

Membership guide

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Visit us

Call us or visit our website for
your nearest Medibank store

This guide applies to the following covers:

Young Visitors Health Insurance
Intermediate Visitors Health Insurance
Top Visitors Health Insurance

Membership suitability

The covers detailed in this guide are designed for people who:

- do not hold permanent resident status in Australia
- are not eligible for full Medicare benefits (including Australians residing permanently overseas and most residents of Norfolk Island); and
- are not eligible for membership of Overseas Student Health Cover.

In addition, membership of visitors covers is open to people who take out private cover to supplement any entitlements they may have under Reciprocal Health Care Agreements which exist between Australia and a number of other countries.

If you become a permanent Australian resident, or become eligible for full Medicare benefits, these covers may no longer be appropriate and you should contact us to discuss alternative health cover.

Your guide to membership	5
Your membership	5
Categories of membership	5
Adding a child to a single membership	7
Your membership application	8
Changes to the terms and conditions of your membership	8
Membership review (“cooling off”) period	9
Suspension of membership	9
Medicare Levy Surcharge	10
Goods and Services Tax	11
Your membership card	11
Your premiums	11
Premium payment options	11
Premium protection	12
Premium arrears	13
Premium refunds	13
Your cover	14
Benefits for hospital treatment	14
Surgically implanted prostheses and other items	18
Hospital benefit exclusions	19
Hospital excess	21
Benefits for in-hospital and out-of-hospital medical services	22
Doctors’ admitting rights	22
Ambulance transport	22
Benefits for prescription-only pharmaceuticals	23
Benefits for extras services	26
Members’ Choice extras providers	26
Non Members’ Choice extras providers	26
Annual limits	26
Types of services covered and their limits	27
Waiting periods	29
Pre-existing ailment (PEA) rule	30
Obstetrics-related services waiting period	31
Accidents and associated waiting periods	32

Reduced and restricted benefit payments	32
Benefit replacement periods	32
General benefit restrictions	33
General benefit exclusions	34
Appliances requiring referrals	35
How benefits are assessed	35
Hospital benefits — overnight stay patients	35
Same-day hospital benefits	36
Long stay hospital patients	36
Extras benefits	36
Making a claim	37
Time limit for submission of claims	38
Hospital claims	38
Claims documentation	38
Other important information	38
Members' Choice network	38
Transferring from another Australian registered health fund (portability)	39
Compensation and damages	40
Your privacy	41
Medibank Private Online	41
Your feedback	42
Resolution of issues	42
Private Patients' Hospital Charter	42
Index	42

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 section on waiting periods, including for pre-existing ailments** (see pages 29-32).

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.
- 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.
- All monetary values in this guide are expressed in Australian dollars (AUD).

Your membership

Categories of membership

Medibank Private offers the following categories of membership:

- single membership, which covers one person only
- family membership, which covers you and your spouse/partner and:
 - any of your child dependants and/or
 - any of your student dependants.

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 membership to a 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.

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; or
- 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.

Visitors Covers may be purchased in advance to commence from the date of arrival of the visitor in Australia, but cannot commence prior to arrival in Australia, for example to avoid waiting periods (see pages 29-32 for details of waiting periods and pages 11-13 for details of premium payment options).

If you have a family 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, 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 as this will prevent benefit cheques and other correspondence from going astray
- if you become eligible for full Medicare benefits so that we can assist you to arrange more suitable health cover.

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

If you leave Australia, for example to return to your home country for a period of time, you may apply to Medibank Private to have your membership suspended.

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
- the minimum period for which you can suspend your membership is two (2) months ie. if you leave Australia for less than two (2) months, you cannot suspend your membership
- you cannot suspend your membership for more than four (4) months in any 12-month period.

Under *Top Visitors Health Insurance* and *Intermediate Visitors Health Insurance*, annual benefit entitlements and limits for extras services 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

If you are an Australian resident for taxation purposes, including if you are a citizen of a country which has a Reciprocal Health Care Agreement with Australia, you may be required to pay the 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:

- 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.

Visitors Covers detailed in this guide will not exempt you from the Medicare Levy Surcharge.

Goods and Services Tax

Visitors Covers are subject to a Goods and Services Tax (GST), which is included in the premium you pay. Under Medibank Private's Fund Rules, if you are on any of our Visitors Covers it is assumed you have no entitlement to claim any part of the GST as an input tax credit. If you are eligible and intend to claim back part or all of the GST you must notify us in writing.

