

**Phone**  
132 331

**Email**  
ask\_us@medibank.com.au

**Website**  
medibank.com.au

**Write to us**  
Medibank Private  
GPO Box 9999  
in your capital city

**Visit us**  
Call us or visit our website for  
your nearest Medibank store

# Membership guide

This guide applies to the following covers:

## Hospital covers

Accident Cover  
First Choice Hospital  
Intermediate Hospital  
Blue Ribbon Hospital

## Extras covers

First Choice Extras  
Smart Choice Extras  
Blue Ribbon Extras  
Blue Ribbon Extras Plus  
Ambulance Cover

## Packaged covers

MyOptions  
HealthyPlus  
SmartPlus  
AdvantagePlus  
PremierPlus

**medibank**  
*I feel better now*

The information contained in this brochure  
supersedes all previously published material.

Effective 1 June 2010  
Medibank Private Limited ABN 47 080 890 259  
MPLM8730610

# Non-residents of Australia

The Medibank Private covers detailed in this guide are designed for people who are eligible for full Medicare benefits. They do not adequately cover the cost of medical treatment provided to people who are ineligible or only partially eligible for Medicare benefits.

Medibank Private offers a range of covers for people visiting or working in Australia that are specially designed to meet the needs of temporary residents of Australia who do not have full Medicare eligibility. These offer benefits towards the cost of medical, hospital and extras treatment.

These covers are also available to residents of Norfolk Island, who are ineligible for Medicare benefits, and who may wish to insure themselves for when they visit Australia.

Further details are in the Medibank Visitors Cover and Working Visitors Cover brochures which are available from Medibank stores, or on our website at [medibank.com.au](http://medibank.com.au).

For overseas students studying in Australia, Medibank Private offers *Overseas Student Health Cover*. This helps pay for medical and hospital care as well as for the cost of most prescription pharmaceuticals and for medically necessary ambulance transport. Details are provided in the Medibank *Overseas Student Health Cover* brochure.

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## Your guide to membership

We have prepared this guide to help you understand what being a member of Medibank Private means and what your membership entitlements and responsibilities are. **Please take some time to read this guide carefully particularly the sections on waiting periods, including the pre-existing ailment waiting period (pages 42-44), hospital covers with restricted services (pages 29-30) and hospital benefit exclusions (pages 27-29).**

Comprehensive details of Medibank Private's covers are contained in the Medibank Private Fund Rules, which are available for you to read at any Medibank store.

- The information contained in this guide is a summary of the Fund Rules and policies of Medibank Private as at the date of this guide.
- If you anticipate treatment for which you are expecting a benefit from Medibank Private, please contact us before commencing treatment to confirm your benefit entitlement.
- Medibank Private also offers corporate equivalents (covers arranged with an organisation) for some of the products contained in this guide. Wherever we refer to the name of a hospital, extras or packaged cover, this also includes a reference to the equivalent corporate cover where one is available.
- If you hold a cover that is not listed in this guide, please contact us for details of the services covered and benefit eligibility and conditions.
- Keep this guide in a safe place together with your other Medibank Private documents.
- If you require further information about your entitlements or anything in this guide, please call us on 132 331, or visit one of our stores.

# Your membership

## Categories of membership

Medibank Private offers the following categories of membership:

- Single membership, which covers one person only
- Couple membership, which covers you (the contributor) and your spouse/partner
- Single parent family\* membership, which covers you and:
  - any of your child dependants and/or
  - any of your student dependants
- Family membership\*, which covers you and your spouse/partner and:
  - any of your child dependants and/or
  - any of your student dependants.
- Families with adult children\* membership option, which can, for an additional cost, extend a single parent family or family membership to include any of your children who:
  - have reached the age of 21 but are under 25,
  - are not studying full-time, and
  - are neither married nor living in a de facto relationship.

See pages 8-9 for further information on families with adult children.

\* This membership category is not available on MyOptions or Accident Cover.

## Contributor and members

A **contributor** is a person aged 16 years or over, whose application for membership has been accepted by Medibank Private, and who is responsible for the membership.

A **spouse/partner** is a person who lives with the contributor in a marital or de facto relationship and is covered by the contributor's membership.

A **child dependant** is a person who is:

- a child of the contributor or their spouse/partner, and
- under the age of 21, and
- is neither married nor living in a de facto relationship.

A **student dependant** is a person who is:

- a child of the contributor or their spouse/partner, and
- under the age of 25, and
- neither married nor living in a de facto relationship.

In addition, a student dependant must be:

- registered with Medibank Private, and
- undertaking full-time secondary education or tertiary education in Australia in a course approved by Medibank Private.

If a student dependant ceases to be a student, defers their study, or marries or enters a de facto relationship, Medibank Private must be notified as the student dependant may not be eligible to remain on the membership.

## Responsibilities of the contributor

The contributor is responsible for the membership and must:

- ensure that all information supplied to Medibank Private is true and correct
- ensure that all members on the membership are aware of and abide by the Fund Rules, the information in this Membership Guide and the policies of Medibank Private including the Privacy Policy
- have the authority to provide the personal information of other members on the membership
- make, or authorise the making of, all claims under the policy and will ensure that each claim includes the sensitive information of other members aged 16 years and over only with their consent
- authorise any health service provider to supply to Medibank Private any information Medibank Private considers necessary for the assessment of any claim on the membership, and will ensure that members aged 16 years and over have provided the relevant consent
- authorise Medibank Private to supply to any health service provider any information Medibank Private considers necessary for the assessment of any claim on the membership, and will ensure that members aged 16 years and over have provided the relevant consent
- make the minimum advance premium payments required.

## Managing the membership – contributor and their spouse/partner

The spouse/partner is able to assist the contributor in managing most aspects of the membership unless the contributor instructs Medibank otherwise. This includes:

- making claims and receiving benefits
- adding or removing dependants
- changing cover
- suspending and reactivating the membership
- changing contact and bank account details
- changing payment methods
- requesting and receiving premium refunds.

However, only the contributor can remove themselves from the membership or cancel the membership.

It is important to be aware that this means Medibank Private may disclose registered membership details to both the contributor and their spouse/partner.

## Adding a child to a single membership

To add a dependent child to your membership you'll need to change from a single to a family or single parent family membership. If you do this within two months from the date of their birth or inclusion in your family unit (for example, through marriage, adoption or fostering) your child won't have to serve any additional waiting periods. However the change will be backdated to the date of birth or the date of inclusion in your family unit. Also, this change of membership means you'll pay higher premiums.

As *MyOptions* (and its corporate equivalent) and *Accident Cover* are only available as a single or couple memberships, you can't add a dependent child to those covers.

## Families with adult children

You are eligible for families with adult children membership only if your cover is listed below.

### Hospital covers:

- First Choice
- Intermediate
- Blue Ribbon

### Extras covers:

- First Choice
- Smart Choice
- Blue Ribbon
- Blue Ribbon Extras Plus

### Packaged covers:

- HealthyPlus
- SmartPlus
- AdvantagePlus
- PremierPlus

If you hold a cover that is not listed here, you will not be eligible for a families with adult children membership. If you would like a families with adult children membership, please contact us to discuss transferring to an eligible cover.

Please note that:

- waiting periods may apply to any adult children added to a families with adult children membership
- if you have a single parent family membership and have only one adult child, you should check with us before taking out the families with adult children option, as it may not be the best option for you.

## Your membership application

You may be asked to complete a membership application form and/or provide relevant details if you are:

- joining Medibank Private
- changing your existing cover
- changing certain details of your membership, for example, the people it covers.

We need these details in order to create or change your membership and give you the cover that you have selected. It is important that you provide us with all the information requested. In particular, when you are changing an existing membership, please ensure that you provide details of all the people to be covered under that membership from that date.

If you have a family or couple membership with Medibank Private, the contributor and spouse/partner can be nominated to receive correspondence jointly.

Applications that are lodged with a representative or agent, for example your employer or a pharmacy, are subject to final approval and acceptance by Medibank Private upon receipt.

The information you give in your membership application must be true and correct. Medibank Private may refuse to pay benefits or to provide continued cover if false or incorrect information has been provided.

**Please ensure that you always notify us of any change of address. This will prevent benefit cheques and other correspondence from going astray and will help to ensure that your benefits and premiums are correct.**

### **Changes to the terms and conditions of your membership**

Please note that all members of Medibank Private are subject to the Fund Rules, which set out the terms and conditions of their cover, as well as the services we pay benefits for. The Fund Rules can be changed from time to time with the approval of the Minister for Health and Ageing. If any changes will have a detrimental effect on your entitlement to benefits we will provide you with reasonable notice in writing before they are due to come into effect.

Occasionally, Medibank Private may need to close a health insurance cover. If we need to close a cover that you are on, we may move you to one as similar as possible in price and/or benefits to your old cover. Before doing so, however, we will write to the contributor on your membership to explain what we intend to do.

If you continue your membership under the new cover you will be bound by its terms and conditions. If you do not wish to continue under the new cover you have the option of changing to a different cover or cancelling your membership.

### **Membership review (“cooling off”) period**

We understand that you may want time to review your membership once you have completed your application. To cater for this, Medibank Private gives you a **review period of 30 days** from the date your new or changed cover commences.

