

Cover Summary

Intermediate 70 Visitors Health Insurance

medibank
For Better Health

This provides an important summary of your cover and we recommend that you read and retain it. You can find out more about your membership by referring to your Member Guide, which is a summary of our Fund Rules and terms and conditions, or by calling us on 132 331.

Hospital cover

Hospital cover provides benefits when you are treated as a private patient admitted to hospital. It helps to cover the cost of accommodation and medical costs for included services provided in-hospital.

Here are the services that are Included and Excluded under your hospital cover. Before booking treatment, you should call us to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.

Services and Treatments	Included or Excluded
Ambulance services	✓
Accident override	✓
Appendicitis treatment	✓
Removal of appendix	✓
Removal of tonsils and adenoids	✓
Knee reconstruction surgery and investigations	✓
Shoulder reconstruction surgery and investigations	✓
Surgical removal of wisdom teeth (hospital charges only)	✓
Palliative care	✓
Rehabilitation treatment	✓
Psychiatric treatment	✓
Colonoscopies	✓
Heart-related admissions	✓
Plastic and reconstructive surgery	✓
Hip and knee joint replacement surgery	✗
All other joint replacement surgery	✓
Major eye surgery (including cataract and other lens-related services)	✗
Renal dialysis	✗
Surgery for slipped disc and scoliosis	✓
Spinal fusion surgery	✓
Weight loss surgery	✓
Obstetrics-related services (eg. pregnancy)	✓
Fertility treatment (including IVF and GIFT programs)	✗
All other MBS items (includes thousands of additional in-hospital services)	✓

What does it mean?

Included service:

We pay benefits towards overnight and same day hospital accommodation, intensive care and medical services where a Medicare benefit is payable.

It's important to know that if you are treated in a non-Members' Choice hospital, the benefits we pay are generally lower than for a Members' Choice hospital and you may incur significant out-of-pocket expenses. Members' Choice providers are not available in all areas.

Where you are treated as a private patient in a public hospital, we'll pay benefits towards overnight and same day accommodation in a shared room.

Excluded service:

We won't pay any benefits towards the hospital, medical or other costs of Excluded services.

Cosmetic treatment is an Excluded service on all Medibank covers.

Accident override means that an Excluded service will be treated as an Included service where you require hospital treatment as the result of an Accident that occurred after joining this cover. See 'Other features and benefits' on page 3 for more information.

Medical cover

Your cover includes benefits towards medical services provided by a doctor, that are listed in the Australian Government's Medicare Benefits Schedule (MBS). We pay 100% of the MBS fee for:

- General Practitioners (GPs).
- All other medical services provided out of hospital (eg. specialists, pathology and x-rays).
- Medical services provided when admitted to hospital (eg. surgeon's fees, anaesthetist's fees).

You must pay any difference between the benefit Medibank pays and the actual fee charged by the doctor. No benefits are payable for Excluded services or Allied Health Services (eg dental, psychology and physiotherapy).

Waiting periods

A waiting period is a period of time you need to wait after taking out your cover before you're entitled to receive benefits for services or items covered. You're not able to receive benefits for any items or services you might have obtained while you are serving a waiting period or before you joined Medibank.

The 2 month hospital treatment waiting period is waived for injuries sustained in an Accident after joining this cover.

Waiting Periods	
2 months	Ambulance services.
	Hospital treatment for conditions requiring hospitalisation that are not deemed pre-existing conditions.
12 months	Pre-existing conditions A pre-existing condition is an ailment, illness or condition that in the opinion of a Medical Practitioner appointed by Medibank, the signs or symptoms of which existed at any time in the period of six months before you either took out your new cover, or transferred to a higher level of cover.
	Obstetrics-related services.
	CPAP-type devices.

There are no waiting periods for eligible out-of-hospital medical services, so you can access those services straight away.

Excess

The excess that applies to your cover is **\$300**.

An excess is an amount you must contribute towards your same day or overnight hospital treatment and is deducted from the benefits we pay. Some hospitals may require you to pay the excess at the time of admission. It is payable per member per calendar year.

This excess does not apply to children on family memberships. This means any child or student will not have to pay the excess if they're admitted to hospital.

Other features and benefits

Accident override

Your cover also features Accident override which means that you'll be covered for Excluded services where treatment is required as the result of an Accident after joining this cover. Benefits are payable for the initial hospital treatment for injuries resulting from the Accident, as well as ongoing treatment where the services form part of your initial course of treatment covered by Medibank under Accident override. You must see a medical practitioner within seven days of the Accident occurring.

Choice of treating doctor or specialist

You can choose your doctor or specialist when you're treated in hospital as a private patient.

Surgically implanted prostheses

For an Included service, we'll pay the minimum benefit as listed in the Australian Government's Protheses List.

CPAP-type devices

Up to \$500 benefit per member every 5 years towards the hire or purchase of an approved device.



Health Advice




As part of your hospital cover, you have access to a 24/7 Health Advice Line – Medibank nurses can answer any health question, call 1800 644 325.

Extras cover

This table shows the extras services you can claim benefits for, annual limits and waiting periods that apply to these services.

