

Top Working Visa Health Insurance.

Here's a summary of the services and treatments we pay benefits towards on 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 what 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 [^]	✓
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.

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).

[^] 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 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 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.

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.

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.

The provision of any repatriation benefit is at our discretion.

Conditions apply, including waiting periods, call us on 132 331.

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 or lower your excess. 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 are two excess levels on this cover; \$0 and \$300.

The excess applies per member, per calendar year and it doesn't apply to Child or Student Dependents on a family membership. Some hospitals may require you to pay the excess at the time of admission.

★ Making the most of your Hospital and Medical 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 if you go to a Members' Choice hospital than to a Non-Members' Choice private hospital provided the service you receive is Included under your cover.

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.

Pharmaceutical Benefits Scheme (PBS) medication

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.

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).

Choice of treating doctor or specialist

You can choose your doctor or specialist when you're treated in hospital as a private patient.

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.

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.

Health support that never sleeps

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.

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.

* Some referred services may involve out of pocket costs and waiting periods may apply.





Making the most of your 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 we will pay a Fixed Amount towards the services included on your cover. 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	Waiting period	Annual limits & sub-limits
General dental*  Includes preventative treatment, dental examinations, scale & clean. 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.^	2 months 	\$1,000 - \$1,500# \$300 sub-limit per member during the first 6 months of membership
• Surgical dental procedures (excluding hospital charges)	12 months	
Endodontic services*  e.g. root canal treatment	12 months	\$400 - \$900#
Optical items  Includes frames, prescription lenses & contact lenses	6 months	\$250 A sub-limit of \$92 for frames & \$200 for contact lens items
Physiotherapy  Includes consultations, clinical pilates & hydrotherapy sessions	2 months	\$700 - \$1,000#
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 - \$900#
Major dental* 	12 months 	\$2,500 for services in this category but not to exceed the amount shown for each sub-category
• Periodontics (i.e. treatment of gum disease)		\$300 - \$800#
• Crowns, dentures & bridges		\$400 - \$900#
• Major restorative fillings (eg. veneers)		\$300 - \$800#
• Orthodontics e.g. braces		\$400 - \$900# (Lifetime limit of \$2,400 per member)
Alternative therapies Consultations for:	2 months	\$1,500 for services in this category but not to exceed the amount shown for each sub-category
• Chiropractic  & osteopathy		\$400 - \$900#
• Acupuncture 		\$400 - \$900#
• Remedial massage  & myotherapy		\$100 - \$400#
Other therapies Consultations for:	2 months	\$1,500 for services in this category but not to exceed the amount shown for each sub-category
• Podiatry  – Includes specified orthotics 		\$400 - \$900#
• Occupational therapy		\$400 - \$900#
• Speech therapy		\$400 - \$900#
• Orthoptics (eye therapy)		\$400 - \$900#
• Dietetics - includes Jenny Craig weight loss benefit		\$400 - \$900# Jenny Craig sub-limit applies: \$100 per person per lifetime, \$200 per membership per calendar year
Mental health support Consultations for psychology and counselling	None	\$400 - \$900#

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Service	Waiting period	Annual limits & sub-limits
Health appliances		\$1,000 for services in this category but not to exceed the amount shown for each sub-category
• Hearing aids	36 months	\$800
• Breathing appliances - peak flow meters, nebulisers & spacing devices only 	12 months	\$180 per membership every 3 years
• Blood glucose monitors 	24 months	\$240 per membership every 3 years
• Approved external prostheses and appliances 	2 months	\$500 Sub-limits apply
School accident treatment For preschool, primary and secondary school students. Conditions apply	2 months	\$800

 Benefit restrictions apply.

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

 Members' Choice providers are available for these services only.

* Benefits will only be paid towards dental and orthodontic treatments that are administered in person (not via phone or online), by a recognised provider.

The annual limits increase by \$100 on 1 January of each year of continuous membership following the date of joining to the maximums shown.

^ 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.

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.

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

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.

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.

Benefit restrictions.

The table below shows the Benefit Replacement Periods and other benefit limitations that apply to certain services on your cover. A Benefit Replacement Period 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.

Benefit Replacement Periods are separate to waiting periods.

Service category	Items	Benefit Replacement Period
Health appliances and external prostheses	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

Additional limitations such as service restrictions (clinical reasonability rules) may apply to some individual dental items and services.

Limits also apply to how often you can claim on some extras services. For example, you can only claim on one mouthguard or external mammary prostheses per person, per calendar year.

Please contact us on **132 331** before your treatment.

Helping you live better.

Use Members' Choice Extras providers

Medibank has arrangements with providers for some (but not all) services - these are known as Members' Choice 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 and you may enjoy even better value when you need to use eligible extras services at these providers.

It's important to be aware that Medibank's Members' Choice and Members' Choice Advantage Extras providers 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

Telehealth services

Medibank pays towards telehealth consultations for some extras services, such as mental health support. Refer to the Member Guide or medibank.com.au/telehealth to check what other services on your cover are available through telehealth.

Estimate Extras claims on your smartphone

With the My 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

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).

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