Cover summary Top 85 Working Visa Health Insurance



This provides a summary of your cover. It contains important information and we recommend that you read and retain it. You can find out more information about your membership and terms defined in this document by referring to your Membership guide or calling us on 132 331.

Medical cover

Things we pay benefits for

We pay benefits towards medical services, either in or out of hospital, that are listed in the Medicare Benefits Schedule and provided by a doctor. No benefits are payable for excluded services, see 'Things we don't pay benefits for' below. You must pay the difference, if any, between the benefit Medibank pays you and the actual fee change by the doctor.

Hospital cover

Things we pay benefits for when admitted to hospital

All services recognised for Medicare benefit purposes unless on the list of excluded services. Covered services include:

- · Appendicitis treatment
- Removal of tonsils & adenoids
- Surgical removal of wisdom teeth (hospital charges only)
- Knee reconstruction surgery & investigations
- Shoulder reconstruction surgery & investigations
- Heart-related services such as angiograms or open heart & bypass surgery
- Obstetrics-related services
- Fertility treatment such as IVF & GIFT programs
- Hip & knee joint replacement surgery
- Renal dialysis
- Major eye surgery including cataract & lens-related services
- Plastic & reconstructive surgery (excludes cosmetic surgery)
- Psychiatric treatment
- Rehabilitation treatment
- Palliative care

Members' Choice private hospitals

For these services we pay benefits towards:

- private hospital accommodation in a private or shared room
 - overnight accommodation in a private or shared room
 - same day admissions
 - intensive care
 - theatre fees

Non Members' Choice private hospitals

For these services we pay benefits as listed above however, the benefits are generally lower than those payable in a Members' Choice private hospital and could result in significant out-of-pocket expenses.

Public hospitals

For these services, where you are treated as a private patient in a public hospital we pay benefits towards:

- overnight accommodation in a private or shared room
- same day admissions (shared room only).

Other benefits include:

- choice of doctor or specialist for medical treatment in hospital
- doctors' fees for in-hospital medical services when you are treated as a private patient
- surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule
- ambulance for eligible services where immediate professional attention is required
- continuous positive airways pressure (CPAP) appliance
- Pharmaceutical Benefits Scheme (PBS) listed drugs, prescribed according to PBS approved indications, that are administered during and form part of your admitted episode of care (including drugs prescribed upon discharge).

Things we don't pay benefits for

We don't pay any benefits towards the cost of cosmetic surgery/procedures ie. surgery that isn't clinically necessary and for which Medicare benefits aren't payable.



FYCASS

An excess is an amount you must contribute towards your hospital charges when you are an admitted patient. Your excess is paid per member, per calendar year. The excess doesn't apply to any child on the membership. The excess options are: No excess

- No excess
- \$300 per member, per calendar year.

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. These waiting periods include:

- 2 months for in-hospital psychiatric treatment, rehabilitation treatment and palliative care, regardless of whether or not the condition is pre-existing
 - The 2 month waiting period is waived for treatment of injuries sustained in 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
- 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.

If you are transferring from another health fund, you may not need to re-serve waiting periods you've already served.

Extras cover

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

Percentage back at Members' Choice providers

When you visit a Members' Choice extras provider for eligible services, you'll get 85% back of the charge (up to applicable limits). The percentage back you get will depend on the level of cover you choose – the higher the cover, the higher the percentage back. Please note that Members' Choice providers are not available in all areas.

Fixed benefit at non Members' Choice providers

A fixed benefit is the maximum amount we'll pay for each service or item (up to applicable limits) and it may be less than the provider's charge. Generally, the higher the level of cover you choose, the higher the fixed benefit which will help reduce your out-of-pocket expenses.

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 are 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.

Annual Limit

An annual limit is the maximum amount of benefits payable for an extras service, particular groups of extras services or items within a calendar year (ie. 1 January – 31 December). The benefit is paid for a particular item or service within an overall annual limit. Benefits are paid per person per calendar year unless otherwise shown. For more information call us on **132 331**.