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 make a premium payment or 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, the type 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.

A number of payment options are 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.



In person

Pay:  at any branch of Australia Post.

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



Internet

You may pay your premiums through 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 pages 8-9).

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 before you arrive in Australia, you may apply for a refund of premiums paid in advance. To obtain a refund, you must apply in writing to Medibank Private and provide documentary proof of your circumstances eg. a letter from an Australian Embassy advising that your visa to Australia has not been approved, or a receipt for the cancellation of your airfare to Australia. Medibank Private will apply an administration fee for each application, and refund all remaining monies. If you have already arrived in Australia and wish to close your membership, your refund will be calculated from the date you apply to have your membership closed. An administration fee will also apply in these instances unless application is made within the membership review period (see page 9).

Your cover

This guide sets out the benefits payable under the following covers:

- *Top Visitors Health Insurance*
- *Intermediate Visitors Health Insurance*
- *Young Visitors Health Insurance*

These help pay for your medical bills, and your expenses in all public and private hospitals throughout Australia.

Top Visitors Health Insurance and *Intermediate Visitors Health Insurance* covers also include benefits for a range of extras services such as dental, physiotherapy, chiropractic treatment and items such as optical items.

The level of cover you have depends upon which product you select.

Your membership card will show the cover you hold at the date of issue of the card.

Benefits for hospital treatment

This section provides details of the benefits payable for hospital treatment. It includes details of benefits for in-hospital medical services – see page 22. Not all services are available at all hospitals. Please check with your hospital prior to admission.

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.** However, you should confirm all likely out-of-pocket expenses with your doctor and/or hospital before your admission.

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 *Young Visitors Health Insurance*) 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.

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 19-21), waiting periods (see pages 29-32), reduced and restricted benefit payments (see pages 32-35), 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:

Top Visitors Health Insurance

Full cover, less the applicable excess, for:

- accommodation
- no-gap prostheses and other items included on the Federal Government's Prostheses Schedule (see pages 18-19)
- theatre fees
- other charges as agreed between the hospital and Medibank Private.

Intermediate Visitors Health Insurance

For services that are not excluded, benefits are payable as per *Top Visitors Health Insurance*. For excluded services (see pages 19-21), no benefits are payable.

Young Visitors Health Insurance

For services that are not excluded, benefits are payable as per *Top Visitors Health Insurance*. For excluded services (see pages 19-21), 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
- 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 19-21), waiting periods (see pages 29-32) and reduced and restricted benefit payments (see pages 32-35). For details about how these benefits are assessed, please see pages 35-36.

Benefits are payable towards following:

- *Top Visitors Health Insurance*

Benefits, less the applicable excess, towards the cost of:

- accommodation
- surgically implanted prostheses and other items included on the Federal Government's Prostheses Schedule (see pages 18-19)
- theatre fees
- other hospital charges as specified in our Fund Rules.

- *Intermediate Visitors Health Insurance*

For services that are not excluded, benefits are payable as per *Top Visitors Health Insurance*. For excluded services (see pages 19-21), no benefits are payable.

- *Young Visitors Health Insurance*

For services that are not excluded, benefits are payable as per *Top Visitors Health Insurance*. For excluded services (see pages 19-21), 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 19-21), waiting periods (see pages 29-32), and reduced and restricted benefit payments (see pages 32-35), members receiving public hospital treatment as a private patient are entitled to benefits as follows:

- *Top Visitors Health Insurance*

Full cover, less the applicable excess, for:

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

- *Intermediate Visitors Health Insurance*

For services that are not excluded, benefits are payable as per *Top Visitors Health Insurance*. For excluded services (see pages 19-21), no benefits are payable.

- *Young Visitors Health Insurance*

For services that are not excluded, benefits are payable as per *Top Visitors Health Insurance*. For excluded services (see pages 19-21), 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 and 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 surgically implanted prostheses and other 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 about benefits for hospital treatment (pages 14-18) for further details of the benefits provided under Medibank Private's hospital covers. Benefits are not payable for any prosthesis or other item associated with an excluded service under your cover.

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

The hospital 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:

- outpatient or accident and emergency department charges raised by a private hospital
- 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 listed in the Medicare Benefits Schedule (see page 22). Please contact Medibank Private on 132 331 or visit one of our stores for more details.

