

## Your HealthyPlus cover – a summary

This provides a summary of your cover and isn't intended to be a comprehensive description. You can find out more about your cover by referring to your Membership Guide or calling us on **132 331**.

### Hospital cover

#### Things we pay benefits for

**We cover all services where a Medicare benefit is payable, unless it's on the list of excluded or restricted services. Covered services include:**

- Colonoscopies
- Appendicitis treatment
- Removal of tonsils & adenoids
- Knee reconstruction surgery & investigations
- Shoulder reconstruction surgery & investigations
- Surgical extraction of wisdom teeth
- Palliative care.

**For these services we pay benefits towards:**

- Choice of doctor or specialist for medical treatment in hospital
- Private hospital accommodation
  - Overnight accommodation in a private or shared room
  - Same day admissions
  - Intensive care
  - Theatre fees
- Public hospital accommodation as a private patient
  - Overnight accommodation in a private or shared room
  - Same day admissions (shared room only)
- Surgically implanted prostheses & other items on the Federal Government's Prostheses Schedule.

#### Things we pay limited benefits for

##### Restricted services

We pay lower benefits for restricted services in private hospitals. This means you may be left with significant out-of-pocket expenses for the following services:

- Psychiatric treatment
- Rehabilitation treatment.

#### Things we don't pay benefits for

##### Excluded services

We pay no benefits towards the cost of the following services:

- Cardio-thoracic procedures such as angiograms or open heart & bypass surgery
- Major eye surgery – including cataract & lens-related services
- Hip joint replacement surgery
- Knee joint replacement surgery
- Obstetrics-related services
- Assisted reproductive services such as IVF & GIFT
- Plastic & reconstructive surgery
- Renal dialysis
- Cosmetic surgery.

#### Excess

An excess is an amount you agree to pay if you're admitted to hospital.

This cover includes an excess of \$500 which applies per member, each calendar year. The excess doesn't apply to any child on the membership.

#### 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.

- 2 months for all services (except as specified below)

The 2 month waiting period is waived for treatment arising from an accident occurring after joining or changing cover.

- 12 months for pre-existing ailments (this doesn't apply to hospital or hospital-substitute treatment for psychiatric treatment, rehabilitation treatment or palliative care)

A pre-existing ailment is an ailment, illness, or condition where signs or symptoms existed at any time during the six months before you either took out your new cover, or transferred to a higher level of cover.

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.

## Your HealthyPlus cover

### Extras cover

This table shows the services you can claim benefits for along with the annual limits, sub-limits and waiting periods that apply to your extras cover.

An annual limit is the maximum amount of benefits payable for particular groups of extras services or items within a calendar year (ie. 1 January – 31 December). A sub-limit is a maximum amount you can receive on an annual basis (or within other defined periods of time) for a particular item or service within an overall annual limit.

Service	Annual limits & sub-limits	Waiting period
<b>General dental</b> eg. dental examinations, scale & clean	<b>\$500</b> Combined general dental & endodontic services annual limit \$300 sub-limit during the first 6 months of membership of any extras cover	2 months (12 months for surgical procedures & extractions)
<b>Endodontic services</b> eg. root canal treatment		12 months
<b>Optical items</b> eg. frames, prescription lenses & contact lenses	<b>\$200</b> A sub-limit of \$92 for frames	6 months
<b>Physiotherapy</b> eg. consultations (includes group pilates & hydrotherapy sessions)	<b>\$300</b>	2 months
<b>Pharmaceutical prescriptions</b> Includes most prescribed non-PBS items. Benefits will be paid after a set charge has been deducted.	<b>\$300</b>	2 months
<b>Medically necessary ambulance transport</b> Benefits aren't payable where there's an entitlement to cover under a state scheme or other source.	<b>No annual limit</b>	2 months

The 2 month waiting period is waived when the service arises from an accident.

Benefits are only payable for extras services provided by recognised providers. 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. Additional restrictions apply to the payment of benefits for some services.

## PackageBonus

The PackageBonus is an amount of money that accumulates each year to help pay for a range of approved membership and health-related expenses. Any member may claim PackageBonus benefits up to the maximum membership limit. There is a 6 month waiting period and entitlements apply from 1 January each year.

	Single membership	Couple/family membership
First calendar year of membership	\$50	\$100
Second calendar year of membership & each calendar year thereafter	\$100	\$200
Maximum membership limit	\$500	\$1,000
Any unused PackageBonus will be added to the following year's entitlement up to the maximum membership limit shown above, provided you stay on the same membership & on a cover with a PackageBonus.		



### How to find out more

If you'd like to find out more about your cover please refer to our Membership Guide, which is a summary of our Fund Rules.

**Where possible before booking treatment, you should always call us on 132 331 to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.**

It's also a good idea to confirm any out-of-pocket expenses before admission with all doctors (including the surgeon, assistant surgeon and anaesthetist) and the hospital.

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