

oshc worldcare

Essentials

Policy document
and members guide



Global Assistance

Allianz 

1

The one thing that matters the most is knowing your health care won't cost you a fortune while you study.

Contents

2 OSHC Worldcare welcomes you to Australia!

- What is OSHC?
- Why is OSHC important?

3 Section one: OSHC Essentials policy

This section outlines information on:

- Eligibility and periods of cover
- Benefits payable
- General exclusions
- Waiting periods and pre-existing conditions
- Words with special meanings

15 Section two: Members guide

This section outlines information on:

- 24 hour /7 day emergency assistance
- The Australian healthcare system
- Claiming with OSHC Worldcare
- Online services and information

OSHC Worldcare welcomes you to Australia!

We understand that maintaining your health is an important part of making your stay in Australia as safe and enjoyable as possible.

OSHC Worldcare is here to assist and provide services and information that make it easy to understand and use the health cover which is available to you, whilst studying in Australia.

What is OSHC?

Overseas Student Health Cover (OSHC) is the health insurance that provides cover for the costs of:

- Out of hospital medical treatment
- In hospital medical treatment
- Prescription medicines
- Surgically implanted prostheses
- Emergency ambulance transport

The Department of Health and Ageing (DHA) regulates OSHC and OSHC providers

Why is OSHC important?

Student Visa Requirement

The Australian Government through the Department of Immigration and Citizenship requires all holders of a Student Visa to maintain OSHC during their stay in Australia.

Condition 8501

Maintaining OSHC is a mandatory condition of a Student Visa. Overseas Students who do not maintain their OSHC are at risk of having their visas cancelled.

Peace of mind

Medical treatment can be expensive. Overseas Students are not eligible for Medicare (the public health insurance system for Australian Residents). Without access to Medicare, Overseas Students may have difficulty paying for medical treatment. In most cases, hospital treatment will cost more than \$800 per day.

Section one: OSHC Essentials policy

Who is eligible for OSHC?

Overseas Students are eligible for OSHC. You are an Overseas Student if you are:

- (a) a person who is the holder of a Student Visa; or
- (b) a person who
 - i is an applicant for a student visa; and
 - ii is the holder of a bridging visa; and
 - iii was, immediately before being granted the bridging visa, the holder of a student visa.

Single or Family policy

Your Certificate of Insurance will show which policy you have selected. If your cover starts, or is upgraded or renewed, on or before 31 December 2011, this may be either:

- **Single** – covering only the Overseas Student, or
- **Family** – covering the Overseas Student, and their spouse or legally recognised de facto partner and / or children or step-children under the age of 18 years who are not married.

If your cover starts, or is upgraded or renewed, on or after 1 January 2012, your policy may be either:

- **Single** – covering only the Overseas Student;
- **Dual family** – covering the Overseas Student, and either one adult spouse or recognised de facto partner or one or more children or step-children under the age of 18 years who are not married; or
- **Multi family** – covering the Overseas Student and more than one Dependant, which can only include one adult spouse or recognised de facto partner and one or more Dependant children.

Benefits covered under your policy

Benefits payable

Medical and hospital benefits

In the event of medical treatment being required by you or any Dependants covered under your policy and occurring during the period of cover, OSHC Worldcare will pay benefits for the following:

Service	Benefit per service
Out of hospital medical services	
Medical services provided by most general practitioner services	Benefit amount as listed in the Medicare Benefits Schedule (MBS) 100% of the MBS fee*
All other medical services such as pathology and radiology (including specialists)	Benefit amount as listed in the Medicare Benefits Schedule (MBS) 85% of the MBS fee*
In hospital medical services	
Medical services provided in hospital	100% of the Medicare Benefits Schedule fee
Public hospital – admitted patient in shared ward hospital accommodation, same day services, accident and emergency and out patient medical and post-operative services	The rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident
Private hospital/registered day hospital facility	100% of the charges for all insurable costs raised by a contracted hospital with a minimum of shared ward accommodation

* Benefits payable as per the Medicare Benefits Schedule Fee

Service	Benefit per service
Prescription medicines	
For prescription medicines prescribed by your doctor. Excludes: medications, drugs or other treatments not prescribed by a doctor or not listed on the PBS	Prescription medicines benefit for expenses exceeding the equivalent of the current Pharmaceutical Benefits Scheme (PBS) patient contribution for general beneficiaries up to a: <ul style="list-style-type: none"> • maximum benefit of \$50.00 per prescribed item • maximum amount per calendar year for Single cover of \$300 • maximum amount per calendar year for Family cover of \$600 Each individual in a family has a limit equivalent for a single person as long as the family maximum benefit has not been used
Surgically implanted prostheses	
Surgically implanted prostheses and other items included on the Federal Government's prostheses list	100% of the cost as listed on the Australian Prostheses list
Ambulance services	
When medically necessary for admission to hospital or for emergency treatment	100% of the charge for transport by an ambulance provided by or under an arrangement with an approved ambulance service when medically necessary for admission to hospital or for emergency treatment.