Benefits **are not** payable for:

- cosmetic surgery
- treatment arranged before coming to Australia
- pharmaceuticals prescribed for cosmetic purposes
- prostheses and other items not on the Federal Government's Prosthesis Schedule (see pages 18-19)
- 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 pages 18-19 for more information
- items such as newspapers, TV hire etc not covered by the Medibank Private agreement (if any) with the hospital
- charges for all other services not covered, or not fully covered, by the Medibank Private agreement (if any) with the hospital or under your extras cover (if on *Top Visitors Health Insurance* and *Intermediate Visitors Health Insurance*)
- 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
- charges by your doctor in excess of the Medibank Private benefit.

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

Young Visitors Health Insurance

- in-hospital psychiatric care treatment
- in-hospital rehabilitation treatment
- palliative care
- 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 Visitors Health Insurance

- hip and knee joint replacement surgery (but this does not apply to reconstruction surgery eg. knee reconstruction)
- assisted reproductive services eg. In Vitro Fertilisation (IVF) and Gamete Intrafallopian Transfer (GIFT)
- major eye surgery including cornea and sclera transplants and cataract surgery
- renal dialysis.

Hospital excess

A hospital 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 Prosthesis Schedule, medical treatment or ambulance transport.

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

The excess applies per member per calendar year. 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.

The hospital excess applying to Visitors Covers is \$300 per person per calendar year.

Benefits for in-hospital and out-of-hospital medical services

Visitors Cover provides benefits for treatment from medical practitioners (including specialists), either in or out of hospital. Our benefits cover all medical services listed in the Medicare Benefits Schedule (MBS) but only when the services have been provided by a medical practitioner.

Under *Intermediate Visitors Health Insurance* and *Young Visitors Health Insurance*, when you receive medical treatment from a medical practitioner, either in or out of hospital, Medibank Private will pay 100% of the MBS fee.

Under *Top Visitors Health Insurance*, the benefit will be equal to, or greater than, the MBS fee.

Benefits are not payable for a professional service for which a Medicare benefit is, or may be, payable; or for a service not listed in the MBS; or for a service which is an excluded service under your cover. You will have to pay any additional cost if the doctor charges more than the benefits we pay you. Medical benefits are **not** payable under *Intermediate Visitors Health Insurance* and *Young Visitors Health Insurance* towards excluded services (see pages 19-21).

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

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, as an admitted patient, you want to be transported from one hospital to another hospital in Australia
- when an ambulance is called to attend 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 or Territory ambulance transportation scheme. Benefits may be payable, however, for any ambulance transportation costs not fully covered by such schemes.

Benefits for prescription-only pharmaceuticals

The following table summarises the benefits payable by Medibank Private for prescription-only pharmaceuticals when you are admitted to hospital.

Note: Under *Young Visitors Health Insurance*, you will be covered for the cost of ward drugs* only where you are an admitted patient in a Members' Choice hospital or a public hospital and are receiving treatment for an included service. Benefits are not payable for pharmaceuticals under *Young Visitors Health Insurance* in any other circumstance.

Benefits are not payable under any cover for oral contraceptives, or pharmaceuticals prescribed for cosmetic purposes. For further details of benefits paid for pharmaceuticals, please call us on 132 331.

Most overseas visitors to Australia are not eligible for subsidised pharmaceuticals under the Pharmaceutical Benefits Scheme (PBS)[#]. Your Visitors Cover pays limited benefits for pharmaceuticals. Pharmaceuticals used in oncology (cancer) and other treatments can be very expensive for people who do not have access to the PBS. This means you may incur significant out-of-pocket expenses if high cost pharmaceuticals are required for your treatment.

* Ward drugs are drugs approved by Medibank Private, that are used routinely for an episode of hospital care and which are normally kept in a hospital ward, procedure room or theatre. These generally include only the following: analgesia (pain relief), pre-operative preparations, electrolytes, antacids, vitamin replacement, hypnotics (sleep inducing), antiemetics (anti nausea), intravenous fluids, emergency drugs, anaesthetic agents and those antibiotics intrinsic to a procedure or used routinely.

[#] The Pharmaceutical Benefits Scheme (PBS). This is a Federal Government scheme that provides for many pharmaceuticals to be supplied to Australian residents at reduced or no cost. The PBS is generally not available to visitors, temporary residents or people not entitled to benefits under Medicare.