If, during this period, you decide that you do not want the cover or you want to change it in any way, we will either refund your premium payment or transfer you to a more appropriate cover effective from the date your new or changed cover commenced.

If you choose to increase your level of cover from that date, you will be required to pay any difference in premiums and you will be subject to waiting periods and other restrictions associated with the higher level of cover.

This offer will not apply if you make a claim during the 30-day review period.

### **Suspension of membership**

In certain situations, for example during a period of overseas travel or when you are in receipt of certain unemployment benefits, you may apply to Medibank Private to have your membership suspended.

If you have both hospital cover and extras cover, you cannot suspend only one of the covers. This means you cannot suspend hospital cover and retain extras cover, or vice versa.

If you have our separate *Ambulance Cover* you cannot suspend this cover at any time.

Before a membership can be suspended, premiums must be paid to a date at least one month in advance of the date the suspension is due to commence.

Please note that:

- benefits are not payable while a membership is suspended
- you may be subject to the Medicare Levy Surcharge (see below) during a period of suspension
- if you are travelling overseas:
  - the application to suspend must be made prior to the departure date
  - the minimum period for which you can suspend your membership is two (2) months and the maximum period is four (4) years. You cannot suspend your membership if you are absent from Australia for less than two (2) months.

Under some covers, annual benefit entitlements and limits for extras services can increase each 1 January where the membership has been continuous throughout the previous calendar year. Please note that you may not be entitled to any such increase for any calendar year in which you suspend your membership.

Medibank Private can provide further information about the conditions under which you may suspend your membership.

## Medicare Levy Surcharge

The Medicare Levy Surcharge is a levy of 1% of taxable income in addition to the standard Medicare Levy of 1.5%. It applies to people who:

- are Australian residents for taxation purposes;
- do not have an appropriate level of hospital cover for themselves, their spouse/partner and all of their dependants; and
- have a taxable annual income in excess of
  - \$73,000 as an individual, or
  - \$146,000 (combined) for couples and most families.

This threshold increases by \$1,500 for each additional child after the first.

These thresholds apply to the 2009/10 financial year, and will be indexed annually for each subsequent year.

The 1% surcharge applies proportionately for the period during the tax year when an appropriate level of hospital cover was not held.

Further information can be obtained from the Australian Taxation Office or your tax adviser.

## Your membership card

When you join Medibank Private, we will send you a membership card that identifies you as a member. Use this card when you need to pay a premium or make a claim, arrange admission to hospital, visit an extras provider, or make any other type of enquiry. **Please do not send us your card when making a claim by mail.**

The card shows your membership number, type(s) of cover, who is covered and the date on which the card was issued.

A new card will be issued to you if you make any changes to your cover or to the people covered by the membership.

**Keep your card safe and advise us immediately if it is lost or stolen. Medibank Private will not accept liability for any loss to you resulting from the misuse of a lost or stolen membership card.**

## Your premiums

### Premium payment options

Medibank Private premiums must be paid in advance. You cannot extend your cover beyond 12 months from the date of your payment.

Premiums for our separate *Ambulance Cover* can only be paid either 6 or 12 months in advance. Payments for *Ambulance Cover* can be made by:

- direct debit from a financial institution cheque or savings account, or
- direct payment (see below for payment options).

For all our other covers, a comprehensive range of premium payment options is available to you:

**Direct debit:** Premiums are automatically deducted fortnightly, four-weekly, monthly, quarterly, half yearly or yearly from your financial institution account or charged monthly to your credit card.\*

Note:

- except for fortnightly and four-weekly payments, Medibank Private is unable to accept debits on the 29th, 30th or 31st of any month
- credit card deductions are made only on the 11th day of each month.

**Direct payment:** Premiums can be paid monthly, quarterly, half yearly or yearly in advance. Payment can be made through any of the following options:



#### **By phone**



Call Australia Post on 131 816 to register and pay from any financial institution account or by credit card\* 24 hours a day, 7 days a week.



Contact your participating financial institution to make this payment direct from your savings, cheque or credit card\* account.



#### **By mail**

Complete the payment advice on your Health Cover Renewal Notice and mail it with your cheque or credit card\* details to the address shown on the Renewal Notice.

\*The only credit cards we accept are Visa, MasterCard and American Express.



#### **In person**

Pay:  at any branch of Australia Post



#### **Internet**

You may pay your premiums through [medibank.com.au](http://medibank.com.au)

If you pay your premiums by direct payment, Medibank Private will send you a Health Cover Renewal Notice to let you know when your next premium is due and the amount to be paid.

Please provide this notice when making payments. Keep the top portion of the notice as your record of payment.

### **Premium protection**

Medibank Private premiums can change from time to time subject to approval from the Minister for Health and Ageing. If we change the premium for your cover, we will write to tell you your new premium at least 14 days before the change is due to take place.

Where premiums have been accepted in respect of an existing membership for a period in advance of the effective date of any increase, the date you have paid up to will not change and the new premium will apply from your next payment.

However, if you make any changes to your level of cover or membership category or suspend or reactivate your membership during the protected period, the new premium will apply from the date of the change or the date you resume your membership.

The date you have paid up to will then be adjusted accordingly.

**Premium protection does not protect you against any other changes made to the terms and conditions of your membership (see page 10).**

### **Premium arrears**

Benefits are not payable if your premium payments are in arrears. If they are in arrears for more than two (2) months, your cover will lapse and your membership will be closed without further notice from Medibank Private. You can bring your membership up to date provided that it is not more than two (2) months in arrears. **You are responsible for ensuring that your premium payments are up to date.**

### **Premium refunds**

If you close your membership, you may apply for a refund of premiums paid in advance. Your refund will generally be calculated from the date of application. An administration fee may apply.

### **Moving interstate**

Premiums (and some benefits) vary from state to state. You are required to pay the premium applicable to the state or territory in which you reside. If you move interstate you must notify us of your new address within two (2) months of moving.

### **Lifetime Health Cover (LHC)**

With Lifetime Health Cover, those who take out hospital cover early in life, and maintain it, will pay lower premiums throughout their life compared with others who take out hospital cover when they are older, or who allow their cover to lapse for long periods.

Under the current LHC provisions, people who take out private hospital cover after the 1st of July following their 31st birthday must pay more for their premiums. They must pay a 2% loading on top of a base-rate (normal) single-member premium (or their share of a couple or family premium) for each year they remain without hospital cover. The maximum loading is 70%. The loading applies only to hospital cover, not to extras.

A loading will be removed after a member has held appropriate hospital cover, for which premiums have been increased, for a continuous period of 10 years or for a cumulative period of 10 years interrupted only by permitted days without hospital cover.

#### *Example*

*Bob turns 31 on 1 December 2009. If he takes out hospital cover by 1 July 2010, he will pay the base rate premium. If he takes out hospital cover on 2 July 2010, he will pay a 2% loading. If Bob further delays taking out hospital cover, for every subsequent year ending 30 June he will pay an additional 2% loading.*

#### **Permitted days without hospital cover**

In most circumstances, the loading will also apply (or increase) if you drop your hospital cover for a period or periods totalling three years or more (more than 1,094 days).

The following won't count towards your 1,094 permitted days without hospital cover:

- if you've been living overseas continuously for more than one year (this includes visits back home of 90 days or less at a time)
- if your health fund has agreed to a period of suspension.

#### **Exceptions**

People who were born on or before 1 July 1934 can take out hospital cover at any time and will always pay base rate premiums.

**Special rules apply** to Australians returning from overseas, Norfolk Islanders, Veterans' Affairs Gold Card Holders, former members of the Australian Defence Force, staff of the Australian Antarctic Division, refugees and all other categories of migrants to Australia.

#### **Federal Government 30% Rebate on private health insurance**

If you are eligible for Medicare and have private health cover, you are entitled to a Federal Government Rebate on the cost of your health cover premium. The rebate applies to both hospital and extras cover.

The level of rebate is determined by the age of the oldest person covered under the membership and applies to the total premium.

The rebate is:

- 30% where everyone on the membership is aged 64 or under
- 35% where at least one person on the membership is aged between 65 and 69
- 40% where at least one person on the membership is aged 70 or over.

Members may be eligible to continue to receive a higher rebate even if the person aged 65 or older leaves the membership, for example due to death, divorce or separation. Members should contact Medibank Private on 132 331 to confirm their entitlement in these circumstances.

Also, where a membership is in receipt of a 35% or 40% rebate, and if you are considering removing a member from, or adding a member to, the membership, please contact us to discuss the potential effect on your rebate entitlement.

You can receive the rebate in one of three ways:

- as an automatic reduction in premiums
- as a direct refund from Medicare Australia
- as a tax offset in your annual tax return.

If you would like to have an automatic reduction in premiums and have not yet applied for the Federal Government Rebate, please contact any Medibank store or call us on 132 331.

## Packaged cover

Medibank Private offers packaged covers which are set combinations of hospital and extras covers designed for particular lifestages. Our packaged covers are *MyOptions*, *HealthyPlus*, *SmartPlus*, *AdvantagePlus* and *PremierPlus*.

### PackageBonus

*HealthyPlus*, *SmartPlus*, *AdvantagePlus* and *PremierPlus* include a PackageBonus. This bonus enables you to claim benefits for a range of approved membership and health related expenses. When you take out one of these covers, you receive an entitlement to a PackageBonus of \$50 if on a single membership, or \$100 if on a couple, single parent family or family membership. (Please note, however, that there is a six (6) month waiting period before you can claim PackageBonus benefits).

