

Your PremierPlus 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** (or 131 680 for Priority corporate cover).

Hospital cover

Things we pay benefits for

We cover all services where a Medicare benefit is payable, including:

- Obstetrics-related services
- Assisted reproductive services
- Cardio-thoracic procedures such as angiograms or open heart & bypass surgery
- Colonoscopies
- Appendicitis treatment
- Removal of tonsils & adenoids
- Knee reconstruction surgery & investigations
- Shoulder reconstruction surgery & investigations
- Surgical extraction of wisdom teeth
- Plastic & reconstructive surgery (doesn't include cosmetic surgery)
- Major eye surgery – including cataract & lens-related services
- Hip & knee joint replacement surgery
- Renal dialysis
- Palliative care
- Psychiatric treatment
- Rehabilitation treatment.

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.

Private Room Guarantee – a special feature on this cover

If there isn't a private room available at a Members' Choice hospital, you may be entitled to receive \$50 a night, up to a maximum of five nights per stay.

The following conditions apply to the Private Room Guarantee:

- You must request a private room at least 24 hours prior to admission & provide supporting documentation from the hospital
- Does not apply for same day admissions or admissions for sleep studies or where your doctor considers that you should be located in a shared room for clinical reasons;
- You must be eligible to receive benefits for the treatment you received during your stay.

Things we don't pay benefits for

We pay no benefits towards the cost of cosmetic surgery.

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 (excluding a school 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.

- 12 months for obstetrics-related services

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 PremierPlus 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
General dental eg. dental examinations, scale & clean	No annual limit \$300 sub-limit during the first 6 months of membership of any extras cover	2 months (12 months for surgical procedures & extractions)
Endodontic services eg. root canal treatment	\$400 increasing to \$800	12 months
Optical items eg. frames, prescription lenses & contact lenses	\$250 A sub-limit of \$115 for frames & \$200 for contact lenses	6 months
Physiotherapy eg. consultations (includes group pilates & hydrotherapy sessions)	\$700	2 months
Pharmaceutical prescriptions Includes most prescribed non-PBS items. Benefits will be paid after a set charge has been deducted.	\$600	2 months
Medically necessary ambulance transport Benefits aren't payable where there's an entitlement to cover under a state scheme or other source.	No annual limit	2 months
Major dental	\$2,000 For services in this category but not to exceed the amount shown for each sub-category	12 months
• Inlay/onlay restorative, eg. restorative fillings	\$300 increasing to \$700	
• Dentures, crowns & bridges	\$400 increasing to \$800	
• Orthodontic eg. braces	\$400 increasing to \$800 (lifetime limit of \$2,400 per member)	
• Periodontic eg. treatment for gum disease	\$300 increasing to \$700	
Alternative therapies Consultations for:	\$500 For services in this category but not to exceed the amount shown for each sub-category	2 months
• Chiropractic & osteopathy	\$400	
• Acupuncture	\$400	
• Naturopathy	\$400	
• Natural therapies: Remedial massage & myotherapy, reflexology, shiatsu, homeopathy, western & Chinese herbalism, Alexander technique, Bowen therapy, exercise physiology, aromatherapy & kinesiology	\$200	
Other therapies Consultations for:	\$1,000 For services in this category but not to exceed the amount shown for each sub-category	2 months
• Podiatry: Includes specified orthotics	\$400	
• Dietetics: Includes Jenny Craig weight loss benefit	\$400 Sub-limits apply.	
• Occupational therapy	\$400	
• Speech therapy	\$400	
• Orthoptics (eye therapy)	\$400	

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Service	Annual limits & sub-limits	Waiting period
Health appliances	\$1,000 For services in this category but not to exceed the amount shown for each sub-category	
• Hearing aids	\$800 Sub-limits & other restrictions apply	36 months
• Breathing appliances eg. peak flow meters, nebulisers & spacing devices	\$180 per membership every 3 years	12 months
• Blood glucose monitors	\$240 per membership every 3 years & \$180 per person every 3 years	24 months
• Other health appliances (including external prostheses)	\$500 Sub-limits & other restrictions apply	2 months
Clinical psychology Consultations only	\$400	2 months
School accident For preschool, primary & secondary school students	\$800	2 months

The 2 month waiting period is waived when the service arises from an accident (excluding a school accident). Increases in limits start after the first full calendar year of membership. Refer to your membership guide for more information.

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.

If you have Priority PremierPlus, call us on 131 680.

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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