Medibank Private benefit	
Members' Choice hospitals	<p>When in a Members' Choice hospital you will be fully covered for the cost of ward drugs*.</p> <p>For all other prescription-only pharmaceuticals administered while in a Members' Choice hospital, Medibank Private pays:</p> <ul style="list-style-type: none"> • <i>Top Visitors Health Insurance</i> – up to \$41.70 for each prescription item (or up to \$47.80 for allergen extracts); or • <i>Intermediate Visitors Health Insurance</i> – up to \$31.10 for each prescription item (or up to \$36.20 for allergen extracts). <p>There is an annual limit of \$600 per member per calendar year for <i>Top Visitors Health Insurance</i> and <i>Intermediate Visitors Health Insurance</i>.</p> <ul style="list-style-type: none"> • <i>Young Visitors Health Insurance</i> – no benefits are payable.
(i) Non Members' Choice private hospitals ii) Out of hospital items supplied by a registered pharmacist, medical practitioner or dentist. (iii) Prescription-only pharmaceuticals issued on discharge from any hospital	<p>For all prescription-only pharmaceutical items (including ward drugs*) Medibank Private pays:</p> <ul style="list-style-type: none"> • <i>Top Visitors Health Insurance</i> – up to \$41.70 for each prescription item (or up to \$47.80 for allergen extracts); or • <i>Intermediate Visitors Health Insurance</i> – up to \$31.10 for each prescription item (or up to \$36.20 for allergen extracts). There is an annual limit of \$600 per member per calendar year for <i>Top Visitors Health Insurance</i> and <i>Intermediate Visitors Health Insurance</i>. • <i>Young Visitors Health Insurance</i> – no benefits are payable.
Public hospitals	<p>For pharmaceuticals provided to public hospital inpatients: benefits to 100% of the charge for ward drugs* only. For all other prescription-only pharmaceuticals administered while in a public hospital, Medibank Private pays:</p> <ul style="list-style-type: none"> • <i>Top Visitors Health Insurance</i> – up to \$41.70 for each prescription item (or up to \$47.80 for allergen extracts); or • <i>Intermediate Visitors Health Insurance</i> – up to \$31.10 for each prescription item (or up to \$36.20 for allergen extracts). There is an annual limit of \$600 per member per calendar year for <i>Top Visitors Health Insurance</i> and <i>Intermediate Visitors Health Insurance</i>. • <i>Young Visitors Health Insurance</i> – no benefits are payable.

Your out-of-pocket expenses
<p>For all prescription-only pharmaceuticals, other than ward drugs*, administered while in a Members' Choice hospital, you must pay:</p> <ul style="list-style-type: none"> • an amount equivalent to the current non-concessional PBS# co-payment (which is the amount you would have been required to pay if you were eligible for subsidies under the PBS), and • any costs remaining after the Medibank Private benefit has been paid.
<p>For all prescription-only pharmaceutical items (including ward drugs*) you must pay:</p> <ul style="list-style-type: none"> • an amount equivalent to the current non-concessional PBS# co-payment (which is the amount you would have been required to pay if you were eligible for subsidies under the PBS), and • any costs remaining after the Medibank Private benefit has been paid.
<p>For all prescription-only pharmaceuticals, other than ward drugs*, administered while in a public hospital, you must pay:</p> <ul style="list-style-type: none"> • an amount equivalent to the current non-concessional PBS# co-payment (which is the amount you would have been required to pay if you were eligible for subsidies under the PBS), and • any costs remaining after the Medibank Private benefit has been paid.

* Ward drugs are drugs approved by Medibank Private, that are used routinely for an episode of hospital care and which are normally kept in a hospital ward, procedure room or theatre. These generally include only the following: analgesia (pain relief), pre-operative preparations, electrolytes, antacids, vitamin replacement, hypnotics (sleep inducing), antiemetics (anti nausea), intravenous fluids, emergency drugs, anaesthetic agents and those antibiotics intrinsic to a procedure or used routinely.

The Pharmaceutical Benefits Scheme (PBS). This is a Federal Government scheme that provides for many pharmaceuticals to be supplied to Australian residents at reduced or no cost. The PBS is generally not available to visitors, temporary residents or people not entitled to benefits under Medicare.

Benefits for extras services

Top Visitors Health Insurance and *Intermediate Visitors Health Insurance* also help with the cost of certain services such as physiotherapy and dental treatment and items such as optical items. These are known as ancillary services or “extras”. *Young Visitors Health Insurance* does not provide any benefits for extras services.