On 1 January of each subsequent year of continuous Membership, your PackageBonus entitlement increases by \$100 if on a single membership, or \$200 if on a couple, single parent family or family membership. The maximum PackageBonus that you can accrue is \$500 for single memberships and \$1,000 for couple, single parent family or family memberships.

PackageBonus benefits may be claimed for any member up to the maximum membership limit.

You can keep your PackageBonus entitlements so long as you stay on the same membership and on a cover with a PackageBonus.

Details of the hospital and extras benefits provided under these covers are set out in the following pages.

### MyOptions

This is a packaged hospital and extras product and is designed for young single people and couples without children.

Under this product, hospital benefits are provided for a limited range of services only. Certain services are either excluded (no benefits are payable) or restricted (limited benefits are payable).

It also includes a Flexi-Bonus that provides additional benefits for a range of extras services.

Details of the hospital and extras benefits provided under *MyOptions* are set out in the following pages.

## Hospital cover

This provides benefits towards the cost of hospital accommodation and other hospital charges as well as doctors' fees for in-hospital medical services when you are treated as a private patient.

Benefits are also payable for medically necessary ambulance transport (see pages 33-34 for details).

### Benefits for hospital treatment

This section provides details of the benefits payable for hospital treatment. For details of benefits for in-hospital medical treatment see pages 32-33. Not all services are available at all hospitals. Please check with your hospital prior to admission.

Benefits for hospital treatment are generally payable only for treatment for which a Medicare benefit is payable.

However, benefits are payable towards podiatric surgery (performed by an accredited podiatrist) and dental procedures. Limited benefits apply when these procedures are performed in a non Members' Choice private hospital.

Benefits are payable under the hospital covers described in this guide (except for *MyOptions* and *Accident Cover*) for sleep apnoea devices or similar devices approved by Medibank when:

- you have undergone an overnight investigation for sleep apnoea for which a Medicare benefit is payable
- the device is requested by a medical practitioner
- the device is purchased or hired within 12 months of undergoing the investigation.

No benefits are payable if the sleep study is performed at home.

After Medibank Private has paid any benefit to which you are entitled, you are responsible for paying any amounts remaining on the hospital or medical accounts.

You should confirm all likely out-of-pocket expenses with your doctor and/or hospital before your admission.

## Members' Choice Hospitals

Members' Choice hospitals are private hospitals with which Medibank Private has negotiated special agreements for the cost of accommodation, theatre and treatment provided and charged by the hospital. Under these agreements, the hospital is granted Members' Choice status.

**Subject to hospital benefit exclusions (see pages 27-29), waiting periods (see pages 41-45), reduced and restricted benefit payments (see pages 45-48) and the terms of the agreement with the hospital, members receiving private hospital treatment at a Members' Choice hospital are entitled to benefits as follows:**

- *Blue Ribbon Hospital and PremierPlus*

Full cover for:

- accommodation
- no-gap prostheses and other items included on the Federal Government's Prostheses Schedule (see page 27)
- theatre fees
- other charges as agreed between the hospital and Medibank Private.

### **PremierPlus Private Room Guarantee**

Private Room Guarantee (PRG) is a benefit payable to members with **PremierPlus** cover who do not receive a private room when they request one.

- The PRG benefit is \$50 per night up to a maximum of five (5) nights per hospital admission.
- PRG is payable only for overnight private room admissions booked at least 24 hours before admission.
- You will need to provide supporting documentation from the hospital.
- PRG is not payable where:
  - your doctor considers that a private room is not medically appropriate
  - admission is solely for the provision of a sleep study
  - you are admitted as a same-day patient
  - a hospital benefit exclusion (see pages 27-29) applies under your cover, or
  - a waiting period (see pages 41-45) applies under your cover.

- *Blue Ribbon Hospital with an excess and AdvantagePlus*  
Benefits as for Blue Ribbon Hospital, less the applicable excess.

- *Intermediate Hospital*

For services that are not excluded, benefits as for *Blue Ribbon Hospital* cover. For excluded services (see pages 27-29), no benefits are payable.

- *Intermediate Hospital with an excess and SmartPlus*

For services that are not excluded, benefits as for *Blue Ribbon Hospital* cover less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *First Choice Hospital and HealthyPlus*

For services that are not restricted or excluded, benefits as for *Blue Ribbon Hospital*, less the applicable excess.

For restricted services (see pages 29-30), the Federal Government Minimum Benefit is payable, less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *Accident Cover*

For treatment for injuries sustained in an accident, benefits as for *Blue Ribbon Hospital*, less the applicable excess.

For restricted services (see pages 29-30), the Federal Government minimum benefit is payable, less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *MyOptions*

For the following included services:

- treatment for injuries sustained in an accident
- knee reconstruction surgery and investigations
- shoulder reconstruction surgery and investigations
- surgical removal of wisdom teeth
- appendicitis treatment
- removal of tonsils and/or adenoids,

benefits as for *Blue Ribbon Hospital*, less the applicable excess.

For restricted services (see pages 29-30), the Federal Government minimum benefit is payable. For excluded services (see pages 27-29), no benefits are payable.

## Members' Choice hospitals

- A full list of Members' Choice hospitals may be obtained by visiting one of our stores, calling us on 132 331 or visiting our website at [medibank.com.au](http://medibank.com.au)
- The availability of private room accommodation is a matter for the relevant hospital.
- The cost of newspapers, TV hire and local telephone calls may also be covered under agreements with some Members' Choice hospitals. But if they are provided by a supplier other than the hospital, a separate charge may be raised for which you will be responsible.

## Non Members' Choice private hospitals

Members receiving hospital treatment in a non Members' Choice private hospital are entitled to a range of benefits as determined by Medibank Private from time to time. These benefits are generally lower than those payable for treatment in a Members' Choice hospital and, depending on the charges raised by the hospital, could result in significant out-of-pocket expenses.

Details of the benefits payable are set out in the schedules to our Fund Rules which you can read at any Medibank store.

**Benefits in all non Members' Choice private hospitals are subject to hospital benefit exclusions (see pages 27-29), waiting periods (see pages 41-45) and reduced and restricted benefit payments (see pages 45-48). For details about how these benefits are assessed, please see pages 48-50.**

Benefits are payable towards the following:

- *Blue Ribbon Hospital* and *PremierPlus*
  - accommodation
  - surgically implanted prostheses and other items included on the Federal Government's Prostheses Schedule (see page 27)
  - theatre fees
  - other hospital charges as specified in our Fund Rules.
- *Blue Ribbon Hospital with an excess* and *AdvantagePlus*  
Benefits as for *Blue Ribbon Hospital* less the applicable excess.
- *Intermediate Hospital*  
For services that are not excluded, benefits as for *Blue Ribbon Hospital*. For excluded services (see pages 27-29), no benefits are payable.
- *Intermediate Hospital with an excess* and *SmartPlus*  
For services that are not excluded, benefits as for *Blue Ribbon Hospital* less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.
- *First Choice Hospital* and *HealthyPlus*  
For services that are not restricted or excluded, benefits as for *Blue Ribbon Hospital* less the applicable excess.  
For restricted services (see pages 29-30), the Federal Government minimum benefit is payable. For excluded services (see pages 27-29), no benefits are payable.
- *Accident Cover*  
For treatment for injuries sustained in an accident, benefits as for *Blue Ribbon Hospital*, less the applicable excess.  
For restricted services (see pages 29-30), the Federal Government minimum benefit is payable, less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *MyOptions*

For the following included services:

- treatment for injuries sustained in an accident
- knee reconstruction surgery and investigations
- shoulder reconstruction surgery and investigations
- surgical removal of wisdom teeth
- appendicitis treatment
- removal of tonsils and/or adenoids

benefits as for *Blue Ribbon Hospital*.

For restricted services, the Federal Government minimum benefit is payable. For excluded services (see pages 27-29), no benefits are payable.

### **Non Members' Choice private hospitals**

- Further details of benefits in non Members' Choice private hospitals may be obtained by visiting one of our stores or by calling us on 132 331.
- The availability of private room accommodation is a matter for the relevant hospital.
- Separate charges may be raised by the hospital for items such as TV hire, phone calls and newspapers. Benefits are not payable for these items.

### **Public hospitals**

**Subject to hospital benefit exclusions (see pages 27-29), waiting periods (see pages 41-45) and reduced and restricted benefit payments (see pages 45-48), members receiving public hospital treatment as a private patient are entitled to benefits as follows:**

- *Blue Ribbon Hospital and PremierPlus*

Full cover for:

- shared or private room overnight accommodation
- shared room accommodation for same-day admissions. Any additional charge raised by the hospital for a same-day private room is the member's responsibility
- no-gap prostheses and other items included on the Federal Government's Prostheses Schedule (see page 27).

- *Blue Ribbon Hospital with an excess and AdvantagePlus*  
Benefits as for *Blue Ribbon Hospital*, less the applicable excess.

- *Intermediate Hospital*

For services that are not excluded, benefits as for *Blue Ribbon Hospital*. For excluded services (see pages 27-29), no benefits are payable.

