

# Cover Summary

## Top Visitors Health Insurance

Here's a summary of the services and treatments provided by your cover. Please read it carefully and keep it somewhere safe for future reference. For a better understanding of how your cover works refer to your Member Guide, which is a summary of our Fund Rules and policies, or call us on 132 331.

### Hospital cover

Hospital cover can pay towards services you receive when you're admitted to hospital and treated as a private patient.

**Here are the hospital services that are Included under your cover.**

**You may still incur out-of-pocket expenses above the amount we pay. Before booking your treatment, call us to find out the benefits you can expect to receive, and any out-of-pocket expenses you might incur.**

Services that are Included	
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery <sup>*</sup>	✓
Podiatric surgery (provided by a registered podiatric surgeon) <sup>+</sup>	✓
Implantation of hearing devices	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✓
Assisted reproductive services	✓
Weight loss surgery	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓

### What does it mean?

#### Included service

An Included service is a service where we pay benefits towards overnight and same-day hospital accommodation, intensive care, and medical services, when a valid Medicare Benefits Schedule (MBS) item is billed. You'll need to pay any excess applicable to your cover before we'll pay a benefit.

#### **Common and Support services**

There are a number of Medicare Benefits Schedule (MBS) items that will also be included to support the services under this cover where a benefit is payable. These may include items like in-hospital consultations and some scans, tests and anaesthetics that are associated with your hospital admission.

#### Ambulance services

Unlimited emergency ambulance services Australia-wide. For ambulance attendance or transportation to a hospital where immediate professional attention is required and your medical condition is such that you couldn't be transported any other way.

#### Public hospital accident and emergency departments

If you need to attend a public hospital accident and emergency department, we'll pay 100% of any 'facility fee' charged by the hospital for attending their accident and emergency department.

The fee may not include all medical services provided and out-of-pocket expenses may apply such as for x-rays, blood tests and any charges raised by the doctor above the benefit we pay.

We do not pay towards cosmetic treatment or services without an MBS item. Under your Hospital cover, we do not pay benefits towards pharmaceuticals. You may have large out-of-pocket expenses if you require high-cost drugs, such as those used in oncology (cancer treatment).

<sup>\*</sup>For Dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and an MBS item number is billed, we will pay benefits towards the hospital and medical charges.

<sup>+</sup>For Podiatric surgery we only pay benefits towards hospital charges. There are no MBS items for podiatric surgery. This means we also don't pay any benefits towards the podiatric surgeon's fees under Hospital cover and you could incur significant out-of-pocket expenses.

Your cover includes benefits towards medical services provided by a doctor, that are listed in the government’s Medicare Benefits Schedule (MBS). The MBS is a list of medical services and their corresponding fees. We pay at least 100% of the MBS fee for:

- general practitioner (GP) consultations.
- other medical services provided out-of-hospital (for example, specialists, pathology and x-rays).
- in-hospital medical services provided as part of an Included service (for example, surgeon and anaesthetist fees).
- allied health services billed with an MBS item number (for example, eye checks and services related to chronic disease management plans).

You must pay any difference between the benefit we pay and the actual fee charged by the doctor.

## **?** Things you need to know about your Hospital and Medical cover

### **Waiting periods**

A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won’t pay benefits for any items purchased or services received while you are serving a waiting period.

#### **Switching from another health insurer?**

You may not need to re-serve waiting periods if you join Medibank within two months of leaving your previous Australian health insurer, and you’ve already served the waiting period for that service.

#### **Accident Waiting Period Waiver**

Where a two month waiting period applies to a service or treatment under your Hospital cover, it may be waived for claims resulting from an Accident that occurred after joining this cover.

<b>Waiting periods</b>	
<b>None</b>	Ambulance services.
	Out-of-hospital medical services (e.g GP consultations).
	Treatment for conditions requiring hospitalisation that are not deemed pre-existing conditions.
<b>2 months</b>	Hospital psychiatric services, Rehabilitation and Palliative care (including those which are pre-existing conditions).
<b>12 months</b>	<b>Pre-existing conditions</b> An ailment, illness or condition that, in the opinion of a medical practitioner appointed by us, the signs or symptoms of which existed at any time in the six month period ending on the day that you became insured under the policy or changed your cover.
	Pregnancy and birth.
	Continuous Positive Airway Pressure (CPAP)-type devices.

### **Excess**

This is the amount you pay towards your hospital admission (same-day or overnight) before we pay any benefits. There is a \$300 excess on this cover.

The excess applies per member, per calendar year and it doesn’t apply to child or student dependants on a family membership. Some hospitals may require you to pay the excess at the time of admission.

