa Health Cover.

How is the Canstar Working Visa Health Cover Award Calculated?

To be considered for the Working Visa Health Cover Outstanding Value Award the insurer must provide a policy with a quote available for each household structure considered within the Star Ratings.

Canstar awards an Outstanding Value Award to the insurer or insurers who offer outstanding value cover based on their scores across all four profiles. The weight placed on each component within the profiles is shown below, and represents the relative importance of each in determining the outstanding working visa health cover providers.



How often are products reviewed for Star Ratings and award purposes?

Ratings and awards are recalculated annually based on the latest features offered by each provider. Canstar also monitors changes on an ongoing basis. The results are published in a variety of mediums (newspapers, magazine, television, websites, etc.).

Does Canstar rate all products available in the market?

We endeavour to include the majority of product providers in the market and to compare the product features most relevant to consumers in our ratings. However, this process is not always possible and it may be that not every product in the market is included in the rating nor every feature compared that is relevant to you.

Does Canstar rate other product areas?

Canstar researches, compares and rates the suite of banking, wealth and insurance products listed below. These Star Ratings use similar methodologies to guarantee quality, consistency and transparency. Results are freely available to consumers who use the Star Ratings as a guide to product excellence. The use of similar Star Ratings logos also builds consumer recognition of quality products across all categories.

Please access the Canstar website at www.canstar.com.au if you would like to view the latest Star Ratings reports of interest.

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The ratings and awards results do not include all providers and may not compare all features relevant to you. The rating or award is only one factor to take into account when considering these products. Canstar acknowledges that past performance is not a reliable indicator of future performance.

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