Benefits for treatment provided by recognised extras providers are generally payable per item or service, and are subject to annual limits and sub-limits, waiting periods (see pages 29-32), reduced and restricted benefit payments (see pages 32-35) 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 35-36.

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 provider call us on 132 331 or visit our website at medibank.com.au See pages 38-39 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 sublimits. 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 below.

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

Top Visitors Health Insurance and Intermediate Visitors Health Insurance	
Service	Annual limit (per person per calendar year unless otherwise shown).
General dental	No annual limit (A sub-limit of \$300 applies during the first six months of membership).
Endodontic services	\$400- \$800*
Major dental	Overall limit of \$2,000
Sub-limits apply:	
<i>Inlay/onlay restorative</i>	\$300- \$700*
<i>Dentures, crowns and bridges</i>	\$400- \$800*
<i>Orthodontic</i>	\$400 – \$800* Lifetime limit of \$2,400 per member
<i>Periodontic</i>	\$300- \$700*
Optical items eg. frames, prescription lenses and contact lenses	\$250 The following sub-limits apply: \$200 for contact lens items \$115 for frames on <i>Top Visitors Health Insurance</i> and \$92 for frames on <i>Intermediate Visitors Health Insurance</i>
Physiotherapy	\$700
Pharmaceutical prescriptions (for prescription-only items)	\$600 Benefits for pharmaceutical prescriptions are detailed on pages 23-25

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

Top Visitors Health Insurance and Intermediate Visitors Health Insurance *continued*

Alternative therapies Consultations for:	Overall limit of \$500
Sub-limits apply:	
<i>Chiropractic and osteopathy</i>	\$400
<i>Acupuncture</i>	\$400
<i>Naturopathy</i>	\$400
<i>Remedial massage and myotherapy</i>	\$100
Other therapies Consultations for:	Overall limit of \$1,000
Sub-limits apply:	
<i>Podiatry</i>	\$400
<i>Dietetics</i>	\$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.
<i>Occupational therapy</i>	\$400
<i>Speech therapy</i>	\$400
<i>Orthoptics (eye therapy)</i>	\$400
Health appliances	Overall limit of \$1,000
Sub-limits apply:	
<i>Hearing aids</i>	\$800 sub-limits apply
<i>Breathing appliances</i>	\$180 per membership every 3 years
<i>Blood glucose monitors</i>	\$240 per membership every 3 years. \$180 per member for <i>Top Visitors Health Insurance</i> and \$150 per member for <i>Intermediate Visitors Health Insurance</i> every 3 years.
<i>Other health appliances incl. external prostheses</i>	\$500 sub-limits and restrictions apply.
Clinical psychology Consultations only and not for psychology tests	\$400
School accident cover** 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 activity. Excludes services for which compensation or damages are payable.

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 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 pages 39-40 'Transferring from another Australian registered health fund (portability)'.

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

- 2 months** • All services except as specified below
- 6 months** • Optical items (frames, prescription lenses and contact lenses)
- 12 months** • Pre-existing ailments (PEA: see pages 30-31 for a full explanation of the PEA waiting period)
- Obstetrics-related services (see pages 31-32 for a full explanation of this waiting period)
- 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 in its discretion 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 pre-existing ailments. This is to protect existing members from claims made by people who join a fund, or change their cover, because they have an ailment, illness or condition that may require treatment.

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 prior to 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 and medical charges.

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 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: Where treatment is required as the result of an accident, a benefit may be payable under *Young Visitors Health Insurance*.

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).

Reduced and restricted benefit payments

Benefit replacement periods

A benefit replacement period applies to certain 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:

- 12 months**
- External mammary prostheses
 - Repairs of external prostheses and health appliances

- 2 years**
- Wigs
 - Hip protectors
 - Insulin delivery pens
- 3 years**
- Blood glucose monitors
 - Breathing appliances
 - nebulisers
 - peak flow meters (per membership)
 - spacing devices
 - Mouthguards (a benefit may be payable for a replacement mouthguard each calendar year for members up to 18 years of age)
 - Dentures, crowns and bridges
 - Other health appliances and external prostheses (except as specified below)
- 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 *Top and Intermediate Visitors Health Insurance*.

Note: Benefits are not payable for any of the above items under *Young Visitors Health Insurance*.