How long do I have to be covered?

The Australian Government requires that you have continuous OSHC for the entire length of your stay in Australia.

You can purchase OSHC:

- (a) For the proposed length of your Student Visa (as provided by you to us); or
- (b) the minimum period of cover which is 12 months, or proposed duration of your Student Visa (as provided by you to us), whichever is shorter.

Periods of cover

- 1 Your OSHC Policy is only valid whilst you hold a current Student Visa and have paid the full premium required.
- 2 You are insured for the period of cover shown on your Certificate of Insurance, starting on the commencement date shown and ending on the expiry date shown.
- 3 Your cover ceases on the date of your departure from Australia, the date you cease to hold a Student Visa, or on the expiry date shown on your Certificate of Insurance, whichever occurs first. However if you leave Australia on a holiday but return prior to the expiry date shown on your Certificate of Insurance and you still hold a current Student Visa when you return, your cover will recommence on your return to Australia and continues for the remaining period of your cover.
- 4 The minimum period for which you must have OSHC cover is the duration of your Student Visa or 12 months, whichever is shorter, unless a medical condition verified by a doctor and acquired during the term of your Student Visa has resulted in you being unfit to travel home. However you will be required to provide to DIAC evidence of continuous coverage by OSHC for the proposed duration of your Student Visa as a condition of being granted a Student Visa for that proposed duration.
- 5 It is a Student Visa requirement that OSHC must be continuous for the term of your Student Visa. If you allow your OSHC to lapse whilst on a Student Visa, and you wish to renew your OSHC during the duration of your Student Visa, you must pay the premiums for the lapsed period.
- 6 No benefits are payable for claims incurred by you during the lapsed period of your OSHC.

- 7 Notwithstanding the general exclusions listed in this policy, no additional waiting periods will apply to claims you make if you have allowed your OSHC to lapse whilst on a Student Visa and have since renewed your OSHC during the duration of your Student Visa.

Services which are not covered under your policy

- (a) Services provided by physiotherapists, osteopaths, chiropractors, naturopaths or any other ancillary services
- (b) Medications, drugs or other treatments not prescribed by a doctor or not included in the PBS
- (c) Any costs associated with dental treatment, unless the services provided meet the requirements of the Medicare Benefits Schedule
- (d) Optical charges
- (e) The co-payment payable by you under Australian law or as a result of the provider charging in excess of the Medicare Benefits Schedule Fee
- (f) Medical or hospital services arising from any event listed as a General Exclusion

General exclusions

Benefits are not payable for:

- (a) for services and treatment rendered as part of an assisted reproductive program, including but not limited to in-vitro fertilisation;
- (b) for treatment rendered outside of Australia, whether or not in connection with a course of study and including treatment necessary en route to or from Australia;
- (c) for treatment arranged in advance of the Dependant's or Overseas Student's arrival in Australia;
- (d) for treatment rendered to a Dependant or Overseas Student in the first twelve months after arrival in Australia where that treatment is for a pre-existing condition (other than a pre-existing condition of a psychiatric nature). This exclusion does not apply where a medical practitioner certifies, and we agree, that the Dependant or Overseas Student required emergency treatment in Australia. We will not unreasonably withhold our agreement;

- (e) where an application was made for a Student Visa by an onshore applicant, who previously did not hold a Student Visa, treatment rendered to a Dependant or Overseas Student in the first twelve months after purchase of OSHC where that treatment is for a pre-existing condition (other than a pre-existing condition of a psychiatric nature). This exclusion does not apply where a medical practitioner certifies, and we agree, that the Dependant or Overseas Student required emergency treatment in Australia. We will not unreasonably withhold our agreement;
- (f) for treatment of secondary conditions or disabilities directly arising from the conditions or disabilities to which subclause (d) and (e) applies will be treated in accordance with the provisions of subclause (d) and (e) respectively;
- (g) treatment for a pregnancy related condition for a Dependant or an Overseas Student where total duration of the Overseas Student's visa and any immediately preceding visa is less than three months. If an Overseas Student on an initial visa of less than three months duration obtains a new Student Visa to increase their stay to three months or more then this exclusion ceases from the date of issue of the second visa;
- (h) for transportation of a Dependant or Overseas Student into or out of Australia in any circumstance;
- (i) for services and treatment which are covered by compensation or damages, entitlements or payments of any kind; and
- (j) for elective cosmetic surgery.

