

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 the 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. This means any related services that are provided when you're not admitted (eg. GP or specialist visits) are not included under this cover.

Here are the services that are included 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 that are included	
Ambulance services~	✓
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^	✓
Podiatric surgery (provided by a registered podiatric surgeon)+	✓
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:

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.

Please be aware that cosmetic treatment is Excluded on all Medibank covers.

### 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.

~ 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. TAS and QLD have State schemes to cover ambulance services for residents of those States.

\* Your hospital cover does not include non-PBS drugs. We will only pay towards cancer-related surgery where that surgery is an Included Service under your cover.

^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 Medicare benefits are payable, we will pay benefits towards the hospital and medical charges.

+ For Podiatric surgery we only pay benefits towards hospital charges. There are no Medicare benefits payable 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.

## 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 included under your 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.

### Accident Waiting Period Waiver

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

Waiting Periods	
1 day	Ambulance services.
2 months	Hospital psychiatric services, Rehabilitation and Palliative care.
	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.
	Pregnancy and birth.
	CPAP-type devices.

## Other features and benefits

### Excess

No excess is payable on this cover

### GapCover available for eligible medical services

Medibank's GapCover is a way to eliminate or reduce your out-of-pocket expenses for in-hospital doctor's charges. Check with your doctor if they will participate in Medibank's GapCover. Find out more at [medibank.com.au](https://www.medibank.com.au)

### 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 Government's Prostheses List

### Travel and Accommodation

We pay benefits for travel and non-hospital accommodation related to an eligible hospital admission. Travel benefits are payable where the patient must travel more than 200km return. Accommodation costs per admission are limited to \$50 and travel costs are set at \$0.15 per km. The total combined benefit payable for travel and accommodation is \$100 per admission. Conditions apply, refer to your Member Guide.

### CPAP-type devices

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

### 24/7 Medibank Nurse

Medibank nurses can answer any health question, call 1800 644 325

### Private Room Promise – 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, for up to five nights per stay.**

The following conditions apply to the Private Room Promise:

- You'll need to request a private room from the Members' Choice hospital at least 24 hours before your stay;
- Provide supporting documentation to Medibank from the hospital about this request;
- You must be eligible to receive benefits for the treatment you received during your stay;
- Does not apply for same-day admissions, or admissions for sleep studies where Included, or where your doctor specifically requests a shared room for clinical reasons.

(continued over page)

## 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.

If you visit a provider from our large Members' Choice network you'll generally get better value for money. This means you can take advantage of capped rates. When you visit a non-Members' Choice provider, you'll generally receive a lower benefit for those services. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.

Service	Example items and services	Waiting period	Amount you can claim	Annual limit per member	Annual sub-limits per member
<b>General dental*</b> Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (including bitewing x-rays where required). And this doesn't count towards annual limits.^	Preventative treatment	2 months	Fixed benefit	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>Endodontic services*</b>	Root canal	12 months	Fixed benefit	\$400 increases by \$50 per year to max. limit of \$800	No sub-limit
<b>Optical*</b>	Frames	6 months	Fixed benefit	\$250 overall limit (\$)	\$115 for frames \$200 for contact lenses
	Prescription lenses				
	Contact lenses				
<b>Physiotherapy*</b>	Consultations	2 months	Fixed benefit	\$700	No sub-limit
	Clinical pilates				
	Hydrotherapy sessions				
<b>Prescription pharmaceuticals (non-PBS)</b>	Includes most prescription-only 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	\$600	No sub-limit
<b>Major dental*</b>	Periodontics (eg. treatment of gum disease)	12 months	Fixed benefit	\$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 (eg. veneers)				\$300 increases by \$50 per year to max. limit of \$700
	Orthodontics (eg. braces)				\$400 increases by \$50 per year to max. limit of \$800
<b>Chiropractic*</b>	Consultations	2 months	Fixed benefit	\$500 overall limit (\$)	Combined limit of \$400
<b>Osteopathy</b>					
<b>Remedial massage*</b>					
<b>Exercise physiology</b>					
<b>Chinese medicine</b>					
<b>Acupuncture*</b>	Consultations only				\$400

(continued over page)

Service	Example items and services	Waiting period	Amount you can claim	Annual limit per member	Annual sub-limits per member
Dietetics	Consultations and Jenny Craig weight loss benefit	2 months	Fixed benefit	\$1,000 overall limit Ⓢ	\$400 Ⓢ
Podiatry*	Consultations				\$400
	Approved orthotics 📄				\$400
Occupational therapy	Consultations only				\$400
Eye therapy	Consultations only				\$400
Speech therapy	Consultations only	\$400			
Mental health support	Consultations for psychology and counselling	None	Fixed benefit	\$400	No sub-limit
School accidents	For pre-school, primary and secondary school students	2 months	Fixed benefit	\$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	Fixed benefit	\$1,000 overall limit Ⓢ 📅	\$500 Ⓢ
Breathing appliances 📄	Peak flow meters, nebulisers and spacing devices only	12 months			\$180 per membership year every 3 years
Blood glucose monitors 📄	Purchase of devices only	24 months			\$240 per membership every 3 years and \$150 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 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. These check-ups do not count towards annual limits.

## 📅 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.

(continued over page)

## ? 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 Advantage providers are part of our Members' Choice Network. If you visit a Members' Choice Advantage provider, you can get 100% back on up to two dental check-ups per year (includes bitewing x-rays if required). Plus you can also get 100% back on a mouthguard each year (subject to your annual limits and capped prices).

Members' Choice and Members' Choice Advantage providers are not available in all areas. To check whether a provider is part of our Members' Choice Network go to [medibank.com.au/memberschoice](https://www.medibank.com.au/memberschoice)

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

**Waiting periods:** This 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 included under your cover. 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. 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.

**Sub-limit:** 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.

**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 that is payable for a particular service or item. The amount of the fixed benefit depends on the cover you hold and the type of service or item you receive. A fixed benefit amount will not exceed the annual limit or the provider's charge.

## 1 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
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 (per membership)	
	Spacing devices and nebulisers	
Major dental	Dentures, crowns and bridges	60 months
Hearing aids	Hearing aids	

(continued over page)

## 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

If you'd like to find out more about your cover please refer to our Member 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.**

**[medibank.com.au](https://www.medibank.com.au)**

This information is current as at 15 October 2020 and subject to change from time to time. If you'd like to change your cover, please contact us on 132 331 (or 131 680 for Priority corporate cover). 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