

Cover Summary

Overseas Visitors

Premier Hospital and Medical.

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	✓
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.

✗ 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 not listed on the PBS (Pharmaceutical Benefits Scheme). 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.

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:

- In-hospital medical services provided as part of an Included service (for example, surgeon and anaesthetist fees).
- General practitioner (GP) consultations.

We pay 85% of the MBS fee for:

- Other medical services provided out-of-hospital (for example, specialists, pathology and x-rays), except for Pregnancy and birth and Assisted reproductive services.
- Allied Health services billed with an MBS item number (for example, eye checks and services related to chronic disease and mental health management plans).

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

Repatriation

If you or any person on your membership sustains a substantial life-altering disability or a serious medical condition, as determined by us, and needs to return to their home country, we may arrange and pay the reasonable cost of travel with the appropriate medical supervision (up to \$50,000).

In the unfortunate event of death, we'll pay the reasonable cost for the repatriation of mortal remains of you or anyone else on your membership to their home country (up to \$5,000).

The provision of any repatriation benefit is at our discretion. Conditions apply, including waiting periods. If you require repatriation support, call us on **132 331**.

What are mortal remains? Mortal remains means the body of the deceased person for the purposes of repatriation benefits. This does not include cremation of a deceased person or the repatriation of a deceased person's ashes.

Things you need to know about your Hospital and Medical cover

Total annual benefit limit

Your cover has a total annual benefit limit of \$1,000,000 per member, per calendar year (1 January to 31 December).

A total annual benefit limit is the maximum total amount of benefits we will pay for eligible hospital, medical and/or ambulance services within a calendar year. Once this limit is reached, no further benefits are payable for the remainder of that calendar year. The limit resets on 1 January each year.

If you change covers within the same calendar year from another Medibank cover (excluding OSHC), benefits already paid by us on your previous cover in that calendar year will generally be counted toward your total annual benefit limit.

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 14-day or 2-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.

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

Waiting periods	
None	Ambulance services.
	Out-of-hospital services (e.g. GP consultations)
14 days	Hospital 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.

Excess

This is the amount you pay towards your hospital admission (same-day or overnight) before we pay any benefits. This cover has a \$500 excess.

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

<p>Choosing a Hospital</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Pharmaceutical Benefits Scheme (PBS) medication</p> <p>We will pay towards the cost of eligible pharmaceuticals provided as part of your treatment in hospital for an Included service, after a contribution amount has been deducted. A contribution amount is an amount you are required to pay towards the cost of an eligible pharmaceutical item, which is aligned to the PBS co-payment and indexed annually.</p> <p>Your Hospital cover does not include benefits towards pharmaceuticals not listed on the PBS. This means you may have large out-of-pocket expenses if you require high-cost non-PBS drugs such as those used in oncology (cancer treatment).</p>
<p>Choice of treating doctor or specialist</p> <p>You can choose your doctor or specialist when you're treated in hospital as a private patient.</p>
<p>In-hospital family (boarder fee) benefit</p> <p>If you or someone on your membership is admitted to hospital for an Included service and either a partner, immediate family member, carer or next of kin ('boarder') needs to stay in hospital with them, we will pay towards the cost of accommodation and meals charged by the hospital for that boarder up to \$150 per admission.</p>

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Making the most of your Hospital cover

Private Room Promise

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;
- You must 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, or where your doctor specifically requests a shared room for clinical reasons.

Medical devices and human tissue products

For an Included service, we'll pay the minimum benefit as listed in the Australian Government's Prescribed List of Medical Devices and Human Tissue Products.

24/7 Medibank Nurse and Mental Health Support

Medibank health insurance members can talk to a registered nurse or mental health professional at no extra cost.[†] Call 1800 644 325 or chat online with 24/7 Medibank Nurse Support and 24/7 Mental Health Support, any time of the day or night.

Make claims on your smartphone

With the My Medibank app, you can quickly claim for common medical services with just a photo of your receipt.

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

Live Better rewards

Eligible Medibank members with Overseas Visitors Health Cover can earn Live Better rewards points by tracking things they do every day like walking, eating healthy meals and more with Live Better rewards in My Medibank. Members can then redeem those points on anything from discounts on premium payments to rewards from our health and wellbeing partners.[®]

For more information visit medibank.com.au/livebetter/rewards

[†] Some referred services may involve out of pocket costs and waiting periods may apply.

[®] Medibank Live Better rewards terms and conditions: Must be 16 years or over to register for Medibank Live Better rewards. Must be a Medibank member with Hospital cover, Extras cover, or Hospital and Extras cover, be up-to-date with premium payments and have signed up to Medibank Live Better rewards with My Medibank to earn Live Better rewards points and to redeem rewards. Excludes Overseas Student Health Cover (OSHC), Ambulance only cover, ahh covers and other selected covers.

Live Better Management Pty Ltd, ACN 003 457 289 has entered into commercial arrangements with Medibank Live Better rewards program partners and may receive commissions. Additional terms and conditions may apply to the redemption of a reward depending on the type of reward chosen. Some program partners and earning activities require a person to be at least 18 years of age to be eligible to earn and/or redeem a reward.

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Contact us beforehand

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).

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 1 May 2026 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