For the purposes of these exclusions, the date of an Overseas Student or Dependant arriving in Australia, and whether or not a condition is a pre-existing condition, will be determined in accordance with the section 'Waiting period for pre-existing conditions' below.

Waiting period for pre-existing conditions

There is a waiting period for pre-existing conditions.

You cannot claim for costs arising during the waiting period if such costs arise from a pre-existing condition (other than a pre-existing condition of a psychiatric nature).

The waiting period is calculated as 12 months commencing from:

- the date you or your Dependant (as the case may be) arrived in Australia; or
- the date your Student Visa was granted,

whichever is the later date.

A pre-existing condition is an ailment, illness or condition the signs or symptoms of which (in the opinion of a medical practitioner approved or appointed by us) existed in the period of six months ending on the later of:

- the date you or your Dependant (as the case may be) arrived in Australia; or
- the date your student visa was granted.

In forming this opinion, the medical practitioner must have regard to any information in relation to the ailment, illness or condition provided to that medical practitioner by the medical practitioner who treated the ailment, illness or condition.

This includes an ailment, illness or condition that was present, but had not been diagnosed by a medical practitioner at the time of your arrival in Australia or the date your student visa was granted, whichever is the later date.

A pre-existing condition includes a secondary related condition or disability directly arising from a pre-existing condition.

Other important matters

This section explains your and our rights and responsibilities under this policy.

1 Hospitalisation

If you or a person covered under your policy is hospitalised, you or the hospital must advise us as soon as possible.

2 Protection of your personal information

The information that you provide is collected for the purpose of arranging and issuing you with your OSHC policy and assessing and managing any claims you may make under this policy.

Your personal information is disclosed to organisations such as educational institutions, Lysaght Peoplecare, AGA Assistance Australia Pty Ltd, our sales and marketing agents, government departments, medical practitioners, and medical assistance providers, hospitals, claims assessors and investigators. When you apply for this policy you agree, in respect of any claim, to us collecting from, using and disclosing your personal information (including medical information) to your healthcare provider for the purpose of administering your claim and to us disclosing your personal information to DIAC in the event that you receive a premium refund for whatever reason or cancel your OSHC policy. Please contact OSHC Worldcare if you would like access to your information.

3 Transferring from another OSHC Fund

If you transfer to OSHC Worldcare from another OSHC Fund and can provide documentary proof of the period you had cover with the other Fund, we will take this period of cover into account when assessing the waiting period for any pre-existing condition. If you are transferring to OSHC Worldcare, we require that you obtain a clearance certificate from your current OSHC Fund. To arrange your transfer visit us at www.oshcworldcare.com.au or call 13 OSHC (13 6742) or mail us at oshc@allianz-assistance.com.au.

4 Resolving your concerns

Any enquiry or concerns relating to this policy should be referred to:

OSHC Worldcare
Locked Bag 3001
TOOWONG QLD 4066
Telephone 13 OSHC (13 6742)

Private Health Insurance Ombudsman

The Private Health Insurance Ombudsman has been established to assist with enquiries and complaints about any aspect of private health insurance. The Ombudsman is independent of private health funds, private and public hospitals and the Government. Information may be obtained or complaints lodged about health insurance by telephoning the Ombudsman's office toll free on 1800 640 695.

5 Premium refunds

You can apply in writing for a pro-rata refund of premium for the unexpired portion of your policy if:

- (a) You paid your premium and did not come to Australia
- (b) You paid your premium on the basis of an extended stay but the extension of authorised stay was not granted by DIAC
- (c) You are obliged to cease studies and leave Australia before the end of a period of approved stay for reasons beyond your control
- (d) You have been granted permanent residence in Australia
- (e) You were not resident in Australia for a continuous period of 3 months or more but whilst holding a valid Student Visa
- (f) You can provide proof of OSHC provided by another organisation which includes the period covered by the organisation

Please note:

- Refunds are calculated on a monthly pro-rata basis, with a minimum refund of one month
- A minimum cover period of 3 months is payable if cover is cancelled whilst in Australia
- Any amount that we retain on these grounds is treated as a fee for processing your refund.
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia

6 You must help us recover any money we have paid

If a claim made by you and paid by us under this policy is subject to recovery action by us against a third person you must do the following:

- Assign your rights in relation to the recovery of any amount we have paid under this policy
- Provide us with reasonable assistance to recover payments made by us
- Reimburse us for any amounts paid to you as part of a settlement for claims paid by us

7 You must provide additional information upon request

You must provide all information and details that we may reasonably require in order to process any medical and hospital claims.