- *Intermediate Hospital with an excess and SmartPlus*  
For services that are not excluded, benefits as for *Blue Ribbon Hospital* less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *First Choice Hospital and HealthyPlus*

For services that are not excluded, benefits as for *Blue Ribbon Hospital*, less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *Accident Cover*

For treatment for injuries sustained in an accident, benefits as for *Blue Ribbon Hospital*, less the applicable excess. For excluded services (see pages 27-29), no benefits are payable.

- *MyOptions*

For the following services:

- treatment for injuries sustained in an accident
- knee reconstruction surgery and investigations
- shoulder reconstruction surgery and investigations
- surgical removal of wisdom teeth
- appendicitis treatment
- removal of tonsils and/or adenoids
- psychiatric care treatment
- rehabilitation treatment
- palliative care

benefits as for *Blue Ribbon Hospital*.

For excluded services (see page 27-29), no benefits are payable.

### **Public hospitals**

- The availability of private room accommodation is a matter for the relevant hospital.
- Separate charges may be raised by public hospitals for items such as TV hire, phone calls, newspapers for which benefits are not payable.

### **Surgically implanted prostheses and other items**

The Federal Government publishes a prostheses schedule that sets out the benefits health funds must pay to members with hospital cover for these items. These fall into two categories:

- No-gap prostheses: which are those surgically implanted prostheses and other items for which you will be fully covered. For every relevant procedure listed in the Medicare Benefits Schedule, there will be at least one no-gap prosthesis available.
- Gap prostheses: which are those surgically implanted prostheses and other items for which you will have to contribute towards the cost.

Please refer to the section benefits for hospital treatment (pages 19-26) for further details of the benefits provided under Medibank Private's hospital covers. Benefits are not payable for any prosthesis associated with an excluded service under your cover.

If you are going to be admitted to hospital for a procedure in which a prosthesis is to be surgically implanted or applied, we recommend that, before admission, you ask your doctor whether the prosthesis they recommend is one that will be fully covered or is one for which you will have to contribute towards the cost.

If you have a hospital cover with an excess (see pages 30-32), the excess will not apply to the benefit payable for a prosthesis.

It is important that you discuss with your doctor the item that best suits your medical needs and ask them to provide you with an estimate of any out-of-pocket expenses. Members' Choice hospitals are required, where practical, to give you an estimate of out-of-pocket expenses prior to you receiving treatment.

### **Hospital benefit exclusions**

Benefits **may not** be payable for:

- out-patient treatment or out-patient day programs
- same-day procedures determined by the Federal Government as not requiring hospitalisation where your doctor has not provided suitable certification that treatment is required as an admitted in-patient in hospital
- procedures not recognised for Medicare benefits purposes.

Benefits **are not** payable for:

- cosmetic surgery
- pharmaceuticals prescribed for cosmetic purposes
- prostheses and other items not on the Federal Government's Prosthesis Schedule (see page 27)
- in-hospital podiatric surgery performed by a non-accredited podiatrist
- the gap for surgically implanted prostheses and other items on the Federal Government's Prosthesis Schedule. Please see above for more information
- items such as newspapers, TV hire, etc not covered by the Medibank Private agreement (if any) with the hospital
- the cost of treatment as an out-patient in an accident and emergency department (medical services provided in such facilities may be claimable from Medicare)
- charges for extras services not covered by our agreement with the hospital or under your extras cover
- pharmaceuticals or other items which are not related to the reason for admission, or not covered by the Medibank Private agreement (if any) with the hospital or provided on discharge from the hospital
- the co-payment that you pay for drugs supplied to you under the Pharmaceutical Benefits Scheme (PBS) in a hospital with which Medibank Private does not have an agreement
- charges by your doctor in excess of the Medicare Benefits Schedule Fee, unless your doctor uses GapCover (see pages 32-33) or has an agreement with Medibank Private or with a Members' Choice hospital.

In addition to the above, benefits are not payable for the following excluded services:

#### *First Choice Hospital Cover and HealthyPlus*

- cardio-thoracic procedures including open-heart and bypass surgery, and invasive cardiac investigations and procedures (eg. angiograms, angioplasties, stent insertions)
- major eye surgery (eg. cornea and sclera transplants and cataract surgery)
- hip and knee joint replacement surgery (but this does not apply to reconstruction surgery eg. knee reconstruction)
- obstetrics-related services

- assisted reproductive services eg. In Vitro Fertilisation (IVF) and Gamete Intrafallopian Transfer (GIFT)
- plastic and reconstructive surgery.
- renal dialysis.

#### *Intermediate Hospital Cover and SmartPlus*

- major eye surgery, including cornea and sclera transplants and cataract surgery
- hip and knee joint replacement surgery (however benefits are payable for knee reconstruction surgery)
- renal dialysis

#### *MyOptions*

All services which are not included (see list on page 21) or restricted (see list below).

#### *Accident Cover*

All services which are not treatment for injuries sustained in an accident (except for rehabilitation, psychiatric and palliative care, see 'hospital covers with restricted services').

### **Hospital covers with restricted services**

Restricted services for treatment in a private hospital are listed below:

#### *First Choice Hospital and HealthyPlus*

- in-hospital psychiatric care treatment
- in-hospital rehabilitation treatment

#### *MyOptions*

- in-hospital psychiatric care treatment
- in-hospital rehabilitation treatment
- palliative care

#### *Accident Cover*

- in-hospital psychiatric care treatment
- in-hospital rehabilitation treatment (not restricted when the treatment is for injuries sustained in an accident)
- palliative care

Benefits for restricted services will not exceed the relevant Federal Government minimum benefit (see page 30). You will be responsible for any charges in excess of this amount.

If you have a cover with restricted services and you are considering going to hospital, please call Medibank Private on 132 331 or visit one of our stores beforehand to confirm your level of coverage for the proposed treatment.

We will need the Medicare Benefits Schedule (MBS) item number(s) for the procedure(s) to ensure that we give you the correct advice. The MBS is a government schedule that lists all the services for which Medicare benefits are payable and the rules that apply to the payment of those benefits. Your doctor or surgeon will be able to advise you of the MBS item number(s) for any proposed treatment.

### **Federal Government minimum benefit**

The Federal Government minimum benefit (also known as the Federal Government default benefit) is the amount of benefit determined by the Federal Government as the minimum amount funds must pay for accommodation costs in private and public hospitals.

Medibank Private pays the minimum benefit for restricted services in private hospitals.

Minimum benefits are payable only towards the cost of hospital accommodation they provide no cover for other hospital charges such as labour ward or operating theatre costs associated with the provision of a restricted service.

Minimum benefits will not generally cover the full cost of treatment in private hospitals or in day hospital facilities, and you may be left with significant out-of-pocket expenses.

Please call us on 132 331 or visit one of our stores if you would like to know the minimum benefits that may apply to any treatment you anticipate.

### **Hospital covers with an excess**

Medibank Private offers a range of hospital covers, some of which have an excess.

An excess is an amount that you agree to pay if admitted to hospital in exchange for lower premiums. The excess is deducted from the benefits we pay when you make a hospital claim.

The excess does not apply to benefits for surgically implanted prostheses and other items included on the Federal Government's Prostheses Schedule, medical treatment or ambulance transport.

An excess will apply only where the contributor or spouse/partner is hospitalised. It will not apply to hospital treatment involving child dependants; student dependants or adult dependants.

The excess applies per member per calendar year in all cases except with AdvantagePlus where the excess applies per hospital admission up to a cap. After Medibank Private has paid the benefit to which you are entitled, you are responsible for paying any amounts remaining on hospital accounts. **You should confirm all likely out-of-pocket expenses with your doctor and/or hospital before your admission.**

If you are discharged from a hospital, and within seven (7) days you are admitted to the same or another hospital for treatment for the same or a related condition, we will treat both periods as one hospital admission for the purpose of your excess.

A hospital admission in any other circumstances will be treated as a new period of hospitalisation.

### **Excess for packaged covers**

*AdvantagePlus* the excess is:

\$200 per admission to hospital up to a maximum of \$500 per member per calendar year.

For *HealthyPlus* and *SmartPlus* the excess levels are:

\$500 per member per calendar year.

No excess applies to any member with *PremierPlus* or *MyOptions*.

### **Excess options for First Choice Hospital and Blue Ribbon Hospital**

Three levels of excess are available:

Level 1: \$150 per member per calendar year

Level 2: \$250 per member per calendar year

Level 3: \$500 per member per calendar year

### **Excess for Intermediate Hospital Cover**

\$250 per member per calendar year.

## Excess for Accident Cover

\$500 per member per calendar year.

Note: *First Choice Hospital* and *Accident Cover* are only available with an excess. *Intermediate Hospital* and *Blue Ribbon Hospital* are available with or without the excess.

## Benefits for in-hospital medical services and GapCover

For medical services provided to an admitted patient of a hospital or day hospital facility, Medicare pays 75% of the Medicare Benefits Schedule (MBS) fee and Medibank Private pays the other 25%, that is up to 100% of the MBS fee. All hospital covers detailed in this guide provide this benefit. Medical gap benefits apply only to in-hospital medical procedures. They do not apply to accommodation, theatre fees or other charges.

Note: No benefits (including medical gap) are payable by Medibank for excluded services or where Medicare benefits are not payable for the procedure.