## Making the most of your Hospital cover

### Choosing a Hospital

We have arrangements with most private hospitals and day surgeries in Australia - these are known as Members' Choice hospitals. For an Included service in a **Members' Choice hospital**, we will pay the cost of overnight and same-day hospital accommodation in a shared or private room, intensive care, theatre fees and labour ward fees, after any excess has been deducted. You'll generally get better value for an Included service if you go to a Members' Choice hospital than to a Non-Members' Choice private hospital.

To find your nearest Members' Choice hospital, visit [medibank.com.au/memberschoice](https://medibank.com.au/memberschoice). Members' Choice hospitals are subject to change from time to time and are not available in all areas.

If you're treated at a **Non-Members' Choice private hospital** for an Included service, we'll generally pay lower benefits and you may incur significant out-of-pocket expenses.

Where you're treated as a **private patient in a public hospital** for an Included service, we'll pay the cost of overnight and same-day accommodation in a shared or private room, intensive care, theatre fees and labour ward fees, after any excess has been deducted. We'll also pay the cost of any public hospital accident and emergency facility fees, as well as benefits towards medical services received in their accident and emergency or outpatient departments.

### 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 Prostheses List.

### Continuous Positive Airway Pressure (CPAP)-type devices

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

Conditions apply, refer to your Member Guide.

### 24/7 Medibank Nurse

Members are supported around the clock by Medibank nurses on our 24/7 Medibank Nurse telephone service.

Call **1800 644 325** for expert health-related advice any time of the day.

### Manage your account online with My Medibank

Update your details, check what your cover includes and make a payment and more. My Medibank lets you manage your health cover wherever and whenever it suits you.

Best of all, it only takes two minutes to sign up for My Medibank, at [medibank.com.au/members](https://medibank.com.au/members)

You can also download the Medibank app on your smartphone. Just search for Medibank in your app store or go to [medibank.com.au/mobile](https://medibank.com.au/mobile)

### Live Better

Live Better provides encouragement and motivation to help people live better, healthier lives. It's packed with lifestyle guides, health info, member offers, courses and so much more. Visit [medibank.com.au/livebetter](https://medibank.com.au/livebetter) to learn more.

## Contact us before-hand

### Check in with us

Where possible before booking or receiving treatment, you should always call us 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 the hospital and doctors (including the surgeon, assistant surgeon and anaesthetist).

## Extras cover

Here are the Extras services you can claim for, along with the limits and waiting periods that apply.

It's important to know that 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.

Service	Example items and services	Waiting period	Annual limit per member	Annual sub-limits per member
<b>Optical*</b>	Frames	6 months	\$250 overall limit Ⓢ	\$115 for frames \$200 for contact lenses
	Prescription lenses			
	Contact lenses			
<b>General dental*</b> Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (includes bitewing x-rays where required). <sup>‡</sup>	Preventative treatment	2 months	No annual limit Ⓢ 1	\$300 during first 6 months of membership
	Dental examinations			
	Scale and clean			
	Surgical dental procedures (excluding hospital charges)	12 months		
<b>Major dental*</b>	Periodontics (e.g. treatment of gum disease)	12 months	\$2,000 overall limit (\$2,400 lifetime limit for orthodontics) Ⓢ 1	\$300 increases by \$50 per year to max. limit of \$700
	Crowns, dentures and bridges			\$400 increases by \$50 per year to max. limit of \$800
	Major restorative fillings (e.g. veneers)			\$300 increases by \$50 per year to max. limit of \$700
	Orthodontics (e.g. braces)			\$400 increases by \$50 per year to max. limit of \$800
<b>Endodontic services*</b>	Root canal	12 months	\$400 increases by \$50 per year to max. limit of \$800	No sub-limit
<b>Physiotherapy*</b>	Consultations	2 months	\$700	No sub-limit
	Clinical pilates			
	Hydrotherapy sessions			
<b>Chiropractic*</b>	Consultations	2 months	\$500 overall limit Ⓢ	Combined limit of \$400
<b>Osteopathy</b>				
<b>Remedial massage*</b>	Consultations			Combined limit of \$100
<b>Myotherapy</b>	Consultations			
<b>Acupuncture*</b>	Consultations only			\$400

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Service	Example items and services	Waiting period	Annual limit per member	Annual sub-limits per member
Dietetics	Consultations and Jenny Craig weight loss benefit	2 months	\$1,000 overall limit Ⓢ	\$400 Ⓢ
Podiatry*	Consultations			\$400
	Approved orthotics 📄			\$400
Occupational therapy	Consultations only			\$400
Speech therapy	Consultations only			\$400
Eye therapy	Consultations only	\$400		
Psychology	Consultations only	None	\$400	No sub-limit
Prescription pharmaceuticals	Benefits for prescription-only pharmaceuticals will be paid after a member contribution amount has been deducted. Refer to your Member Guide for further details	2 months	\$600	No sub-limit
School accidents	For pre-school, primary and secondary school students	2 months	\$800	No sub-limit
Health appliances and external prostheses 📄	Insulin delivery pens, pressure therapy garments, braces, splints, orthoses, post-mastectomy bras and external mammary prostheses/breast forms	2 months	\$1,000 overall limit Ⓢ 📄	\$500 Ⓢ
Breathing appliances 📄	Peak flow meters, nebulisers and spacing devices only	12 months		\$180 per membership every 3 years
Blood glucose monitors 📄	Purchase of devices only	24 months		\$240 per membership every 3 years and \$180 per person every 3 years
Hearing aids	Purchase of devices	36 months		\$800 Ⓢ

📄 Benefit Replacement Periods apply.    Ⓢ Sub-limits apply.    📄 Referral letter required.