8 Compensation fund

Benefits are not payable if your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored Fund, Plan, or Medical Benefit Scheme, or any other similar type legislation required to be effected by or under a law.

9 Fraud

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise.

We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential. Report insurance fraud by calling 1800 453 937.

Words with special meanings

Some words in this policy have special meanings and are defined below.

“benefit” means an amount of money we will pay to you or on your behalf for approved expenses incurred by you in accordance with your policy.

“bridging visa” has the meaning given by subsection 5(1) of the Migration Act 1958.

“co-payment” means the amount you must contribute towards a claim. It is the difference between the amount payable under the Medicare Benefits Schedule and the amount actually charged for the medical service.

“contribution for Pharmaceutical Prescriptions” means the co-payment you are required to pay, by law, towards the cost of a prescription before we start to calculate the benefits. The copayment you have to pay is the same as an Australian who does not receive any concessional payments.

“Dependant” means a person who is:

- (a) a spouse or de facto partner of an Overseas Student; or
- (b) a child or step-child of an Overseas Student who is unmarried and has not turned 18.

“DIAC” means the Department of Immigration and Citizenship.

“doctor” means a person qualified and registered to practice medicine or surgery in Australia.

“emergency treatment” means the treatment of any of the following conditions:

- (a) risk of serious morbidity or mortality and requiring urgent assessment and resuscitation; or
- (b) suspected acute organ or system failure; or
- (c) an illness or injury where the viability of function of a body part or organ is acutely threatened; or
- (d) a drug overdose, toxic substance or toxin effect; or
- (e) psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- (f) severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or

(g) acute haemorrhaging and requiring urgent assessment and treatment; or

(h) a condition that requires immediate admission to avoid imminent morbidity or mortality and where a transfer to another facility is impractical.

“hospital” means an established hospital registered under Australian legislation that provides in-patient medical care.

“hospital same day services” means minor medical, surgical or diagnostic treatment provided in a registered hospital or medical centre, which does not require you to be confined in a hospital overnight but must be admitted as a day patient.

“injury” or **“injured”** means bodily injury.

“limit” means the maximum amount of payment by us. A limit applies per person as long as the maximum benefit has not been used if you have a Family Policy (this includes both dual family or multi-family policies from 1 January 2012 onwards). Unless otherwise stated your limit relates to the maximum amount payable under a standard 12 month policy and is pro rata according to the length of cover of your policy.

“medical practitioner” has the meaning given to it in the Health Insurance Act 1973.

“Overseas Student” has the same meaning as in Rule 18 of the Health Insurance Business Rules, that is:

- (a) a person who is the holder of a Student Visa; or
- (b) a person who:
 - i is an applicant for a student visa; and
 - ii is the holder of a bridging visa; and
 - iii was, immediately before being granted the bridging visa, the holder of a student visa.

“Pharmaceutical Benefit Scheme” or **“PBS”** means the Commonwealth Scheme for the payment of pharmaceutical benefits detailed in Part VII of the National Health Act.

“premium” means the premium payable for your OSHC policy, including all taxes and charges.

“prescription medicines” means those medicines that require a prescription completed by a doctor or other authorised practitioner in order to be dispensed by a registered pharmacist. Benefits are only payable on prescription medicines listed within the Pharmaceutical Benefits Scheme.

“Schedule Fee” means the amount as determined from time to time by the Australian Government and listed in the Medicare Benefits Schedule as the standard fee for a certain treatment or service.

“student visa” has the meaning given by subsection 5(1) of the Migration Act 1958 and includes a bridging visa.

“we”, “us” and “our” means Lysaght Peoplecare Limited, a private health insurer under the Private Health Insurance Act 2007 (Cth) and AGA Assistance Australia Pty Ltd (trading as OSHC Worldcare) as the manager of the OSHC Worldcare product.

“you” or “your” means the person or persons named in the Certificate of Insurance under the heading ‘Insured Persons’ and any Dependents.