Doctors may choose to charge above the MBS fee, however Medibank Private only covers charges above the MBS fee where:

- we have an agreement with your doctor, or
- the hospital has an agreement with your doctor, or
- your doctor participates in our GapCover arrangements.

The “gap” is the difference between the fee the doctor charges for a service provided to an in-patient in hospital and the MBS fee for that service. The gap can be reduced or even eliminated where the doctor participates in our GapCover scheme.

Under GapCover, the maximum amount you can be out-of-pocket – or the maximum gap – for the treatment you have in hospital is \$500 per doctor, per admission. In many cases, there’s no gap at all.

GapCover does not eliminate amounts that members have agreed to pay under the terms of their cover, eg. hospital excesses. It also doesn’t apply to services such as blood tests and x-rays provided by pathologists and radiologists.

If you anticipate treatment, we recommend that you ask your doctor **before** commencing treatment whether there will be any associated out-of-pocket expenses.

Further details are available on our website at [medibank.com.au](http://medibank.com.au) or within our GapCover brochure, available upon request.

Doctors can decide to use the GapCover scheme on a case-by-case basis and episode-by-episode basis.

Sometimes a paediatrician or other medical practitioner will charge for examining a new born baby in hospital. Unless the baby has been admitted as a private patient in its own right, these accounts are claimable from Medicare only and gap benefits are not payable.

## Doctors’ admitting rights

Not all doctors have admitting rights to all hospitals. Your doctor will be able to tell you to which hospitals they have admitting rights.

## Ambulance transport cover

Benefits are payable for the full cost of medically necessary ambulance transport when provided by an ambulance service approved by Medibank Private, in the following circumstances:

- when you need to be transported for immediate treatment at a hospital or other approved facility
- when an ambulance is called to attend to you, but you do not subsequently need to be taken to hospital.

Transport by ambulance is medically necessary if, due to the patient’s medical condition, they could not be transported by other means.

Benefits are not payable towards any ambulance transportation costs that are fully covered by a third party arrangement such as an ambulance subscription scheme or a State/Territory ambulance transportation scheme. Benefits may be payable, however, for any ambulance transportation costs not fully covered by such schemes.

In WA, aged pensioners and their spouses/partners and dependants are entitled to free primary ambulance services provided by the St John Ambulance Association. In addition, all other WA senior citizens aged 65 or over are entitled to receive a 50% subsidy on the cost of ambulance transport provided by the St John Ambulance Association.

(The remaining 50% of the cost may be claimable from Medibank Private if the member is entitled to ambulance benefits under their cover.) Please contact the WA Department of Health for more information.

## **Ambulance transport with hospital cover**

Subject to the above, benefits for medically necessary ambulance transport are included in all hospital covers described in this Membership Guide.

For *Accident Cover*, benefits for ambulance transport are only payable where the member requires treatment for injuries that were sustained in an accident or where a restricted service applies.

In NSW and the ACT, when you have hospital cover you pay a government-imposed ambulance levy as part of your premium.

This entitles you to ambulance transport under the State/Territory ambulance transport schemes. If you receive an account for ambulance transport, take it into a Medibank store for endorsement. You should then return it to the appropriate ambulance service provider for processing.

If you hold a NSW or ACT hospital cover (except for *MyOptions* and *Accident Cover*) and also hold a Commonwealth concession card, you may be exempt from the levy and should contact Medibank Private on 132 331 for a premium quote.

## **Ambulance transport with extras cover**

If you hold one of the extras covers listed on pages 36-40, medically necessary ambulance transportation benefits are included in that cover for all states except Tasmania and Queensland.

## **Ambulance Cover**

Medibank Private also offers a separate Ambulance Cover which provides benefits at 100% of the cost of medically necessary ambulance transport.

*Ambulance Cover* is not available for sale in all states.

For Ambulance Cover members in Western Australia, a co-payment of \$100 per trip applies to non-emergency transport, as classified by the ambulance service.

## **Extras cover**

Extras cover helps with the cost of certain services that are not covered by Medicare, such as physiotherapy, dental treatment and items such as optical items.

Benefits for treatment provided by extras providers are generally payable per item or service, and are subject to annual limits and sub-limits (see pages 35-40), waiting periods (see pages 41-45), reduced and restricted benefit payments (see pages 45-48) and other fund and assessing rules. A single consultation or charge may involve a number of items, to which the above conditions may apply. For further details about how benefits are assessed, please see pages 48-50.

## **Members' Choice extras providers**

Medibank Private has negotiated agreements with a number of extras providers ie dentists, dental prosthetists, optical retail outlets, physiotherapists, chiropractors, podiatrists, naturopaths and acupuncturists, to help minimise out-of-pocket expenses for our members.

For details of Members' Choice providers call us on 132 331 or visit our website at [medibank.com.au](http://medibank.com.au) See page 53 for more information on Members' Choice network.

## **Non Members' Choice extras providers**

Subject to any applicable rules and conditions (such as annual limits), benefits are payable at rates determined by Medibank Private from time to time for approved services and items. Please contact us on 132 331 if you require further information on these benefits.

## **Annual limits**

An annual limit is the maximum amount of benefits that can be claimed for a particular extras service or group of extras services within a specified period (usually a calendar year, 1 January to 31 December). Some extras services also include sub-limits. Sub-limits restrict the amount you can claim for a particular extras item or service within an overall limit.

Once the annual limit or sub-limit applicable to the extras service has been reached, no further benefits are payable for that service for that person (or membership where applicable) within that calendar year or other applicable period. The types of services covered and their annual limits and sub-limits are shown on pages 36-40.

**The benefit we pay for a particular claim is likely to be less than the annual limit or sub-limit and less than your provider's charge. This means you'll usually have out-of-pocket expenses for each service or item.**

## Types of services covered and their limits

First Choice Extras and HealthyPlus	
Service	Annual limit (per person per calendar year unless otherwise shown).
<b>General dental</b>	\$500 combined general dental and endodontic services annual limit. A sub-limit of \$300 applies during the first six months of membership of any extras cover.
<b>Optical items</b> eg. frames, prescription lenses and contact lenses	\$200 sub-limit of \$92 applies to frames.
<b>Physiotherapy</b>	\$300
<b>Pharmaceutical prescriptions</b> (for non-PBS prescription-only items – see page 41)	\$300
<b>Ambulance transport</b> Not available to Tasmanian or Queensland residents under <i>First Choice Extras</i> (see pages 33-34)	No annual limit

Smart Choice Extras and SmartPlus	
Service	Annual limit (per person per calendar year unless otherwise shown).
<b>General dental</b>	\$800 combined general dental and endodontic services annual limit. A sub-limit of \$300 applies during the first six months of membership of any extras cover.
<b>Optical items</b> eg. frames, prescription lenses and contact lenses	\$225 sub-limit of \$200 applies to contact lenses and sub-limit of \$92 applies to frames.
<b>Physiotherapy</b>	\$300
<b>Pharmaceutical prescriptions</b> (for non-PBS prescription-only items – see page 41)	\$300
<b>Ambulance Transport</b> Not available to Tasmanian or Queensland residents under <i>Smart Choice Extras</i> (see pages 33-34)	No annual limit

### Smart Choice Extras and SmartPlus *continued*

#### Flexi-Fund

With Flexi-Fund you can access benefits for the services set out below up to \$300 per person per calendar year to a maximum of \$600 per couple/family membership. Some of these services also have sub-limits as indicated.

<b>Major dental</b>	No sub-limit
<b>Alternative therapies</b> Consultations for:	
Chiropractic and osteopathy	No sub-limit
Acupuncture	No sub-limit
Naturopathy	No sub-limit
Natural therapies – remedial massage and myotherapy, reflexology, shiatsu, homeopathy, western and Chinese herbalism, Alexander technique, Bowen therapy, aromatherapy, kinesiology and exercise physiology	\$100 sub-limit
<b>Other therapies</b> Consultations for:	
Podiatry	No sub-limit
Speech therapy	No sub-limit
Dietetics	For the approved Jenny Craig weight loss program, sub-limits of \$200 per membership per calendar year and \$100 per person per lifetime apply. Benefits are payable only when you reach your goal weight.
Occupational therapy	No sub-limit
Orthoptics (eye therapy)	No sub-limit
<b>Health appliances:</b>	
Hearing aids	No sub-limit
Breathing appliances	\$180 per membership every 3 years
Blood glucose monitors	\$240 per membership every 3 years and \$150 per member every 3 years
Other health appliances including external prostheses	Various limits and restrictions apply.
<b>Clinical psychology</b> Consultations only and not for psychology tests	No sub-limit

**Blue Ribbon Extras, Blue Ribbon Extras Plus, AdvantagePlus and PremierPlus**

Service	Annual limit (per person per calendar year unless otherwise shown).
<b>General dental</b>	No annual limit. A sub-limit of \$300 applies during the first six months of membership of any extras cover.
<b>Endodontic services</b>	\$400–\$800*
<b>Major dental</b>	Overall limit of \$2,000
Sub-limits apply:	
Inlay/onlay restorative	\$300–\$700*
Dentures, crowns and bridges	\$400–\$800*
Orthodontic	\$400–\$800* lifetime limit of \$2,400 per member
Periodontic	\$300–\$700*
<b>Optical items</b> eg. frames, prescription lenses and contact lenses	\$250. The following sub-limits apply: \$200 for contact lenses; \$92 for frames on <i>Blue Ribbon Extras</i> and <i>AdvantagePlus</i> ; \$115 for frames on <i>Blue Ribbon Extras Plus</i> and <i>PremierPlus</i> )
<b>Physiotherapy</b>	\$700
<b>Pharmaceutical prescriptions</b> (for non-PBS prescription-only items – see page 41)	\$600
<b>Ambulance transport</b> Not available to Tasmanian or Queensland residents under <i>Blue Ribbon Extras</i> or <i>Blue Ribbon Extras Plus</i> (see pages 33-34)	No annual limit
<b>Alternative therapies</b>	Overall limit of \$500
Sub-limits apply:	
Chiropractic and osteopathy	\$400
Acupuncture	\$400
Naturopathy	\$400

\* Increase by \$50 per full calendar year over a continuous eight year period to the maximums shown. You will be eligible for these increases only after you have served one full calendar year's membership. Increases occur on 1 January.