\* Members' Choice providers are available for these services only.

± Members can claim a maximum of two 100% back dental check-ups per member, per year either at a Members' Choice Advantage dentist (including up to two bitewing x-rays per check-up where required), or a Members' Choice dentist (excluding x-rays), or a combination of both.

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## Things you need to know about your Extras cover

<p><b>Waiting periods</b></p> <p>A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won't pay benefits for any items purchased or services received while you are serving a waiting period.</p>
<p><b>Annual limits</b></p> <p>An annual limit is the maximum amount of benefits we pay towards services and/or items within a calendar year. A combined limit is an annual limit that applies to a group of services and/or items.</p> <p>Where the annual limit increases, it will increase on 1 January, up to the maximum limit. The first increase will be applied only after you've served one full calendar year of membership.</p>
<p><b>Sub-limit</b></p> <p>This is the 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.</p>
<p><b>Lifetime limit</b></p> <p>This is a once-only limit that isn't reset each year. When you reach this limit, you can no longer claim that benefit again, even if you change your cover.</p>
<p><b>Fixed Amount</b></p> <p>This is the amount we'll pay towards the cost of an Extras service or item under this cover. It will generally be higher when you visit a Members' Choice provider compared to a Non-Members' Choice provider, but will usually be less than your provider's charge and your annual limits. The amount of the Fixed Amount depends on the cover you hold and the type of service or item you receive.</p>
<p><b>Switching from another health insurer?</b></p> <p>You may not need to re-serve waiting periods if you join Medibank within two months of leaving your previous Australian health insurer, and you've already served the waiting period for that service. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.</p>

## Benefit Replacement Periods

This is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it. Below are the benefit replacement periods that apply to your cover. Additional limitations may apply to some individual dental items and services, please contact us on **132 331** before your treatment.

Benefit replacement periods are separate to waiting periods.

Service category	Items	Benefit replacement period
General dental	Mouthguards	12 months
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	Blood glucose monitors	36 months
Breathing appliances	Peak flow meters, spacing devices and nebulisers	
Major dental	Dentures, crowns and bridges	
Hearing aids	Hearing aids	60 months

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## Making the most of your Extras cover

### Use Members' Choice Extras providers

We've negotiated capped prices that Members' Choice Extras providers can charge, which generally means more money back in your pocket. You can still use a Non-Members' Choice Extras provider, as long as they're recognised by Medibank, but you won't be able to take advantage of the capped pricing. Members' Choice Advantage Extras providers are part of our Members' Choice network.

If you visit a Members' Choice Advantage dentist, you can get 100% back on up to two dental check-ups per year (includes up to two bitewing x-rays per check-up if required). Plus you can also get 100% back on a mouthguard each year (subject to capped prices).

It's important to be aware that providers within Medibank's Members' Choice network are subject to change without notice, and are not available in all areas, so please check if they're a Members' Choice or Members' Choice Advantage provider before your treatment or service.

Find your nearest Members' Choice provider at [medibank.com.au/memberschoice](https://medibank.com.au/memberschoice)

### Check your available Extras balances

You can see your available Extras balances online at My Medibank. You can also update your details, check what your cover includes, make a payment and more.

Best of all, it only takes two minutes to sign up for My Medibank, at [medibank.com.au/members](https://medibank.com.au/members)

You can also download the Medibank app on your smartphone. Just search for Medibank in your app store or go to [medibank.com.au/mobile](https://medibank.com.au/mobile)

### Estimate Extras claims on your smartphone

With the Medibank app, you can get an estimate on how much you will get back on most included extras services.

Once you've received your service, there's no need to wait to claim. Make a claim for many services directly through the app as soon as you've visited your extras provider.

## Important information

If at any time you gain access to full Medicare entitlements or your visa status changes (for example, you are granted permanent residency), this cover may no longer be suitable. Please notify Medibank if your circumstances change.

This Cover Summary may be updated from time to time. You can download the latest version from your My Medibank at [medibank.com.au/members](https://medibank.com.au/members)

## How to find out more

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can view online at [medibank.com.au/glossary](https://medibank.com.au/glossary)

This information is current as at 3 December 2019 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 we can change from time to time and are summarised in our Member Guide.

Medibank Private Limited ABN 47 080 890 259