Section two: Members guide

OSHC Worldcare 24 hour emergency assistance – 1800 814 781

In the event of a medical or personal emergency, we will assist you with:

- (a) 24 hour emergency medical advice and assistance
- (b) 24 hour referrals to a doctor for medical treatment
- (c) 24 hour telephone access to a solicitor for legal advice
- (d) 24 hour access to an interpreting service
- (e) Assistance to replace travel documents or passports
- (f) Any messages which need to be passed to your family or friends in the event of an emergency.

AGA Assistance Australia Pty Ltd trading as OSHC Worldcare has been appointed by the underwriter to administer all emergency assistance. Please note that the provision of emergency assistance to you is not deemed to be acceptance of cover in circumstances where no cover is otherwise available to you under this policy.

The Australian healthcare system

It is very important that you have a good understanding of the Australian healthcare system. If you understand the healthcare system in Australia, you will be able to access the best and most effective treatment for you.

General practitioners

If you are not in a medical emergency situation, the first point of contact is a general practitioner (GP), medical practitioner or local health/medical centre. You can access many services at your local health centre. Some of the services available are:

- General medicine and simple diagnostic screenings
- Assessment and treatment of health problems and injuries
- First aid services as needed
- Women’s and men’s health
- Referrals to specialist services

In most cases, it is necessary for you to make an appointment to see your doctor

Accident and emergency treatment

Public hospitals have a 24-hour Accident and Emergency department. Accident and Emergency departments should be accessed in the case of emergency situations. When you visit an accident and emergency department, a nurse will assess you and if your illness or injury is not deemed as an emergency, you may need to wait a long time to see a doctor.

Hospital treatment

If you have been admitted for emergency treatment, contact OSHC Worldcare immediately on 1800 814 781. If you have been referred to hospital for a non emergency admission, contact the claim department on 1800 651 349 prior to admission. You will need to provide OSHC Worldcare with the details of your treatment and hospital stay. We will then be able to confirm your cover and assist you with making arrangements for payment to the hospital.

Public admission

Generally, OSHC Worldcare covers the total cost of your stay and treatment as an in-patient in a shared ward of a public hospital. As a public patient, your doctors will be nominated by the hospital. After your hospital discharge your care will be carried out in either the outpatient clinic, one of the hospital's specialists in his/her private rooms or you will be referred to your local general practitioner.

Private admission

You may choose to be treated in a private hospital. OSHC Worldcare will contribute benefits towards treatment and shared ward accommodation. As a private patient, you may have to pay for any difference between your doctor's charges and the schedule charge, which is the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.

How do I find a doctor

Direct billing services

In order to minimise your medical expenses, you can attend a health service or GP that direct bills OSHC Worldcare. You can find your closest direct billing service on our website at www.oshcworldcare.com.au. You simply have to show your valid OSHC Worldcare card, and the bill for the covered portion of your service will be sent directly to OSHC Worldcare.

You can attend any medical practice or doctor in Australia. In most cases, you would be required to pay the bill, and submit a claim to OSHC Worldcare in order to get your benefit. Some medical practices or doctors may charge more than the benefit payable, in which case you are required to pay the co-payment.

Claiming with OSHC Worldcare

If you incur medical costs in Australia, there are various ways to submit a claim:

Online

- 1 Go to www.oshcworldcare.com.au
- 2 Follow the step by step instructions to submit a claim
- 3 Write the claim reference number on the back of all your original invoices and receipts
- 4 Send the original invoices and receipts to OSHC Worldcare

By post

- 1 Collect a claim form from your institution or download from www.oshcworldcare.com.au
- 2 Complete the claim form and attach your original invoices and receipts
- 3 Send the claim form and original invoices and receipts to OSHC Worldcare

Cash claims

This service is available on-campus at most major Institutions. See your local Client Service Representative to process claims under \$105 and provide you with vouchers redeemable for cash at Australia Post outlets.

It is important to keep a copy of all your invoices and receipts.

To make a successful claim you must submit:

- All original receipts and invoices; and
- Any other relevant documents as requested

Claims reimbursement

Paid tax invoices

If you have paid your bill, your benefit will be paid:

- By electronic transfer to your nominated Australian bank account; or
- By cheques and sent to your postal address as listed on your claim form

Unpaid tax invoices

If you have not paid your bill, the benefit will be paid:

- To your nominated health care provider (eg. doctor or hospital)

You are responsible for any 'co-payments' payable to the provider. In some instances our claims officers will contact you to request more information. If you have further questions about claims, visit the 'Claiming made easy' fact sheet on our website www.oshcworldcare.com.au

We will endeavour to process your claim within 10 working days of receiving a completed claim form and all original documents. If we need additional information, a written request will be sent to you within 10 working days.