**Blue Ribbon Extras, Blue Ribbon Extras Plus, AdvantagePlus and PremierPlus continued**

Natural therapies – remedial massage and myotherapy, reflexology, shiatsu, homeopathy, western and Chinese herbalism, Alexander technique, Bowen therapy, aromatherapy, kinesiology and exercise physiology	Sub-limit of \$150 for <i>Blue Ribbon Extras</i> and <i>AdvantagePlus</i> and \$200 for <i>Blue Ribbon Extras Plus</i> and <i>PremierPlus</i>
<b>Other therapies</b> Consultations for:	Overall limit of \$1,000
Sub-limits apply:	
Podiatry	\$400
Dietetics	\$400 For the approved Jenny Craig weight loss program; sub-limits of \$200 per membership per calendar year and \$100 per person per lifetime apply. Benefits are payable only when you reach your goal weight.
Occupational therapy	\$400
Speech therapy	\$400
Orthoptics (eye therapy)	\$400
<b>Health appliances</b>	Overall limit of \$1,000
Sub-limits apply:	
Hearing aids	\$800 sub-limits and other restrictions apply
Breathing appliances	\$180 per membership every 3 years
Blood glucose monitors	\$240 per membership every 3 years. \$150 per member for <i>Blue Ribbon Extras</i> and <i>AdvantagePlus</i> and \$180 per member for <i>Blue Ribbon Extras Plus</i> and <i>PremierPlus</i> every 3 years
Other Health appliances including external prostheses	\$500. Sub-limits and other restrictions apply.
<b>Clinical psychology</b> Consultations only and not for psychology tests.	\$400
<b>School accident cover*</b> For pre-school, primary and secondary school students.	\$800

\* This covers services that are provided within 12 months of an accident, suffered while attending or travelling to or from school or an organised school activity. Excludes services covered by Medicare or for which compensation or damages are payable.

MyOptions	
Service	Annual limit (per person per calendar year unless otherwise shown).
<b>General dental</b>	No annual limit. A sub-limit of \$300 applies during the first six months of membership of any extras cover.
<b>Endodontic services</b>	\$400
<b>Optical items</b> eg. frames, prescription lenses and contact lenses	\$200 Sub-limit of \$92 for frames.
<b>Ambulance transport</b>	No annual limit
<b>Flexi-Extras:</b>	Overall limit of \$350-\$750*
Physiotherapy	No sub-limit
Pharmaceutical perscriptions non-PBS	No sub-limit
Alternative therapies Consultations for:	
Chiropractic and osteopathy	Sub-limit of \$300
Acupuncture	No sub-limit
Naturopathy	No sub-limit
Remedial massage and myotherapy	Sub-limit of \$100
Major dental:	
Orthodontic Lifetime limit \$2,400 per member	No sub-limit
Periodontic	No sub-limit
Dentures, crowns and bridges	No sub-limit
Inlay/onlay restorative	No sub-limit
<b>Flexi-Bonus:</b>	Overall limit of \$100-\$200#
<p>The Flexi-Bonus is a non-cumulative top-up bonus that can be used for all extras services included in this cover. It can be used towards the cost of consultations for the following natural therapies:</p> <p>Homeopathy, reflexology, shiatsu, western and Chinese herbalism, Alexander technique, Bowen therapy, exercise physiology, aromatherapy and kinesiology</p>	

\*The overall annual limit increases by \$100 on 1 January of each year of continuous membership following the date of joining to a maximum of \$750.

#The overall annual limit increases by \$25 on 1 January of each year of continuous membership following the date of joining to a maximum of \$200.

## Pharmaceutical prescriptions – non-PBS

Benefits are payable for prescription-only items that are supplied by a registered pharmacist, medical practitioner or dentist and that are not covered by the Pharmaceutical Benefits Scheme (PBS). You pay a co-payment for each prescription item equal to the current non-concessional PBS co-payment amount.

Benefits for pharmaceutical prescriptions are paid up to a set amount for each prescription item in each state. Benefits are not payable for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes.

## Waiting periods

A waiting period is a period of time a person must serve as a member of a cover before benefits are payable. Benefits are not payable for goods and services obtained while you are serving a waiting period.

Waiting periods apply to:

- new members joining and ex-members rejoining Medibank Private
- members who increase their level of cover. During waiting periods, members who change their level of cover are entitled to benefits under their new cover or benefits under their old cover, whichever are lower
- members who transfer from another fund. These members will be covered for services on their new cover from the date they join if those services were also included on their cover with their former fund and they've already served the applicable waiting periods – see page 54. 'Transferring from another Australian Registered health fund (portability)'

The waiting periods for the covers included in this guide are listed below:

- 7 days**
  - *Ambulance Cover* (when sold separately)
- 2 months**
  - All other services, except as specified below

Note: *The MyOptions* Flexi-Bonus has a two (2) month waiting period, except where it is used towards the cost of a service to which a longer waiting period applies (eg optical items), in which case the longer waiting period will apply

- 6 months**
  - Optical items (frames and prescription lenses and contact lenses)
  - *PackageBonus* under *HealthyPlus*, *SmartPlus*, *AdvantagePlus* and *PremierPlus*
- 12 months**
  - Pre-existing ailments (PEA: see pages 42-44 for a full explanation of the PEA Rule)
  - Obstetrics-related services (see page 44 for a full explanation of this rule)
  - Major dental services (orthodontic – eg. braces and corrective plates; inlay/onlay restorative; periodontics; dentures, crowns, bridges and other prosthodontic services)
  - Endodontic services (eg. root canal treatment)
  - Dental surgical procedures and surgical extractions (eg. extraction of wisdom teeth)
  - Breathing appliances
    - nebulisers
    - peak flow meters
    - spacing devices
- 24 months**
  - Blood glucose monitors
- 36 months**
  - Hearing aids

### Waiver of waiting periods – promotional offers

During promotional periods Medibank Private may waive the two (2) month waiting period for some services and/ or the six (6) month waiting period for optical item benefits.

Any other waiting periods relevant to your membership will continue to apply.

### Pre-existing ailments (PEA)

It is standard practice in the private health insurance industry to apply a waiting period of 12 months before benefits are payable for a pre-existing ailment. This is to protect existing members from claims made by people who either join a fund or change their cover because they have an ailment, illness or condition which may require treatment. This waiting period does not apply to hospital treatment involving psychiatric care, rehabilitation or palliative care.

Medibank Private may refuse benefits or reduce them to the previous level of cover for any claim made in the first 12 months of membership of any cover where, in the opinion of a medical practitioner appointed by Medibank Private, signs or symptoms of an ailment, illness or condition related to that claim were in existence at any time during the six (6) months before the commencement of that cover.

This waiting period still applies even if your ailment, illness or condition was not diagnosed before the date of commencing membership or changing cover.

Medibank Private reserves the right to apply, or not to apply, the PEA waiting period to individual claims. This means we can refuse or reduce benefits on later claims even if the PEA waiting period has not been applied to any earlier claims for that ailment, illness or condition.

In arriving at a decision, Medibank Private will consider medical evidence provided by your health care providers. We will request your consent to obtain such evidence in confidence and you will need to authorise its release if you wish us to give further consideration to your claim. Medibank Private will not pay for the provision of this information.

Medibank Private will apply the PEA waiting period if:

- you do not authorise the release of medical or paramedical evidence relating to your claim; or
- following your authorisation, your provider does not release that evidence.

If you have less than 12 months' continuous membership on your current hospital cover, make sure you contact us on 132 331 or visit one of our stores **before** you are admitted to hospital to find out whether the PEA waiting period applies to you.

We need up to five (5) working days to make the pre-existing ailment assessment, subject to the timely receipt of information from your treating providers. Make sure you allow for this timeframe when you agree to a hospital admission date.

If you proceed with the admission without confirming your benefit entitlements, and Medibank Private subsequently determines your condition to be pre-existing, you will be required to pay all outstanding hospital charges, as well as any medical charges not covered by Medicare.

In an emergency, we may not have time to determine if you are affected by the PEA waiting period before your admission. Consequently, if:

- you have served less than 12 months' membership on your current hospital cover, and
- you are admitted to hospital as a private patient, and
- we later determine that the condition for which you received hospital treatment was pre-existing, you will have to pay for some or all of the hospital and medical charges remaining after any Medicare benefits are paid.

