

Cover Summary

Intermediate 70 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 or Excluded 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 or Excluded	
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	x
Joint replacements	✓
Dialysis for chronic kidney failure	x
Pregnancy and birth	✓
Assisted reproductive services	x
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.

x Excluded service

An Excluded service is a service that we won't pay any benefits towards, including any hospital accommodation or medical services.

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).

* We will only pay towards cancer-related surgery related to 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 an MBS item number is billed, we will pay benefits towards the hospital and medical charges.

+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.

Accidental Injury Benefit

Any Excluded services will be treated as if it is an Included service, where you require hospital treatment as a result of injuries sustained in an Accident. It only applies to hospital treatment received within twelve (12) months of the date of the Accident occurring, and where:

- The Accident occurred after joining your cover
- The Accident occurred in Australia
- Your cover was not suspended at the time of the Accident
- You sought treatment from a medical practitioner within seven (7) days of the Accident.

See your Member Guide for more information.

Medical cover

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 100% of the MBS fee for:

- general practitioner (GP) consultations.
- other medical services provided out-of-hospital (for example, specialists, pathology and x-rays), except where that service is Excluded under your Hospital cover.
- 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.

Waiting periods	
None	Ambulance services.
	Out-of-hospital medical services (e.g GP consultations).
	Treatment for conditions requiring hospitalisation that are not deemed pre-existing conditions.
2 months	Hospital psychiatric services, Rehabilitation and Palliative care (including those which are pre-existing conditions).
12 months	Pre-existing conditions 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.

(continued over page)

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. 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

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

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 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.

Through our Members' Choice network, you'll generally get better value for money with capped rates and a percentage back on what you're charged. With a Non-Members' Choice provider, you'll generally get back a Fixed Amount for that service regardless of the provider's charge. As long as the provider is a Medibank recognised provider, benefits are payable for services or items included under your cover.


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 category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Optical*	Frames	6 months	100%		\$225
	Prescription lenses				
	Contact lenses				
General dental* Every member gets 100% back on up to two check-ups each year at a Members' Choice Advantage dentist (including up to two bitewing x-rays where required). †	Preventative treatment	2 months	70%	Fixed Amount	No annual limit 
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental*	Endodontic services (eg. root canal)	12 months	70%	Fixed Amount	\$1,000 
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				
Orthodontics	Braces	12 months	100%		\$800 opening balance. Top up of \$400 per year. Up to a \$2,400 lifetime limit.
Physiotherapy*	Consultations	2 months	70%	Fixed Amount	\$600
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic*	Consultations	2 months	70%	Fixed Amount	Combined limit of \$400
Osteopathy			Fixed Amount		
Natural therapies	Consultations for remedial massage and acupuncture*	2 months	70%	Fixed Amount	Combined limit of \$300
	Consultations for exercise physiology and Chinese medicine		Fixed Amount		
Prescription pharmaceuticals	Benefits for prescription-only pharmaceuticals will be paid after a contribution amount has been deducted. Refer to your Member Guide for further details	2 months	Fixed Amount		\$400

[continued over page]

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Podiatry*	Consultations	2 months	70%	Fixed Amount	\$400
	Approved orthotics 				
Dietetics	Consultations only	2 months	Fixed Amount		\$400
Psychology	Consultations only	None	Fixed Amount		\$400
Occupational therapy	Consultations only	2 months	Fixed Amount		\$400
Eye therapy	Consultations only	2 months	Fixed Amount		\$400
Speech therapy	Consultations only	2 months	Fixed Amount		\$400
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 Amount		\$400 
Breathing appliances 	Peak flow meters, nebulisers, spacing devices only	12 months	100%		\$200 
Blood glucose monitors and blood pressure monitors 	Purchase of devices only	24 months			
Hearing aids	Purchase of devices	36 months	100%		\$800 

 Benefit replacement periods apply.

 A referral letter is required. Refer to your Member Guide for more information.

* 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 two check-ups at a Members' Choice Advantage dentist (including up to two bitewing x-rays per check-up where required), or a first check-up at a Members' Choice dentist (excluding x-rays) and a second check-up at a Members' Choice Advantage dentist.

How do orthodontic benefits work?

Your orthodontic limit starts with an opening balance which you can access after your 12-month waiting period.

Every year on 1 January after this waiting period, the balance is topped up with an additional amount up to the maximum lifetime limit.

The benefits you can claim after your waiting period:

$$\text{Opening Balance} + \text{Any top ups} - \text{Any benefits ever claimed}^* = \text{The benefit you can claim}$$

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

(continued over page)

Things you need to know about your Extras 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.

Annual limits

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.

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. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

Lifetime limit

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.

Fixed Amount

This is the amount we'll pay towards the cost of an Extras service or item if you visit a Non-Members' Choice provider. It will generally be lower than the amount you would receive when you visit a Members' Choice provider. The amount of the Fixed Amount depends on the cover you hold and the type of service or item you receive.

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 and blood pressure monitors	Blood glucose monitors and blood pressure monitors	36 months
Breathing appliances	Peak flow meters, spacing devices and nebulisers	
Major dental	Dentures, crowns and bridges	
Hearing aids	Hearing aids	60 months

[continued over page]

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

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

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

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

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

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