Need help?

Online services and information

Simple and easy to use services at www.oshcworldcare.com.au

The Information you have access to includes:

- An Introduction to OSHC presentation
- Frequently asked questions in multiple languages
- Easy to read Fact Sheets
- Forms and Brochures available to download and print
- Find a local medical practice
- Find assistance at a local campus
- Health and Wellbeing Information

Some of the services we provide you with:

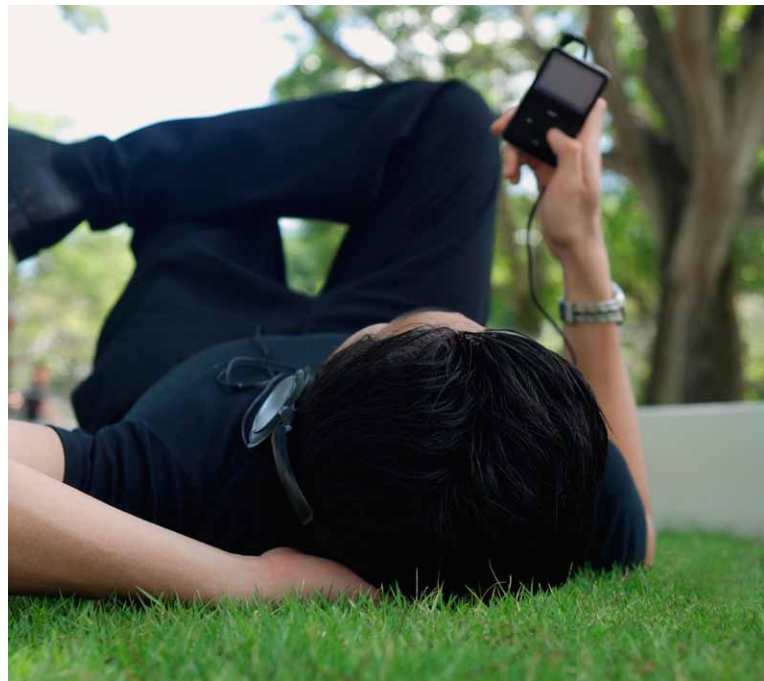
- Update your contact details
- Order a membership card
- Print a temporary certificate
- Renew your policy
- Submit a claim
- Upgrade to family policy (or, for changes taking effect on or after 1 January 2012, upgrade to either dual family or multi family policy)
- Add Dependants (Family policies only, including both dual and multi family policies from 1 January 2012 onwards)

Your health and wellbeing

Health and Wellbeing information is presented on our website, covering a range of topics such as, the Australian environment, personal health and safety, diet and nutrition, exercise, traffic conditions and more, all of which you may find useful in adjusting in your new environment. You can access Health and Wellbeing information at our website www.oshcworldcare.com.au.

Members services

If you need assistance with any matter, contact our friendly and helpful member service officers on **13 OSHC** (13 6742), who will be able to assist you.



OSHC Worldcare Essentials

Online services and information

www.oshcworldcare.com.au

Member Services and General Enquiries

13 OSHC (13 6742)

Claims

1800 651 349

24 Hour Emergency Helpline

Medical, legal and interpreting services in emergency situations

1800 814 781

This insurance is arranged and managed by

OSHC Worldcare

AGA Assistance Australia Pty Ltd

ABN 52 097 227 177

Trading as Allianz Global Assistance

74 High Street Toowong QLD 4066

Locked Bag 3001, Toowong QLD 4066

Australia

Phone: in Australia 13 OSHC (13 67 42)

From overseas: +61 7 3305 7000

Fax: +61 7 3305 7009

oshc@allianz-assistance.com.au

www.oshcworldcare.com.au

Effective 20 September 2011

This policy has been authorised under a Deed entered into between Lysaght Peoplecare Limited and the Australian Government through the Department of Health and Ageing. The OSHC Worldcare health insurance plan is managed by AGA Assistance Australia Pty Ltd ABN 52 097 227 177 trading as OSHC Worldcare. OSHC Worldcare is an initiative of Allianz Global Assistance a worldwide assistance organisation looking after travellers. Lysaght Peoplecare Limited ABN 95 087 648 753, a private health insurer under the Private Health Insurance Act 2007 (Cth), is the underwriter of this policy.