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 waiting period), 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 19-21.

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 of Australia
- for claims for services where an entitlement exists, or may exist, to compensation or damages (see page 40 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 132 331 or visit one of our stores
- for cosmetic surgery
- for oral contraceptives
- for pharmaceuticals that are supplied under the Pharmaceutical Benefits Scheme
- for pharmaceuticals prescribed for cosmetic purposes
- for treatment not considered medically necessary (eg. health screening services as required for employment or visa renewal 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
- whether benefits may be subject to the hospital benefit exclusions outlined on pages 19-21 and the general benefit exclusions outlined on page 34
- 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 29-32) 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 as specified by the Federal 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 a shared room where the treatment is for an included service. Any additional charges for a private room are the member's responsibility.

Long stay hospital patients

All Medibank Private's visitors covers provide members with cover for as long as they require hospital treatment, provided they obtain medical certification for the need 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 under *Top Visitors Health Insurance* and *Intermediate Visitors Health Insurance*, 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 34)
- 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 other restrictions or exclusions apply
- any other Fund Rules relevant to your membership.

Making a claim

There are a number of ways you can claim with Medibank Private.

• 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 claims for most extras services and doctors (GPs) visits

You can also claim for most extras services and for visits to doctors (GPs only) online through our Online Member Services at 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).

• 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.

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 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

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.

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. Benefits may vary depending on the State or Territory in which a service is provided.

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 acknowledgement 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

Transferring from another Australian registered health fund (portability)

Provided that:

- you join Medibank Private within two (2) months of the date on which your cover lapsed with another Australian registered health 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. Benefits will not be paid for treatment received before joining Medibank Private.

However, if you haven't fully served the applicable waiting periods with your former fund, you will 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 29-32).

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. In addition to recognising other Australian funds, Medibank Private may also recognise cover with certain other Australian organisations offering health cover for non-residents. However, membership with overseas funds or travel insurance is not recognised for portability purposes.

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 or any Medibank store.

Medibank Private Online — medibank.com.au

We help make managing your health and insurance easier with our online services. Our website at 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
- add or remove dependants
- download brochures and forms
- order a replacement card
- suspend membership
- update contact details
- pay a premium
- change payment type
- make an extras claim*
- submit a doctor's claim (GPs only)
- view payment details
- register your bank account details for payment of claims (via EFT)
- 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 (if calling in Australia) or + 61 3 8622 5780 (if calling from outside Australia)
- visiting one of our stores, or
- emailing us at 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 Patients' Hospital Charter

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

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

Index

A	Page No (s)
Accidents	32
Ambulance transport	22-23
Annual limits	26-28
B	
Benefit replacement periods	32-33
C	
Claiming	37-38
Compensation and damages	40
Contributor	6-7
D	
Dependants	6-7
Doctors' admitting rights	22

E	
Exclusions (hospital benefits)	19-21
F-L	
Feedback, your	42
Goods and Services Tax	11
Intermediate Visitors Health Insurance	
<i>benefits for hospital treatment</i>	14-18
<i>excess</i>	21
<i>extras services covered and their limits</i>	26-28
Long stay hospital patients	36
M-N	
Medical services (in and out of hospital)	22
Medicare Levy Surcharge	10-11
Members' Choice extras providers	26
Members' Choice network	38-39
Membership application, your	8
Membership card, your	11
O	
Obstetrics-related services	31-32
Overnight stay patients	35-36
P-Q	
Pharmaceutical benefits	23-25
Portability (transferring from another Australian registered health fund)	39-40
Pre-existing ailment (PEA)	30-31
Premiums	11-13
Privacy, your	41
Private Patients' Hospital Charter	42
Prostheses and other items (surgically implanted)	18-19
R	
Reduced and restricted benefit payments	32-35
Referrals (extras)	35
Resolution of issues	42
Restricted services	33-34
Right to change, the	40
S-V	
Same-day hospital benefit	36
Spouse/partner	6-7
Suspension of membership	9-10
Top Visitors Health Insurance	
<i>benefits for hospital treatment</i>	14-18
<i>excess</i>	21
<i>extras services covered and their limits</i>	26-28
W-Z	
Waiting periods	29-32
Ward drugs	23-25
Website	41
Young Visitors Health Insurance	
<i>benefits for hospital treatment</i>	14-18
<i>excess</i>	21
<i>excluded and restricted services</i>	19-21