Medibank Private reserves the right to also apply the PEA waiting period to extras services. Before doing so we will seek the advice of an appropriate practitioner in determining whether signs or symptoms were in existence prior to the cover commencing.

### **Obstetrics-related services waiting period**

The term 'obstetrics-related services' means those services listed as obstetrics services in the Medicare Benefits Schedule. These services include hospitalisation for antenatal care, management of labour and delivery, and for complications arising from pregnancy, such as a threatened miscarriage.

The obstetrics-related services waiting period applies to all obstetrics-related services for a period of 12 months from the date of joining or changing to a relevant cover, and it applies whether or not the member was pregnant at that time.

### **Accidents and associated waiting periods**

An 'accident' is an unforeseen event, occurring by chance and caused by an external force or object, resulting in involuntary injury to the body requiring immediate treatment.

It does not include any unforeseen conditions the onset of which were brought on by medical causes. A condition means any actual or perceived state of health for which treatment is sought. It includes but is not limited to states variously described as: abnormality, ailment, disability, disease, disorder, health problem, illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.

The two (2) month waiting period is waived for claims resulting from an accident (except for school accidents) occurring during that period. You will have immediate coverage unless:

- the resulting treatment is an excluded service

Note: under *MyOptions* and *Accident Cover*, benefits are payable for treatment for injuries sustained in an accident for which a Medicare benefit is payable – see pages 21, 23-26 for further details

- other waiting periods apply (eg. the 12-month waiting period would still apply where a denture is broken in an accident and requires replacement or repair).

The 7-day waiting period for benefits under our separate *Ambulance Cover* is not waived for accidents.

## Reduced and restricted benefit payments

### **Benefit replacement periods**

A benefit replacement period applies to certain extras items. This means that, once you have been paid a benefit for a particular item, you must wait for a certain period of time from the date of purchase of the item before you are entitled to a benefit for the replacement of that item.

Where a benefit is payable under your extras cover, the following benefit replacement periods will apply. These benefit replacement periods apply per member except where shown.

- |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 months</b> | <ul style="list-style-type: none"><li>• External mammary prostheses</li><li>• Repairs of external prostheses and health appliances</li></ul>                                                                                                                                                                                                                                                                                                                                                                   |
| <b>2 years</b>   | <ul style="list-style-type: none"><li>• Wigs</li><li>• Hip protectors</li><li>• Insulin delivery pens</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>3 years</b>   | <ul style="list-style-type: none"><li>• Blood glucose monitors</li><li>• Breathing appliances<ul style="list-style-type: none"><li>- nebulisers</li><li>- peak flow meters (per membership)</li><li>- spacing devices</li></ul></li><li>• Mouthguards (a benefit may be payable for a replacement mouthguard each calendar year for members up to 18 years of age)</li><li>• Dentures, crowns and bridges</li><li>• Other health appliances and external prostheses (except as specified on page 46)</li></ul> |

## 5 years

- Hearing aids.

A five (5) year benefit replacement period also applies to Continuous Positive Airways Pressure (CPAP) and other similar approved appliances under all hospital covers detailed in this guide (except for *MyOptions* and *Accident Cover* under which benefits are not payable for these items).

## General benefit restrictions

In some situations, Medibank Private may refuse or reduce benefits because:

- Medibank Private considers that one service forms part of another service
- the number of services performed or items provided exceeds a pre-determined number that are payable in a certain period or course of treatment
- two or more consultations rendered on the same day are not clearly specified on the account as separate attendances
- the service is performed in stages and a separate benefit cannot be claimed for each stage
- a waiting period (including the PEA Rule), or benefit replacement period applies
- the service has been incompletely or incorrectly itemised on the account or claim documentation
- the claim has been submitted more than two (2) years after the date of service
- you have reached your annual limit, sub-limit or lifetime limit for the particular service or group of services
- benefits are payable, or cover is provided, by another party
- the treatment is rendered by a provider to their spouse/partner, dependant, business partner or business partner's spouse/partner or dependant.

Please also see the section on hospital benefit exclusions on pages 27-29.

## General benefit exclusions

Medibank Private does not pay benefits:

- for claims for services rendered while premiums are in arrears or the membership is suspended
- for claims for services rendered outside Australia
- for claims for medical appliances, pharmaceuticals and other items purchased outside Australia (including those purchased by mail order or over the Internet direct from a supplier outside Australia)
- for claims for services where an entitlement exists, or may exist, to compensation or damages (see page 55 for further information)
- for treatment from providers who are not recognised by Medibank Private for the purpose of paying benefits. Should you wish to check if a provider is recognised by Medibank Private, please call us on 132 331 or visit one of our stores
- for cosmetic surgery
- for pharmaceuticals that are supplied under the Pharmaceutical Benefits Scheme. However benefits are payable towards the cost of PBS pharmaceuticals related to the reason for admission when you are an inpatient in a Members' Choice hospital
- for oral contraceptives
- for pharmaceuticals prescribed for cosmetic purposes
- where the claim form or application form contains false or inaccurate information
- for extras services provided at a public hospital or publicly funded facility
- where the service is provided in an aged care service.

## Appliances requiring referrals

- Where provided under your cover, benefits are payable for the items listed below only where a medical practitioner (or other practitioner as indicated) requests them in writing. Claims for these items must include a letter of referral from your doctor or relevant practitioner:
  - Blood glucose monitors
  - Breathing appliances
    - nebulisers
    - peak flow meters
    - spacing devices

- Orthotic appliances for shoes (can also be ordered by podiatrists, physiotherapists and chiropractors)
- Wigs
- Pressure therapy garments (can also be ordered by physiotherapists)
- Pressure stockings
- Braces, splints and orthoses (can also be ordered by orthotists, physiotherapists, occupational therapists or podiatrists)
- Custom-made footwear (can also be ordered by podiatrists or physiotherapists)
- Modifications to footwear (can also be ordered by podiatrists)
- Unspecified external prostheses and health appliances
- Hip protectors
- Insulin delivery pens.

## How benefits are assessed

### Hospital benefits – overnight stay patients

In assessing benefits for hospital expenses for overnight stay patients, Medibank Private takes the following into account:

- the cover you held at the date the service was provided, including whether you have a restricted services cover and/or an excess cover (see pages 19-32 for a summary of what each cover provides)
- whether benefits may be subject to hospital benefit exclusions outlined on pages 27-29, and the general benefit exclusions outlined on page 47
- the type of hospital to which you were admitted, ie a Members' Choice, non Members' Choice or public hospital
- any other Fund Rules relevant to your membership eg. whether you are still in a waiting period (see pages 41-45) at the time of the service
- legislative requirements governing hospital treatment.

### Same-day hospital benefits

Same-day hospitalisation refers to treatment where the patient is admitted and discharged on the same day.

Benefits for certain procedures specified by the Department of Health and Ageing may not be payable unless your doctor certifies your need to be admitted to hospital.

For same-day admissions in a public hospital, Medibank Private will cover the full cost of shared room accommodation only. Any additional charges for a private room are the member's responsibility.

### Long stay hospital patients

All Medibank Private covers provide members with cover for as long as they require hospital treatment, provided they obtain medical certification for ongoing acute care after 35 days continuous hospitalisation. If such certification is not provided, a lower benefit will be paid.

### Extras benefits

- When you make a claim, Medibank Private will assess your benefit according to the following:
- the cover you held at the date the service was provided
- whether the provider is recognised by Medibank Private for the provision of the service (see also page 46)
- the item number (or description of service) used to describe the service provided
- whether or not you received the service from a Members' Choice extras provider
- whether any annual limits, sub-limits or lifetime limits apply
- whether any waiting or benefit replacement periods apply
- whether any restrictions or exclusions apply
- any other Fund Rules relevant to your membership.

## Interstate benefits

### *Hospital cover*

Benefits for treatment in Members' Choice hospitals outside your state of membership are payable in accordance with the Medibank Private agreement with the hospital. Benefits for treatment rendered in non Members' Choice hospitals outside your state of membership are payable at the level applicable to the state in which treatment is provided.

If Medibank Private has an agreement with a non Members' Choice hospital, benefits are payable in accordance with that agreement.

### *Extras cover*

Benefits for treatment by Members' Choice extras providers outside your state of membership are payable in accordance with the Medibank benefit associated with that particular provider (as long as your cover provides benefits for the services).

Benefits for treatment by non Members' Choice extras providers are payable at the level of benefits applicable in your state of membership, irrespective of the state where the service was rendered.

Benefits are not payable for any services or treatment which are not included in the extras cover relevant to your state of membership.

## Making a claim

There are a number of ways you can claim with Medibank Private for extras and in-hospital services.

### • **On-the-spot for some extras services**

You can use your Medibank membership card to make a claim on-the-spot at participating extras providers. Your claim will be processed immediately so you pay only the difference between our benefits and the provider's charge.

### • **Online for most extras services**

You can also claim for most extras services online through our Online Member Services at [medibank.com.au](http://medibank.com.au). If a benefit is payable we'll process your claim and, depending on your preference, we'll either send out a cheque or transfer the money into your nominated bank account.

### • **By mail**

Complete and sign your claim form and send it to us (Medibank Private, GPO Box 9999, in your capital city) with your service provider's account attached, and the receipt (if the account has been paid). If you are claiming for in-hospital medical expenses you will also need to attach a Medicare Statement of Benefits. You can get a claim form online or by calling 132 331.