Service/Item	Waiting period	Amount you can claim (either up to a % of the charge back or a fixed benefit)		Annual limit
		Members' Choice provider	Non Members' Choice provider	Annual timit
Ambulance services – for eligible services where immediate professional attention is required	2 months	N/A	100%	No annual limit
General dental Includes preventative treatment, dental examinations, scale & clean	2 months	85%	Fixed benefit	No annual limit
Surgical dental procedures	12 months			
Optical items Includes frames, prescription lenses & contact lenses	6 months	100%		\$250
Physiotherapy Includes consultations, group pilates & hydrotherapy sessions	2 months	85%	Fixed benefit	\$700



Service/Item	Waiting period	Amount you can claim (either up to a % of the charge back or a fixed benefit)		
		Members' Choice provider	Non Members' Choice provider	Annual limit
Chiropractic	2 months	85%	Fixed benefit	\$500
Osteopathy		N/A		
Natural therapies Consultations for naturopathy, acupuncture & remedial massage	2 months	85%	Fixed benefit	\$400
Consultations for myotherapy, reflexology, kinesiology, Chinese & Western herbalism, exercise physiology, shiatsu, aromatherapy, homeopathy, Bowen therapy, Alexander technique & Feldenkrais		N/A		
Major dental • Endodontic services (eg. root canal) • Periodontics (ie. treatment of gum disease) • Crowns, dentures & bridges • Major restorative fillings (eg. veneers)	12 months	85%	Fixed benefit	\$1,200
Orthodontics eg. braces (see page 4 for more information)	12 months	N/A	100%	\$1,000 opening balance. Top up of \$500 per year. Up to \$3,000 lifetime limit.
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	N/A	Fixed benefit	\$600
Podiatry Includes specified orthotics	2 months	85%	Fixed benefit	\$500
Dietetics	2 months	N/A	Fixed benefit	\$500
Clinical psychology Consultations only	2 months	N/A	Fixed benefit	\$500
Occupational therapy	2 months	N/A	Fixed benefit	\$500
Speech therapy	2 months	N/A	Fixed benefit	\$500
Eye therapy	2 months	N/A	Fixed benefit	\$500
Breathing appliances eg. peak flow meters, nebulisers & spacing devices	12 months	N/A	100%	\$250
Blood glucose monitors & blood pressure monitors	24 months			
Hearing aids	36 months	N/A	100%	\$1,200
Health appliances & external prostheses eg. insulin delivery pens	2 months	N/A	Fixed benefit	\$500

N/A = Members' Choice providers not available.



Things to note

- If at any time you gain access to full Medicare entitlements or your visa status changes (eg. you are granted permanent residency), this cover may no longer be suitable. Please notify Medibank if your circumstances change.
- The 2 month waiting period is waived for treatment of injuries sustained in an accident occurring after joining or changing cover.
- 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 and less than your provider's charge. This means you'll usually have out-of-pocket expenses for each service or item.
- You might need to wait for a period of time from the date of purchase of some items before you are entitled to another benefit to replace the item (benefit replacement period).
- Additional restrictions may apply to the payment of benefits for some services.

Additional benefits

Benefit				
Repatriation	If you or any other member included on your membership has to be repatriated to your home country due to a substantial life-altering illness or injury, Medibank may arrange, and pay the reasonable cost of, return travel with the appropriate medical supervision. And in the unfortunate event of death, your mortal remains or those of any other member on your membership may be repatriated to your home country if legally permissible. The provision of any repatriation benefit is at the discretion of Medibank. Conditions apply, for further information call us on 132 331.			

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.

The benefits you can claim are:



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

How to find out more

If you'd like to find out more about your membership please refer to the Membership guide, which is a summary of our Fund rules and includes the meaning of terms used in this document.

Where possible before booking 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).

> call 132 331 visit medibank.com.au

This information is current as at 1 April 2012 and subject to change from time to time. It only applies to Medibank branded products. If you'd like to change your cover, please contact us on 132 331. Policies in this product are referable to the Medibank Private Limited health benefits fund.

Medibank Private Limited ABN 47 080 890 259.

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