If you visit a provider from our large Members' Choice network you'll generally get better value for money. You can take advantage of capped rates and will receive a percentage of what you're charged back. This will generally be higher than the fixed amount you'll receive at a non-Members' Choice provider. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Ambulance services	For eligible services where immediate professional attention is required	2 months	100%		No annual limit
Optical*	Frames	6 months	100%		\$225
	Prescription lenses				
	Contact lenses				
General dental*	Preventative treatment	2 months	70%	Fixed benefit	No annual limit 
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental*	Endodontic services (eg. root canal)	12 months	70%	Fixed benefit	\$1,000 
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
Orthodontics	Braces	12 months	100%		\$800 opening balance. Top up of \$400 per year. Up to a \$2,400 lifetime limit.
Physiotherapy*	Consultations	2 months	70%	Fixed benefit	\$600
	Group pilates				
	Hydrotherapy sessions				

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Chiropractic*	Consultations only	2 months	70%	Fixed benefit	Combined limit of \$400
Osteopathy			Fixed benefit		
Natural therapies	Consultations for remedial massage, naturopathy and acupuncture*	2 months	70%	Fixed benefit	Combined limit of \$300
	Consultations for exercise physiology, reflexology, kinesiology, Chinese and Western herbalism, shiatsu, aromatherapy, homeopathy, bower therapy, alexander technique and feldenkrais		Fixed benefit		
Prescription pharmaceuticals (non-PBS)	Includes most prescribed items not subsidised by the Government. Benefits will be paid after a set charge has been deducted. It's important to note that we don't pay benefits for oral contraceptives or for pharmaceuticals prescribed for cosmetic purposes.	2 months	Fixed benefit		\$400
Podiatry*	Consultations and approved orthotics	2 months	70%	Fixed benefit	\$400
Dietetics	Consultations only	2 months	Fixed benefit		\$400
Psychology	Consultations only	2 months	Fixed benefit		\$400
Speech therapy	Consultations only	2 months	Fixed benefit		\$400
Eye therapy	Consultations only	2 months	Fixed benefit		\$400
Occupational therapy	Consultations only	2 months	Fixed benefit		\$400
Health appliances and external prostheses	Insulin delivery pens, pressure therapy garments, braces, splints, orthoses, post-mastectomy brassieres and external mammary prostheses/breast forms	2 months	Fixed benefit		\$400 
Breathing appliances	Peak flow meters, nebulisers and spacing devices only	12 months	100%		Combined limit of \$200 
Blood glucose monitors and blood pressure monitors	Purchase of devices only	24 months			
Hearing aids	Purchase of devices	36 months	100%		\$800 

 Benefit Replacement Periods apply. * Members' Choice providers are available for these services only.

How do orthodontic benefits work?

Your orthodontic entitlement starts with an opening balance, which you can access once your 12 month waiting period is served. The balance is then topped up with an additional amount each 1 January following the completion of your waiting period up to a maximum lifetime limit.

* Includes benefits paid by Medibank or other private health insurers.



? What does it mean?

Members' Choice providers: These are extras providers Medibank has negotiated with so you won't be charged more than the agreed price. Members' Choice providers are not available in all areas. To check whether a provider is a Members' Choice provider go to medibank.com.au

Non-Members' Choice providers: These are extras providers recognised by Medibank but with whom we don't have an agreement.

Waiting periods: A waiting period is a period of time you need to wait after taking out your cover before you're entitled to receive benefits for services or items covered. You're not able to receive benefits for any items or services you might have obtained while you're serving a waiting period or before you joined Medibank.

Transferring from another health insurer? You may not need to re-serve waiting periods if you transfer within two months. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

Annual limits: An annual limit is the maximum amount of benefits payable towards services, items or groups of services and/or items within a calendar year (i.e. 1 January to 31 December). The benefit we pay for services or items is likely to be less than your annual limit and less than your provider's charge, which means you may have out-of-pocket expenses to pay.

Lifetime limit: Once you've reached this limit you can no longer claim that benefit in any future year of membership, even if you change your cover.

Fixed benefit: This is the amount we will pay if you visit a non-Members' Choice provider. The amount of the fixed benefit depends on the cover you hold and the type of service or item you receive. It will generally be lower than the amount you would receive when you visit a Members' Choice provider.

📅 Benefit Replacement Periods (BRPs)

This is the period of time you need to wait from the date of purchase for an item before you can receive another benefit to replace it. This is separate to the waiting period. Below are the benefit replacement periods that apply to your cover. These apply per member, unless otherwise stated.

Additional restrictions may apply to some individual dental item numbers and services. Please contact us prior to your treatment.

Service category	Items	Benefit replacement period
Health appliances and external prostheses	External mammary prostheses and repairs of external prostheses	12 months
	Wigs, hip protectors and insulin delivery pens	24 months
	Other health appliances and external prostheses	36 months
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months
Breathing appliances	Nebulisers and peak flow meters (per membership)	
	Spacing devices	
General dental	Mouth guards*	
Major dental	Dentures, crowns and bridges	
Hearing aids	Hearing aids	60 months

*Members under the age of 18 are entitled to a benefit for a replacement mouth guard once every 12 months.

📄 Referral letter

A referral letter is required to claim benefits for some items under your cover. Refer to the Member Guide for more information.

💬 How to find out more

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can access online at medibank.com.au/health-insurance/glossary

This information is current as at September 2016 and subject to change from time to time. If you'd like to change your cover, please contact us on 132 331. Membership of Medibank Private is subject to our Fund Rules and policies which are summarised in our Member Guide.

Medibank Private Limited ABN 47 080 890 259