### • **In person at a Medibank store**

For paid accounts please attach your account and receipt to a claim form and drop it off at a Medibank store. If a benefit is payable, we'll process your claim and, depending on your preference, we'll either send out a cheque or transfer the money into your nominated bank account.

If you haven't paid your account, we'll send you a cheque made payable to the provider of the service. Then simply send the cheque to the service provider, together with payment for any balance of the account.

If you are claiming for in-hospital medical expenses you will also need to attach a Medicare Statement of Benefit.

### • **Two-Way Agency Agreement with Medicare**

Medibank Private has an agreement with Medicare so you can lodge your in-hospital medical accounts with either Medicare or Medibank Private. You must complete a Medicare Two-Way claim form and a Medibank Private claim form and lodge them (together with your medical accounts) with either Medicare or Medibank Private. You can do this in person or by mail. Copies of these forms are available at [medibank.com.au](http://medibank.com.au) and [medicareaustralia.gov.au](http://medicareaustralia.gov.au)

Medibank may require a referral for the supply of certain appliances, or a quotation from your dentist if you are undergoing orthodontic treatment.

If you wish to make a claim as a result of an accident, to help us assess it you'll also need to complete an incident form. You can get a copy of the form online at [medibank.com.au](http://medibank.com.au) or by calling us on 132 331 or, once you've submitted your claim, we'll post one out.

Cheques for paid accounts are made payable to the contributor but will be sent to the claimant where the claimant is aged 16 or over. Cheques for unpaid accounts are made payable to the relevant service provider.

Please send the cheque promptly to the service provider, together with payment for any balance of the account.

Claim forms are available from Medibank stores or you can print one from our website at [medibank.com.au](http://medibank.com.au)

### **Time limit for submission of claims**

A claim for benefits must be lodged with Medibank Private within two (2) years of the date on which the service was provided. Benefits will be refused if a claim is lodged outside this period.

### **Hospital claims**

Medibank Private has arrangements with most hospitals for benefits to be paid direct to the hospital and, in most cases, it will not be necessary to separately claim for hospital benefits. Where appropriate, hospital claims can be submitted to a Medibank store. However, these claims are often complex and time consuming to assess, so in order not to keep you and other members waiting, we assess them separately and post benefit cheques to the contributor or hospital, as appropriate.

### **In-hospital medical claims**

How you should claim for in-hospital medical services will depend on whether your doctor has charged under our GapCover arrangements (see pages 32-33).

For GapCover claims, the doctor will either bill Medibank Private direct or issue an account to you. If the doctor issues an account, you need to lodge a claim with Medibank Private. However, payment of the account remains your responsibility.

If the doctor does not charge under a GapCover arrangement, you will need to claim from both Medicare and Medibank Private. You may lodge both these claims at any Medicare office or Medibank store.

### **Claims documentation**

Medibank Private retains all account and receipt documentation for the period required by law.

Benefit payments are accompanied by a statement that contains all information relevant to each service claimed. This statement should be retained for taxation purposes.

Medibank Private will, on request, provide a financial year consolidated Statement of Benefits which is acceptable for taxation purposes.

## Other important information

### **Members' Choice network**

Medibank Private has entered into special agreements with most private hospitals and many extras providers including dentists, dental prosthetists, optical retail outlets, physiotherapists, chiropractors, podiatrists, naturopaths and acupuncturists.

These relationships form the Medibank Private Members' Choice network which means even greater value as you may be able to access services at a capped fee and/or with higher benefits.

### **Disclaimer**

1. Medibank Private encourages providers to offer high quality products and services at competitive prices to its members.
2. However, where Medibank Private recognises a provider, advertises on behalf of a provider, or appears by reference of logo or otherwise in an advertisement of any provider, to the fullest extent allowed by the law such advertising or reference should not be construed as:
  - a) an endorsement;
  - b) an acknowledgment or representation as to fitness for purpose; or
  - c) a recommendation or warranty of, for, or in relation to, the product and/or service of the provider.
3. Accordingly, Medibank Private neither takes nor assumes any responsibility for the product and/or service provided.
4. Members should rely on their own enquiries and seek any assurance or warranties direct from the provider of the service or product.
5. Medibank Private can change the health care providers who participate in our Members' Choice network or the providers whose services we pay benefits for.
6. Members' Choice providers may not be available in all areas. Benefits and other arrangements with these providers may vary depending on their location.

For current information about your nearest Members' Choice provider(s) for the service(s) you require, please contact us on 132 331 or visit one of our stores or our website at [medibank.com.au](http://medibank.com.au)

## **Transferring from another Australian registered health fund (portability)**

Provided that:

- you join Medibank Private within two (2) months of the date on which you cease to be covered by another Australian fund; and
- you have served the applicable waiting periods with that former fund,

from the date of joining, you will be covered for those services included on your Medibank Private cover that were payable under your previous cover.

However, if you haven't fully served the applicable waiting periods with your former fund, you'll need to serve the balance of these waiting periods with us before you're eligible for benefits.

Additional waiting periods may also apply if you've switched to a higher level of cover with Medibank. (see pages 41-45)

Any loyalty bonus or other similar entitlements (for example, increased annual limits for dentures and crowns) built up with your former fund may not transfer to Medibank Private.

### **Portability and Lifetime Health Cover (LHC)**

Medibank Private will keep a record of your LHC loading and the number of permitted days without hospital cover you have used (see pages 15-16 for further information). These details will be carried with you if you change your level of hospital cover or change funds.

While we allow portability where you transfer within two (2) months of the date you cease to be covered by your former fund, we recommend that you be paid up to your date of transfer if you are transferring your hospital cover. Otherwise, you will use up some of your permitted days without hospital cover.

### **The right to change**

The Private Health Insurance Ombudsman has published a brochure called The Right to Change, which covers portability in more detail. A copy of this brochure is available from Medibank stores.

## **Compensation and damages**

Medibank Private benefits are not payable for services or treatment where you have, or may have, an entitlement to receive compensation or damages.

Where an accident or illness is, or may be, covered by compensation or damages provisions, Medibank Private expects that any entitlement to compensation or damages will be pursued by you.

However, we may in our discretion make provisional benefit payments on application (subject to our normal benefit conditions and assessing rules) provided you agree to repay such payments in full once your claim or entitlement is resolved.

If you have been paid Medibank Private benefits for services for which you subsequently receive a compensation or damages settlement, you are required to refund to Medibank Private the benefits we have paid.

## **Your privacy**

Medibank Private is committed to managing personal information according to our Privacy Policy, as amended from time to time.

Copies of the latest version of our Privacy Policy may be obtained from our website at [medibank.com.au](http://medibank.com.au) or any Medibank store.

## **Medibank Private Online – [medibank.com.au](http://medibank.com.au)**

Medibank Private makes managing your health insurance easy with our online services.

Our website at [medibank.com.au](http://medibank.com.au) is full of useful information and services designed to help you have more control over your membership.

From our website members can:

- obtain a premium quote
- join Medibank Private
- pay your premium
- sign up for direct debit
- switch funds
- compare covers
- compare premiums
- download brochures
- view frequently asked questions

- email us
- take out travel insurance
- locate a store
- find a health care provider,

From our website members can register to use our Online Member Services facility# which allows them to:

- view membership details
- view cover details
- add or remove dependants
- change cover
- download brochures and forms
- order a replacement membership card
- request a statement
- view annual statements
- register your bank account details for payment of claims (via EFT)
- suspend membership
- update contact details
- pay a premium
- change payment type
- view payment details
- make an extras claim\*
- make an extras claim using PackageBonus
- view online extras claims history
- send secure email.

#Access to some functions may be limited for your spouse/partner and dependants.

\*Claims for pharmaceuticals cannot be lodged online.

## Your feedback

- At Medibank Private we value your comments on our products and services. If you have any feedback for us or require further explanation on any matter affecting your membership, you can contact us by:
  - calling us on 132 331
  - visiting one of our stores, or
  - emailing us at [askus@medibank.com.au](mailto:askus@medibank.com.au)

## Resolution of issues

If you have a problem with any aspect of your cover or the service we have provided, please contact us and let us know your concerns.

We will try to resolve your complaint promptly and fairly however, if you are not satisfied with our reply, please let us know and we will review our decision or you can write to Medibank Private Customer Resolutions, GPO Box 9999, Melbourne, VIC 3000.

Free independent advice is also available from the Private Health Insurance Ombudsman on 1800 640 695.

## Private Health Insurance Code of Conduct

Medibank Private is a signatory to the Private Health Insurance Code of Conduct. The code was developed by the health insurance industry and aims to promote the standards of service to be applied throughout the industry.

- The code is designed to help you by ensuring that:
- information which we provide to you is written in plain language
- Medibank Private employees are competently trained to deal with your enquiries
- Medibank Private protects the privacy of your information in line with Privacy principles
- you have access to a reliable and free system of addressing complaints with Medibank Private.

A copy of the code is available online at [privatehealth.com.au/codeofconduct](http://privatehealth.com.au/codeofconduct)

## Private Patients' Hospital Charter

The Private Patients' Hospital Charter is a booklet published by the Federal Government to inform members about what they can expect from their health fund, doctors and hospitals as a patient with private hospital cover.

A copy of the Charter can be obtained from our stores or by calling us on 132 331.

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